

LANGUAGE REPRESENTATION OF YOUTH HEALTH CONCEPT IN INTERNATIONAL INSTITUTIONAL DISCOURSE

Anastasia Atabekova^{1*}

^{1*} Department of Foreign Languages, Peoples' Friendship University of Russia - RUDN University, Moscow, Russia, Russia.
Email: ^{1*}aaatabekova@gmail.com
Article History: Received on 23rd March 2020, Revised on 24th May 2020, Published on 14th June 2020

Abstract

Purpose of the study: combines the study of academic publications and the analysis of verbal representation of *youth health* concept in the institutional organisations discourse; the research explores conceptual structure of *youth health* phenomenon, its complexity and density in the mentioned discourse, identifies the hierarchical relations of the concepts that shape the cognitive-semantic structure of the *youth health* phenomenon in the international institutional discourse.

Methodology: integrates theoretical and empirical analysis, exploits quantitative and qualitative techniques, uses frame-based and corpus – based approach to explore the cognitive-semantic structure of concept under study and its language representation within various institutional settings. The content-based analysis, manual and computer automated coding techniques were used. The digital processing package of QDA Minor Lite was applied.

Main Findings: international institutional discourse introduces *youth health* phenomenon as conceptual macrostructure; it integrates hierarchical network of 112 semantic units including 12 major concepts, which are further represented by smaller constituent components that use fixed language tools; respective texts differ by their conceptual structure, its complexity and density; the features differ in variables whose configuration in a particular text refers to a specific socio-political settings, purposes, genres.

Applications of this study: it can be useful for administrative-legal drafting on *youth-health* issues as the findings contribute to language use refinement and quality of international institutional discourse to foster the concept of *youth health* representation globally and implement it into regional and national legislation; the results can also serve for further interdisciplinary studies of discourse as a verbal semiotics of reality.

Novelty/Originality of this study: existing knowledge on the international institutional discourse content related to *youth health* is enhanced through the identification of fixed language tools that verbalise its conceptual hierarchical structure; readers are offered structured data on the topics and concepts that form the agenda of the international organisations communication on the youth health.

Keywords: *Language, Linguistics, Discourse, Youth Health.*

INTRODUCTION

Global community views health as one of human fundamental values and rights. Moreover, the phenomenon is considered as one of basic prerequisites for the contemporary civilization advance and youth generation development, as UNO 2020 Agenda states.

Therefore, the studies of discourse on health issues seem logical as scholars underline “that all aspects of illness and healthcare are mediated by language” (Demjén, 2020) which

is used for oral and written communication on illnesses and consultations, healthcare service provision, research activities, public policies and media representations, news and comments. Moreover, latest studies argue, that language analysis bears capacity for improving the above activities, enhancing access to care and professional development (ibid). Thus, the language performs a crucial role in both processing and developing the body of knowledge and its application with regard to the topic under study.

Language Representation Of Youth Health Concept In International Institutional Discourse

Health issues top the agenda of such major international stakeholders as the UNO and the World Health Organisation. Therefore, it seems logical to consider the youth health discourse of these institutions as it lays grounds for tuning language tools to shape and verbalise respective policies and actions at regional, national, and local levels. The above sounds even more opportune in times of COVID 19 pandemic.

The research subject is the language of the international institutional documents on youth health.

The research object is the use of verbal tools to represent key topics and concepts that form the body of knowledge and verbalize its implications within the above documents.

The research hypothesis suggests that

- international institutional discourse on the topic under study verbalizes the phenomenon of youth health as a conceptual macro structure;
- particular settings and purposes might influence the conceptual configuration of the above structure, its density and complexity, through specific variables.

The research goal is two-fold and aims to explore Academia's legacy regarding the use of language in the mentioned type of discourse, and to explore key features of the above-mentioned structure in the background international documents on the mentioned topic.

The above goal required a number of research tasks to be solved, namely the following:

- to implement literature review on the topic under study;
- to explore conceptual structure of youth health phenomenon in the discourse under study, namely to identify the list of concept-constituent items that form the mentioned structure, and map these items internal position and relations (horizontal/vertical, isolated) with and within particular cognitive -semantic groups;
- to explore conceptual complexity of youth health phenomenon in the mentioned discourse, namely to arrange the descriptive profile of language use within youth health phenomenon and to consider this profile in relation to syntactic-content metrics;
- to explore conceptual density of international institutional discourse on youth health phenomenon, namely to identify quantitative variables that reveal specifics of conceptual density of international institutional discourse on youth health phenomenon and to establish their correlation with qualitative variables for the types of texts within the discourse under study.

LITERATURE REVIEW

The literature review reveals that Academia focuses on discourse studies within the framework of personal and public health imperative (Prescott & Logan, 2019), accepts the concept of health within human rights issues and deepen into consideration of medical use concept as a basis for critique of discourse, law and practice (Garwood-Gowers, 2019).

Discourse on health traditionally considered with reference to power (Pearce, 2018) and policies (Murphy & Sika, 2020) at regional and global level (Evans-Agnew et al., 2016; Mukhametzyanova et al., 2018), takes into account the evolution of this sort of discourse within particular historical and social contexts (Potapova et al., 2018; Vyhrstyuk et al., 2017; Kayumova et al., 2020), uses verbal communication as a social regulation tool with particular reference to youth (Zyubina et al., 2018; Ostrowicka, 2019), as an instrument to foster healthcare professionals communication with patients (Røberg et al., 2020), as a tool measure human rights provision in general (Sambaiga et al., 2019) and that of youth, in particular (Brunila & Lundah, 2020). Scholars also

consider discourse on health within the discussion of verbally explicit issues of youth well-being (McLeod & Wright, 2016). Moreover, some studies focus on emergences and confirm that discursive practices might produce unequal power and control over infectious disease and strengthen the need to promote self-determination and avoid power inequalities through discourse with respect to cultural issues and marginalized voices (Mabhala et al., 2020).

Contemporary research covers communication on health issues in digital communication formats (Doshi, 2018; Fullagar, Rich & Francombe-Webb, 2017), in the media and advertising, by combining different angles that vary from health inequality in the newspapers (Kim, 2019) toward multimodal analysis of discourse on health ethics with respect to food packaging (Ledin & Machin, 2020).

Researches also cover different target audiences, including women (Pomelov, Khairutdinova & Kryukova, 2018; Mukhopadhyay & Das, 2019) and girls (Rich, Monaghan & Bombak, 2020). Scholars use discourse studies techniques to consider doctor-patient relationship (Xue, 2020), communication on particular health topics with particular audiences (Agide & Shakibazad, 2018; Rail et al., 2018; Sprague Martinez et al., 2017), explore professional's identity representation through verbal units (Kellar et al., 2020). Special emphasis is laid on moral aspects of professionals' discourse on health (Blackburn & Stathi, 2019; Hood, 2016).

Academia also promotes corpus-based studies of the language used by people experiencing psychological distress and the role of discourse analysis in identifying different representations of mental illness, its diagnosis and treatment (Hunt & Brookes, 2020).

Scholars also turn to the concept of health with regard to socially disadvantaged children across countries (Grimminger-Seidensticker et al., 2020).

There are some isolated studies of particular language forms use within discourse on health with regard to a specific language. Such an angle promotes investigation of language forms in discourse on health as the reflection of current situation and prospective national policies on health issues in a particular country (Fogarty et al., 2018). That is why researchers also use a linguistic ethnographic enquiry when exploring the discourse on health (Declercq, 2018).

Thus, Y.W.A. Tee (2016) explores semantics of complex sentences in the discourse of health and diseases in Abu, language of the Alor Archipelago. A.F. Plastina (2019) analysis how functional uses of if-conditionals in medical reports affected further conclusions and decisions in the field. In general, contemporary investigation in the area of present study confirms that researchers acknowledge the role of discourse analysis as a "useful methodology for health-care system research", though underline that this type of analysis has been little employed by health-care researchers (Yazdannik, Yousefy & Mohammadi, 2017).

Nonetheless, the brief tour on studies of discourse reveals that the research on major concepts and their verbal representation within the international discourse on youth health has not been subject to structured analysis so far.

Due to the above the present research aims to explore conceptual architecture of the discourse on youth health in the background international documents on the mentioned topic, identify its constituent components, their internal relations and affiliations.

METHODOLOGY

The research accumulated data from theoretical and empirical activities, followed mixed methodology principles by using both qualitative and quantitative approaches. The methodology design and its implementation enhanced

Language Representation Of Youth Health Concept In International Institutional Discourse

experience and findings of previous studies on youth rights discourse (Atabekova et al., 2019; Atabekova & Radic, 2020) which the author led as the head of the research team.

Research Principles and Approaches

The theoretical part focused on the comparative approach to the analysis of academic papers related to the research topic and framework. The empirical investigation stood on a number principles and approaches.

It should be mentioned that the study rested on theoretical principles of interdisciplinary studies of discourse (Wodak & Meyer, 2015; Oborsky et al., 2018) that argue for systemic studies of language data (Halliday, 1985), with reference to cognitive-semantic macrostructures (Van Dijk, 2019), societal contexts within a particular historical period (Gregory & Carroll, 2020); the vision of discourse as social semiotics (Hodge, 2016) was also taken into account.

Further, M.Minsky's (1988) theory of frame-based approach for representing knowledge was used to explore the constituent items (concepts, their slots, sub slots, further minor constituent units) of youth health concept operation though institutional discourse.

Moreover, the research also exploited the theory of the text complexity that incorporates syntactical and content metrics, that among other tools operates with the concept of semantic density (Buttigieg et al., 2016), or idea density (Cuevas et al., 2019), as the tool to reveal complexity of cognitive process and knowledge construction practices.

The analysis required a grounded-theory approach (Flick, 2018) that uses field-based evidence and further inductive reasoning as there are no previous data with respect to the point.

Dispositive approach (Foucault, 2002) laid grounds for preliminary assumptions about the system of hierarchical heterogeneous concepts within the discourse on the topic under study.

Research Materials

Materials for the theoretical analysis were selected from the Google Scholar data base to search publications that cover features of international discourse on children and adolescence youth health. Totally over 500 sources were subject to research trends consideration, latest publications of the last five-year period took priority.

In line with the research framework the materials for the empirical studies were obtained from the sites of major stakeholders within youth health issues, namely the following:

- The United Nations: <https://www.un.org/en/>
- The World Health Organisation and World Health Assembly: <https://www.who.int/about/governance/world-health-assembly>

The search for relevant documents was conducted under the key words "child health/adolescence health/ youth health. This terminological overlapping stems from the overlapping use of these terms in the mentioned documents.

Initially, over 80 documents were found, with the average count of 2000-8000+ words in each one. However, only 25% of the data (22 documents) turned out to fit the research field in terms of the document's affiliation to the official institutional discourse. Only endorsed and adopted conventions, institutional comments hereto, declarations, statements, official reports were subject to further analysis.

In line with the modern theory of institutional discourse genres (Furkó, Kertész & Abuczki, 2019; da Cunha & Montané, 2020) the following qualitative variables for the analysis of the discourse items under study were taken into account:

- type of document (genre within the institutional discourse

on youth health)

- date of issue (diachronic approach to discourse studies)
- socio-political mission (purposes) of the document content
- settings within which the document was issued
- organization that issued the document

Empirical Research Stages, Methods and Tools

The empirical methodology had been earlier theoretically shaped (Atabekova et al., 2019) and tested within the study of EU discourse on Unaccompanied Minors (Atabekova & Radic, 2020) and other topics, as well.

The empirical study used content-based analysis, included the selected texts formation into electronic corpus, and its digital processing.

The textual data were subject to the content-based manual coding, further were organized into the electronic corpus that was digitally processed in line with the research goal and tasks.

Stage of the Texts Manual Coding

The selected texts were subject to empirical manual coding with engagement of specialists who deal with the youth health issues in legal, administrative, research or education dimensions of the domestic societal activities.

The manual coding was conducted by a team of ten members, who are experts in the field related to the research theme and settings:

- four university professors of English who deal with discourse and translation studies (over 15 year -long experience in research and teaching)
- three university professors of Law who combine academic and applied activities, including topics on human health as fundamental right (over 15 year -long experience in research and teaching)
- three officials with medical background of government agencies that deal with regulation and administration of healthcare issues (over 15 year -long experience in drafting and processing administrative-legal documents on the present research issues)

Such a composition was considered relevant for the task to provide impartial coding and avoid specialist' professional bias in terms of different concepts identification across the textual data.

The coding process rested on predetermined and emergent codes (Krippendorff, 2018). The manually identified codes were compared to discuss and reach the inter-coder reliability among the mentioned team of coding experts.

Stage of the Texts Electronic Corpus Processing

The analysis further included computer-based automated search to identify the list of most frequent word combinations and their length in terms of number of language units in respective structures. *QDA Minor Lite* was used.

In line with the guidelines concerning the required percentage in statistical research on language (Malec, 2018) only the codes that reached 90% coincidence within author and coder's cross-coding data list and the computer-based most frequent word combinations list were considered at the next stage of the study.

Further the texts were organized into the electronic corpus for computer-based analysis through *QDA Minor Lite* to explore verbal patterns associated with the concepts within youth health phenomenon, quantitative features and semantic affiliation of the language units that form the mentioned phenomenon within different contexts.

Integrated computer-based and manual-check was used to distinguish corpus texts into clusters (methodology in line with Härdle & Simar, 2019) and identify their variables.

Language Representation Of Youth Health Concept In International Institutional Discourse

The experimental computer-based analysis allowed the author to reveal the following set of quantitative variables:

- percentage of youth health concept mentions in the text (the figures were calculated as ratio of number of utterances that contain youth health concept to the total number of utterances in the document);
- number of different codes in the text;
- number of concepts, slots, sub slots, their further cognitive-semantic constituent units in the text.

The textual manual coding and the text corpus digital processing laid grounds for further interpretations and discussion of quantitative figures and their coordination with the empirical material qualitative variables.

RESULTS AND DISCUSSION

The research made it possible to introduce the conceptual structure of *youth health* phenomenon in the discourse under study through the identification of concept-constituent items that form the mentioned structure, and map these items internal position and relations (horizontal/vertical, isolated) with and within particular cognitive-semantic groups.

The empirical study also allowed the author to identify conceptual complexity of *youth health* phenomenon in the mentioned discourse through the formation of the descriptive profile of language use within youth health phenomenon and the respective descriptive data consideration in relation to syntactic-content metrics.

Besides, the experimental electronic corpus-based analysis produced the data on the conceptual density of international institutional discourse on *youth health* phenomenon, made it possible to identify quantitative variables that reveal specifics of conceptual density of international institutional discourse on *youth health* phenomenon and to establish their correlation with qualitative variables for the types of texts within the discourse under study.

The respective subsections produced detailed findings with regard to the mentioned results.

Conceptual Structure of Youth Health Phenomenon in International Discourse

The research made it possible to compile the list of those thematic codes that appear in the corpus of the basic UNO and WHO official texts on youth health. Totally 112 codes were found both through the manual coding and computer-based text analysis. Their coincidence reaches 90%. 10% difference stems from the use of synonymic language units. The identified codes are associated with particular cognitive-semantic units related to the youth health phenomena in the created corpus. Both manual and computer-based analysis of the above data made it possible to group respective cognitive

semantic items within hierarchical phenomenon of *youth health* which is verbalized through the international institutional texts on the topic.

The mentioned phenomenon exists as multilayer cognitive-semantic structure. This structure integrates heterogeneous system of concepts that themselves are introduced as hierarchies of slots, sub slots, and further minor constituent units. Their subordination relations are visually introduced in Figure 1. The figure highlights five layers.

The first layer characterizes the concept of *youth health* as the human fundamental right. It is revealed through 10 slots that determine essential components of this right

The second layer is introduced through identification of such three concepts as challenges and threats, provision and implementation and audiences who are subject to this right.

The third layer provides a detailed vision of ways for this right implementation through four concepts of principals and elements, measures, actors, and legal instruments.

The present research argues to consider the above concepts of these three layers as the major concepts as they are present in most analysed documents (in 16 out of 19 analysed). The cognitive semantic structure of the respective concepts are further characterized through a number of slots (58), indicated in Figure 1.

The fourth layer specifies the areas and types of measures that are introduced through five semantic groups, namely health determinants, other areas, dimensions, principles, tools. These groups were detailed through 21 sub slots.

The analysis confirms that the above-mentioned semantic groups around the concept of measures can be considered as additional optional concepts (5) as they either fully or partially are present in the cognitive semantic structure of the documents.

The fifth layer incorporates further hierarchical description of two specific semantic sub groups within the concept of measures, namely tools for measures (in terms of policies & programmes, resources & facilities) and other areas of measures (protection, education, systems for health management information, technologies, international focus, research & innovation). The respective groups are introduced through 21 minor semantic units.

The sixth layer specifies the contents of specified semantic group of international focus through such fields as cooperation and monitoring, through 8 specific units.

The data analysis makes it possible to state that the conceptual structure of *youth health* phenomenon in international discourse operates as a conceptual hierarchical network.

Language Representation Of Youth Health Concept In International Institutional Discourse

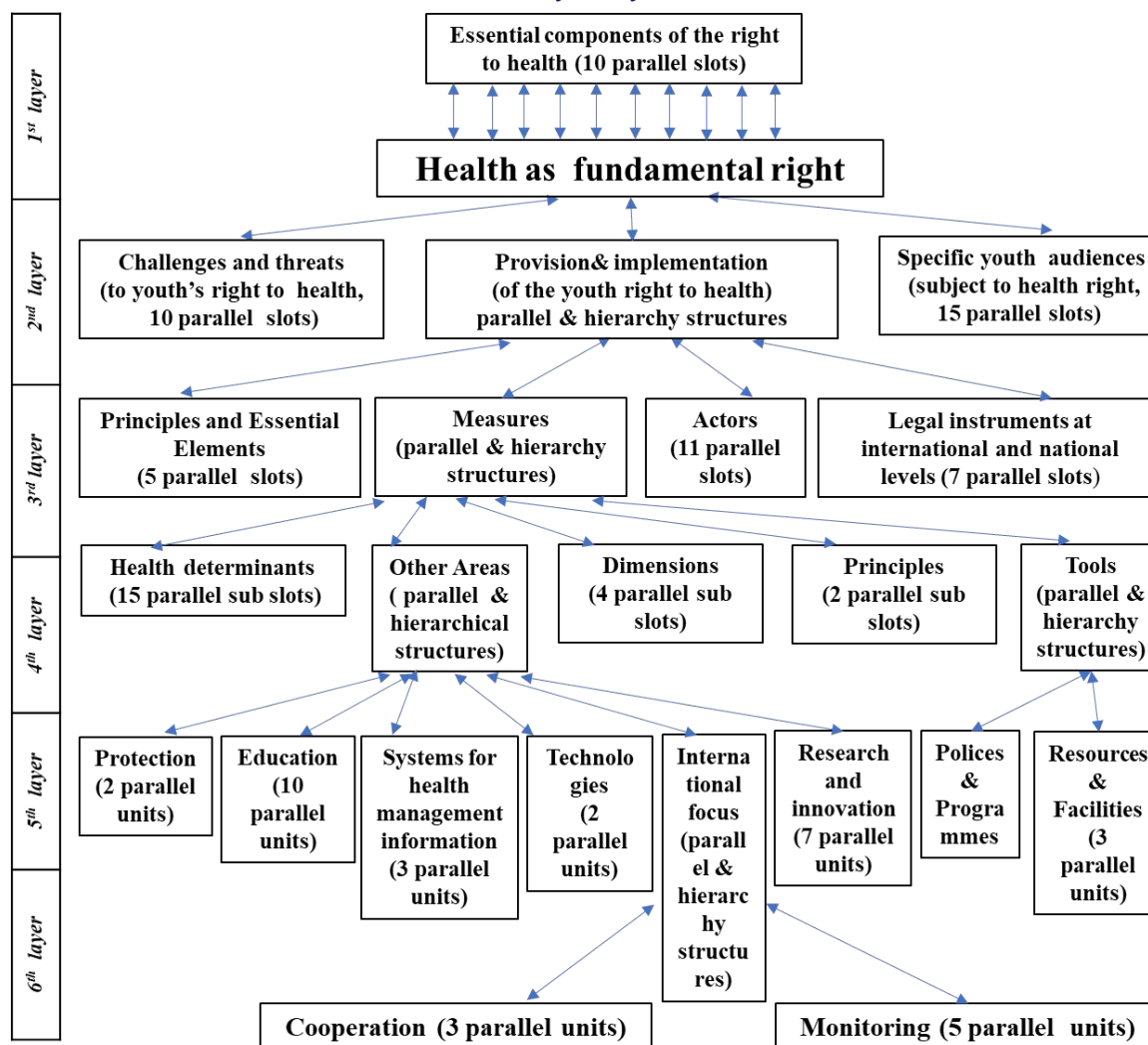


Figure 1. Multilayer conceptual structure of youth health phenomenon
Source: Author's data

Conceptual Complexity of Youth Health Phenomenon in International Institutional Discourse

The conceptual complexity of the phenomenon under study has been analysed through two stages.

First, the *youth health* conceptual complexity is explored through the *descriptive profile of the language units* that verbally represent the above system of major and optional concepts, relevant slots, sub slots, and their further minor constituent semantic units.

Second, this descriptive data is considered in relation to *syntactic-content metrics*.

It should be noted that the verbal forms are presented as they are used in the texts that were subject to analysis.

Descriptive Profile of Language Use within Youth Health Phenomenon

The concept of *health as fundamental right* tops the construct. This concept is formed by the following 10 slots that are introduced through the following language units: *physical and mental health; health highest standards; quality essential medical care and health service, medicines and vaccines; sexual and reproductive health, legal abortion and contraception; rehabilitation; social security; healthy work conditions; limitations/restrictions due to the protection of public health; the right to confidentiality, respect and informed consent; respect for cultural values and religious beliefs.*

Further major layers are formed by the concept of challenges

and threats (to youth's right to health) (formed by 10 slots) and the concept of *specific audiences* (*who are subject to right to health right*) (formed by 15 slots).

The concept of *challenges and threats* (to youth's right to health) includes the following slots (and respective language tools): *global maternal mortality, communicable diseases (epidemics of HIV, tuberculosis, malaria, neglected tropical diseases, virus, HIV/AIDS, sexually transmitted diseases), unsafe abortion; physical and sexual violence; addiction (to drugs, tobacco and alcohol); poverty; hunger and malnutrition; poor societal conditions; unhealthy environment; humanitarian and fragile settings.*

The concept of *specific audiences* (who are subject to right to health) is introduced through the following slots (represented through the following verbal items) : *mentally or physically disabled children; child victim of any form of neglect or abuse; LGBTQI; drug users; refugees; rural populations; out-of-school children; indigenous children; afro-descendant populations, migrant children; young people in conflict and emergency situations; adolescent girls; young people living with HIV and AIDS; early childhood; newborns.*

The next step in the cognitive-semantic structure of the youth health concept leads to the idea of the respective *provision and implementation* (of the right to health).

This phenomenon is introduced through a number of concepts, that bear equal cognitive load, and therefore they are placed horizontally in Figure 1 to show that they form the

Language Representation Of Youth Health Concept In International Institutional Discourse

one and the same layer within the structure of the youth health concept.

This layer is formed by the concepts of **principles and essential elements** (5 slots), **legal instruments at international and national levels** (7 slots), **actors** (11 slots), and **measures**. The latter concept will be considered further.

The concept of **principles and essential elements** is formed by such slots as *universal basis; non-discrimination with regard to health facilities, goods and services, for all sections of population; physical accessibility; economic affordability; information accessibility and quality.*

The concept of **legal instruments at international and national levels** incorporates the following list of slots: *United Nations agencies and programmes; legislation to provide social and health services; legal obligations by the institutions with the service provision standards to ensure child health care;*

implementation at national level through framework legislation; right to health indicators and benchmarks as obligations of actors other than States parties; causes and definition of violation of the right to health; remedies and accountability in case of a violation of the right to health.

The concept of **actors** is formed by the following slots: *agencies of the United Nations System, international institutions, national governments, local bodies, health service organizations, health associations, NGO, young people and children themselves, youth organizations, families, school systems and teachers.*

The concept of **measures** is introducing through 5 slots that are verbally represented by a hierarchal structure of sub slots. Their initial layer unites two major groups, that define measures with regard to health **determinants** (15 sub slots) and **other areas** (7 sub slots and further hierarchy of semantic units).

The slot of **dimensions** is formed by 4 sub slots, namely *capacity building, advocacy, awareness raising, social integration.*

The slot of **principles** is formed by 2 sub slots that are *social and cultural acceptability and multi-sectoral approach to health.*

The slot of **tools** incorporates 2 sub slots: *policies and programs* and *resources and facilities* that get further detailed description through 3 cognitive semantic constituent units, namely *infrastructure, human and technical resources.*

The concept of **measures** with regard to other **areas** is formed by 7 sub slots, namely *protection; education; systems for health management information; technologies; research and innovation; international focus.* These sub lots are further verbalized through a number of respective constituent semantic units.

Protection accumulates 2 units: *economic exploitation and work that is likely to be harmful to the child's health; all types of sexual exploitation and abuse of young people.*

Education is conceptualised through 10 units: *education in the use of basic knowledge of child health and nutrition; health education (represented through further units: development of skills leading to healthier lives ,style, knowledge, environment, behaviour with health risk); legal, social and health consequences of behaviour that poses health risks; formal and non-formal; age appropriate; gender-sensitive; youth-friendly; evidence-based; comprehensive; context specific.*

Systems for health management information are verbally represented by 3 units: *information on health services, including mental health services; issues of accessibility, affordability and acceptability; child's access to information; role of the mass media.*

Technologies combine 2 semantic units: *remote health care;*

digital health applications for family planning and reproductive, maternal, new-born, child and adolescent health.

The sub slot of **research and innovation** integrates 7 semantic units: *needs assessment; landscape analysis; setting priorities; monitoring and evaluation; priority areas for future research; involving adolescents in monitoring, evaluation and research; universal health coverage.*

The idea of **international focus** is built through 2 semantic units, namely *cooperation* and *monitoring* that, in turn are concretised further.

International cooperation is verbalized through 3 units: *international harmonization of legal framework, monitoring policies and programmes; multilateral and bilateral cooperation; needs of developing countries.*

International monitoring is introduced through 5 units that keep rather sophisticated and extended language structure:

- *standardization of monitoring tools and harmonization of methodologies*
- *guidance and training materials for programme managers in the analysis and use of health facility data*
- *global platform to track the adoption and implementation of essential policies on sexual, reproductive, maternal, new-born, child and adolescent health in all countries*
- *analysis of national and subnational inequalities in reproductive, maternal, new-born, child and adolescent health*
- *a portal for new maternal, new-born, child and adolescent health data in conjunction.*

Descriptive Profile of Language use within Youth Health Phenomenon in Relation to Syntactic-Content Metrics

The above descriptive profile confirms that the phenomenon of *youth health* paves and fosters its way across international discourse as a cognitive-semantic megastructure that is formed by heterogeneous concepts, verbalized through an internal network of particular hierarchical cognitive-semantic structures.

The research also reveals that the language structure of verbal tools is related to the hierarchical position of the semantic unit/sub slot/slot/concept in the above mega structure.

This fact leads to the need of taking into account syntactical and content metrics.

There is an obvious tendency for the level of sub slots and their constituent cognitive-semantic units to be verbalized through syntactic phrases that might include 15-20 language units. Meanwhile, the level of concepts and their slots hardly exceeds the number of 10 language units in their respective syntactic phrases

The computer-based analysis of thematic codes syntactic structure confirmed 13 % of such units through the total list of thematic codes. The statistics also revealed 17% of the phrases with 8-12 language units, 33% of the phrases with 4-7 language units, and 37% of the phrases with 1-3 language units in the verbal representation of the thematic codes that form the phenomenon of youth health in the respective international discourse.

Therefore, it is possible to state the correlation between the level of conceptual abstraction/concreteness and the syntactical complexity in the verbal representation of the *youth health* phenomenon in the international discourse on the topic under study. The detalisation of the cognitive-semantic features of the concept leads to its conceptual complexity, that is verbally represented through the syntactic structure of the respective language tools.

Conceptual Density of International Institutional Discourse on Youth Health Phenomenon

Language Representation Of Youth Health Concept In International Institutional Discourse

The study revealed that UNO and WHO texts related to health issues vary with regard to a number of quantitative variables that differentiated the text corpus into clusters.

These variables were identified by the author in the course of the experiment. The respective figures characterise percentage of *youth health* concept mentions in the text (the figures were calculated as ratio of number of utterances that contain youth health concept to the total number of utterances in the document), number of different codes in the text, number of concepts, slots, sub slots, their further cognitive-semantic constituent units. The data is introduced in Table 1.

The above data confirms that the mentioned quantitative variable operates as an integrated body of interdependent variables, whose unique combination shapes the clusters within the corpus under analysis.

The data was further considered from the angle of coordination between the qualitative variables that were mentioned in the article section 2.2. and the abovementioned quantitative variables.

Thus, *Cluster One* unites the UNO texts that were issued within 1948-2015, vary in genres (universal declaration, covenant, action plan, and summit declaration) and tends to produce most generalised vision of the global issues, within which youth health is one of them. The cluster produces the lowest percentage of youth health mentions in the text (1.7-3%), the lowest number of different codes in the text (4-7), and limits to the representation of only several major concepts and slots. The number of major concepts varies between 3 and 7 that can be represented further but 1-3 slots. The texts do not include the layers of conceptual sub slots and further minor cognitive-semantic units.

Cluster Two also includes the UNO documents, issued between the years of 1989-2018, affiliate with different genres (convention, programme, and strategy), and focus on *youth health* issues within the trend of general cover of youth health issues. The texts hold a higher level of *youth health* mentions in the text (7.5-9.64%), higher number of different codes in the text (20-25). The cluster aggregates documents that are characterized by an increasing number of major and optional codes (7-9), slots (7-9), and moves to the cognitive level of sub slots (5-7) that refer to a more detailed conceptualization.

Cluster Three covers documents of both the UNO and WHO, produced between 2012-2019. The texts address clear message about critical issues within the framework youth/adolescence and youth/children and adolescence health. The cluster integrates such genres as a forum declaration, a commission resolution, assembly reports, an action plan.

The cluster shows a higher percentage of *youth health* mentions in the text (21.24-44.6%). The number of different codes in the text varies between 50 and 68. The cluster accumulates the texts whose cognitive semantic structures include all major and additional concepts (12), slots, subslots, and further minor constituent cognitive-semantic units.

Cluster Four integrates such UNO and WHO documents, adopted during 1989-2011; the texts tend to provide comprehensive vision of particular health and youth health and integrate such genres as a *general comment* to the convention particular item and an *official report*. The documents show the highest higher percentage of *youth health* mentions in the text (66.5-77%; 128.1%). The number of different codes in the text varies from 108 to 112. The cluster texts reproduce the full list of major and optional concepts and their slots (12/58/21). The number of sub slots further constituent units is obviously higher than in other clusters. The cluster texts cognitive structure verbalises the full pyramid of layers that form the cognitive-semantic macrostructure of youth health concept in the electronic

corpus of the texts under study.

The above data reveals that conceptual complexity and density of the texts under consideration depends on the settings and purposes within which the document was produced.

The international documents of global human and legal importance, international forums closing documents with awareness and publicity raising purposes tend to have cognitive-semantic architectures that are less simple and dense when compared with the documents that are produced and approved by UNO and WHO high-level official meetings and assemblies with the view to serve as the solid and consistent legal background for further legal activities in the particular field of youth health policy development, protection, measures and tools, international cooperation and monitoring.

The mentioned features influence the configuration of meaningful variables that distinguish the features of the conceptual density of a particular document of institutional discourse on youth health.

The data allows the author to state that the above density does not depend on the date of the document issue, on the document genre (UNO declaration/covenant/ action plan/ interagency high-level summit/resolution/organization report, etc.), on the type of the organization which issued the document.

The research made it possible to identify the conceptual macrostructure of the *youth health* phenomenon within the international institutional discourse. The configuration, distribution and percentage of presence in the text of the concepts, their slots, sub slots, and their further minor cognitive-semantic constituent units reflect the institutional international knowledge and mindset with regard to the topic under study.

The mentioned macrostructure also represents the process of cognition, current practices and vision of the key international institutional stakeholders and policy makers in the field.

Therefore, the research findings add new particular data (with focus on youth health in international institutional settings) to the analysis of dimensions within interdisciplinary cognition and information processing through verbal discourse. Earlier studies made similar attempts with regard to discourse on education policy (Anderson & Holloway, 2020), European Parliament settings (Pérez, 2019), and some other areas.

Moreover, the research results shed new light on the phenomenon of intratextuality (Sharrock, 2019) that so far does not cover issues of institutional communication on legal-administrative issues. The data on the concepts, slots, sub slots, and their constituent units make it possible to argue, that, among other issues, they perform a function of lingua-cognitive reference points that shape the comprehensive structure of the youth health phenomenon across the UNO and WHO documents under study. The findings confirm earlier idea of the discourse role in public health governance (Francesco & Guaschino 2020) with respect to new dimension of youth health governance through the conceptual architecture verbalization.

Further, the designed methodology and its application have moved a tool-supported, content-based and frame-study techniques from the field of corporate legal texts studies (Breux, 2009) to the new research area of international institutional discourse on the youth rights.

CONCLUSION

The study confirms the research hypothesis that international institutional discourse on the topic under study verbalises the phenomenon of youth health as a conceptual macro structure

Language Representation Of Youth Health Concept In International Institutional Discourse

which might vary due to settings and purposes, that influence the configuration of the above structure, its conceptual structure, density and complexity, through particular variables, that reveal specifics of the youth health conceptual macro structure verbal representation in particular texts, in terms of their conceptual complexity and density.

The study shows that the international UNO and WHO-based discourse on youth health operates through the complex hierarchical network whose semantic-frame-based structure (of concepts, slots, their sub slots and further minor units) reflects institutional perception, cognition, and implementation of youth health phenomenon with regard to specifics tailored to different settings, policies, and respective activities.

Finally, the research findings with regard to identified quantitative variables that distinguish clusters of the documents within the area under study contribute to further development of the methodology for corpus-based institutional discourse studies.

The research findings bear multidimensional relevance. The analysis of international institutional discourse on youth health holds societal significance as it identifies verbally represented vision and action trends of international organizations on the topic under study. The respective hands-on data seem to be helpful in terms of up-to-date guidelines development for regional organisations and national authorities regarding the use of language in the course of international legislation and practice implementation into regional and domestic regulations on youth health. The language data can contribute to the harmonization of international, regional and national legislations on unaccompanied minors.

Further, the findings contribute to public awareness of the challenges related to youth health and its governance within public landscape at international, regional, and local domestic levels.

Next, the present research enhances Academia's experience in theory and practice of discourse interdisciplinary studies through a new angle of analysis in terms of research materials, goals, methodology, and findings.

The empirical data can be used for education purposes with regard to legal drafting skills training as the material helps to understand the essence of the international institutional discourse in terms of interdependence of cognitive, semantic and linguistic

The present research bears some limitations, as well. Further study of conceptual- linguistic architecture should be implemented with regard to regional and national official discourses on youth health. The study will bring light to the specifics of the mentioned concept verbal representation with regard to particular cultural values and beliefs as mapped within the international discourse on youth rights. Moreover, particular efforts might be implemented with respect to study of language presentation of international policies on youth health amid emergency settings, including pandemic.

LIMITATION AND STUDY FORWARD

The present study has limitations in a number of dimensions. First it refers to the research sample. Further analysis might incorporate a broader institution affiliation of the documents on youth health. Next, there might be global, regional, and national levels of the institutional discourse on youth health distinguished and compared. Further, youth health discourse within global health emergencies might also be subject for particular consideration, bearing in mind the current and past pandemics.

ACKNOWLEDGEMENTS

The publication has been prepared with the support of the

RUDN University Program 5-100, research project number 090512 -1- 274. The author expresses her gratitude to the coders who professional expertise and impartiality contributed to the research objectivity.

REFERENCES

1. Agide, F. D., & Shakibazad, E. (2018). Discourses on Sexuality and Sexual Health Perspectives among Wachemo University Students, Ethiopia: A Qualitative Study. *Ethiopian Journal of Health Sciences*, 28(5), 599-606. <https://doi.org/10.4314/ejhs.v28i5.11>
2. Anderson, K. T., & Holloway, J. (2020). Discourse analysis as theory, method, and epistemology in studies of education policy. *Journal of Education Policy*, 35(2), 188-221. <https://doi.org/10.1080/02680939.2018.1552992>.
3. Atabekova, A., & Radic, N. (2020). EU Legislative Discourse on Unaccompanied Minors: Exploring Conceptual – Linguistics Architecture. *Journal of Legal, Ethical and Regulatory Issues*, 23(1), 154-160.
4. Atabekova, A., Belenkova, N., Lutskovskaia, L., Shoustikova, T., & Udina, N. (2019). Shaping methodology to explore language use in discourse on child and youth rights. *XLinguae*, 12(4), 18-29. <https://doi.org/10.18355/XL.2019.12.04.02>
5. Blackburn, M., & Stathi, A. (2019). Moral discourse in general practitioners' accounts of obesity communication. *Social Science & Medicine*, 230, 166-173. <https://doi.org/10.1016/j.socscimed.2019.03.032>
6. Breaux, T. (2009, April 22). Exercising due diligence in legal requirements acquisition: A tool-supported, frame-based approach. PhD Dissertation. North Carolina State University, USA. <https://repository.lib.ncsu.edu/handle/1840.16/3376>
7. Brunila, K., & Lundah, L. (2020). *Youth on the Move: Tendencies and Tensions in Youth Policies and Practices* (p. 206). Helsinki: Helsinki University Press.
8. Buttigieg, P. L., Pafilis, E., Lewis, S. E., Schildhauer, M. P., Walls, R. L., & Mungall, C. J. (2016). The environment ontology in 2016: bridging domains with increased scope, semantic density, and interoperability. *Journal of biomedical semantics*, 7(1), 57-64. <https://doi.org/10.1186/s13326-016-0097-6>
9. Cuevas, P., Steines, M., He, Y., Nagels, A., Culham, J., & Straube, B. (2019). The facilitative effect of gestures on the neural processing of semantic complexity in a continuous narrative. *NeuroImage*, 195, 38-47. <https://doi.org/10.1016/j.neuroimage.2019.03.054>
10. da Cunha, I., & Montané, M. A. (2020). A corpus-based analysis of textual genres in the administration domain. *Discourse Studies*, 22(1), 3-31. <https://doi.org/10.1177/1461445619887538>
11. Declercq, J. (2018). *(De) constructing the discourse of health news: a linguistic ethnographic enquiry*: Doctoral dissertation. Ghent: Ghent University.
12. Demjén, Z. (2020). *Applying Linguistics in Illness and Healthcare Contexts. Contemporary Studies in Linguistics*. London: Bloomsbury Publishing.
13. Doshi, M. J. (2018). Barbies, Goddesses, and Entrepreneurs: Discourses of Gendered Digital Embodiment in Women's Health Apps. *Women's Studies in Communication*, 41(2), 183-203. <https://doi.org/10.1080/07491409.2018.1463930>
14. Evans-Agnew, R. A., Johnson, S., Liu, F., & Boutain, D. M. (2016). Applying critical discourse analysis in health policy research: Case studies in regional, organizational, and global health. *Policy, Politics, & Nursing Practice*, 17(3), 136-146. <https://doi.org/10.1177/1527154416669355>

Language Representation Of Youth Health Concept In International Institutional Discourse

15. Flick, U. (2018). *Doing grounded theory. Qualitative Research Kit*. Thousand Oaks: Sage.
16. Fogarty, W., Lovell, M., Langenberg, J., & Heron, M. J. (2018). *Deficit discourse and strengths-based approaches: changing the narrative of Aboriginal and Torres Strait Islander health and wellbeing. Deficit Discourse and Strengths-based Approaches: Changing the Narrative of Aboriginal and Torres Strait Islander Health and Wellbeing*. Melbourne: The Lowitja Institute.
17. Foucault, M. (2002). *The Archaeology of Knowledge (Routledge Classics)*. London, UK: Routledge, 2 edition.
18. Francesco, F. D., & Guaschino, E. (2020). Reframing knowledge: A comparison of OECD and World Bank discourse on public governance reform. *Policy and Society*, 39(1), 113-128. <https://doi.org/10.1080/14494035.2019.1609391>.
19. Fullagar, S., Rich, E., & Francombe-Webb, J. (2017). New kinds of (ab) normal: Public pedagogies, affect, and youth mental health in the digital age. *Social Sciences*, 6(3), 99. <https://doi.org/10.3390/socsci6030099>
20. Furkó, P., Kertész, A., & Abuczki, Á. (2019). Discourse markers in different types of reporting. In *Indirect Reports and Pragmatics in the World Languages* (pp. 243-276). Cham: Springer. https://doi.org/10.1007/978-3-319-78771-8_12
21. Garwood-Gowers, A. (2019). *Medical Use of Human Beings: Respect as a Basis for Critique of Discourse, Law and Practice*. London: Routledge.
22. Gregory, M., & Carroll, S. (2020). Language and situation: Language varieties and their social contexts. London: Routledge.
23. Grimminger-Seidensticker, E., Aceti, M., Knobé, S., & Vieille Marchiset, G. (2020). Health concepts among socially disadvantaged children in France, Germany and Switzerland. *Health promotion international*, 35(1), 17-26. <https://doi.org/10.1093/heapro/day099>.
24. Halliday, M. A. K. (1985). Systemic Background. In J.D. Benson and W.S. Greaves (Eds.), *Systemic Perspectives on Discourse*, 1, 1-15. Norwood: Ablex Publishing Corporation.
25. Härdle, W. K., & Simar, L. (2019). *Cluster Analysis*. In *Applied Multivariate Statistical Analysis*. Cham: Springer.
26. Hood, R. (2016). How professionals talk about complex cases: a critical discourse analysis. *Child & Family Social Work*, 21(2), 125-135. <https://doi.org/10.1111/cfs.12122>
27. Hunt, D., & Brookes, G. (2020). *Corpus, Discourse and Mental Health*. London: Bloomsbury Publishing.
28. Kayumova, L.R., Zakirova, V.G., Sizova, Z.M., & Buslaev, S.I. (2020). Peculiarities of future teachers' training in professional activities in risk settings: Methods and technologies. *Talent Development and Excellence*, 12(Special Issue3), 50-63.
29. Kellar, J., Paradis, E., van der Vleuten, C. P., Egbrink, M. G., & Austin, Z. (2020). A Historical Discourse Analysis of Pharmacist Identity in Pharmacy Education. *American Journal of Pharmaceutical Education*, 1, ajpe7864. <https://doi.org/10.5688/ajpe7864>
30. Kim, J. H. (2019). An Exploratory Study of Health Inequality Discourse Using Korean Newspaper Articles: A Topic Modeling Approach. *Journal of Preventive Medicine and Public Health*, 52(6), 384-392. <http://dx.doi.org/10.3961/jpmph.19.221>
31. Krippendorff, K. (2018). *Content analysis: An introduction to its methodology*. Thousand Oaks: Sage publications.
32. Ledin, P., & Machin, D. (2020). Multimodal Critical Discourse Analysis: How to Reveal Discourses of Health and Ethics in Food Packaging. In Pauwels, L. and Mannay, D. *The Sage Handbook of Visual Research Methods*. London Sage, 1, 500-513.
33. Mabhala, M. A., Yohannes, A., Massey, A., & Reid, J. A. (2020). Mind your language: Discursive practices produce unequal power and control over infectious disease: A critical discourse analysis. *International Journal of Preventive Medicine*, 11(1), 37-42. https://doi.org/10.4103/ijpvm.IJPVM_431_17
34. Malec, M. (2018). *Essential statistics for social research*. London: Routledge.
35. McLeod, J., & Wright, K. (2016). What does wellbeing do? An approach to defamiliarize keywords in youth studies. *Journal of Youth Studies*, 19(6), 776-792. <https://doi.org/10.1080/13676261.2015.1112887>
36. Minsky, M. (1988). A framework for representing knowledge. In: *Readings in Cognitive Science. A Perspective from Psychology and Artificial Intelligence*, pp. 156-189. <https://doi.org/10.1016/B978-1-4832-1446-7.50018-2>
37. Mukhametzyanova, L. Y., Aleksandrova, N. S., Greek, A. D., Zatsepina, M. B., Prokopyev, A. I., & Gaidamashko, I. V. (2018). Culture-oriented component scientific and methodical support of students' humanitarian training in university. *XLinguae*, 11(1), 230-241.
38. Mukhopadhyay, K., & Das, N. (2019). The Discourse of Climate Change and Women's Health: Some Insights on Gender Mainstreaming. *Current Research Journal of Social Sciences & Humanities*, 2, 79-86. <http://dx.doi.org/1012944/CRJSSH.2.2.02>
39. Murphy, E., & Sika, N. (2020). Euro-Mediterranean partnership and youth policies in the MENA: why policy discourse travels but implementation doesn't. *Mediterranean Politics*, 1, 1-14. <https://doi.org/10.1080/13629395.2020.1749816>
40. Oborsky, A. Y., Chistyakov, A. A., Prokopyev, A. I., Nikolayukin, S. V., Chistyakov, K. A., & Tararina, L. I. (2018). The national mentality in the history of philosophy. *XLinguae*, 11(3), 158-165.
41. Ostrowicka, H. (2019). *Regulating Social Life: Discourses on the Youth and the Dispositif of Age*. Switzerland: Springer Nature.
42. Pearce, R. (2018). *Understanding trans health: Discourse, power and possibility*. Bristol: Policy Press.
43. Pérez, M. C. (2019). The group in the self: A corpus-assisted discourse studies approach to personal and group communication at the European Parliament. *Pragmatics*, 29(3), 357-383. <https://doi.org/10.1075/prag.18026.cal>
44. Plastina, A. F. (2019). Case reporting: A historical discourse analysis of the functional uses of if-conditionals in Medical-Officer-of-Health reports. *A Journal of English Linguistics*, 8, 167-189. <https://doi.org/10.25951/4065>
45. Pomelov, V.B., Khairutdinova, R.R., & Kryukova, N.I. (2018). Lexical material of regional content in the process of implementing the communicative approach in teaching English to students of non-linguistic specialties. *XLinguae*, 11(1), 136-151.
46. Potapova, S.V., Danilova, I.Y., Prasolov, V.I., Makarova, E.V., & Kryukova, N.I. (2018). Mythological foundations of ontology. *XLinguae*, 11(2), 672-685.
47. Prescott, S. L., & Logan, A. C. (2019). Planetary health: from the wellspring of holistic medicine to personal and public health imperative. *Explore*, 15(2), 98-106. <https://doi.org/10.1016/j.explore.2018.09.002>
48. QDA Minor Lite (n/d). <https://provalisresearch.com/products/qualitative-data-analysis-software/freeware/>

Language Representation Of Youth Health Concept In International Institutional Discourse

49. Rail, G., Molino, L., Fusco, C., Norman, M. E., Petherick, L., Polzer, J., & Bryson, M. (2018). HPV vaccination discourses and the construction of “at-risk” girls. *Canadian Journal of Public Health, 109*(5-6), 622-632. <https://doi.org/10.17269/s41997-018-0108-8>
50. Rich, E., Monaghan, L. F., & Bombak, A. E. (2020). A discourse analysis of school girls engagement with fat pedagogy and critical health education: rethinking the childhood ‘obesity scandal’. *Sport, Education and Society, 25*(2), 127-142. <https://doi.org/10.1080/13573322.2019.156612>
51. Røberg, A. S. B., Feiring, M., & Romsland, G. I. (2020). Rehabilitation, language, and power: interdiscursive relationships between policy strategies and professional practices in Norway. *Critical Discourse Studies, 17*(1), 39-55. <https://doi.org/10.1080/17405904.2018.1546605>
52. Sprague Martinez, L. S., Reich, A. J., Flores, C. A., Ndulue, U. J., Brugge, D., Gute, D. M., & Perea, F. C. (2017). Critical discourse, applied inquiry and public health action with urban middle school students: Lessons learned engaging youth in critical service-learning. *Journal of Community Practice, 25*(1), 68-89. <https://doi.org/10.1080/10705422.2016.1269251>
53. Tee, Y. W. A. (2016). *The semantics of complex sentences in the discourse of health and diseases: a case study in Abui*. Singapore: Nanyang Technological University. <https://hdl.handle.net/10356/66054>
54. Van Dijk, T. A. (2019). *Macrostructures: An interdisciplinary study of global structures in discourse, interaction, and cognition*. London: Routledge.
55. Vyhrystyuk, M. S., Rogozhnikova, T. P., Semenova, G. I., Shusharina, I. A., Savelyeva, E. A., & Kunyagina, O. V. (2017). The Evolution of the Concept of Public Health in Modern Youth Discourse. *Pertanika Journal of Social Sciences & Humanities, 25*, 151 – 164.
56. Wodak, R. & Meyer, M (2015). *Critical discourse analysis: History, agenda, theory and methodology*. London: SAGE Publishers.
57. Xue, Y. (2020). Doctor–Patient Relationship Discourse for Health Communication Based on Documentary Two Hundred Years of Surgery. In *International Conference on Arts, Humanity and Economics, Management (ICAHEM 2019)* (pp. 254-257). Atlantis Press. <https://doi.org/10.2991/assehr.k.200328.047>
58. Yazdannik, A., Yusefy, A., & Mohammadi, S. (2017). Discourse analysis: A useful methodology for health-care system researches. *Journal of Education and Health Promotion, 6*, 111. https://doi.org/10.4103/jehp.jehp_124_15
59. Zyubina, I. A., Dzyubenko, A. I., Borisenko, V. A., Popova, O. V., & Prokopyev, A. I. (2019). Implicit Linguopragmatic strategies of speech behavior of English-speaking prosecutors. *XLinguae, 12*(4), 92-102.

Table 1. International Documents Related to Youth Health, their Conceptual Density and Complexity

Document	Affiliation, date of issue	Sentence count	Count of health issues mentions in utterances	% of youth health mentions in the text	Number of different codes in the text	Number of concepts/ slots /sub slots/ units in the text
Universal Declaration of Human Rights	UNO, 1948	58	1 (art 25)	1.72%	4	2/2/-/-
International Covenant on Economic, Social and Cultural Rights	UNO, 1966	96	6	2.1%	3	3/1/-/-
United Nations System-wide Action Plan on Youth	UNO, 2013	140	7	5%	7	4/3/-/-
BYND (Beyond) 2015 Global Youth Summit	UNICEF, business, & NGO, 2015	437	12	3%	4	3/1/-/-
Convention on the Rights of the Child (Part I on rights: 41 articles)	UNO, 1989	240	18	7.5%	20	7/7/6/-
World Programme of Action for Youth to the Year 2000 and Beyond	UNO, 1996/2000/2007/2008	698	66	9.45%	25	9/9/7/-
Dakar Youth Empowerment Strategy	4th World Youth Forum, UN System, 2001	280	27	9.64%	20	7/8/5/-
United Nations Youth Strategy	UNO, 2018	215	16	7.44%	21	8/7/6/-
Bali Global Youth Forum Declaration	UN Fund for Population Activities, 2012	113	24	21.24%	50	12//21/9/8
Resolution 2012/1. Adolescents and Youth	UNO, Commission on Population and Development. 2012	88, 28	28	31%	54	12/21/9/12
Adolescent health. Report by the Secretariat.	WHO, 68 th World Health Assembly, 2015	188	71	37.76%	62	12/28/10/12
Operational plan to take forward the Global Strategy for Women’s, Children’s and Adolescents’ Health: committing to implementation. Report by the Secretariat.	WHO, 69 th World Health Assembly, 2016	226	95	42%	65	12/32/12/11
Global Accelerated Action for the Health of Adolescents (AA-HA!)	WHO, 2017	1501	614	40.82%	63	12/31/13/7
Global Strategy for Women’s, Children’s and Adolescents’ Health (2016–2030):	WHO, 70 th World Health Assembly, 2017	394	176	44.6%	68	12/36/16 /14

*Language Representation Of Youth Health Concept In International Institutional
Discourse*

adolescents' health. Report by the Secretariat.						
Global Strategy for Women's, Children's and Adolescents' Health (2016–2030): early childhood development. Report by the Director-General	WHO, 71 st World Health Assembly, 2018	267	80	30.2%	53	12/27/ 9/5
Global Strategy for Women's, Children's and Adolescents' Health (2016–2030): Report by the Director-General	WHO, 72 nd World Health Assembly, 2019	382	128	33.5%	56	12/29/10/6
The Health of Youth. Report	WHO, 42 nd World Health Assembly, 1989	32	41	128.1%	108	12 /58/21/17
General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12)	UN Committee on Economic, Social and Cultural Rights (CESCR), 2000	435	282	66.5	112	12/ /58/21/21
Youth and Health Risks. Report.	WHO, 64 th World Health Assembly 2011	91	70	77%	109	12/ 58/21/18

Source: Author's data