Youth Speaking About Their Health
This research report is based on findings from the Social Sciences Health Research Council (SSHRC) funded project titled *Youth speaking for themselves about health within their own life situations: An ethnographic study of youth’s perspectives of health and their own health interests*.

It includes a brief description of the project, the research team, findings from the project and how these findings have been shared to date with academics, health professionals, students and the public.

**Acknowledgements**

Thank you to:

- All of the youth who took part in this study. Your words, thoughts and ideas gave life to this research project. Quite simply, we could not have done this without you.
- The following community organizations who supported this study:
  - The Boys and Girls Clubs of Winnipeg
  - Girl Guides of Canada
  - Rainbow Resource Centre
- Social Sciences and Humanities Research Council for funding this project.

Research team:  
Dr. Roberta L. Woodgate, Principal Investigator  
Jennifer Leach, Research Coordinator
Project Background/Purpose

Canadians are encouraged to adopt healthy behaviours on the basis that these choices will help prevent chronic disease.

With this growing emphasis on disease prevention, there is an increasing demand for health promotion programs that support youth to practice healthy behaviours that extend into adulthood. In order to develop programs that are meaningful and relevant to youth, more information is needed about how youth understand health on their own terms and in their own words.

A qualitative study was conducted that sought to arrive at a detailed understanding of how Canadian youth frame health within the context of their life situations. This included learning more about how youth define health, what it means to youth to be healthy, and what youth think and feel about how their own life situations influence their ability to affect their health.

Participants

In total, 71 youth ranging in age from 12 and 19 years, with 14 years being the mean age, took part in the study. Forty-two youth were girls (59%) and 29 (41%) were boys. Twenty-seven (38%) identified as being of European descent, 27 (38%) as Canadian Aboriginal, 13 (18%) as other ethnicities (including Asian, African, Jewish, Arabic and Canadian), and 4 (6%) participants did not respond. Although the majority of youth came from lower-income neighborhoods, 47 of 71 youth (66%) identified themselves as middle-class on the demographic form that they filled out. Slightly over half the youth taking part in the study resided in neighbourhoods that had a higher incidence of violent activity (e.g., gang activity). Over half of participants were recruited from 3 Winnipeg Boys and Girls Clubs via invitation letters, posters, and presentations. The remaining participants were recruited through snowballing (participants telling other participants about the study) and other community organizations.

Demographic characteristics of participants (N=71) from Participant Self Report

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<th>Category</th>
<th>N</th>
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<td>No response</td>
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Health statistics from Youth in Winnipeg High Schools

A summary of findings from the Winnipeg Youth Health Survey (2009):

- 69% boys and 82% girls fall within a healthy Body Mass Index (BMI range), yet only 55% of both boys and girls believe they are a healthy weight.
- 20.1% of Manitoba youth aged 15-19 years are current smokers compared with 15.2% in Canada. Factors that influence smoking are close friends and family members that also smoke. Over half of current smokers plan to quit.
- Only 4% of students eat at least seven servings of fruits and vegetables on a daily basis.
- 43% of females and 56% of males are getting the recommended amount of physical activity daily.
- In the last 30 days almost half of youth surveyed have had at least one drink of alcohol.
- In the past year 39% of youth reported feeling hopeless.

The majority of youth reported that their health was good or very good in the past year.

### Data Collection

Multiple data collection methods were used, including:

**Demographic Forms:** A short questionnaire to collect basic information about youth (e.g., age, gender, ethnicity, health status).

**Individual Interview Sessions:** Youth participants were invited to take part in two individual interview sessions. The interviews included open-ended questions aimed at encouraging youth to talk about what health means to them in their everyday lives.

**Photovoice:** The second interview session combined interviews with photovoice, a participatory research method that involves youth taking photographs to document their experiences. Youth were given cameras to capture pictures of...
what represented health to them in their everyday lives. After completing the task of taking pictures, youth were then interviewed for a second time. They were asked questions about their pictures, including what the pictures meant to them in terms of their health.

Focus Groups: This includes group interviews and group activities to expand on what was learned in the individual interviews and to further discuss the main themes emerging from this study.

Key Findings

There are Many Different Types of Health
The findings revealed that youth saw health as more than the absence of disease/illness and acknowledged the physical, mental, emotional, and spiritual dimensions of health.

Um, well I think health is made up of all of those things. Certainly one builds on another. If you don't, you sort of need a little bit of each. If you don't, if you didn't have any social or emotional health then you might be a little bit sad or a little bit not very good with socializing with people. So they all sort of relate to one another. They all sort of, how to put it, they all sort of are part of one another. They also build on one another. They each make up a part.

Health is the Act of Doing and Not a State of Being
Youth more often defined health as an act of doing, and more specifically as doing the “right” thing in terms of some type of physical act or healthy behaviour (e.g., healthy eating or exercise).

I think my definition of health would be eating right, um keeping active, following the food guide, and sleeping the right amount of time. You don't want to over sleep or under sleep.

To keep in shape, uh not, not eating unhealthy food, stay thin, that kind of stuff.
Personal Lifestyle Practices as the Main Determinants of Health

Lifestyle factors such as healthy eating and exercise dominated the talk of health by youth. In undertaking personal lifestyle practices, youth emphasized the importance of striving for balance.

Well I keep like a balance like, I balance like the type of food that I eat. Like I’ll have like a whole bunch of healthy food and then a whole bunch of like crappy food.

Trying to achieve a balance was hard work, and youth became frustrated and struggled at times.

Like the thing that I’m most worried about for keeping healthy is eating properly because I tend to eat a lot of junk food. And then I kind of sit around, but I am also in Ringette [team sport played on ice], so I kind of work it off, most of it, but I still need to learn to like eat more fruits and vegetables.

Beyond the Talk of Health

In the context of “health” talk, youth reinforced that personal lifestyle factors are the main determinants of health. However, when they talked about their own life situations not framed within the context of health, they were more likely to talk about other conditions that impacted their health. Of all conditions, support from their families and friends was identified by youth as critical to helping them get through life.

The big thing for me about feeling healthy or confident is having friends that I know who kind of like care about me, and won’t leave if I suddenly go talk to someone they don’t like. . . . So I think having good friends, not necessarily lots of friends, but good friends help you stay healthy because you do things with them and you kind of all encourage each other.

Youth also talked about the importance of the physical environments in which they lived. They were very clear about what they thought was an ideal physical environment in which to live. Youth desired environments that are safe, clean, green, and livable space.

Well it is kind of obvious, I mean a good community is like lots of trees, and people can run around and not get shot at and things like that, you know. There is greenery, and like people do not carry guns and shoot people all the time.

It’s Really Up to the Kid That’s Doing It

Although youth emphasized that the support they received from others, especially parents, helped them to maintain appropriate lifestyle practices, youth nonetheless had the attitude that they were the ones ultimately responsible for achieving good health. Youth were often quick to blame themselves for their poor health.

Well like I, I used to put like everything before my health then. I used to take on so many things and just be like, “I want to do this and this and this and this,” and like not worry about myself, and then I’d be so run down I’d just get sick a lot. But I realized that something’s obviously wrong, and I had to change something in my lifestyle.

Missing Connections to the Broader Social Determinants and Health

Youth in this study showed intelligence and respect when talking about health and their life situations. However, while youth were very definite about connections between individual lifestyle practices and health, they were less consistent in their thinking about how economic and social conditions (i.e., social determinants of health) shape their own health circumstances.

Well like if you lived in a cardboard box you might not be that healthy because you might be cold and from being cold you might get sick and get pneumonia so I think it sort of goes as long as you have something with heat and a roof. Something that's not fancy, but something that's not a cardboard box. . . . I mean it’s just, well, if you’re, sometimes when you have lots of money you’re not healthy 'cause you don’t know what to do with all the money.

Conclusions and Recommendations

Findings from this study provide insights into how youth understand different determinants of health, and their impact on their own health and the health of others. Our findings indicate that youth are well aware of health messages that emphasize healthy eating and physical activity. Moreover, youth in this study showed intelligence and respect when talking about health and their life situations. Nonetheless, we need to do more in relation to advancing their understanding of the connections between the broader social determinants of health and their own health circumstances. This includes advancing youth’s understanding of how the broader social determinants of health impact their ability to stay healthy.

Overall, this study supports the need for more work that broaden youth’s knowledge on the importance of other determinants of health (e.g., education, employment and working conditions, food security, health care services, housing) and how the other determinants relate to their own health circumstances.

Health promotion programs and policies that are meaningful and relevant to youth must be created that not only focus on teaching youth about healthy lifestyle practices but include creating conditions in which youth’s health flourishes.

You Tube

In 2009, a small group of teens participated in a video concept and development workshop that resulted in the creation of two short You Tube videos that identified two key messages that emerged from this study. The videos “Summer Daze” and “What If” are available on You Tube for viewing. Our thanks to the youth participants that took part in this activity! Special thanks to Derek Eidse, who facilitated the workshop.

To watch the videos, please go to:

Summer Daze (http://www.youtube.com/watch?v=vgqF167zfRU)
What If? (http://www.youtube.com/watch?v=8ksZeoNQkGA)
Publications and Presentations

Publications:


Presentations:


Contact information for the study
If you have questions or require more information about this study, please contact:
Dr. Roberta L. Woodgate
Faculty of Nursing, University of Manitoba
Tel: 204-474-8338
Email: Roberta_Woodgate@umanitoba.ca

Dr. Roberta L. Woodgate is a professor in the Faculty of Nursing, University of Manitoba. She is currently a Principal Investigator on several studies that focus on the psychosocial components of child and youth health and illness. Dr. Woodgate was named a 2010 Manitoba Research Chair in Children’s and Youth's Health and Illness Experiences by the Manitoba Health Research Council.