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Abstract

In this article, we discuss findings of an ethnographic exploring how Canadian youth frame health within the context of their life situations. Seventy-one youth (12 to 19 years of age) from diverse ethnic backgrounds and residing in a major city in western Canada took part in the study. We used traditional ethnographic methods of interviewing and fieldwork, as well as photovoice. Sociocultural themes emerging from the study indicate that even though youth have a broad understanding of health that includes acknowledging the many different types of health beyond physical health, lifestyle factors such as healthy eating and exercise nonetheless dominate the talk of health by youth. The results highlight that the concept of health normalized by academics and public policy experts—as being inclusive of the broader determinants of health—might not be congruent with how youth regard health.

Keywords

adolescents; adolescents, health; ethnography; health; health, determinants of; interviews; observation, participant; photography; youth

The current understanding of health promotion emerged more than 60 years ago when the World Health Organization (WHO) introduced a new definition of health meant to deal with the limitations of a biomedical understanding of health as the absence of disease (Low & Thériault, 2008). The WHO defined health as "a complete state of physical, mental and social wellbeing, not merely the absence of disease or infirmity" (as cited in Wass, 2000, p. 7). This definition accompanied a new era in health policy resulting in documents and policies that reinforce the connection between numerous social determinants (e.g., education, employment and working conditions, food security, health care services, housing) and health (Low & Thériault, 2008; Raphael, 2006). In addition, there is an increasing demand for health promotion programs targeting certain groups, especially youth (Shucksmith & Hendry, 1998). A solid understanding of the lifeworlds of the target audience is fundamental to successful health promotion programming and policy development. However, youth's perspectives on what constitutes health and what factors influence health are relatively unknown.

The majority of relevant scholarly literature on youth health has focused on behaviors that put youth and their health in general at risk, such as tobacco smoking, alcohol use, irresponsible sexual activity, sun exposure, and sun bed use (Boldeman, Jansson, Dal, & Ullen, 2003; Johnson et al., 2004; Monfrecola, Fabbrocini, Posteraro, & Pini, 2000; Simões, Batista-Foguet, Matos, & Calmeiro, 2008; Sjoberg, Holm, Ullen, & Brandberg, 2004). Taken together, these findings suggest that youth are at significant risk of ill health in adulthood because of their actions today. Factors contributing to youth's health behaviors are also a main study focus, with gender and socioeconomic status most often associated with youth making healthy choices (He, Kramer, Houser, Chomitz, & Hacker, 2004; Tyc, Nuttbrock-Allen, Klosky, & Ey, 2004). Although this work on the health behaviors of youth offers valuable insights, it is lacking in that unhealthy and healthy behaviors and lifestyle choices are more often discussed within the biomedical discourse and individual behavioral patterns affecting disease status, rather than with broader attention to the sociocultural context (Frohlich, Corin, & Potvin, 2001; Ioannou, 2003). Lacking is an understanding of youth's meanings about how their life situations facilitate or hinder their ability to practice behaviors directed at healthy lifestyles.

To arrive at a deeper understanding of youth's health issues and behaviors, research employing qualitative, open-ended interview procedures to explore youth's agendas is advocated (Ioannou, 2003; Oakley, Bendelow,

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Barnes, Buchanan, & Husain, 1995; Shucksmith & Hendry, 1998). The goal of such work is to build inductively derived knowledge grounded in the experiences of youth. To date, research using qualitative, open-ended interview procedures indicates that youth's private accounts of health and health behaviors are multidimensional in nature, requiring additional in-depth study. For example, in a qualitative study exploring Greek Cypriot youth's own agendas in relation to smoking, eating, drinking alcohol, and exercise, findings revealed that the meanings youth (15 to 17 years of age) assigned to health choices were closely related to the everyday contexts of consumption, and were products of a two-way relationship between structure and agency. The youth's assigned meanings had biomedical but also symbolic value related to self-control, body image, self-image, socialization, pleasure, and identity information (Ioannou, 2003). By conceptualizing the youth's "unhealthy" behaviors as rational lifestyle choices reflecting the complexities of their own life, Ioannou found that youth were not entirely free to make their own health behavior choices. Canadian work concerned with capturing youth's own agendas on health issues and behavior is in its infancy, and exists mainly in the context of tobacco use. Most notable is the work by Johnson and colleagues that details smoking in youth's social environments (Johnson et al., 2003; McVea, Miller, Creswell, McEntarrfer, & Coleman, 2009; Moffat & Johnson, 2001).

In summary, the study of health and health-related issues in youth has mainly focused on behaviors, and has been approached as an individual behavioral attribute estranged from context. The focus has been on what youth do and less about what they think and feel. As Ioannou (2005) reinforced, there is still minimal understanding about the "cultures" of youth, and how health-related issues and behaviors integrate within their everyday lives. Accordingly, we undertook a study seeking to arrive at a detailed understanding of how Canadian youth frame health within the context of their life situations. We explored 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. The findings presented in this article are focused on youth's perspectives of health and the connections between the social determinants of health and their own health circumstances.

Method

Design

The phenomena under study were youth's perspectives of health. Key assumptions integral to the successful undertaking of the study included viewing youth as self-reflective beings able to think about and analyze their own experiences, and as flexible agents existing within and being touched by multiple social and cultural contexts.

Participants

Canadian youth were recruited from boys' and girls' community clubs and organizations located in a major city in western Canada. We used a mix of purposive and snowball sampling techniques, aiming to be inclusive of experiences of boys and girls from diverse backgrounds. Recruitment ended once redundancy or theoretical saturation was achieved. 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 participants 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, and Arabic), and 4 (6%) participants did not identify their ethnicity. Although the majority of youth came from lower-income neighborhoods, 47 of 71 (66%) self-identified as middle-class on the demographic form they completed.

Data Collection

Data collection was carried out by three trained research assistants from July 2007 through January 2009. Participants took part in two interview sessions that involved open-ended, person-centered interviews. Open-ended interviews engage the interviewee as an informant who is knowledgeable about a particular phenomenon, and encourage detailed responses and the generation of new knowledge and subsequent interpretation (Levy & Hollan, 1998). Participants were interviewed a second time, allowing the opportunity for follow-up questions to help build on issues identified during the first interview session. Interviews were conducted primarily in the boys' and girls' clubs. Each interview typically lasted from 60 to 90 minutes and was audiotaped and transcribed verbatim. An interview guide was used for the interview sessions, including questions to draw out the adolescents' views of health and the individual and systemic influences related to health within their own life situations.

The second interview session was supplemented by photovoice, which is a participatory research method whereby individuals can address important issues through photos and discussion (Harrison, 2002; Strack, Magill, & McDonagh, 2004; Wang & Burris, 1997; Wang & Redwood-Jones, 2001; Wang, Yi, Tao, & Carovano, 1998). By our incorporating photovoice in this study, the youth were provided with a means to reflect about their specific health interests and perspectives. Participants were given disposable cameras and asked to take pictures, during a

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period of approximately 3 weeks, of different objects, people (if they obtained permission from them), and events depicting their thoughts and feelings of what health meant to them, as well as what things helped or did not help them to be healthy. After completing the task of taking pictures, the youth were then interviewed for the second time. They were asked questions about their pictures, including what the pictures meant to them in terms of their health.

In addition to time spent interviewing youth, research assistants conducted 60 hours of fieldwork in the boys' and girls' clubs. Fieldwork included passive observations of the youth interacting in clubs, as well as active participation in activities with youth (e.g., playing basketball), and was essential to building trust between the youth and research assistants. Moreover, fieldwork afforded the opportunity for informal conversations, often resulting in additional insights about the youth's perspectives of health and their life situations. Research assistants took direction from the youth about research activities, and based on their suggestions incorporated additional activities such as group interviews or drawing health messages while in the field. Field notes were made at the end of each day spent in the field, as well as after each interview session. Notes included verbal and nonverbal behaviors, communication processes, rapport, interview or fieldwork context, and any procedural problems that transpired.

Data Analysis

Data analysis was conducted concurrently with data collection and involved several levels of analysis congruent with ethnography (LeCompte & Schensul, 1999; Roper & Shapira, 2000; Spradley, 1979, 1980). First-level analysis involved isolating items, patterns, or themes referred to as cultural domains. Second-level analysis involved organizing cultural domains. Through the process of comparing, contrasting, and integrating, items were organized, associated with other items, and linked into higher-order patterns. The third level involved identifying attributes in each domain, and the last level involved the discovery of relationships among the domains to create sociocultural themes representing how youth framed health within the context of their life situations. All data emerging from interviews, photographs, fieldwork, and field notes helped to inform the data-analysis process. Measures to enhance methodological rigor of the research process were undertaken to include prolonged engagement with participants and data, careful line-by-line analysis of the transcripts, and detailed memo writing (Lincoln & Guba, 1985). Preliminary interpretations were also discussed with participants during the second interview sessions, which helped to uncover and lend support for the emerging essential themes.

Ethical Considerations

We received permission to carry out the study from a university-based ethical review committee and from the recruitment sites. Parental consent and assent from all youth participants were obtained.

Findings

Six sociocultural themes emerged from our study: (a) there are many different types of health, (b) health is the act of doing and not a state of being, (c) personal lifestyle practices as the main determinants of health, (d) beyond the talk of health, (e) missing connections to the broader social determinants and health, and (f) it's really up to the kid that's doing it. Each of these themes is discussed below.

There Are Many Different Types of Health

Overall we found that the youth did not conceptualize health as one state composed of many attributes (e.g., physical, mental, and so on). Instead, they deconstructed the more common definition of health accepted by academics and public policy makers in the health-promotion field, and perceived there to be more than one type of health, each with its own definition, as illustrated by the following comment:

> Well, I think there are a lot of different kinds of health, like not one big health. I think it's a mix of all different kinds. So there's like physical health where you like run and keep your body healthy, and there's emotional health where like you make sure you're telling people what's on your mind and you're not keeping everything all bottled up and you're not sad all the time and stuff. Then mental health, 'cause you like should have like a bit of smarts in your body. (Girl [G])

Although identifying more than one type of health, the youth nonetheless acknowledged that the different types of health contributed to one another:

> You sort of need a little bit of each. 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 are all sort of part of one another. They also build on one another. . . . Like if you are not very social and you're not very emotionally happy necessarily then you are not necessarily very happy mentally. Then you can become not physically healthy. (Boy [B])

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The youth typically provided a lot of discussion with respect to physical health; however, youth who had experienced social or emotional challenges tended to emphasize the importance of mental health more than physical health. For example, one youth who had admitted to having some difficulties with feeling accepted by her peers emphasized the importance of mental health early in her interview, and with little probing said, "There's health mentally and health physically. Physically is like with your body and like if I have enough exercise . . . but mentally is about my self-esteem, and like how I feel about myself." There was also the tendency among the youth to talk about types of health beyond physical health without necessarily assigning labels to those different health types. For example, even though youth talked about feeling depressed or stressed, and referred to such feelings as unhealthy, they did not necessarily associate these feelings with mental ill health.

Health Is the Act of Doing and Not a State of Being

When providing a definition of health, youth rarely conceptualized health in terms of the WHO's definition of a state of well-being. In fact, most youth viewed health and well-being as two different concepts. 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 (e.g., healthy eating or exercise). Youth's narratives were frequented with the language of "dos" and "don'ts," and "doing the right thing." The following comments were typical in response to the question, "What is health?": "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" (G). "To keep in shape, uh not, not eating unhealthy food, stay thin, that kind of stuff" (B). In keeping with the notion that health is an act and not a state of being. youth identified the benefit of good health as being able to do more. One youth stated,

> Like you do not feel all crummy and you can do more things [when you are healthy]. You can like do stuff and like um, if you are really tired or whatever or you are really sick or whatever then you can't really do as much things, like you can't run around, you can't like play an instrument. (B)

Although the youth did not conceptualize health as a state when asked to provide a definition of health, they did refer to health as a state when asked to talk about what it is like to feel healthy. However, the youth rarely associated feelings of good health with sense of well-being. They more often described "feeling healthy" as a state of energy. Having energy (or feeling energized) was associated with being able to do more:

> What does it feel like when you are healthy? Well, like you feel energized and you do not feel like, like you do not get tired that easy, and like you have a lot of energy and it feels like you could do what you want to do. (B)

Personal Lifestyle Practices as the Main Determinants of Health

All of the youth, regardless of age, gender, or ethnic background, identified personal lifestyle practices—especially exercise and healthy eating—when asked to talk about what gives them health. The following comment was typical: "Like the sports I do kind of give me health, right, and um, well exercising, and um, I eat a lot of healthy food like I love eating vegetables and fruits and stuff like that."

Although youth identified activities that helped to improve the different types of health (e.g., exercise to relieve stress and improve mental health), they nonetheless talked more often about personal lifestyle practices meant to improve their physical health. When asked about how others (e.g., parents, schools, boys' and girls' clubs) could help youth stay healthy, the young people typically stated that they could help by providing more opportunities for healthy eating and physical activity.

In undertaking personal lifestyle practices, the youth emphasized the importance of striving for balance. For them, striving for balance meant undoing the effects of unhealthy behaviors (e.g., eating a snack high in sugar and fat) by undertaking some type of perceived healthy behavior (e.g., taking part in some type of team sport). Trying to achieve balance helped the youth to deal with the guilt they experienced when taking part in some type of behavior they perceived to be unhealthy. Although well aware of the need for healthy eating and participating in regular physical activity, youth nonetheless had some misconceptions and misinformation about how to achieve a balance (e.g., inaccuracies about the benefits of certain foods). As well, they did not always have a choice in undertaking healthy behaviors because of a lack of appropriate resources at home or in their neighborhoods. Overall, trying to achieve a balance was hard work, and youth became frustrated and struggled at times, as indicated by the following response:

> 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,

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> 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, 'cause as a kid I didn't really like them very much. (G)

Beyond the Talk of Health

In the context of "health" talk, the participants reinforced personal lifestyle factors as the main determinants of health. However, when they were afforded the opportunity to talk about their own life situations not framed within the context of health, they were more likely to reflect on other conditions that are generally considered determinants of health. Through this discourse, two subthemes emerged: (a) it is all about family and friends, and (b) desire for a safe, clean, green, and livable space.

It is all about family and friends. Of all conditions within their life situations, support from their families was identified by the participants as critical to helping them get through life:

> For me, yes, I would say [family is important]. For others I would believe it should be, too, because your family is kind of there. . . .They really need to be there for you to actually be comfortable, like to teach you and tell you things, 'cause they've had experience so they're kind of there to, like for you to lean on. (G)

> Well, I guess because you need like someone to be loving and caring for you, and you cannot just like raise yourself because you need people to care for you and everything, and take care of you and always be by your side. (B)

When talking about family, the participants reinforced that family was significant to them in terms of their emotional and mental health. The youth identified the importance of having parents who supported them emotionally, helped them to make the "right" choices in life, and "were there for them" during the difficult or stressful times. The youth also talked about conditions in their families that resulted in them feeling less cared for and more stressed. In the context of physical health, the youth mainly discussed how parents facilitated or hindered opportunities for healthy eating and exercise.

Friends were also identified as having an impact on health. Friends considered supportive were those who gave the participants confidence and encouraged healthy activities, as stated by one girl:

> 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.

The participants also commented about friends who had a negative influence on their life. These included friends who were identified as "false" friends—those who were not there to support the participants during difficult periods, and "bad" friends—those who tried to get the youth to partake in unhealthy behaviors.

Desire for a safe, clean, green, and livable space. In their narratives, youth acknowledged the importance of the physical environments in which they lived. Without prompting, they were very clear about what they thought was an ideal physical environment in which to live, which included environments with close proximity to places that promote healthy behaviors or activities. Such places included community clubs or groups where youth could participate in activities, and food stores or restaurants with healthy foods, as noted in the following comment: "Um, like maybe like a community group, like where you could go to play games, um, they'd give you healthy snacks and everything." The youth also spoke of the desire to live in a space that was safe, clean, and green, as reinforced by the following comment:

> 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. (B)

Missing Connections to the Broader Social Determinants and Health

Whereas youth were definite about how lifestyle choices were essential to achieving good health, their talk on the broader social determinants—especially income—was less definite, and lacked consistency with respect to how they were linked to health. In general, talk in relation to income and social class was different in that it was often characterized by youth trying to figure how these determinants impact health, as illustrated by the following comments:

> 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

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> 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. (B)

> Um, money isn't very much of a value to me. Like of course you need it sometimes like for the basics like food and like, like everyday products, right. So, but being healthy is like really important too, right. So some people like they have money, they think it's more important than being healthy right. (G)

Most youth acknowledged that money is essential to be able to purchase the necessities of life (e.g., food, shelter). However, confusion and misconceptions about poverty were also part of some of the youth's narratives. For example, one youth described an experience that appeared to challenge her perception about being homeless versus having money, and highlighted some of the confusion that might exist about the relationship that youth see between income and health:

> We were just walking down that road, we saw like homeless people, but like they looked happy. Like they're like talking and laughing and everything, and then we looked like across the street and we saw this family and they had like all these business clothes on, they looked so serious. And we're just kind of like, "Okay, what's the problem here?" . . . Because they look like they're having the more fun time 'cause they're together and they have friends. (G)

Although youth talked about how poverty affected the health of people living in developing countries, they rarely talked about the impact of poverty on Canadian youth, even though the majority of youth participating in the study resided in low-income neighborhoods.

Another example of missing connections related to youth's talk of the unsafe neighborhoods in which they lived. Although expressing a desire to live in a physical environment described as safe, some youth were adamant that a safe environment was not connected to achieving "good" health. Certain conditions that caused youth increased stress, such as experiences with bullying, were also not always linked to poor health.

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

Although we found that 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. One participant's comment was typical: "Um, I don't know, there's nothing really that they [school] can do. It's really up to the kid that's doing it." Even when youth acknowledged not having control over certain conditions that could potentially affect their health (e.g., type of food served in their house, lack of community clubs), they felt they were the ones responsible for making changes in their lives, and making the right choices. Youth were often quick to blame themselves for their poor health, as illustrated by the following:

> 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. (B)

The participants also shared examples of peers or friends whom they felt were not taking responsibility for their health:

> Like I think lots of kids are just focused on like being with their friends and school and stuff, and they're not worrying about, enough about their health, like they're not getting a lot of exercise and they're not like they're not eating right . . . and they're just not looking after themselves. (B)

Most noteworthy was the lack of attention youth assigned to the role that government had in improving the health of youth. It was often not until the youth were probed specifically about government that they even included it in their discourse. When they did talk about the role of government, it usually was in reference to government enforcing antismoking laws or laws about healthy eating (e.g., reducing the fat content in food products). There was little discussion about government addressing the broader social determinants of health, or about individuals becoming involved in shaping government agendas. For example, rather than acknowledging the role governments have in making neighborhoods safe to live in, the youth's discourse was focused on what youth could do at an individual level: namely staying inside their homes.

Even those youth who had a more comprehensive perspective of health and who spoke more eloquently about linkages between health and social determinants were less likely to place much emphasis on the role of government, or felt that for the most part, the government was doing a good job. For example, one of the more informed

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youth, in response to the question "Do you think the government can do anything to help teenagers stay healthy?" expressed, "I think the government has done lots. I don't think they can do anything else."

Discussion

Our findings indicate that the youth had a broad understanding of health that included acknowledging many different types of health beyond physical health. However, although youth recognized the contribution that certain social factors such as family and families had on their health, a focus on lifestyle clearly dominated the health talk of the youth in this study. Whereas youth, regardless of age or ethnicity, were very definite about connections between lifestyle practices and health, they were less consistent in their thinking about the social determinants of health.

The youth's focus on lifestyle conditions is not a surprise considering recent work by the Canadian Institute for Health Information (CIHI; 2005), which revealed that Canadian adults, for the most part, focus on making lifestyle changes to improve health, rather than considering broader social determinants of health like education and income. In addition, the United Nations Association in Canada's Healthy Children, Healthy Communities (HC²) project identified that children 9 to 12 years of age primarily link self-reported health and general health perceptions to healthy eating and active living (White, Sterniczuk, Ramsay, & Warner, 2007). The children, like the youth in this study, first thought about and identified healthy eating and activity when asked to define health.

This heavy emphasis on lifestyle factors might not be the result of a limitation of youth's ability to understand the broader determinants of health, but rather might result from how concepts of health and health promotion are portrayed to them in their daily life situations. Indeed, when asked to talk about the type of health information they had access to, including information from the media and their schools, the youth emphasized that the focus was on lifestyle practices. Although we did not include a review of any of the sources that youth talked about, there is work to support youth's experiences, including analyzed media stories by the CIHI that indicate broader societal factors are rarely focused on (2005). Raphael (2003) asserted that Canadians, for the most part, continue to be informed by governments, health care providers, disease associations, public health units, and the media that healthy lifestyle choices are the key to achieving good health. The surfacing of the "obesity epidemic" has further supported this focus on lifestyle conditions (Raphael, 2008). However, this growing interest in healthy lifestyles is reducing attention given by government and media to the broader discourse of health promotion (Raphael, 2008). Moreover, the focus on lifestyle conditions by the public, media, and the health sector has been further supported by the surfacing of the "obesity epidemic" (Raphael, 2008). Public health strategies with an individualist approach, based in biomedical and epidemiological tradition, are the basis for the minimal dissemination of the broader determinants of health into either public health discourse or government policymaking (Raphael, 2006).

Although youth's awareness of the importance of adopting healthy lifestyle practices is a positive finding, we found some aspects of the youth's perspectives that could limit their ability to achieve good health. This includes their belief that the youth themselves were ultimately responsible for achieving good health, even under those circumstances when they did not always have the choice or option to undertake certain healthy lifestyle practices. Negative consequences of assuming individual responsibility included feelings of frustration and guilt on the part of the youth, as well as blaming of other youth who were not concerned with achieving a balance of good health. Additionally, their understanding about ways to achieve good health was not always accurate and, in fact, some youth practiced unhealthy behaviors in an attempt to achieve good health. There was also a moral tone to the youth's discourse, which is congruent with Cheek's (2008) view that health has now taken on new and different forms of discipline, including individuals labeling themselves as good or bad, or strong or weak in terms of their health behaviors, or making responsible or irresponsible choices.

When we asked youth to talk about how others could help them achieve good health, they stressed the importance of individual responsibility, and mainly provided solutions with respect to how others could get youth to exercise more and eat healthier. There was minimal discussion of social welfare and inequity issues, despite the fact that many of the youth in this study came from neighborhoods considered to be low income. It was more common for them to talk about poverty in developing countries than within their own neighborhoods. In addition to the importance youth assigned to lifestyle choices and individual responsibility, the missing talk of poverty could be a result of youth not viewing themselves as poor, or perhaps they did not feel comfortable talking about poverty within their own life circumstances.

Overall, our study findings reveal that the concept of health—which has become "normalized" by academics and public policy experts as a state of well-being and inclusive of the broader determinants of health—might not be congruent with how youth talk about or regard the concept of health. We believe that this calls for a

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reexamination of the definition of health in the context of health promotion for youth, considering that the meanings assigned to health have implications for theory, practice, policy, and health promotion (Marks, Murray, Evans, & Willig, 2000). In addition, those involved in health care for youth need to be skilled in how they talk to youth if they hope to arrive at a comprehensive understanding of the concerns influencing youth's health. The youth in this study were more likely to reflect on the social determinants of health—especially physical environment and support from friends and family—when provided with the opportunity to talk about their life situations in general. Likewise, children in the Healthy Communities project (HC²) discussed other aspects of health, such as emotional well-being, but it took time and group discussion for these issues to emerge (White et al., 2007).

Our findings also reinforce the need for a new direction in health promotion that helps youth to recognize and focus on the broader determinants of health. This includes advancing their understanding of the connections between the broader determinants of health and their own health circumstances. With respect to encouraging youth to think about and act on broader determinants of health, the United Nations Association in Canada (UNAC), as part of their Healthy Communities project, developed a toolkit for action that includes activities and workshop ideas for children and youth aimed at developing a more holistic understanding of health that extends beyond healthy eating and activity. The toolkit provides strategies and activities meant to get children and youth to think about the broader determinants of health that impact their lives. Activities include having children and youth identify health issues that concern them, and then having them figure out how their social realities influence their health.

One of the major objectives listed in the toolkit is "to engage and empower children to speak out and to take action on their own health priorities from a social determinants of health perspective, in their communities, provinces and territories, nationally and internationally" (UNAC, 2008, p. 4). With this in mind, and in keeping with the belief that health promotion is a political activity (Raphael, 2006), youth also need to be educated about the power of politics and groups to make change. This would include helping youth to develop advocacy skills. Likewise, policy makers and key government leaders need to be educated about youth's perspectives and experiences with health promotion, and about the importance of involving youth in decisions that affect them directly. If youth are truly to have a meaningful voice in the process of addressing their health needs and concerns, there must be a genuine desire to see them empowered, in conjunction with environments conducive to their involvement (Lichtor, 2004).

Finally, in addition to getting youth to think about and act on broader determinants of health, our study reinforces the need for programs and policies directed at promoting healthy families, considering the importance families have in the life situations of youth and in helping youth achieve good health.

Limitations

We acknowledge that there are two key limitations with respect to this study. Primarily, we did not interview individuals responsible for educating youth about health and health promotion, nor did we review health promotion programs and policies meant for youth. Accessing their perspectives and reviewing such programs and policies would have helped to provide context to youths' perspectives. Although youth from diverse ethnic backgrounds participated in this study, we did not attain diversity with respect to socioeconomic status. The study of youth from diverse socioeconomic backgrounds is warranted, as it might result in differing and additional perspectives. Additionally, understanding how perspectives of youth change over time was not possible, as this was not a longitudinal study.

Conclusion

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 determinants of health and their own health circumstances.

Youth are capable of a broader understanding of health if given the knowledge and skills to do so. 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. Overall, there needs to be more emphasis on the sociocultural context of health in the life situations of youth.

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