

The performativity of surveys: Teenagers' meaning-making of the 'Health Behavior in School-aged Children Survey' in Sweden

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Abstract

The Health Behaviour in School-Aged Children survey contains scales intended to measure life satisfaction, mental health problems and socioeconomic status. This article takes inspiration from science and technology studies and analyse the survey as performative. It also examines subjective meaning-making through an analysis of interviews with 15-year-old teenagers. It shows how the survey enacts the subject position of an accountable teenager and how teenagers experience the survey as sending a message about how one should live. While some teenagers experience this as positive, others narrate feelings of shame. This could be interpreted as a way for them to be accountable for themselves.

KEYWORDS

constructions of childhood, health surveys, meaning-making, performativity, teenagers

INTRODUCTION

Fifteen-year-old Ellen skimmed through the questionnaire she had been filling in a couple of weeks earlier. Ellen was being interviewed about her experiences of answering questions in the survey Health Behaviour in School-aged Children (HBSC). During the interview, she switched between laughter and indignation when talking about what the survey, in her view, seemed to present as right or wrong ways of living for young people. It was not that any norms were stated or listed in the survey, but some of

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the questions gave her the impression that there were right and wrong ways of living—with regard to one's family routines, relationships, material standards and health habits. Ellen had a lot to say about these issues. She represents one of two groups of 15-year-olds with contrasting experiences of filling in this questionnaire.

The aim of this article is to analyse what the Swedish version of the HBSC survey study *does and means* for young people in Sweden. The article offers an analysis of the survey as a knowledge production practice that helps shape specific realities and enact specific subject positions through its formulations and performance, together with an analysis of 15-year-old teenagers' experiences of filling in the survey, and their reflections on it. Instead of seeing surveys only as tools for description, we engage with an analytical perspective inspired by science and technology studies (here after referred to as STS) that understands surveys as performative (Law, 2009). We show how the HBSC survey study in Sweden does more than simply increase knowledge and follow the development of school children's health over time. The survey also enacts the subject position of an accountable teenager who is able to fill in the survey and is comfortable with doing so, despite it containing sensitive questions. Furthermore, through the analysis of 51 interviews with 15-year-old teenagers in schools, we show how the survey is experienced as sending a message about how one should live. Some teenagers described this as primarily positive. Others narrated that they felt shame and guilt when reading or filling in answers to the questions, and reflected on the questions in the light of what would protect themselves and their families.

We take inspiration from a phenomenological understanding of subjectivity as embedded in a world of others, things, and dynamic sociocultural and normative factors and features, when discussing the results of the interview analysis (see Desjarlais & Throop, 2011). This allows us to discuss how situatedness helps to shape self-formation, agency and a feeling of accountability. We suggest that young people can be understood as demonstrating an alternative mode of being accountable—as being accountable subjects in their own eyes—when they reflect on how to fill in the questionnaire.

Please note that we are not questioning the correlations between, for example, socioeconomic background and health that the HBSC Survey Protocol draws on when explicating why different questions are part of the survey (see, e.g. Currie et al., 2014). Our focus, instead, is on what the survey helps to do (over and above its intentions), and what it means for teenagers who engage with it.

HEALTH SURVEYS AND THE SWEDISH CONTEXT

A large number of public health surveys and school surveys have been conducted in Sweden since the 1980s, in order to measure children's and young people's physical and mental health in statistical terms based on their self-reports (Cederblad, 1996). Two tendencies are noteworthy in Swedish discussions of such surveys and their results. On the one hand, epidemiologists and public health researchers in Sweden have underlined that self-reported symptoms have increased, and that young people also report high levels of well-being (Petersen et al., 2010). Qualitative research has also shown that a large proportion of young people's reported symptoms are expressions of everyday, temporary problems—according to the young people themselves—rather than indicators of poor mental health (Wickström & Kvist Lindholm, 2020). On the other hand, summaries of studies and media reports on young people's mental health in Sweden have typically reported the survey results from self-reported symptoms as hard facts about children's and young people's mental health. The understanding of a crisis is now firmly rooted among the public, politicians, officials and professionals who deal with children's and young people's health, and this understanding, scholars have underlined, is problematic if not combined with an acknowledgement of the complexity of the situation (Wickström

& Kvist Lindholm, 2020). Literature reviews have in fact highlighted that it is difficult to determine the development of mental health due to uncertainty regarding what young people's reported problems represent (Baxter et al., 2014; Petersen et al., 2010, p. 13; Potrebny et al., 2017).

The HBSC cross-national survey was established in 1982 and adopted by the World Health Organization's (WHO) Regional Office for Europe in 1983. It is distributed every 4 years to young people aged 11, 13 and 15, in 50 countries and regions across Europe and North America. The survey is designed to capture 'health and well-being, health behaviours and the social context of health in adolescents' (Inchley et al., 2018, p. 2). The perspective, from its inception, was that adolescents' health-related behaviour was part of their broader lifestyles; thus, health was to be 'viewed in its social context' (Inchley et al., 2018, p. 7) and questions about socioeconomic status and living conditions are understood as relevant in order to understand health and well-being. Optional packages of questions are used to expand particular themes (Inchley et al., 2018, pp. 10–15).

Sweden has participated in the survey since 1985, and the Public Health Agency of Sweden (which distributes the survey in Sweden) states that the survey is an important part of the work to fulfil the Agency's task to 'monitor the development of determinants of health in order to recommend future measures' (Folkhälsomyndigheten, 2018, p. 7).¹

The 2017/2018 Swedish version of the HBSC questionnaire contains 79 questions and a large number of sub-questions, clustered into sections such as 'Background Information', 'Health' and 'Relationships and Sex'. Furthermore, in order to carry out statistical analyses, the questionnaire is made up of several scales. For example, the Family Affluence Scale is used to measure material well-being, to indicate level of socioeconomic position as well as relate this to self-reported health.² In 2017/2018, 450 schools in different socioeconomic areas were invited to take part in the survey, and 213 schools (47%) accepted the invitation (Folkhälsomyndigheten, 2018, p. 14). Participation was voluntary, and feedback on the results has been given at aggregated national level in a national report. It is noteworthy here that there are different national practices regarding whether and how to give feedback to the schools who have taken part in the survey (Inchley et al., 2018, p. 18). Furthermore, the conditions for filling in the questionnaire also vary between schools and classrooms.

THEORETICAL PERSPECTIVES

From within an STS perspective, health care practices including public health and school health practices are understood as knowledge production practices that help enact subjects, objects and specific realities in distinct ways (cf. Law, 2009; Moser, 2011). Central to this reasoning is the idea that the knowledge produced is not just a description of certain realities, but that knowledge production practices co-create these realities. The framing of the research problem, the methods and the indicators used are not neutral but set the agenda for what can be produced and help shape the very practice of knowledge production (Law, 2009). Furthermore, the knowledge production practice—for example of a public health intervention—is also understood as embedded in scientific and societal discussions and practices, and as involving sociotechnical relations, discourses and materiality.

This is apt for our article: the STS-inspired analysis allows us to study how the survey can help shape specific realities. Surveys, John Law argues, do not only describe the phenomenon to be studied. As knowledge production practices, they can also help 'enact' specific realities (Law, 2009, p. 239). To enact something means to perform it, to help shape or make it a certain way, and enactment in this kind of perspective is commonly understood as hinging on specific configurations of humans and things, and that more or less temporarily and dynamically come together in specific ways. According to Law, we need to 'think performatively' when analysing surveys (Law, 2009, p. 246). We need to

examine, for example, how a survey may describe ‘consumers while simultaneously mobilising a series of *assumptions* about them’ (ibid.). We need to ask what the survey helps to do, through the formulations being used when questions are asked, and through the assumptions and norms that the formulations help mobilise. Furthermore, feminist STS has examined how advertisements, formulations, indexes and pictures can send specific normative messages and enact subject positions through a discursive positioning of subjects in relation to specific roles, categories or story lines (e.g. Johnson & Åsberg, 2017). Such work shows how specific subject positions co-emerge with/in advertisements for drugs and in health care practices, as when certain ways of being or becoming ‘a healthy subject’ or ways of holding ‘healthy relationships’ are prescribed through them (Johnson & Åsberg, 2017, pp. 94–95; Lindén, 2017; for a discussion, see Zeiler, 2020). For our analysis, this perspective means that surveys as knowledge production practices can help prescribe particular ways of understanding one-self and one’s well-being along with objects.

The analytical perspective that sees knowledge practices as performative is also present in interdisciplinary child studies that have drawn attention to the implicit normative and regulative dimensions of measuring practices (Morrow & Mayall, 2009). Using children’s deficiencies as the main indicators of their health and well-being, results in powerful constructions of childhood discussed in the media in an emotive way, which can affect children’s sense of self (Kvist Lindholm & Zetterqvist Nelson, 2015; Liegghio et al., 2019; Morrow & Mayall, 2009; Wickström, 2016, 2018; Wickström & Kvist Lindholm, 2020). In the case of the HBSC symptom scale, it has been pointed out that the symptoms, reported as psychopathology, in some young peoples’ perspectives rather represent their managing of school and social relations (Wickström & Kvist Lindholm, 2020). Nevertheless, the reports have repercussions on young people’s lives as they are used as starting point when interventions are planned (Kvist Lindholm & Wickström, 2020; Wickström & Kvist Lindholm, 2020), and in this sense, they help construct childhood.

We take the following insights from STS: Survey practices, classifications, formulations of questions and pre-written alternative answers in surveys help enact realities and self-understandings. Questions and alternative answers are not only descriptive. They also draw on or help mobilise assumptions and norms about what they ask, through the very way these questions and answers are formulated. They can help enact subject positions and normative messages.

However, while a survey can mobilise assumptions and norms, such assumptions and norms can be experienced in a rich variety of ways. For this reason, a focus on the survey as performative benefits from being combined with an analysis of young people’s lived experiences of it. For this analysis, we take inspiration from phenomenological anthropology and phenomenological philosophy understandings of subjectivity as embedded in a world of others, things, and dynamic sociocultural and normative factors and features, and as a relation to this world of others and things (see for example Desjarlais & Throop, 2011). Phenomenological work has, as some examples, examined the role of illness or medical testing for the patient as bodily self, including her sense of self, self-perception and sense of agency (cf. Carel, 2008; Leder, 1990), and explored how taken-for-granted, lived norms about bodies can help shape subjectivity (Zeiler, 2013). The latter is particularly relevant for this article, which pays attention to normativity as lived, and to the role of the reflective and the pre-reflective as ‘potentialities [...] co-present to varying degrees in all human experience’ (Jackson, 2015, p. 299).

METHODS AND RESEARCH ETHICS

We engage with two kinds of material: the Swedish version of the HBSC survey and the international study protocols, and individual interviews with teenagers about filling in the survey. In order to locate

schools that were selected to participate in the 2017/2018 HBSC survey and recruit 15-year-olds for the interview study, 50 principals from senior-level schools were contacted. Four schools that were selected for the HBSC survey were identified, and one principal agreed to allow the selected class to take part in our interview study. Two other classes that had not been selected for the HBSC survey were also included in the interview study. Ethical approval was granted by the Regional Ethics Board (No. 2017/171-31 and 2018/106-32).

In line with established research ethics practices, the young people and their parents received information about the study including information about the possibility to withdraw at any point, and were asked to sign the consent form. In total, 32 girls and nine boys took part in the interviews. If there were any signs of the interviewees feeling uncomfortable, the interview was paused or ended. Furthermore, we had established contact with the school health service so that young people who talked about difficult situations could get the support they needed.

To provide thick descriptions of participants' meaning-making, a participatory methodology characteristic of ethnography was used (e.g. Hammersley & Atkinson, 2007). The interviews started with a recapitulation of the HBSC questionnaire, and those who had not seen it before were given the opportunity to read it carefully. The interviews were semi-structured and lasted between 45 and 90 min, depending on how comprehensive the participants' answers were. They focused on the participants' interpretations of some of the questions in the questionnaire. Follow-up questions served as an important strategy to encourage the participants to talk about what interested them in relation to the interview questions and explore the participants' perspectives further. The focus of this article is the participants' narrations of how it felt to answer the questions in the survey and how they interpreted and viewed the questions.

The analysis of the HBSC survey was performed through a question-for-question examination that centred on what was asked, how it was asked, and what assumptions and norms the questions and (when present) the pre-written alternative answers mobilised or relied on. Through this question-for-question examination, we identified assumptions and norms in the survey, noting how these were formulated and what subject positions, that is, what understandings and positionings of subjects, they helped enact (compare Law, 2009; Johnson & Åsberg, 2017). We also cross-read the survey with the HBSC Study Protocol (Currie et al., 2014; Inchley et al., 2018), in the same way. The HBSC Study Protocol describes the rationale for each of the questions asked in the survey.

The analysis of the interviews was inspired by thematic analysis (TA), which has the advantage of being able to be combined with several different theoretical and epistemological approaches (Braun & Clarke, 2006). The contextualist approach of TA takes into consideration how research subjects engage in meaning-making and create meaning in relation to the survey and enacted subject positions, acknowledging that meaning is influenced by the socio-material context and structural conditions (Braun & Clarke, 2006). This approach allowed us to examine young people's meaning-making in relation to the survey, situating their accounts in the broader context of what the survey helps perform (cf. Braun & Clarke, 2019). To ensure reflexivity and deep reflection on the generated themes, in which several potential meanings can be identified (Braun & Clarke, 2019), both researchers were involved in the coding process. Initially, we coded the content of the participants' answers on questions concerning their experiences of filling in the questionnaire (e.g. 'important questions', 'easy and fun', 'dislike talking about problems at home', 'personal questions'). At a later stage, we combined the codes into broader units of analysis such as 'helping to identify differences', 'a reminder of how to live, or of a precarious situation'. We also analysed how the participants related to particular ways of understanding well-being presented by the survey questions ('experiencing the survey as a resource' and 'experiencing the survey as evoking shame'). After engaging with and interrogating the data,

back and forth, we developed two themes: experiencing the survey and managing the survey, each with sub-themes.

In the last stage, we combined our dual focus on performativity and meaning-making, discussing young people's meaning-making in relation to the survey and its enacted subject positions. This is done in the section 'Bringing the Analyses Together: Performativity and Meaning'.

THE SURVEY ENACTS NORMS AND THE SUBJECT POSITION OF THE ACCOUNTABLE TEENAGER

The HBSC survey asks questions such as 'Do you have a room of your own?' (Folkhälsomyndigheten, 2018, p. 93) and 'How much do you weigh without clothes?' (p. 96). The latter question is also followed up by the questions 'Do you think your body is much too thin, a bit too thin, about the right size, a bit too fat, much too fat?' (p. 98) and 'Are currently dieting or doing anything else to lose weight?' (p. 98) (our translation from Swedish). The HBSC Study Protocol 2017/2018 explains the rationale for the question about weight by noting that 'the HBSC survey has made a major contribution to knowledge on overweight and obesity in adolescence', and that the objectives of this question are to 'identify prevalence of overweight', 'classify high-risk (obese) groups; describe the secular trends in overweight and examine their relationship to social and environmental factors; and establish associations between overweight and other health-related behaviours, psychological well-being and social factors' (Inchley et al., 2018, p. 38). The question about having one's own room is explained as a question that helps 'differentiate poor and affluent families in national and cross-national samples', while also acknowledging that the 'meaning and cultural significance' of having one's own room can vary (ibid.).

On the one hand, questions about weight and having one's own room can result in information that is deemed central to the understanding of socioeconomic status and health. On the other hand, while the survey seeks to gather information that its designers have deemed to be useful, its questions help discursively to enact a reality where socio-material differences (having one's own room) and knowledge about one's weight are positioned and performed as being important for the health and well-being of young people. Asking questions about whether school children have a room of their own, in a survey that is intended to capture information about young people's health and well-being, sends the message that this *is* relevant to health and well-being just as the question about weight sends the message that you should know how much you weigh without clothes, which requires you to weigh yourself more or less naked.

In the introduction to the follow-up questions on weight, the survey states that 'Different people have different thoughts about their own bodies. Some think they are too thin or too fat, and some think they are about the right size (the authors translation from Swedish)'. (Folkhälsomyndigheten, 2018, p. 98). While this may be intended as inclusive—as a way to say that different people perceive their own bodies differently—the statement nevertheless sends the message that one should think about one's bodily appearance and that thinking about one's body in terms of being too thin, too fat or about the right size is relevant to one's health and well-being. Not considering one's body reflectively and thematically is not an option. Furthermore, the formulations of 'too thin or too fat' indicate comparison, either to one's own ideal or to that of others.

Two other examples are also noteworthy. First, Cantril's Ladder of Life Scale (Cantril, 1965), which measures life satisfaction (Inchley et al., 2018, p. 69), invites comparisons between one's own life and that of others. In this section, the participants are asked to indicate, on a ladder, how they rate their life at this particular time. The top of the ladder, marked with the number '10', represents the best possible

life they can imagine, while the bottom of the ladder, marked with '0', is described as representing the worst imaginable life. The participants who score their lives as 6 or more are interpreted as having a high degree of life satisfaction (Folkhälsomyndigheten, 2018, p. 24). While Cantril created this ladder as a striving scale in order to explore 'the pattern of human concerns' and discover people's aspirations (Cantril, 1965), the HBSC uses the ladder to measure life satisfaction as an indicator of well-being, based on the participant's indicated perception of her or his current situation. The subject is expected to account for his or her life, here and now (mark where they find themselves on the ladder), while at the same time thinking about life in general (the best/worst possible life they can imagine). In order to engage in this reflective exercise, the teenagers are invited to picture others' lives as possible lives in contrast to their own, including their dreams and fears (as in best/worst).

Second, the teenagers are asked 'Have you ever had sex?' (yes and no alternatives), and if so, 'How old were you when you had sexual intercourse for the first time?' (with the following options: 11 years or younger, 12 years, 13, years, 14 years, 15 years, 16 years or older) (Folkhälsomyndigheten, 2018, p. 99). The Public Health Agency of Sweden comments, in relation to this question and other questions about sex in the survey, that there is a correlation between sexual debut before the age of 15 and this debut being unwanted and taking place without contraception (Folkhälsomyndigheten, 2018, p. 61). Early sexual debut is stated to be associated with sexual risk behaviour and other risk behaviours involving alcohol and drugs (ibid.), and the Public Health Agency reports that 20% of the girls and boys in year 9 have had sexual intercourse.

We suggest that the very presence of these and other questions in a survey that is distributed to teenagers, in their classroom, conveys a message: that the questions are acceptable to ask, by the designers of the survey, and that one should—as a schoolchild or teenager—be comfortable answering them. While the survey states, on page 1, that respondents do not have to answer all questions (Folkhälsomyndigheten, 2018, p. 89), the fact that potentially sensitive questions are also there can still be understood as sending the message that these questions are not deemed too personal to ask in the form of a survey in the classroom.

If questionnaires that are distributed and completed in classrooms are understood as knowledge production practices that help enact some realities, norms and values more than others (Law, 2009), then this means that they do more than simply ask questions and describe states of affairs. The HBSC survey, if understood in this way, also helps to enact certain norms and values about what one *should know*.

Understanding the survey as a discursive-material knowledge production practice means that the survey's questions present well-being in a way that enables specific understandings, and that materiality matter when the survey is distributed in the classroom, involving teenagers, teachers, desks, pens, spaces in between desks or no spaces in between desks. Furthermore, the survey as a discursive-material knowledge production practice helped to enact specific subject positions along with objects. Through the design and performance of the questionnaire, a certain subject position emerges, namely that of the *accountable school child and teenager* who can and will answer the questions, and a *reality* where socio-material standards and information about sex and weight are relevant in order to understand health and well-being.

LIVED EXPERIENCES OF MESSAGES AND NORMS IN THE SURVEY

In our analysis of the interviews we developed two main themes with a few sub-themes, as seen below (Figure 1).

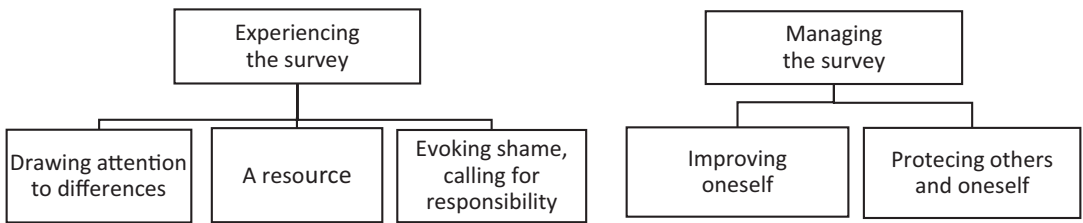


FIGURE 1 The thematic map

HBSC is experienced as drawing attention to differences

More than half of the interviewees said that the questions in the questionnaire functioned as a list of assets and means that helped spell out what a young person might have or not have, depending on the family's socioeconomic situation. Furthermore, the interviewees' narrated experiences of filling in the questionnaire centred on feelings of a relative success or failure in terms of doing well economically, socially and personally, in different ways.

For example, Lisa explained how she started to think about differences when she filled in the questionnaire: 'I realized that not everybody has a good life like mine. I feel sorry for them.'³ In contrast, Ellen, who lived with her single mother, a brother and a sister, spoke from that position: 'My mother is a single parent because my father has passed away [...] We only have one income [...] Imagine those who have two parents, they get twice as much as I do.'⁴ The variations and structural inequalities the young people spoke about announced not only differences but also issues of status and power.

The experiences and attention in relation to everyone's relative status need to be understood in the light of how the questionnaire was filled in. The analysis of the interviews revealed that the privacy of the research subjects was difficult to preserve when filling in the questionnaire. Some of the teenagers said that they tried to hide their questionnaire. Others described how they discussed the questions or their answers openly in the classroom. Another way of noticing each other while filling in the questionnaire was more subtle, as in the case above, of Lisa and Ellen: The questions in themselves, they and other interviewees' explained, made them think reflectively about differences in living standards and socioeconomic status, including their own and others' achievements and relative statuses.

In this way, apart from enacting a subject position of being accountable, the survey as a knowledge production practice also helped strengthen the socioeconomic standard as something for the teenagers to relate to in a comparative mode. The questions about socioeconomic standard were experienced as normative, and as standards that everybody should conform to. While past research has indicated an awareness of socioeconomic differences and inequalities among teenagers (Zetterström Dahlqvist et al., 2012), the survey helps strengthen socioeconomic differences as something to attend to, reflectively.

HBSC is experienced as a resource

For one group, the questionnaire was primarily fun and informative to fill in. These interviewees narrated their experiences of completing the survey as one in which there were goals to reach—in the sense of good ways of living one's life. For example, Linda said that 'They kind of try to lead us to something better. "Perhaps I should do this in order to reach that level."' This quotation can be read as drawing on the language of online games where participants also evaluate how to act to reach a higher level the next time they play the game. To these interviewees, the questions were interpreted

as demonstrating levels of success in health issues—along a set of levels where one could reach better levels if one exerted oneself.

Filling in the questionnaire helped initiate certain reflections on how to live and what to do in order to be healthy, stay healthy or improve your health. In this regard, the questionnaire was understood as a resource. Several participants also stated that the questionnaire worked as a reminder or a motivating factor: ‘I started to think about myself and what I expose myself to. I thought about my health’, explained Sofia. Jenny clarified: “You get like a reminder. ‘Perhaps I should eat this and that in order not to lose weight.’” The interviewees who described the questionnaire as a reminder referred to it as nudging them to reflect on how to live.

Furthermore, even if filling in the questionnaire was described as fun and informative, the interviewees also stated—when asked whether they would prefer certain questions not to be included—that the background questions about weight and height were unnecessary or irrelevant. Some of the interviewees spoke explicitly about how the questionnaire could evoke negative thoughts. As Linda explained: ‘Like weight, it could be something you haven’t thought about before. Like ‘How do you find yourself – too thin or too fat?’ Then you can start think in a negative way. ‘Shit, I need to think about this,’ kind of.’ The questionnaire as a resource thus had a flip side: The nudging could make the participants think about the ‘many ideals’ about the body, sex and relationships in ways that, for some, was narrated as troubling.

HBSC is experienced as evoking shame and calling for responsibility

A second group of interviewees found the questionnaire difficult to fill in because the questions were sensitive and made them aware of being in a disadvantaged position. Again, Ellen’s explanations were illustrative in this regard. She reflected on the experience of being reminded of her precarious situation by the questions in the questionnaire, in the following way:

If you have TV, mobile phone...? Imagine those who don’t. They feel ashamed answering. I didn’t only think about myself, I thought about others as well. Some feel ashamed because they think it’s wrong [not to have them].

This exemplifies how some teenagers in a disadvantaged socioeconomic situation might not see this as a questionnaire that is fun and informative, but as one that emphasises how their situation is different from others. The interview also demonstrates a process where Ellen first talked about feelings others might have while filling in the questionnaire and later talked openly about these feelings as her own, when she felt more confident in the interview situation. At the beginning of the interview, Ellen said: ‘You believe that having your own room is natural, but perhaps it is not. You are a bit spoilt. Then you feel, like, sorry for those who don’t have their own room’. Towards the end of the interview, however, this story came up:

There is a spare room that my brother uses, it’s like a wardrobe. And that’s why I don’t have my own room. I share with my little sister. I thought: ‘Oh shit, I share a room. What if that’s wrong, what if someone thinks I’m poor.’ Most people have a room to themselves. It felt like, ‘Oh my god, should I say that I have my own room or should I tell the truth?’ There were lots of these thoughts.

This demonstrates how differently the survey presents itself to and is experienced by the participants. As Ellen narrated, the survey brought out questions about norms: Perhaps one should have one’s own

room? What if one doesn't? In line with their socioeconomic positions, the participants felt that they were normal/fortunate or divergent/disadvantaged.

Finally, the questionnaire was also described as evoking questions about responsibility for one's own health and situation, and about the attribution and assignment of responsibility. In this way, Carl explained that filling in the question based on Cantril's ladder (your own life versus. the best/worst life), used to measure satisfaction with life, made him feel as if his health was his own responsibility. In his words:

'Best life you can think about' has very little to do with the individual. But the question makes it look that way when 'your life' appears in bold. [...] You may have parents with addiction problems, for example. Then it's your fault. Many people probably get that impression.

To Carl, the question encouraged an individualistic understanding of responsibility for one's own health, and he described this as problematic. Emily, another interviewee, explained that she wanted to get help in order to feel better, but that she was unable to influence or resolve issues concerning death and conflict in the family. Although the survey is designed to capture information about young people's health and well-being in their social context, the questions seem to evoke feelings of individual responsibility for aspects of life that young people might be unable to influence. According to these participants, health was not—and should not be—understood as being primarily or only one's own responsibility—as if the individual could be neatly set apart from her or his close relations. To them, however, the formulations in the survey encouraged such a focus. Furthermore, the survey could be experienced as expressing norms about childhood: for example, the question about a room of one's own did not only help to identify socioeconomic status, but could be experienced as presenting ideals about what childhood should include in terms of material standards.

INTERVIEWEES' SUGGESTIONS FOR MANAGING THE SURVEY: IMPROVING ONESELF OR PROTECTING OTHERS AND ONESELF

In response to the questions in the questionnaire, the interviewees talked about possible ways to manage the perceived normative messages and the emotions they evoked. For those who found the survey fun and informative, it meant improving themselves, while those who described feelings of shame and guilt discussed how to protect others and themselves.

Improving oneself

For some participants, the survey was seen as a resource and a reminder, and the questions were seen as nudging teenagers to act in ways that were good for their health. Even if this could feel like pressure, the teenagers in this group experienced filling in the survey as a chance to reflect on their achievements and possible failures in relation to norms and ideals concerning their health. As Julia put it, the survey 'helped me to understand my situation and what I want to do, what makes me happy, sort of'. This quotation illustrates the meaning, or even happiness, they experienced when reading or completing the survey, in the sense that they started to plan how to improve themselves. It is interesting to note here that the 'deficit-model lens' (Morrow & Mayall, 2009), that is, survey questions focusing

on problems and deficits, which has traditionally been used to study the health status of children and young people, plays out very differently depending on the status of the teenager's assets and socio-economic situation. A teenager who lives up to most of the norms enacted by the survey questions seems to be able to see the questions as contributing to managing their health, while others might find themselves marginalised, as discussed below.

Protecting others and oneself

Other interviewees, however, were reminded of situations that they did not want to recall when sitting in a classroom together with their schoolmates. They explained that they tried to find ways to protect themselves from the emotions involved, and that the experience of filling in the questionnaire also related to the environment in which it was filled in. For example, Maria commented on the question about when the respondents had first had sexual intercourse. She explained: 'Some people may find this difficult to answer, if they have been abused', and added: 'If you have been subjected to an assault, perhaps, and you have never had consensual sex – what do you write then?' While the question is legitimised by the correlation between early sexual debut and unwanted sex (Folkhälsomyndigheten, 2018), this could further underline the potential unease or other negative effects on behalf of those who have had such experiences and who, through this question, are reminded about past violations. Other participants also explained that they might choose to fill in the questionnaire in ways that aligned with what they were comfortable with revealing, even if that meant not telling the truth. As Carl put it: 'If someone has problems at home, and a classmate is sitting next to you, perhaps glancing at your [questionnaire], you don't want to fill that in. I wouldn't, in any case'.

We understand these examples as illustrating how teenagers reflected on and narrated how they chose to fill in the survey in ways that were manageable, and acceptable, to them. Filling in a questionnaire may involve managing work where certain aspects or dimensions that participants are asked about are hidden (cf. Goffman, 1963, on managing bodily disabilities). Some interviewees also talked about how fellow students might experience specific questions, instead of how they themselves experienced these questions. For some, this may be a way to discuss problems without identifying them as their own problems, thereby helping participants to control the kind of information they revealed about themselves during the interview while demonstrating and enacting the problem of being marginalised.

Furthermore, interviewees explained that there might be things one does not want to tell others, and hence not write about in a questionnaire because one wants to protect others. To explicate this point, we return to the interview with Ellen. She explained that the question about 'a room of her own' concerned not only herself but also how others might think of and picture her mother. If she told the truth, that is, that she didn't have her own room, she thought this might reflect badly on her mother. Ellen explained: 'Imagine somebody will believe that my mother doesn't listen to me and that I tell her I want to have my own room, and my mother doesn't care'. As another example, Isabel explained that one might not want to tell others that one's parents are divorced, especially if one of the parents is unwell.

The examples above bring out the dynamics between the individual teenager, who is supposed to fill in the questionnaire in a way that describes her or his situation and life, and her or his relational context that includes others that she or he cares about and whom she or he can feel the need to protect. To make use of our previous analytical results: While the survey helped enact the subject position of the accountable schoolchild or teenager, teenagers also questioned this subject position. They made space in different ways for alternative ways of being accountable; not being accountable for filling in

the survey in the way they were expected to, but *being accountable for filling in the survey in ways that they themselves saw as possible, wise, and protective of others*.

This, we suggest, sheds light on the challenges of teenage subjectivity and accountable agency when filling in the survey. Subjectivity, from within the phenomenological reasoning that we take inspiration from, is not only formed in relationships with others, but is a relation to others and the world (for a discussion of this, see Zeiler, 2020) and interviewees' ways of managing the survey can be understood as affirming relational selfhood through acts of demarcation. They acknowledge the central role of others for them, as selves, while managing the wishes of certain others—the people behind the questionnaire and/or classmates—who want to know more than the interviewees are willing to disclose, and they want to protect themselves while protecting others who are important to them.

BRINGING THE ANALYSES TOGETHER: PERFORMATIVITY AND MEANING

The survey as a discursive-material knowledge production practice describes teenagers while unintentionally mobilising assumptions about them (cf. Law, 2009). As shown, it enacts socio-material status and bodily size as things teenagers do or should know, and as things teenager are or should be comfortable enough to discuss in the questionnaire, in the classroom, in ways that correspond to 'how things are'. It makes comparison central as a mode of assessing oneself (best possible/worst possible life), and experience of sex—including non-consensual sex—a topic teenagers must recall and think about (when asking about sexual debut). It enacts accountability as a matter of responding, truthfully, to the questions posed, and teenagers' subject position as accountable in this sense.

On the one hand, our results might be read as a reminder of the continuous need for a research ethical reflection on research design, practical details of the distribution of surveys, formulating questions and pre-defined answers, and how schools can offer psychological support to teenagers after the survey, should they want it. This, of course, is central to all research and something the HBSC survey designers are well aware of (Currie et al., 2014). What our article shows, in this regard, is the need for qualitative interviews in order to capture how Swedish teenagers made sense of and experienced filling in this survey: What it meant for them. The participants' questioning of the survey underlines the need for research in which children's and young people's lived experiences are taken seriously, and that provides space for their interests, assets and abilities. These narratives are especially important to understand in relation to how surveys such as HBSC construct childhood and reflect normative ideas about what one should have and aspire to. The Background information collected concerning parents' employment and economic situation in HBSC help emphasise the importance of number of computers, cars, and bathrooms, trips abroad, and a room of one's own, ideas that reflect middle class family life and values.

On the other hand, we see our main empirical result as that of performing and managing accountability as a teenager. While the survey as a knowledge production practice enacted the subject position of the accountable teenager who can fill in the survey and feel comfortable with being asked sensitive questions in classrooms, (some) teenagers also transformed accountability into a matter of being accountable for filling in the survey in ways that protected themselves and others. This result can be read in the light of past research that has underlined the role of social relations for teenagers' well-being in Sweden (Hiltunen, 2017) and elsewhere, and has questioned a 'deficit model' where surveys focused on what children and teenagers did not have (Morrow & Mayall, 2009). The identified accountability is thoroughly relational (being accountable for oneself and others in relationships) and implies taking responsibility for protecting oneself and others in the light of not living up to the implied normative messages of the survey.

What also happens is that aspects which teenagers otherwise might ‘just’ have lived, as part of their pre-reflective existence, and that would have pre-reflectively opened up and structured their ways of engaging with others and the world (cf. Zeiler, 2013; Desjarlais & Throp, 2011), now, through their engagement with the survey, become something (also) to think about and note. For example, some questions made the teenagers explicitly consider and question an individualistic understanding of responsibility which brought out their previously taken-for-granted understandings of responsibility as a relational undertaking. What they perceived as the survey’s individualistic understanding clashed with their own. On the one hand, while the different understandings of responsibility became something to think about reflectively, the teenagers may, at a later stage, through repeatedly enacting their relational understanding of responsibility, come to live their relational understanding as part of their pre-reflective existence—and only occasionally stop to think about these different understandings (cf. Jackson, 2015). On the other hand, this example illustrates that the survey can do more than capture information about health and well-being.

Furthermore, in order to understand the implications of the survey, there is a benefit to combining the analyses of performativity and subject positioning with the analyses of meaning making, subjectivity and lived experiences. The survey as a knowledge production practice brings together people (teenagers, teachers, epidemiologists/public health analysts, etc.) and things (the survey, pens, desks, space in the classroom, national distribution of schools taking part in the survey, etc.), and enact normative ideas about childhood (e.g. that a room of one’s own or a certain body size are important for school children’s health and well-being). This is important to note, since indicators on children’s well-being affect children’s self-image and less affluent children can internalise an at-risk status (Morrow & Mayall, 2009), even though they did not previously consider their childhood as disadvantaged. While we do not question correlations between, for example, socioeconomic background and health, our study underlines the importance of examining normative messages and implications of this and other similar surveys for surveyed teenagers.

As noted, the survey as a knowledge production practice also enacts a specific subject position (the accountable teenager who can and will answer the questions). This specific subject position is taken up, in different ways, by the interviewed teenagers, and a rich diversity of factors and elements go into, help shape and are shaped in this process—such as perception of oneself and others, and perception of norms regarding socioeconomic factors and social relations. Central, here, is an acknowledgement of teenage subjectivity—that is, the lived first-person perspective of oneself including one’s sense of self and one’s self-understanding—as dynamically shaped in relationships with others and with things, and with enacted subject positions. Being made explicitly aware about what one has and does not have or feeling that one has failed to reach norms for a good life can encourage shifts in self-understanding, even if this is not the intention of the designers of the survey. Surveys are not neutral, and the resulting normative messages can and did feed into subjective self-understanding and critical thinking.

This result also contributes to past research on teenage agency in Sweden. Past research has showed how Swedish teenagers felt demands and expectations to perform well at school and in social relations, and adolescents strove to balance different dimensions in life (Landstedt et al., 2009). Our analysis can be read along similar lines that focus on balancing; some teenagers tried to balance the norms they felt about how one should live or how one should complete the survey, with their own perception of what was a good way of living and answering the survey, in ways that protected others. Some felt that they had failed to live up to norms and expectations, that they were expected to fill in the survey in ways that showed this, and that they questioned parts of the survey. This could be interpreted as a way to take a stand for themselves and for others—and to make room for what they saw as a good, wise route to account for their situation. By not answering questions, or by not describing things as they actually were, teenagers could be understood as displaying loyalty to others whom they cared about, and being

accountable for what they saw as the least harmful way of responding to the questionnaire—a way that allowed them to understand themselves as being responsible for others and for themselves. If formulated via our understanding of subjectivity as embedded in a world of others, things and sociocultural and normative factors, teenagers responded to the survey—within the classroom, while sitting next to classmates—in ways that allowed them to act accountably, in their own views, and this meant different things depending on how they experienced the survey.

Furthermore, a growing body of research examines the relationship between one's own perception of one's socioeconomic status and adolescent health (Goodman et al., 2007; Quon & McGrath, 2014). It has been suggested that such subjective perceptions influence health more than objective measures do, and the effects of subjective perception on adolescent health have been the greatest in Western Europe (Sweden, Finland and the UK) and Asia (South Korea and China; Quon & McGrath, 2014). While more research is needed to better understand the role of a subjective perception of socioeconomic status on health, the available research—combined with our results—underlines the need to carefully understand what surveys that draw attention to relative status help to do, and what they mean to teenagers. Finally, our study contributes to past research in putting light on how the indicators used to measure health and well-being can help prescribe normative ideas about childhood and teenage accountability. These aspects need to be acknowledged when surveys such as the HBSC survey are distributed.

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DISCLOSURE

No potential conflict of interest was reported by the authors.

DATA AVAILABILITY STATEMENT

Research data are not shared.

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ENDNOTES

¹ All quotations from Swedish sources have been translated from Swedish into English by the authors.

² Some of these questions can be experienced as sensitive or embarrassing, and the 2013/2014 HBSC Study Protocol states that 'sensitive questions in the mandatory questionnaire should be carefully placed to reduce their sensitivity and avoid association with other items that could influence responses' (Currie et al., 2014, p. 9). For research on socioeconomic status, that is, one of the parts of the HBSC survey, specific ethical guidelines are available and the HBSC network recommends that its members consult the European Commission's RESPECT guidelines (Currie et al., 2014, p. 17). In the 'Avoidance of social and personal harm' section of the guidelines, researchers are held responsible for ensuring that research participants are protected from experiences such as distress and personal embarrassment (Huws, 2004, p. xi).

³ As another example, the Swedish version of the HBSC survey states in the introduction to the 'Family and friends' section that 'All families are different. Sometimes one lives with just one parent and sometimes with two families. We

would like to know how you live (literal translation: ‘how it looks for you’). While this can be read as seeking to be inclusive, the formulation ‘just one’ might not be read as neutral.

- ⁴ In our presentation of the results, we quote from one interview (presented in the introductory vignette) more often than others. This is because this interviewee was particularly eloquent and detailed in her reflections and formulations. While more than a quarter of the participants spoke about feelings of vulnerability and shame as part of their experiences of filling in the questionnaire, many seemed to find it difficult to express these feelings. For the most part, they did not expand on the issue or explain the effects; they just stated that these feelings were there. Based on our overall impression of the interviews, we understand Ellen's case as exemplifying concerns that were present within a larger group of participants who found the questions problematic.

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