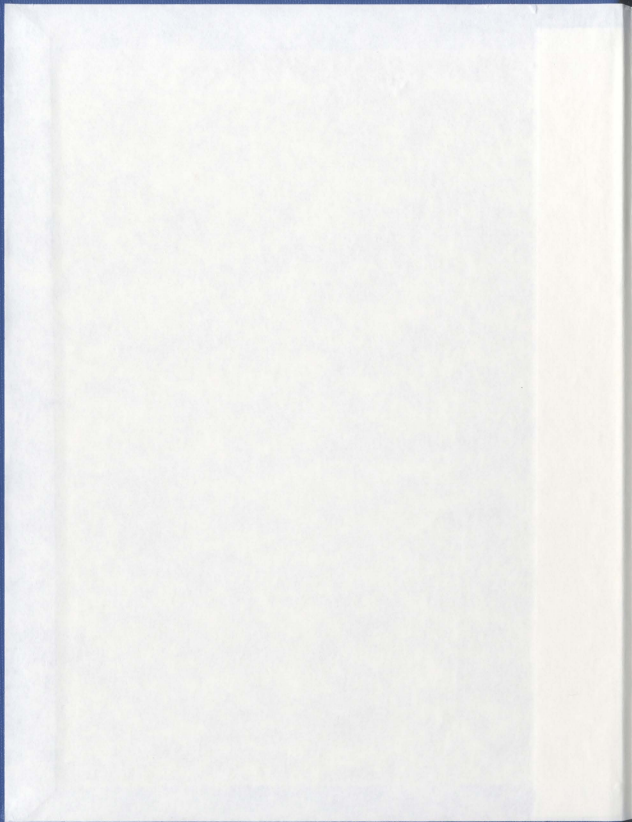"AN APPLE A DAY KEEPS THE DOCTOR AWAY:"
IMMIGRANT YOUTH IN ST. JOHN'S NEWFOUNDLAND
AND LABRADOR, AND THEIR CONSTRUCTIONS
OF HEALTH AND FITNESS

JENNIFER MARY SHEA

"AN APPLE A DAY KEEPS THE DOCTOR AWAY:"

IMMIGRANT YOUTH IN ST. JOHN'S, NEWFOUNDLAND AND LABRADOR,

AND

THEIR CONSTRUCTIONS OF HEALTH AND FITNESS

By

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*I would like to dedicate this thesis to the memory of my Grandfather;*
*Fergus M. Tremblett (1935-2003).*

*Your strength, love, courage and faith have inspired me in so many ways.*
*Unfortunately you were taken from us just at the beginning of this journey.*
*Nonetheless you are still very much a part of it.*

*Thanks for everything!*

**Abstract**

This thesis examines the results of an empirical study, which aims to show how immigrant youth, aged 12-17, residing in St. John's, Newfoundland and Labrador, construct notions of health and fitness. Based on focus groups and the completion of journals with these youth, I examine their ideas of health and fitness, and how these are influenced by cultural and institutional discourses. The youth in this study have proven to be very knowledgeable about issues surrounding health and fitness, and often exhibit frustrations at the rigid discourses and in their own appropriation and/or rejection of these ideals. Results show how the readings of these cultural discourses are important in the formation of their personal meanings of health and fitness. Finally, I examine how these youth construct themselves and others as healthy/unhealthy or fit/unfit subjects through these dominant discourses. This study begins to fill important gaps in the Canadian literature on health and fitness by focusing on the perspectives of Canadian immigrant youth.

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# CHAPTER 1

## Introduction

### 1.1 The Context: "Healthism" and Individualism

Issues of health and fitness have been of key importance in the public's consciousness for approximately the last thirty years in Western countries, such as, Canada. The achievement of both health and fitness is not just expected of societal members, it is seen as their duty to achieve these statuses. Related to these expectations of health and fitness is the notion of individual responsibility. For Crawford (1980) the preoccupation with these concepts is very much tied to issues of "healthism" and "individualism." Crawford defines "healthism" as,

> [t]he attainment of personal health as a definition of and noted achievement of the individual. The individual in turn is responsible for achieving good health and if they fail to conform they are held accountable for this inability. Those who fail may also be seen as possessing a weak character in that they could not refrain from unhealthy behavior (p. 368).

While the term "healthism" refers directly to health I feel that Crawford's concept can be effectively applied to the attainment of fitness. In my application of these concepts "healthism" and "individualism" for both my discussions of health and fitness, I do not attempt to conflate these two terms as they have very different meanings. Rather, I use these concepts to highlight the commonalities in the societal expectation to conform to both ideals and the manner in which the attainment is viewed; it is predominately the responsibility of the individual to be healthy and fit. In fact Crawford (1987) applies fitness to his later discussion of "healthism" (p. 99).

Health is presented as a one-dimensional concept within the dominant discourse; "healthism" is viewed as a state which can be controlled and manipulated by the

individual. No doubt, this presents a dilemma for those falling outside the definitions of healthy or fit; these individuals are held accountable and viewed as deviant for their inability to conform (Crawford, 1987, p. 370). The campaign against smoking comes to mind here. While smoking was once accepted, it has now become socially unacceptable to engage in this behaviour. The sole reason for this classification is that smoking is seen as having a negative effect on health status, not only on those partaking in the action, but also for those around them (Edgley & Brissett, 1990, p. 263). Through my use of this analogy I highlight how health has become very much an individual responsibility, when one fails in this regard they are seen as negatively impacting society by endangering the health of other individuals and raising health care costs (Crawford, 1987, Edgley & Brissett, 1990). Making the individual responsible for health problems through the designation of deviant qualities serves an important purpose, as it draws attention from the larger social influences and situations (Conrad & Schneider, 1980, p. 250). Given that the health impacts of smoking are now widely known this analogy may seem a little extreme, yet, I feel it effectively highlights the designation of good citizens under health and fitness discourses.

Tied to these concepts of health and fitness are ideals of self-improvement. Crawford (1987) feels that this ideal has been central in the health and fitness movements (p. 99). Through this concept, we see individual responsibility as key; "improvement" is expected to be desired by all individuals and it is their duty to attain it. Thus, an individual who is healthy or fit is viewed as one who has earned this status. As Crawford (1984) observes, "Health is a 'key word,' a generative concept, a value attached to or suggestive of other cardinal values. 'Health' provides a means for personal and social

evaluation" (p. 62). Both health and fitness are powerful markers for an individual, at times resembling a battle between good (healthy/fit) and evil (unhealthy/unfit).

This pressure to conform has been especially evident in Western countries such as Canada, where a cult of thinness can be observed. The current "obesity epidemic" within Western society has heightened this outcry regarding weight and concern for health and fitness behaviourss (Campos, 2004, Gard & Wright, 2005). Issues of weight have become central both in the media and popular culture; youth are often at the centre of this concern. Individuals classified under the labels "overweight" and "obese" face intense discrimination, and are all too often blamed for their weight (Stinson, 2001). Sensationalistic newspaper articles regarding this perceived "epidemic" contain titles such as, "Fat 'the new tobacco,' heart group warns" (Picard, 2004b), "Childhood obesity accelerating, study finds," (Picard, 2004c), "A new generation of couch potatoes," (Picard, 2004a), and "Weighing in when junior tips the scales," (Mitchell, 2004). With classifications such as "obese" and "overweight" being labeled as "bad," with negative consequences for society and its members, we see how the politics of fear and individual blaming function, as there is a great deal of moral panic associated with this connotation of weight. As observed by Furedi (2005), "the more secure society is - in terms of health, wealth and political stability - the more likely it is to fixate on theoretical menaces ... if vulnerability is the defining feature of our human condition we are quite entitled to fear everything," (As quoted in George, 2005, p. 48, 52). This being said, the obesity panic generates a great deal of fear, not only in the perceived social epidemic it is believed to be creating, but also for individuals in that they fear they will become obese as well.

This perceived epidemic can be seen as linked to larger societal health panics.

Rail and Beausoleil (2003) observe,

> [W]e are suggesting that the number of dominant discourses are structured in such a way as to feed unhealthy obsessions with health, obscure or mystify patriarchal, socio-cultural and political explanations for health problems, and focus undue attention on pharmacological, individualized or privatized solutions (p. 2).

Further, Burrows and Wright (2004) argue that these constructions negatively impact the development and identity formation of youth. These discourses construct "good" and "bad" bodies, link health with attractiveness, which leads to self surveillance and striving to change one's body to conform to dominant standards and finally, diminishes pleasure in eating and other activities viewed as indulgences (p. 91-92). These discourses hold a great deal of power and often act as a means of surveillance of citizens (Foucault, 1977, 1978). This means that surveillance is often achieved in obscure ways while targeting morality; individuals are made aware of problems, for example excess weight, and provided with the perceived solution, diet and exercise. As a result, the individuals that do not adhere to or respond to this surveillance are seen to be of weak moral standing as it is their duty as good citizens to conform (Evans & Davies, 2004, p.45).

## 1.2 Youth's Place within the Dominant Discourses

Youth is very much an historical construct and as such, its meaning and definition change throughout history and locations. Youth is laden with different meanings which are very much an extension of larger political, cultural, and social spheres. Furthermore, while youth have rights as citizens, they have little say or influence on the institutions that impact them heavily (Wyn & White, 1997, p.10-12). This lack of influence and voice can easily be applied to notions and meanings of health and fitness in their own lives. Youth

are considered a vulnerable and often weak group, and are viewed as "being an at risk population," (Lupton, 1999, p.112). Those in roles of power such as parents, teachers, and policy makers feel that it their duty to prescribe and outline the ideal manner in which youth should carry out their lives. Schools in particular become a site where youth begin to learn societal values and norms of the body; this learning is achieved through both informal and formal means. Physical education is one means of transmitting this knowledge (Kirk, 2002, p. 86). As noted by Nutt and Clarke (2002), "Schools and physical education departments are not neutral sites operating in social and political vacuums, rather,…they are imbued with dominant values and ideologies that do much to reflect and maintain the *status quo*" (p. 150). Later in the discussion of my research findings, the importance of school will become evident through the dialogue of the youth. In their discussions of health and fitness, they look to this institution as not only a major source of information, but a facilitator as well. Frustrations were particularly evident where they felt their schools have failed in areas such as the provision of school meals and access to physical activity.

Ideas of health and fitness are important to explore, especially in young children and adolescents, for they are plagued with the same message as adults to conform to an unrealistic and often impossible body ideal. As observed by Bengs (2000), "What becomes problematic … is the connection drawn between the body and identity, between social worth and personal responsibility for keeping and achieving the desired body" (p. 3). Given the difficulty of simply being an adolescent this can be a cause of much pain, discrimination and confusion. Berg (1997) feels that this pressure in turn leads children to fear both food and fat. She argues that these fears have led to four crises within our

society: dysfunctional eating, eating disorders, weight problems, and size prejudice. Berg promotes a goal of producing healthy children of all sizes. To achieve this goal there must be a unified health approach, one which encourages normal eating, active living, self-respect, and an appreciation of size diversity. Although Health Canada does have a well-developed program (VITALITY)[1] which could promote this shift in thinking, all too often the important messages it provides seem to be overlooked. Given that the dominant discourses stressing individualism persist, it seems that predominantly we have not changed our attitudes and approaches to healthy living as a country. Seeing the impact that these Western cultural messages and pressures to be both thin and fit have on adults, I was interested in exploring the opinions of immigrant youth regarding these messages and pressures, in addition to learning more about the sources of information they consult in forming their opinions of health and fitness.

### 1.3 Statement of the Problem

My research project is part of a larger study entitled: "*Canadian Youth's Construction of Health and Fitness*" (Rail, et al., 2003)[2]. Data collection for the larger project has taken place in Newfoundland, Nova Scotia, Ontario, and Quebec, and has consisted of focus groups both within schools and community groups. Additionally this larger project has international ties: there are two collaborators from Australia (Wright) and New Zealand (Burrows). The larger project generally aims to understand how young Canadians formulate notions of health and fitness as well as how they read and make sense of institutional and cultural discourses which are related to health and fitness. Both the larger project and my thesis research are timely, given the nation-wide concern with

adolescent health which is currently being expressed in Canada and internationally (e.g., A Report of the Surgeon General, 1996). As observed by Pearman, Thatcher, Valois and Drane (2000), "Adolescence encompasses a time when various health-related beliefs, attitudes and behaviours are adopted and consolidated" (p. 220). Growing up during the AIDS, anti-smoking and drug era I remember vividly the numerous awareness campaigns targeted at youth, and the fear these often created. This is a time when youth are bombarded with a number of health messages and the insistence that it is their responsibility to make the correct lifestyle choices in order to be a healthy individual.

The general aim of my study has been to explore the formation and perceptions of health and fitness in Canadian immigrant youth. Initially this particular population was chosen as a subset of the larger project. Research taking place in Ottawa focused a great deal on different ethnic groups, in an effort to learn about health and fitness from a variety of voices. I thought it would be beneficial to add the voices of recent immigrant youth to this study. I feel that this particular population was interesting to study, in that I and the larger project have learned more about how culture and different backgrounds greatly impact health and fitness attainment and ideals among youth. Given that my research is connected to the larger project, I have followed its framework closely in terms of data collection, theoretical framework and data analysis, while focusing on immigrant youth living in St. John's, Newfoundland and Labrador. I have been interested in the opinions of these youth given that they have not grown up as Canadian citizens. As such, they have offered new and/or additional insights into how adolescents compose their perceptions about health and fitness. Also I feel that I have gained much insight on a personal level. As a native, white Newfoundlander I was provided with the opportunity to

learn more about different cultures and ideals. In addition I feel that through working with immigrant youth I have gained invaluable experience regarding the sensitivities of empirical research. Through the practice of reflexivity I have located myself in this research project, reflected on the meanings of being a researcher, my ideals of health and fitness and questioned my assumptions and beliefs.

## 1.4 Objectives

The general aim of my research was to begin to understand how immigrant youth discursively construct health and fitness. My study specifically focuses on youth aged 12-17 years old, whose families have immigrated to Canada within the last five years, and currently reside in St. John's, Newfoundland and Labrador. The main objectives of this study are (a) to understand how immigrant youth construct notions of health and fitness; (b) to understand how dominant and alternative discourses of health and fitness are taken up by these youth; (c) to identify the sources of institutional and cultural discourses of health and fitness that they consult for their constructions and ideas of these concepts; (d) to understand how their cultural backgrounds interact with Western ideals of health and fitness; (e) to understand the ways in which youth choose to appropriate or reject the dominant discourses in their own lives; (f) to examine the role of gender in youths' constructions and ideas about health and fitness. Most importantly, I examine how these constructions impact and influence the lives of the youth in my study.

## 1.5 Significance of the Study

There is a substantial gap in Canadian literature regarding youths' understandings of health and fitness. While there has been an examination of youths' constructions of health and fitness in New Zealand (Wright & Burrows, 2003), as Canadians we are unaware of the health and fitness constructions of youth, particularly the ideals of immigrant youth. In this project, I have aimed to identify important health issues facing the youth, examining how they articulate contemporary discourses on health, and the manner in which they construct meanings of health, fitness, "healthy behaviours" and "unfit behaviours." This will begin to fill an important gap in the Canadian literature on health, and hopefully inform future debates regarding policy initiatives and educational programs aimed at youth.

Since the early 1980s, many physical education and community programs in Canada have been adopted which aim at improving fitness levels, however national and international research suggests that fitness activities are often those least enjoyed by adolescents (Dallaire & Rail, 1996; George, 2000, Fox & Corbin, 1987). Furthermore, while Canadian youth have proven to be knowledgeable of "good" health and fitness practices, these do not necessarily resonate in everyday practices (Sleap & Wormald, 2001, LeGrand, 2002). Health and fitness promotion incentives directed toward youth currently and historically have been designed by adults without feedback and input from the youth who they target. Insights about the ways in which young people learn and read cultural and educational messages about health and fitness, and form their own understandings of health and fitness, will assist physical educators and health promotion professionals in designing programs and learning strategies that will be both favored and

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beneficial to youth.

For my research purposes, data collection was separate from the larger Canadian research project. I chose to focus on the immigrant youth population in St. John's. This is a city which lacks a high level of ethnic diversity in comparison to other Canadian cities. The most recent statistics (2003) note that Newfoundland has 359 immigrants and 856 foreign students. Goose (2005) notes, "Given these figures Newfoundland attracts roughly one-percent of all immigrants to Canada." Currently, the government of Newfoundland and Labrador is adopting a new strategy in efforts to secure more immigrants to this province (p. 4). This being said, Newfoundland has a low immigrant population in comparison to other areas of the country.

This lack of immigration further increases the difficulties of adjustment experienced by immigrant youth and their families in St. John's. Hovenczyk & Tatar (1998) have noted the importance of support networks for immigrants and refugees in their adjustments to their new country and in avoiding possible stressors on cultural, psychological and social levels. Koineh and Quaicoe (2004), in their analysis of the Newfoundland and Labrador situation, have identified a lack of "large well-established ethnocultural communities in which immigrants and refuges can receive the appropriate socio-cultural support in Newfoundland and Labrador" (p. 19). An inability to connect with new surroundings can discourage youth from adapting to the culture of their new country; rather, they may increasingly follow their traditional cultural practices (Phalet & Hagendoorn, 1996, Nesdale & Mak, 2003). Specifically, in regards to health, immigrants in Canada have been found to be as healthy as or healthier than Canadians. Studies note that this reality may be due in large part to the immigrant selection process, specifically

the "healthy immigrant effect," in which immigrants of good health standing are seen as ideal and better candidates in comparison to those of a poorer health standing (Kopec, Williams, To & Austin, 2001, p. 41, Chen, Wilkins & Ng, 1996). However additional studies have found that while immigrants often rate themselves healthier than Canadians in comparable studies, over time their assessments are often similar levels to that of resident Canadian's (Clarke, 2004, p. 128). These are additional issues which I have been mindful of in my discussions with immigrant youth in this research project. The topic of integration into Canadian society was not discussed in a personal sense, but was at times discussed in regards to other individuals.

### 1.6 Thesis Structure

This thesis consists of a number of sections. In chapter two, I explore literature related to constructions of health and fitness in the lives of youth. These studies have been quite beneficial to me in my research with immigrant youth, in that these studies have provided a lens on the current situation as well as identifying gaps in the existing knowledge regarding this subject. I conclude this chapter with a theoretical discussion of the body from a feminist postmodern/poststructuralist perspective, and a review of a number of theorists and their work in this area. Chapter three examines my methodological and ethical considerations for this research. The next two chapters address the findings of my empirical research project, specifically the meanings of health and fitness of immigrant youth in St. John's, Newfoundland and Labrador. Chapter four examines themes related to the constructions of health, whereas chapter five examines themes related to fitness as articulated by the youth in my study. Finally chapter six offers

a concluding discussion in which I further consider ideas articulated by the immigrant youth in this research.

# CHAPTER 2

## 2.1 Literature Review

Due to the wealth of literature on issues surrounding health and fitness, this literature review is organized in separate sections based on themes relevant to my study. The first section examines the present situation of health and fitness, with a focus on the Ottawa Charter. The remaining sections consist of a review of previous studies which have been untaken regarding health and fitness. The second section focuses on studies of youth that incorporate ethnic diversity. The third section reviews qualitative studies addressing constructions and perceptions of youth regarding health, fitness, eating, and weight, including two studies which look at food and food concerns in adolescence. The fourth section reviews quantitative studies centered on self and body esteem, eating concerns and sports participation. The fifth section examines studies that provide insight into possible sources of knowledge used by youth to gather information regarding health and fitness. Finally, I examine studies addressing personal health behaviours exhibited by youth.

### 2.1.1 The Present Situation of Health and Fitness

The first international conference on health promotion (1986) resulted in the formation and adoption of the Ottawa Charter. The goal of this charter is to build a public policy on health, achieved through a number of avenues, such as creation of supportive environments and advocates. The Ottawa Charter takes the position that health is a resource through which to achieve complete physical, mental, social, spiritual, and emotional well being of individuals (World Health Organization [WHO], 1986). Since

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1986 this charter has been adopted by numerous countries, including Canada. Ideally the messages of this charter are to be promoted in Canadian schools, through the transmission of health and physical fitness courses. The charter has enabled an expansion in the definition of health (Burrows, Wright, & Jungersen-Smith, 2002). Interestingly, this charter was developed at a time when a health and fitness boom was observed in North America; this is an era that had the potential to pressure individuals to conform to rigid body ideals (McElroy, 2002).

Tied closely to this boom and sense of health consciousness is the notion of individual responsibility. Individuals are expected to be responsible for their health through the notion of "healthy behaviour," meaning that they refrain from risky behaviours (such as smoking) in their everyday life (Edgley & Brissett, 1990). Refraining from these behaviours is identified as an indicator of self control and/or discipline, with the final reward being a healthy and attractive body. This message is further promoted by the state, which is often motivated by lowering medical costs (Bengs, 2000). Attainment of health and fitness statuses is not as simple as they appear at first glance. Constantly there are public outcries and movements in effort to improve both the health and fitness of the public. While often these movements which aim to maximize health seem to have humanitarian influences this is most often not the case. As noted by Conrad and Schneider (1980) "...the crusader or crusading group is often a self interested participants in the deviance-defining process...not only crusading for a moral change in social rules, but there also may be hidden agenda...not immediately obvious" (p. 22). Additionally, in our capitalist society the body is often viewed as a commodity, this mindset being reiterated and stressed in the mass media. As Featherstone (1993) observed, "[W]ithin

consumer culture, the inner and outer body become conjoined: the prime purpose of maintenance of the inner body becomes enhancement of appearance of the outer body" (p. 171). Given this, it is not hard to realize why some individuals feel alienated from their bodies, in that they can become consumed with this remaking in efforts to achieve some unrealistic ideal (Chernin, 1982, Tinning, 1985). These pressures of individualism and consumerism can make it difficult for one to accept their body.

## 2.1.2 Studies with Ethnic Diversity

In a project undertaken by the Multicultural Women's Organization of Newfoundland and Labrador (Koineh & Quaicoe, 2004), immigrant and refugee youth in St. John's took part in various workshops designed to learn more about the youth's experiences since their arrival in Canada. The information gathered would be used to improve resources (such as English as Second Language (ESL) classes, and socialization opportunities) provided to them. These workshop sessions revealed many important ideas which I have been mindful of in both preparing and conducting my own research, such as previous experiences of youth originating from war torn areas. Unfortunately, the reality for some youth is that they leave countries with volatile conditions such as war, thus, they have likely suffered a great deal of trauma. Not surprisingly this makes an already difficult transition into a new country and culture all the more complex (Koineh & Quaicoe, 2004).

Both immigrant and refugee children may feel the loss of their home, family, and friends and may express anxiety over integration in their new and often very different environment. In addition to these impacts on one's mental health there may be physical

problems as well: they may be ill due to a lack of good medical care in their home country. For some there is the issue of adjusting to Newfoundland's harsh climate, lack of access to and information about health issues, as well as the problems of purchasing nutritious foods and access to those to which they are traditionally accustomed. Related to this many new immigrants and refugees are forced to live in conditions of poverty, which in turn produces even more health vulnerability and physical development issues. The youth noted difficulty in regards to socialization as language barriers are a challenge, and there is difficulty accessing socialization areas such as a youth club (Koineh & Quaicoe, 2004). This was still a problem as I prepared to conduct my study in St. John's, Newfoundland, as a number of multicultural youth were attempting to form a youth group but lack of meeting space made this a problem.

The Koineh & Quaicoe study (2004) has been beneficial to my research. This is the only study I have been able to locate that aims to learn of the experiences of immigrant youth in Newfoundland. When I read this report, it reinforced my belief that the goals of my study are important and worth pursuing. Indicative of the findings above, health is indeed an issue here among these youth. I hope that my findings can further add to our knowledge, and begin to fill the gaps that are present in the provision of services in the everyday lives of immigrant and refugee youth.

Studies containing an ethnically diverse sample of participants are limited. While many studies include individuals that belong to an ethnic group, the ratio in comparison to the remainder of the sample is often not representative. One American study which does contain an ethnically diverse population was completed by Croll, Neumark-Sztainer, Story and Ireland (2002). The sample size of this quantitative study on risk behaviours

was very large, involving 81,247 ninth graders from Minnesota. As a result of the large sample size, ethnic and gender variations were accounted for during data collection (which consisted of a questionnaire). Ethnic groups surveyed included Caucasian, American Indian, Hispanic, African American, and Asian. The researchers found that over 50% of the females and over 25% of the males reported disordered eating behaviours; these behaviours were found to be most prevalent among Hispanic and African American youth. While in my focus groups there was no mention of personal disordered eating behaviour, the youth did make references to eating disorders. Being that eating disorders are classified as a mental illness, disclosure is difficult for many due to the stigma and shame associated with these highly personal disorders. As such individuals may not feel comfortable discussing these in relation to their own lives (Smart &Wegner, 1999, Greenleaf, 2005). Additionally, food and consumption were frequently discussed. Overwhelmingly food was divided into categories, "good" foods considered healthy (fruits and vegetables) and "bad" foods viewed as unhealthy (fast foods).

In their research, Leslie, Yancy, McCarthy, Albert, Wert, Miles, and James (1999) sought to explore physical activity and healthy eating in young girls. The researchers conducted three focus groups with Latina and African American girls and an additional two focus groups with the mothers of these youth. Specifically of interest to my study, the girls identified barriers to physical activity; a key barrier was physical appearance. The girls were mindful of how they look after engaging in physical activity, as well as how they will appear to boys during the activity. This was a frustration experienced by a female participant in my study; she was irritated that her female classmates feel this way in regards to gym class. In addition, sexism was listed as a barrier in that both the girls

and their mothers felt that boys were treated differently and received favouritism in regards to physical activity, such as males being viewed as more athletic than females. Finally, while the researchers found that both the girls and their mothers were very knowledgeable about healthy eating and physical activity, this knowledge often did not correspond to their actions. These issues of gender mentioned here were echoed in the findings of my research.

### 02.1.3 Qualitative Studies

Many of the qualitative studies discussed here helped to shape my own study; they use focus group research methods and offer in-depth accounts of what issues are important to youth in their own words. While only the Burrows, Wright and Jungersen-Smith study (2002) resembles my research, all have been useful and have offered some insight into possible discussions and topics that were addressed.

In a New Zealand study Burrows, Wright and Jungersen-Smith (2002) examined data from a national project which investigated youth's constructions of health and fitness. In this study 2,880 fourth and eighth grade students took part in five separate stimuli tasks, for example asking students to reflect on what is needed to be really healthy. The researchers found a great variation in the sources of information consulted by the eighth grade students. The concept of weight was widely discussed by the students, and it was most commonly referred to as an indicator of fitness. Overwhelmingly it was shown that the youth were quite aware of the dominant discourses of health and fitness which are present in our society. Related to this there seemed to be a sense of guilt conveyed when youth spoke about engaging in behaviours deemed "unhealthy," such as

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eating junk food, which itself is very much embedded in the dominant discourse of health. Excess weight was discussed in great detail, always in a negative context, especially when applied to fitness. The findings of this study are very similar to those which I observed in my focus groups. In my study excess weight was widely discussed in a negative context. Appearance was seen as a major indicator of health and fitness; which in itself ties directly to the dominant discourses of health and fitness. These discourses often view health and fitness not just a means of physical being but heavily related to the appearance of one's physical exterior.

In a large qualitative study by Hesketh, Waters, Green, Salmon and Williams (2005) focus groups were used to understand youths' and parents' perceptions of healthy eating, activities and obesity in Australia. In the youth focus groups photo-based activities were the means to engage the participants in conversation, while in the parent focus groups discussions were exploratory and facilitated by one of the researchers. These photo-based activities consisted of three parts. In section one, 9 photographs were chosen representing a mix between healthy and unhealthy foods. Section two consisted of 7 photographs portraying active, sedentary, indoor and outdoor activities. In the final section regarded a photograph of an overweight teenage female playing basketball was viewed. The photographs in these three steps were used a guide for discussion with the youth (p. 20). Through their analysis the researchers identified nine main themes in the discussions. While the main focus of this study was on obesity prevention, there are still some interesting findings which support my study. First, the researchers found that the youth were fairly well educated about healthy foods, and appreciated the health benefit from engaging in physical activity. Yet, the youth admitted that they regularly ate

unhealthy foods and spent free time engaged in sedentary activities. The local environment of the youth, including school and neighborhoods, was found to have a significant influence on the amount of physical activity in which they engaged. Environment was identified as a possible hindrance to engagement, for example the existence of unsafe play areas. Interestingly, the school environment was seen by both the youth and their parents as second only to the family in health promotion. This importance certainly resonated in my study for the youth looked to this institution as an important facilitator and source of information for health and fitness.

In an American study using focus groups, Neumark-Sztainer, Story, Perry and Casey (1999), sought to examine food choices in adolescents. The researchers completed 21 focus groups with 141 7th and 10th grade participants. The questions used were semi-structured and aimed to learn about adolescents' perceptions regarding their personal food choices. The analysis found that there were a number of factors that influenced their eating patterns; these factors were organized in three levels, with level one being the most discussed and three being the least. In the first level important factors included hunger and cravings, choice, time, and appeal of the food. In the second level, availability, parental influence (including culture and religion of family), and perceived benefits including ideas of health were included. Finally, level three factors such as their mood, body image, habits, cost, media and eating preference (i.e., vegetarians) were discussed. Interestingly, the youth listed barriers to healthy eating, and included such factors as food taste, eating not a priority, and locations outside of the home as not promoting healthy eating. Higher costs, speed and convenience were additional factors. This is all relevant to the conversations I had with youth in my study. Food was an issue and many of the

participants discussed contradictions they face in eating; unhealthy food is often pushed on them, yet they are expected to eat healthily. While in Neumark-Sztainer et al., study the conversation was completely about food, I think that it speaks volumes about the struggles that youth have to be healthy in their everyday lives.

In a similar study, O'Dea (1999) also used focus groups to learn about food concerns in youth in Australia. Prior to conducting groups, O'Dea asked 1,131 Australian students to complete a questionnaire; those who identified more than one food issue were invited to take part in a group. This resulted in a total of 23 focus groups, comprising 183 students, from both secondary and primary school levels (6-19 years of age). Not surprisingly, O'Dea found that students originating from the middle to upper classes had the most food related concerns. This may offer some important insight into class differentials. In all instances the majority of these concerns came from the older girls who expressed concern about weight control. Participants discussed the issue of forbidden foods, which were seen as "being bad" for them and were often high in sugar and fat content. This identification of good and bad foods was present in my discussions with the youth.

### 2.1.4 Quantitative Studies

Quantitative studies have been quite useful in my review as they have offered some insight into possible and/or current social patterns or trends. Yet, they often lack the in-depth participant account and analysis that I have strived for in my empirical study. Given the limited amount of literature on my subject area they are nonetheless worthwhile to discuss. The first of three studies I discuss here explores gender differences

in both self-esteem and body satisfaction. The second study expands on these gender differences while including the variable of sports participation. The remaining study focuses on eating and body image concerns among elementary school students. The research methods employed in all three studies were surveys and questionnaires.

Frost and McKeivie (2004) explored gender differences in self-esteem and body satisfaction among elementary, high school and university students, in Quebec. The statistical test ANOVA[3] was applied for analysis of a questionnaire. The researchers found that self-esteem measures were lower for females in all three groups, and for both genders it was lower among high school students than the remaining two groups. The latter finding is particularly interesting in that this is the age group (high school students) I have interviewed. This particular study prompted me to question possible connections between one's self-esteem and their perceived health and fitness status. I remained mindful of this possibility in my study, yet none of my participants displayed low self-esteem, nor was it a focal point in our discussions. These would be questions that would be useful for future research.

Bowker, Gadbois, and Cornock (2003) investigated gender differences in individual's sports participation and self-esteem. The study consisted of a sample of 100 grade 11 students from Manitoba, the majority of whom were white and of a middle class standing. The students completed four questionnaires regarding: self-perception, body-esteem, gender role orientation and sports participation. All except the final questionnaire had been previously designed as a measurement tool within the field of psychology. In all four tests the youth were assigned a score based on their responses. These scores were complied and studied using statistical tests. Using ANOVA for analysis, they found

gender differences in male and female perceptions of weight, appearance, and physical attractiveness, with males reporting higher levels of self-reported perceptions of these 3 variables. Yet, there were no gender differences in perceived social worth measured by degree of happiness and self-confidence. Sport participation was positively correlated with higher self-esteem levels. Interestingly, individuals with high levels of femininity, and who participated in competitive sports had lower levels of both self worth and athletic competence. This may be due to sports, especially male dominated areas such as hockey, being perceived as masculine. Sports have long been observed to have gender differences; often those who engage in sports that are deemed acceptable to a gender other than their own, for example females playing football, can at times be teased and made to feel uncomfortable. These findings informed my own study given that I was discussing fitness and health among female and male youth in the same age range. The immigrant youth in my study provided numerous insights regarding the links between gender roles and sports. I have explored these gender differences and how these differences have impacted them personally.

Finally, in a quantitative study conducted by Vander Wal and Thelen (2000), Caucasian and African American children were surveyed regarding their eating and body-image concerns. The sample included 526 elementary school students from a United States school. The children's body mass index was recorded and participants then completed two questionnaires. The data was analyzed using MANOVA[4] and Bonferroni[5] statistical tests. The researchers found that children classified as obese were more likely to engage in dieting behaviours and refrain from eating. As well, they showed lower levels of body image satisfaction and were more likely to express their bodily concerns

than children classified as average. Females in this study were shown to exhibit higher body image dissatisfaction than males. This study makes an important link between obesity and disordered eating behaviours. This particular study interested me as eating habits are often identified as important to health. While none of my participants discussed disordered eating in regards to themselves, they did identify eating "junk foods" as bad practice for one's health and fitness. Once again I feel that this reference to junk food as representative of the dominant health and fitness discourses which stress individual responsibility.

The findings of all three studies are indeed informative and interesting. However, given that these studies were quantitative, in-depth discussions in the words of the youth were not accounted for in the analysis of these studies. The most popular research method used was the survey, which consists of prepared questions and generally allows only standard limited responses. While this method is undeniably both informative and useful, often the studies are constructed to measure specific variables. My research begins to address the gap in qualitative data, as I conducted focus groups which allowed the youth to speak in their own voice and ideally guide the flow of conversation. I believe my approach resulted in very rich data, and provided a greater understanding as to how health and fitness is perceived by and affects immigrant adolescents.

### 2.1.5 Knowledge Acquisition for Constructions of Health and Fitness

In my focus group discussions, and in the production of the journals, I was very interested in learning of the sources youth consult for health and fitness information. Two key issues I investigated were: (1) where do immigrant youth get their information

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regarding health and fitness; and (2) what role does this information play in the production of their understanding and opinions regarding health and fitness. I review here three studies that provided some insight into possible sources of information consulted by youth. The first study I discuss considers the effect of magazine reading upon women's eating behaviours and body image. The second study examines ethnic differences in the portrayal of Western and Asian women in advertising. The final study explores the opinions of 10th graders on the use of the internet as a source for obtaining health information. The internet was often identified in my study as resource for both and health and fitness information.

In the first study, Botta (2003) considered the effect that magazine reading has upon eating and body image. Her sample consisted of 196 male and 201 female high school and college students in the United States. The majority of the participants were African American (69.4%), but other ethnic groups such as European, Asian, and Latin American youth were included. A variety of surveys, which tested items such as a student's reading time and body satisfaction were employed. Botta found that there were substantial gender differences in the measures. Males had higher satisfaction with their bodies while females reported higher scores for health and fitness reading. Ethnicity was found to play a dominant role in female's body satisfaction, with African American females being more satisfied. Given that the majority of the participants in this study were African American greater exploration of this finding (higher body satisfaction) is warranted. Botta concluded that sports magazine reading is less likely to produce obsessive attitudes regarding body image for males than females. This particular study interested me in that it provided insight into a possible source of health and fitness

information. While the youth in my study did name magazines as a provider of health and fitness information, they proved critical of the unrealistic images within this media source.

Images used in advertising can be a powerful statement of a culture's ideas about health, fitness and beauty. Frith, Cheng, and Shaw (2004) studied how women are depicted in advertising across cultures, with a focus on Western and Asian women. They selected the three top selling magazines in the United States, Singapore and Taiwan, and reviewed issues from March 2001-March 2002. They found that Western models were more often presented in seductive dress, and portrayed in sexual poses, which is often not seen as acceptable for Asian women. The researchers found that Asian models were most often presented in childish and the "girl next-door" type poses. The same comparison could not be made for the U.S., for there is lack of Asian based advertisements in these magazines. This study is interesting for it offers some insight into the cultural differences in images to which adolescents may be subjected, although this specific issue did not arise in my focus groups.

In a survey conducted in a New York high school, Borzekowski and Rickert (2001) explored $10^{th}$ graders attitudes toward the use of the internet as a health information resource. An ethnically diverse sample of 412 youth completed the questionnaire. The researchers found that half of the participants had previously used the internet in searching for health information. The most common topics researched were sexual health, diet, fitness, and exercise. This is a fascinating study in that the internet is a fairly new medium available to youth who desire this information, and it provides them with an anonymous way of retrieving it. One fear regarding internet use is the reliability

of the information which adolescents consult. More needs to be understood about how internet information is collected and used in the formation of concepts of health and fitness, by youth in general and immigrant youth in particular.

In a qualitative study with youth in residential care, Bundle (2002) sought to examine what these youth identified as important health issues in their lives. This study combined the completion of a health information topic checklist and semi-structured interviews. A total of 22 youth aged 13-16 participated in this project, with 18 completing the interview process. It was found that the youth used a variety of sources to obtain information regarding health such as parents, schools, staff, doctors and at times magazines (titles of these unidentified). When asked where they would go first to gain new information the majority said their doctor, yet some participants stated that comprehension of the information from a medical source was difficult at times. Youth exhibited frustration at the repetition of health information, for example in their sexual health classes. Twelve of the participants expressed concern over their own health, regarding missed immunizations, sexual health, asthma, anorexia, acne, puberty and general fitness. In regard to my research interests in health and fitness, 64% of the participants in the Bundle study desired information regarding physical activity. While the participant's life experiences in this particular study differ from those in mine, I believe that the findings are nonetheless helpful. The age groups in both cases are very similar, and this study offers insight into how youth learn about health as well as what particular aspects are of the most importance to them.

## 2.1.6 Personal Health & Fitness Behaviours

Personal health behaviours refer to how one engages in health and tries to optimize their personal health as a result, for example eating a particular way as it is believed to be healthy. While the main objective of my study was to examine immigrant youths' constructions of health and fitness, I was interested in learning more about their own personal health behaviours, in addition to other concepts and issues which arose during our discussions (such as body image). The following studies provide a greater understanding and insight into personal health behaviours. The first study was conducted in Canada and explores factors such as television viewing, physical activity, and health related behaviours among Quebec youth. The second is an American study, which examines a variety of health behaviours among youth. Finally, in another Canadian study, researchers examined the correlation between gender, age and weight and the effect of these concepts on body and self-esteem levels.

Katzmarzyk, Malina, Song & Bouchard (1998) explored the relation between television viewing, physical activity, and health related behaviours among youth in a Quebec family study. The sample consisted of 784 youth (423 males, and 361 females), that ranged in age from 9-18 years old. This data was collected from 1979-1981. Surprisingly, this data showed little or no correlation between television viewing and physical activity. This may be purely a result of the time period in which the data was collected. During this time period, activity levels of youth were higher on average than those observed today. In 2002 the Canadian Pediatric Society, College of Family Physicians as well as the Canadian Teachers Federation issued a press release urging action to increase the activity levels of Canadian youth (Health Canada, 2002). This

release came after reported increases in both childhood obesity and inactivity. Findings show that the health of over half of Canadian youth is threatened by a sedentary lifestyle. They attribute this problem to television viewing, use of computers and video games, all of which require little physical activity on the part of the participants (Health Canada, 2002).

In a 1992 survey of American youth, Kulbok and Cox (2002) assessed various dimensions of their health behaviours including sexual behaviour, drug and alcohol abuse, fitness and smoking. The ethnically diverse sample consisted of 8,730 youth between the ages of 12-21. The study observed that the majority of these youth had engaged in unhealthy behaviour at one time or another. As age increased so too did the number of times these individuals engaged in unhealthy behaviours. As well, participation in exercise did not decrease the number of unhealthy behaviours in which these youth engaged. The notion of risk behaviours interested me. No participants in my study described behaviours such as smoking in regards to personal unhealthy behaviour, yet they did attribute behaviours such as eating junk food as such. I am unsure whether the consumption of alcohol or cigarettes was an issue for the youth in my study, as it was not discussed. Maybe, as was found in the Kulbok and Cox, study age would increase these behaviours, and given that the majority of my participants were under the age of 16 this has not become an issue at this time.

In a study of Montreal youth, Mendelson, White and Mendelson (1996), studied the effects that gender, age and weight have upon an individual's self and body esteem levels. The data was collected through three separate studies which examined different age groups: group 1 consisted of 379 youth aged 8-12, group 2, consisted of 85 youth

aged 13-15, and group 3 consisted of 76 youth aged 8-10 and 85 aged 11-13. The data collection method consisted of self-report surveys. The researchers found gender differences in all three groups. In all athletics males were found to have higher levels of perceived competence across all age levels. As well, males viewed themselves as more sexually attractive than females. In general, females had lower opinions of both their appearance and weight. Positive appearances were positively correlated to positive self-esteem, yet interestingly, there did not seem to be a strong relationship between positive self-esteem and positive feelings of weight. Beginning in adolescence, body weight had an inverse relationship to self-esteem in that as weight went up, self-esteem went down.

Ioannou (2003) in her qualitative study examined health behaviours in 25 Greek youth between the ages of 15-17. Through the use of open-ended interviews she discussed the participant's lives in general terms, which inevitably lead to a discussion of health. Ioannou refrained from identifying her study as one which aimed to explore health in her participant's lives, and avoided discussing health in specific terms. This allowed the youth to set the conversation flow; health was only discussed if they initiated the issue. She found that the youth often discussed health while commenting on its aesthetic value, as for them health was another way to express their lives. They often used terms such as attractive, great, and so on to describe health behaviours in their everyday lives. Interestingly, this form of talk was seen to be the case even when unhealthy behaviours such as alcohol consumption and smoking were described. For Ioannou, this represents the complex and often convoluted way in which health is experienced in youth's lives. This focus on appearance in relation to health and fitness was also a finding in my study.

In a quantitative study conducted in Finland, Norway, and Sweden, Wold &

Kannas (1993) sought to examine the youth's motivation to participate in sport. Students 11, 13, or 15 years of age took part in the study, with a total of 3,219 students in Finland, 3,955 in Norway, and 2,933 in Sweden. The researchers used a health behaviour study which aimed to provide insight into the role of health in the lifestyle of youth. Having fun was listed as the primary reason to engage in sports in 83% of Sweden's, 66% of Norway's and 41% of Finland's respondents. In both Norway and Finland, health motivation received the most popular response with 70% of Norwegians and 68% of Finnish students attributing their exercise participation to improved health. Interestingly, in all cases boys were found to be more highly motivated by achievement and girls by social motives. Here competitiveness was identified as important for males and social interaction through sport as important for females. In my focus groups, while there were a great number of general discussion questions, there were a number of instances in which the participants reflected on their own personal lifestyles and opinions.

There have been numerous studies undertaken which are closely related to the goals of my project. Many of these studies involving youth discuss eating habits, body image, sports participation and self-esteem as well as health behaviour. Yet, unfortunately there has been gender and/or ethnic bias in the samples formulated to conduct these studies (Frith, Cheng & Shaw, 2004, Bowker, Gadbois, Cornock, 2003). The sample population used in these studies consists entirely of females and/or Caucasian participants (Frost & McKeivie, 2004, Botta, 2003). Therefore we lack information regarding the experiences of males and females from other ethnic groups. This is a gap which I address in this thesis research. In my study, participants comprise the most diverse sample possible both in terms of gender and ethnicity, thus building upon and extending

knowledge. The studies which I have noted above complement discussions which arose in my focus groups. In addition to reviewing these studies in preparing to conduct my research, I have examined the theoretical perspectives employed. In the following section I will discuss those perspectives which I feel best complement my study.

## 2.2 Theoretical Framework

In Western society there is currently an increased focus on both health and fitness. That being said, these two concepts (health and fitness) are complex notions encompassing a variety of meanings, are influenced by a myriad of issues, and have unique discourses. As discussed by Rail and Beausoleil (2003) two common features of these discourses are the notions of "healthism" and individualism. They argue, "[O]ur point is that when these two notions are used in tandem, the achievement of health is represented as predominantly the responsibility of the individual" (p. 3). Through regimen and control individuals are believed to have the ability to both perfect their bodies and maintain health and fitness (Clarke, 2000). Crawford reinforces this notion of "healthism" through his discussions of the cultural body; "[T]he body is a cultural object … The body is a culturally constructed body. The imposition of cultural categories makes it difficult to know where nature ends and culture begins" (1984, p. 83-84). Grosz (1987) further elaborates on the importance of culture on the body,

> [T]he techniques through which the body is unified, coordinated, structured and experienced are productive (diet, exercise, movements, pleasures) and constitute, maintain or modify it (shrinking or expanding it, removing some things, adding others by surgical means, requiring a certain type and level of performance from it) are necessary for seeing it as an *interface* between 'privatised' experience and signifying culture … the inscription of its 'external' surface is directed towards the acquisition of appropriate cultural attitudes, beliefs and values. In other words, the metaphor of the body as a writing surface explains the ways in which the body's interiority is produced through its exterior inscription (p. 10).

Meanings of the 'body' are very much dependent upon the cultural climate, as social constructions of the body change both through historical periods and cultures. Further these meanings are elaborated upon through the production of cultural scripts for the achievement of acceptable bodily appearances such as weight, exercise, and the

designation of good and bad foods. This being said the cultural body and its maintenance, including participation in health and fitness practices, is seen as entirely the responsibility of the individual. In studying constructions of health and fitness with immigrant youth in St. John's, Newfoundland and Labrador, it is important to be aware of the social context in which they live. Health and fitness are influenced by a variety of social factors. Of particular significance is the impact of social economic (SES) status upon health and fitness. Repeatedly lower SES has been linked to poorer health outcomes, in terms of access, disorders and awareness (Clarke, 2000, Field & Taylor, 1998). There are a number of additional influences including gender, education, economics race, ethnicity and minority status (Clarke, 2000).

Given that the body and notions of health and fitness are socially constructed this reality can greatly impact their own personal meanings of these concepts. Specific to my study is the question of how the youth negotiate different cultural meanings of the body, health, and fitness, as they are now faced with two specific cultural influences - their home country and Canada. In their discussions, the Western importance of body size was quite evident; as they often discussed unhealthy and unfit states connected to excess weight (at times they mentioned underweight as a signifier as well). This conviction that weight is so closely tied to both health and fitness is quite predominant in our cultural meanings of the body.

Interest in the body has grown quite rapidly in recent years; this is especially evident in the discipline of sociology (Turner, 1996, Shilling, 1991, 1993, 1997, Frank, 1991, Bengs, 2000). This concentration, while embedded in academic research, is very much a part of the wider social and cultural context, which can be seen evidenced in the

Western obsession of the body and its appearance. Shilling (1997) observes "[I]n the affluent West there is a tendency for the body to be seen as a project which should be worked at and accomplished as part of an individual's self identity" (p. 69). In the Western world individuals are expected to assume responsibility for, and take action to achieve a body that corresponds to one's core identity.

Issues such as political movements, public health concerns, health prevention and promotion surround this body-focus and have led to this growing interest (Lupton, 1995, Bengs, 2000). This social and cultural interest is not surprising given that the body itself is a social construction with meanings that are developed and reinforced in society, and at times is labeled a social "problem." Social problems are often popularized through the use of statistics by experts. These numbers are projected to bring awareness of the size of a perceived problem; large numbers often invoke fear in the general population (Best, 2004). Best (2004) observes, "[T]his fear, in turn, makes the advocates' claims seem more compelling and therefore more likely to influence us" (Best, 2004, p. 65). Through the use of statistics the public is provided with a picture of the state of certain "problems"; a current example of this is the recent obesity panic referenced earlier in this thesis.

There are a number of different theorists and approaches to this theoretical work of the body. In my discussion I will concentrate on theorists that directly relate to my research and analysis, which is informed by feminist postmodern/poststructuralist theory. As such I will concentrate on the works of Faucault, Bordo, Butler, Davis, Featherstone, Frank, Grosz, Shilling, and Turner. All have made significant contributions to the advancement of knowledge in this area.

## 2.2.1 Discourse, Power, & Docile Bodies

Foucault has been one of the most influential poststructuralist theorists on the body. For him, the body not only gains its meaning from discourse, it gains its existence as well. Thus the body moves from being a purely biological entity to a complete social construct. Lupton (2003) further defines this perspective as,

> … an approach which questions claims to the existence of essential truths. What is asserted to be 'truth' should be considered a product of power relations, and as such is never neutral but always acting in the interests of someone … all knowledges are inevitably the products of social relations, and are subject to change rather than fixed … Human subjects are viewed as being constituted in and through discourses and social practices which have complex histories (p. 12).

*The History of Sexuality* explores these power structures of our society through an examination of sex and sexuality. Shilling (1991) notes "[F]oucault's approach to the discipline of populations and the production of sexuality has much to say about how bodies are produced in the public and private spheres of life" (p. 662). Yet Shilling (1997) points out that one flaw of Foucault's theory is that he "provides no room for recognizing that dimensions of embodiment may be more or less open to reconstruction depending on specific historical circumstances" (p. 79). This is important to note here as meanings of the body in Western society have greatly changed through the years; once the 'overweight' and 'obese' body was both a sign of wealth and health, whereas it is now stigmatized and seen as an indicator of an unhealthy life. Nevertheless, I will consider what contributions may be made by Foucault's theories as I feel his points are very relevant to my study.

For Foucault (1972) discourse not only refers to the language involved, but also the actions that accompany it. As he notes "discourses are not about objects; they

constitute them and in practice of doing so conceal their own intervention" (p. 49). What Foucault means by this is that the discourse has the potential to become so powerful and intense that its very nature has the ability to control and monitor those affected. In specific reference to health and fitness Wright (2004) notes that this 'power' is achieved through a number of institutions. These include standards of beauty projected in the media, physical education courses in schools, and through the fields of medicine and nutrition which further dictate health and fitness behaviours (p. 29).

Similarly to the body, sexuality is a construction that has been achieved through the use of specifically assigned discourses, which have developed and evolved through the ages; as the discourse of sexuality developed, so too did the power that could be exercised (Foucault, 1978). For example, homosexuality was effectively controlled through being designated an illegal act. In the same way that sexuality is policed so too is the body. Through designations of "good" and "bad" bodies we see how the cult of slimness is applied and exerts control over one's body (Garrett, 2004, p. 147). I have used this analogy of good/bad bodies to highlight the power that discourse is capable of exercising; although Foucault has chosen to discuss sexuality in this instance we can apply this framework to studies of the body.

Within society there are extremely powerful discourses shaping ideas of what the body should be. These discourses are transmitted, internalized, and understood to be the norm. Through Foucault's analysis of "abnormal" and "normal" sexuality we are able to understand how it is that discourse operates. This abnormal/normal distinction separates various forms of sexuality from one another. While one is deemed the ideal (heterosexuality), the other is constituted as a deviant act (homosexuality). Through this

designation of "abnormal" and "normal" definitions, meanings about sexuality were formed and applied. As a result it became the responsibility of the individuals to validate their normalcy. Those that were not deemed to be "normal" were expected to confess for deviating from societal norms regarding sexuality. This can be seen as similar to the perceived individual responsibly for health and fitness attainment; those who fail in the achievement of these concepts are seen as deviants and poor citizens (Crawford, 1980, Edgley, & Brissett, 1990)

I argue that by applying Foucault's argument regarding sexuality, we can compare the healthy/fit and the unhealthy/unfit body, which are topics of central concern in my study. The healthy/fit body has become the norm. Bodies considered healthy/fit are the bodies that society wishes the population to strive for; this is the body that is idealized. Normal bodies are reinforced through societal discourse focusing on bodily images (such as those in the media). In contrast, the unhealthy/unfit body is viewed in the same light as the sexual deviant (homosexual). In the same way that the homosexual is ostracized in Foucault's analysis, the unhealthy/unfit individual is stigmatized to the highest degree. While unhealthy/unfit are not often viewed in the same context as homosexuality, all represent a form of public deviance. Meanings of deviance have changed over time and through historical contexts as well. Interestingly, Conrad and Schneider (1980) observed that slowly, deviant behaviours have come to receive medical meanings, for example changes in way mental illness have been perceived (p. 1). I suggest the designation of deviant is reinforced through the social power and position of the medical community. Medicine routinely promotes the hazards of being "unhealthy" and "unfit," most often through the context of excess weight, yet often ignores the hazards associated with being

too thin and feels it is necessary to advertise its benefits. This position from the medical community validates the societal discourses on weight in that it provides scientific justifications for its claims (Gard & Wright, 2005).

The power of the medical profession was further explored by Foucault in *The Birth of the Clinic*. Foucault (1973) referred to this power as the "medicalization of society," (p. 36-41). Chang and Christakis (2002) define "medicalization" as, "the process in which certain behaviourss or conditions are defined as medical problems and medical intervention becomes the focus of remedy and social control" (p.152). Further Conrad and Schneider (1980) argue "[M]edical intervention as social control seeks to limit, modify, regulate, isolate, or eliminate deviant behaviour with medical means in the name of health" (p. 29). This "medicalization" tends to focus more on what constitutes one being "normal" rather than the promotion of health. Most importantly, this power plays a significant role in the discourse of the body.

> [M]edicine must no longer be confined to a body of techniques for curing ills and of the knowledge that they require; it will also embrace a knowledge of healthy man, that is, a study of non-sick man and a definition of the model man. In the ordering of human existence it assumes a normative posture, which authorizes it not only to distribute advice as to healthy life, but also dictate the standards of physical and moral relations of the individual and society in which he lives (Foucault, 1973, p. 39-40).

This pressure and influence from the medical profession is profound and widespread, and filters directly into dominant discourses on health. Armstrong (1995) contends that a key feature of surveillance in medicine is the notation of risk. Through the focus on risk, certain disorders and symptoms are not viewed in an isolated manner; rather they are viewed through their potential for future sickness. Armstrong (1995) observes,

"[T]his means that Surveillance Medicine turns increasingly to an extracorporal space – often represented by the notion of 'lifestyle' – to identify the precursors of future illness. Lack of exercise and a high fat diet therefore can be joined with angina, high blood cholesterol and diabetes as risk factors for heart disease" (p. 401).

This focus on risk within discourses further increases the responsibility of the individual. Further, as observed by Rail and Beausoleil (2003), these discourses are organized in such a way that they project a number of meanings, and create an increased awareness of the "unhealthy" or "abnormal". These effects can lead to health panics, similar to one we currently observe with regards to obesity (p. 2-3).

In *Discipline and Punish,* Foucault (1977) introduces the term "docile bodies," which refers to strict bodily discipline. He highlights the meaning of the term through his comparison of the body to a soldier's duty to conform to military standards; meaning that they are required to force themselves into intensive training in attempts to embody all the movements intrinsic to a well-disciplined solider. During the classical age, the dominant body discourses referred to the body as a machine. Individuals such as those in the military would be expected to mold their body in such a fashion that it would acquire and embody all functions and movements that are unique to the given institution (e.g., the military); Foucault extends this discussion to incorporate the notion of intelligible and useful bodies (1977, p.135-136). "Intelligible bodies" refer to our scientific and cultural notions regarding bodies, such as health and fitness ideals. In comparison, the "useful body" can be viewed as the practices and activities engaged in as a means of conformity, for example women and dieting practices (Bordo, 2003, p. 25-26). As Bordo (2003) states "A body is docile that may be subjected, used, transformed and improved" (p.136). Thus, the notion of the docile body can be effectively applied to the social body.

In Western society there remains a strong notion that the body is in constant need of repair and that you can have any body you desire with enough self-discipline. The intelligible body in reference to modern Western society can include the societal ideals of healthy and fit bodies. In comparison to the determined soldiers pushing themselves to conform to military standards, individuals push their bodies often to exhaustion, desperately struggling to embody the discourse which dictates how they should be. Thus, not only do individuals internalize the discourse regarding their bodies, they engage in practices that reinforce its existence.

> [I]n becoming the target for new mechanisms of power, the body is offered up to new forms of knowledge. It is the body of exercise, rather than imbued with animal spirits; a body of useful training and not of rational mechanics, but one in which, by virtue of that very fact, a number of natural requirements and functional constraints are beginning to emerge (Foucault, 1977, p.155).

The notion of docile bodies has had particular consequences for women. Bordo (2003) offers the example of constant make-up, dieting and body modifications in which some women engage in their pursuit of the "ideal" body. Through the continuous, everyday discipline of the docile body, individuals are constantly reminded of their imperfections and insufficient standing. At the extreme, as is at times the case with eating disorders such as anorexia, this obsession can lead to death (p. 165-166). This idea has been continued through the works of feminist writers Orbach (1988) and Chernin (1983) in their notation of the distorted body (Shilling, 1993). Both argue that the true reality of the woman's body, rich with diversity in shapes and sizes, has been ignored through focus on the thin body as the ideal. This thin body oppresses all women in that it projects an unrealistic ideal fraught with double standards. As Orbach (1988) notes, women are faced with many contradictions especially in regards to food. Women are expected to nurture

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and feed all members of their families while subjecting themselves to self starvation through repeated dieting practices (p. 7-15). Docile/distorted bodies are those which can be continuously pushed to achieve a societal and/or cultural ideal.

Discourse, power and the notion of docile bodies indeed have a profound impact in society and our everyday interactions. As discussed by Frank (1991) and Davis (1993), individuals are also willing actors in the production and reiteration of societal discourses. This idea has been further reaffirmed by Shilling (1991) in his discussion of the dialectical approach to the body. Shilling believes "[D]iscourse is important, but it represents a set of rules, rather than determining structures, which can be drawn on or rejected in social interaction" (p. 667). Grosz (1994) would view this as an exercise of one's agency. She has noted, "[F]ar from being an inert, passive, noncultural and ahistorical term, the body may be seen as the crucial term, the site of contestation, in a series of economic, political, sexual and intellectual struggles" (p. 19). Further, Shilling (1993) argues that these social categories and positions have great influence on one's self identity. "These positions allow people to make sense of their bodily experience in the world" (p. 178). They aid in an individual's understanding, not just of themselves, but their position in the social world as well. Shilling (1993) notes that individuals are never completely socialized into these meanings, but are provided with the possibility to reject these meanings and build their own at the same time (p. 178). Indeed these issues were evident in my discussions with the youth. While at times they accepted the dominant health and fitness discourses, they often resisted these as well, thus exercising their agency.

### 2.2.2 Performance and the Body

Judith Butler has been greatly influenced by the work of Foucault; she too has done extensive work on the body but from a feminist perspective. Butler is especially concerned with issues of body "performance", and how this can constitute our identity. In particular, she is interested in the ways in which bodies themselves perform, especially constituting their gender. According to Butler (1993) "performativity must be understood not as a singular or deliberate "act," but, rather as the reiterative and citational practice by which discourse produces the effects that it names." (p. 2). Butler emphasizes that "performativity" is not performance in the sense of an act, role, or image that a subject chooses to play. Rather, it's only through "performativity" that people become choosing subjects at all; so "performativity" is about power, not free choice.

Citation is a term which is used throughout Butler's writing. Its use in this case does not refer to the literal sense of the word. Rather, she uses the term to refer to power relations. In the performance of gender roles we cite the power relations which exist within society. Social categories influence our discourses in ways which prevent us from seeing the body as just a body. For example in my discussions with the youth, the healthy and fit body was often discussed in relation to weight. Therefore, we see societal weight classifications as providing meaning to social bodies. Social categories such as gender and race become the lens through which we view individuals. Thus, the biological body will only become identified and gain meaning in relation to these categories. In conforming to these discourses of the body we maintain the existence of power relations. People are identified according to the discourses which they embody. As a result, some body classifications contain more power than others (thin vs. obese). These become the

dominant and expected norms contained within societal values. This constitutes Butler's definition of citation.

Gender is very much tied to meanings of bodies. As Grosz (1987) argues, gender provides "binary divisions" within the discourses of the body; these divisions are dependent upon culture (p. 9). The importance of gender was effectively outlined by the youth in this study through their discussions of fitness; depending on one's gender fitness presents both different realities and experiences. In society we view gender as a natural assignment, yet in reality it is socially constructed. As Butler (1993) observed, "[T]he relation between culture and nature presupposed by some models of gender "construction" implies a culture or an agency of the social which acts upon nature, which is itself presupposed as a passive surface, outside the social and yet is a necessary counterpart." (p. 4). Gender is essentially a performance and through this we reiterate norms. We repeat and follow norms that are assigned through society (Butler, 1993, p.4). In Western society these norms stress high masculinity for males, and high femininity for females; any variation is designated as performance outside strict gender scripts and therefore a deviation. As a result of this performance, norms are then created and altered in society and learned by those individuals that inhabit it. These norms can act as a form of societal control informing individuals of the acceptable actions and identities that they are expected to assume. This is where power that is derived from this control becomes evident. As Butler (1993) notes "[T]he norm of sex takes hold to the extent that it is "cited" as such a norm, but it also derives its power through the citations that it compels." (p. 13).

Through her analysis of discourse and citation, similar to Foucault's exemplar, Butler (1993) contrasts the social categories of heterosexual and homosexual to highlight how power is embedded in our performances. In Butler's discussion of abjection we see that through the creation of categories of "Others" in our discourses, unequal power divisions are formed. In order for one group to be dominant, they depend on the meaning of the "Other." Abjection ensures that there will always be one or more groups excluded, which reinforces both the power and position of the group considered dominant. Therefore this relationship becomes one of dependence. Heterosexuals are dependent upon the deviant labeling of homosexuals in order to reinforce their position as the norm in society. Butler (1993) contends "[E]xclusions haunt signification as its abject borders or as that which is strictly foreclosed: the unlivable, the nonnarrativizable, the traumatic" (p. 188). Relevant to my study, the designation of the 'obese body' as the "Other" validates the thin body as the healthy and fit body; this classification highlights the thin body as the norm in our discourses of health and fitness. Due to this dependence, the dominant (or "norm") feel that it is necessary and desirable to exercise their position, which ensures that the population is aware of their position. The norms which we are expected to perform are not fixed entities; they can and do change over time.

Butler's analysis gives us insight about the pressure for individuals to conform to the "healthy" and "fit" ideals which I have discussed. Within society there is substantial discourse surrounding societal assumptions of what it means to be an ideal individual. For example, there are specific body types (lean and toned) which are identified as the norm (e.g., bodies projected in the media). For individuals, there is a constant expectation to embody discourse assigned to bodies, such as the constant pressure to diet and the multi-

billion dollar industry that supports this (Beausoleil as quoted in Schiedel, 2005, p. 90).

Those who fail in this area are discriminated against in the same way as homosexuals are

under discourses of sex, as both the unhealthy/unfit body and the homosexual body are

seen as deviating from the norm. This reinforces the power which is entrenched within

societal discourse. Norms of health and fitness in its current context, having changed over

time, produce the physical properties of the body, such as thinness and attractiveness.

When individuals engage in often dangerous behaviours in attempts to achieve these

ideals, they are in a way partaking in performance. This is even more so the case when we

consider the fact that many of these behaviours are unique to females. Studies show

almost 90% of cosmetic surgeries (such as breast augmentation) are performed on women

(Davis, 1995, p.21). Butler would note that this is a "citation" of norms that produces the

physical properties of the female body as sexually attractive/enticing/available/visible. In

a similar vain we now see an increased pressure for males to "bulk up" and achieve a

muscular shape in efforts to achieve masculine body standards (Gill, Henwood &

McLean, 2005). In this sense, women and men are partaking in performances even when

they are often dangerous roles to fulfill. These women strive to reiterate what society

expects of them, for without these meanings based on gender, bodies would have no

social meaning.

The pressure for individuals to conform to an ideal body could be seen as

evidence of the possible power of discourses. In the same way homosexuality is

constructed as different and inferior to heterosexuality, thinness is constructed as superior

to obesity, thus making obesity a negative bodily classification. Without these

hierarchical and differential assignments of meaning based on weight, neither body would

hold any particular meaning or power within society. It is here that we can see the importance of norms and how they are projected each and every day through our performances. Butler provides us with important knowledge regarding the power of discourse and the importance of categorizing. Through categories dominant members ensure that they will retain their position in society, thus reinforcing inequality.

### 2.2.3 The "Problematic Body"[6]

In Western society certain body types are often classified as a "problem." This is evident in the recent "obesity epidemic," which labels the obese body as a "bad" body and creates much panic on a social and medical level (Campos, 2004, Gaesser, 1998, 2002, Gard & Wright, 2005, Oliver, 2005). As in the case of obesity, when these prescribed "problems" become part of the public consciousness it often becomes political, for instance we observe government incentives to combat this perceived "problem" (Rail & Beausoleil, 2003). The "problematic body" is viewed in an individual manner, meaning that the "problems" are seen as a reflection of the individual and their failure to adhere to the unproblematic body. The "problematic body" has been the focus of many theories of the body, as is evident in the work of Turner (1996), Shilling (1991, 1993, 1997), Frank (1991) Bordo (2003), Featherstone (1991), Davis (1993).

Turner (1996) chooses to examine this "problematic body" while paying close attention to Cartesian ideals. Most importantly these ideals include a mind and body separation. As Turner noted the slogan for Cartesianism became 'I think therefore I am,' thus the mind is seen as superior to the body. Given the subordinate status of the body, it was viewed as an object with the potential to cause problems, thus needing to be

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controlled. For Turner, these ideals are very much a governing force for aesthetic capitalism. Turner describes this form of capitalism as,

> [W]ithin this ascetic tradition (of the classical and Christian eras)…It (the body) had to be adequately controlled and regulated by cultural processes because the body was seen to be a vehicle or conduit for the unruly, ungovernable and irrational passions, emotions and desires. The necessity to control the body especially its lactations, excretions and reproduction is an enduring element within this Western philosophical tradition of religion (p. 11).

This mind-body separation, in addition with the Christian doctrine, has had negative consequences especially on the bodies of women, so much so that the female body is seen as a threat within Christian tradition as this body represents passion. Originating in the story of Adam and Eve, woman's body was associated with both religious and moral temptation. As Turner (1996) argues, "[I]n this Christian tradition, Man therefore came to be associated with the spirit and with reason, while woman came to be associated with matter and passion" (p. 12).

This mind-body separation has been discussed by feminist writers such as Susan Bordo (2003). As she noted in the introduction to her influential book *Unbearable Weight,*

> [T]he cost of such projections to women is obvious. For if, whatever the specific historical content of duality, *the body* is the negative term, and if woman *is* the body, then women *are* that negativity, whatever it may be: distraction from knowledge, seduction away from God, capitulation to sexual desire, violence or aggression, failure of will, even death (2003, p. 5).

As suggested in the above quote this historical discourse has great power. As Bordo (2003) argued this discourse is internalized by women and men, and as a result they blame themselves for their bodily imperfections (p. 8). While this dualism is very much an historical construct, it is embedded in the social fabric of contemporary society, and to

this day holds significance. This duality has a profound impact upon gender. Bordo uses the example of racism to highlight this point while drawing attention to the black-white separation, in which Caucasians are "perceived" by some to be the dominant race (p. 234). She notes that in this culture which is constructed by a gender duality, one cannot simply be a human being; there are a variety of social meanings attached to our existence. This being said our entire world is gendered and racialized and this influences all aspects of our lives. Only with the deconstruction of these dualities can we move beyond this influence (p. 242). This gender duality was highlighted in my conversations with the youth regarding fitness. For instance, the males in my study choose athletes as role models whereas females choose movie and television stars. These choices further reinforce gender roles in that sports emphasize masculinity, while these celebrities are often projected as the ideal notions of femininity in our media. As seen in the above discussions of the "problematic body" and its consequences, these ideals are both powerful and longstanding (as being first created through religious doctrines).

### 2.2.4 Social Production and Commoditization of Bodies

In contemporary society the problematic body and mind-body dualism is very much connected to consumerism, and specifically, the body as a commodity. Featherstone (1991) suggests that this pressure consists of two levels, the inner and the outer. The inner body refers to overall health and the functioning of the body, while the outer body refers to the aesthetics or bodily appearance and the body in the social world (p. 171). Within contemporary society rich with consumerism, the body is highlighted in a number of ideal images. These images lead individuals to compare themselves to other bodies and become

more conscious of their external appearance. They serve as a reminder of the individual work needed to be done in order to match to these ideal images which we are subject to in everyday life (p. 178-179). This leads the body to be viewed more as a work in progress, one which can be altered and changed to conform to societal standards and ideals.

One approach to alter one's body is cosmetic surgery. Cosmetic surgery is the fastest growing profession in the field of medicine (Gimlin, 2002, p. 74-78). Surgery is seen as the ultimate invasion of one's body in an effort to achieve physical beauty. However, Davis (1993) disregards the contention that women engage in surgical solutions due to the overwhelming influence of cultural ideals. In her examination of cosmetic surgery she moves away from viewing women as "cultural dopes," meaning that women do not engage in certain behaviours, such as surgery, blinded by social forces and without recognition of the consequences of their actions (p. 29). Cosmetic surgery poses a problem for feminists, since on one hand there are great risks and pain involved, but on the other those who choose this treatment are mainly women. Davis feels that this surgery should be approached carefully. She does not feel that women are merely victims of the beauty system, for they enjoy and derive the benefits that are generated from it as well.

Davis (1993) conducted her empirical research in the Netherlands, where at the time of her research the socialized medical care covered between 50-100% of cosmetic surgery procedures, provided they fell under one of three categories - functional disturbance, psychological difficulties or abnormal physical features. She thus was able to interview women from a variety of social backgrounds on their reasons and justification for partaking in cosmetic surgery (p.44-45). Davis examines cosmetic surgery on three levels. First she addresses the notion of remaking the body. Women go to great lengths to

defend their desire to have surgery, not only to families and friends, but to their doctors as well. Women educate themselves about the surgery they are about to undertake, and are usually fully aware of all the risks involved. Second, Davis discusses the belief held by many women in her study that cosmetic surgery is a step toward normalcy. This relates first of all to the very existence of cosmetic surgery, which rests on the premise that some bodies are in need of extra work. Some women are so dissatisfied with their bodies they would do anything to change it, and cosmetic surgery is seen as their only solution. Finally, Davis argues, many women feel they deserve to have the perfect body, and therefore willingly engage in the only means to achieve this end. Surgery is their means of achieving justice for not being born with the perfect body (p. 25-41). While Davis does not dispute the social pressure to conform to an ideal body, she does not view individuals as passive recipients of these messages. Similarly to the discussions with the youth in my study, it is evident that these youth are very much aware of the dominant discourses of health and fitness, and at times point out contradictions inherent within; yet, they still choose to reject or appropriate it's meanings in their everyday lives.

The arguments that have been made by Davis (1993) have also been evidenced in the work of Frank (1991), which examines the individual's role in the social production of bodies. As we see with Davis's discussion of "cultural dopes," women are willing actors in the pursuit of the perfect body. In fact, their role in this type of behaviour further reinforces and reiterates cultural notions of the ideal body. This directly highlights the reality of bodies now serving as a commodity in capitalist society. As Finkelstein (1991) noted "[T]he body is no longer simply a dysfunctional object requiring medical intervention, but a commodity - not unlike a car, a refrigerator, a house - which can be

continuously upgraded and modified in accordance with new interests and greater resources" (p. 87). As noted by the youth in my study health and fitness are no longer independent concepts, they are very much tied to standards of attractiveness. Thus, healthy and fit are equated to attractiveness. This further highlights the reality of consumerism in our society, as the pursuit of health and fitness has become a lucrative business with sales of weight loss aids and fitness equipments and videos.

### 2.2.5 Discussion

The preceding theoretical discussions show that the body is indeed a social construction. This construction is not fixed; rather it evolves and changes over time. At the same time individuals are willing actors in this construction. As discussed in Davis' (1993, 1995) analyses of cosmetic surgery, women in this instance willingly engage in surgery in attempts to conform to societal images of beauty. This point has been further reinforced through the work of Shilling (1993, 1997), in which he refers to the body as "a project," one which can be continuously re-worked and re-defined. He argues that the most common example of this project can be seen in the construction of the healthy body. Shilling (1997) observes that "[A]t a time when our health is threatened increasingly by global dangers, we are exhorted to take individual responsibility of our bodies by engaging in self-care regimes … Furthermore, they are not simply about preventing disease, but are concerned with making us feel good about how our bodies appear to ourselves and to others " (p. 69-70). Given that the body is seen as unfinished with potential for change, those who fail to conform to the ideal type will be held responsible for their inability.

These theories have enabled me to be more aware of the society in which we live, the way in which the body is viewed, most importantly, and how the body is socially constructed. Further, these discourses categorize and assign bodies with social meanings. These theories provided guidance in the design of my research which I will discuss in the next chapter. Following this, I will examine how these bodily constructions are very much embedded in the words of the youth in my study, in regards to health and fitness. At the same time I am mindful of the reality of agency, and examine how these youth have the ability negotiate, resist, challenge and/or accommodate dominant health and fitness discourses in their own lives. Being aware of the position and framework of feminist postmodern/poststructuralist theories, I examine discourses of health and fitness, how they become defined, and their impact upon the "body" and immigrant youth in Western society.

# CHAPTER 3

## Methodology

This chapter reviews the methodological approaches and issues associated with my study. In this study I explored the specific opinions, and concerns of immigrant youth regarding health and fitness in their own terms. At times this particular project posed some difficulties; mainly it took quite some time to secure focus groups. In hindsight I am happy for the delay for I feel it has given me a true research experience and has provided the opportunity for a great deal of reflection. As researchers engaged in empirical research, we have to be prepared for the unexpected and be aware that events most often will not work out as we plan. I believe this experience has enabled me to be understanding and analytical in regard to these set backs.

The general goal of my study was to examine readings and ideas of health and fitness with immigrant youth in St. John's. This study includes males and females between 12-17 years of age. The term "Immigrant" can have any number of definitions. The Canadian *Immigration and Refugee Protection Act* (IRPA) groups immigrants into specific categories, which can include business immigrants, economic classes, family classes, provincial nominees, skilled workers, live-in caregivers and permit holders (Citizenship and Immigration Canada, 2002). Due to the age group in my study, these classifications are based on their parents' standing, unless they have been family class immigrants or adopted by a Canadian citizen.

### 3.1 Rationale

There are two major gaps which exist in present literature on youth and health and fitness. First, there is a lack of literature in Canada which relates specifically to youths' constructions of health and fitness. Second, there is a lack of literature regarding the experiences of immigrant youth and their specific ideas. While there have been larger studies conducted they have often been quantitative in nature (Frost & McKeivie 2004, Bowker, Gadbois & Cornock 2003, Vander Wal & Thelen 2000). As such, detailed and in-depth accounts of the youths' points of view have often been sacrificed. I have begun to address these gaps by gathering information from immigrant youth in St. John's using an open-ended approach, emphasizing their ideas in their own words. At times issues that I had not previously considered arose. This approach allowed for a good exploration of a number of issues, such as weight, body image, and healthy eating. In addition, studies conducted on topics closely related to health and fitness, such as those on body image, eating disorders and dieting, have traditionally been comprised of only female participants (Botta, 2003). My study provides the opportunity to explore gender differences, for there were 10 female, and 5 male participants in my research. Furthermore, my study contained participants from a number of different cultural backgrounds such as African and Colombian and this allows for an opportunity to explore concepts of health and fitness along cultural lines. This allows for a greater comparison and understanding of health and fitness ideals beyond an exclusively Caucasian population. Thus, this study begins to fill the gaps regarding youth and their perceptions of health and fitness, which can be of benefit to teachers, policy makers, schools and the community in their efforts to fulfill the health and fitness needs of Canadian youth.

Throughout my research I located myself in this process of data collection through the use of reflexivity. Ambert, Adler, Adler and Detzner (1995) describe reflexivity as a process in which "researchers reflect upon their own gender, ethnic and class identities and abandon the illusion that researchers, their informants, and the research setting do not influence each other reciprocally" (p. 882). Reflexivity is not just simply a writing tool, it is a writing practice. Reflexivity can be seen as an internal process, one in which I question my own beliefs, assumptions, and values at the same time I question the participants regarding theirs (Gubrium & Holstein, 2003, Richards & Emslie, 2000). This means that throughout the research process my own opinions regarding issues of health and fitness were subject to change; even as I write this thesis I am mindful of this. With each focus group I conducted new information and opinions emerged, and as such my opinions have changed. I have been aware of not only the participants' place in this research at all times but mine as well.

The participants in this study had very different life experiences than I. These youth have lived in at least two countries. This has provided them with a wider cultural understanding. All the youth speak at least 2 languages, in contrast I speak only English. Given the differences in life experiences and language skills, I felt as if I had a lot to learn from these youth. The perspectives that these individuals brought to this research are invaluable, as I have not lived these experiences I would be unable to share their perspectives in regards to health and fitness. I'm a white, native Newfoundlander that has never lived outside of Canada. Thus, I have not faced language barriers, so I cannot possibly relate to the experiences or the strength these participants have shown in their move to Canada. I'm not only grateful for their opinions, but also their generosity in

taking part in this study. Throughout this process of reflexivity I have aimed to see myself

as the "other" and not the youth. In my self reflections I have focused on how I am

different and not the youth. The participants and I did share some commonalities: age

range (I was 23 at the time of data collection), residence in St. John's, Newfoundland and

Labrador, and an interest in health and fitness. As such I feel that the participants and I

have been able to relate to each of them on some level. This had a positive impact on our

rapport as we were able to talk freely and comfortably before, during, and after the group.

A few months before I submitted my ethics proposal, I met with community

members that work with immigrants in Newfoundland. The purpose of these meetings

was to begin to form partnerships as well to hear the opinions of these individuals

regarding my proposed project. I was interested in learning how they felt about my

proposed study, and if they thought this was a worthwhile and feasible topic to pursue.

Fortunately I was met with great support and enthusiasm in all respects. I kept in contact

with these members throughout the writing of my thesis proposal, ethics application, and

after my approval. During this time I attended two community events organized by the

multicultural community. I helped to prepare for the multicultural fair with junior high

students. I feel that this provided me an additional opportunity to network and form bonds

with those involved in my research project. This also provided me with the opportunity to

begin to learn about and understand some of the issues facing new immigrants, such as

issues of employment.

## 3.2 The Study

### 3.2.1 Recruitment of the participants

The participants in this study included ten females and five males who ranged in age from 12-17 years. One participant was age 12, four aged 13, six aged 14, three aged 15, and one aged 17. For the purposes of confidentiality pseudonyms were used in the data collection process, transcription and this thesis. All but one of the participants, Maryiam, had immigrated to Canada within the last five years. Maryiam's family originates from Egypt but she was born in Canada. Maryiam had lived in Egypt for a couple of years, but then returned to St. John's. Initially I planned to include a five year cap on my participant's arrival to Canada, but due to the difficulty I had securing participants for focus groups, I decided to lift this restriction. Yet, in the end, only one participant was outside of this cap. I am very mindful of the inclusion of this individual given that I am trying to learn how recent immigrants feel about health and fitness.

Following the approach of the larger study (*Canadian Youth's Constructions of Health and Fitness*) my supervisor Dr. Beausoleil and I decided that the community organizations would be asked to recruit participants for my study. This was due to the fact that the participants were under the age of majority, and may well face language barriers. Out of consideration of possible language barriers individuals with good English language skills were intentionally recruited. Even though I was not directly involved in the choosing of the participants, they and their parents were provided with my contact information if they wished to talk and discuss any concerns or opinions they may have held. I informed the community organization that I would be happy to come and do a short presentation about this study for the parents and potential participants, but there was

no request for this presentation.

There were three separate same-sex focus groups developed for this study - 2 female groups and one consisting of male participants. In the first instance I held a focus group with four females who were English as a Second Language (ESL) students at a local junior high school. Participants included: Apple (Sierra Leone, age 13), Elizabeth (Kenya, age 13), Angel (Colombia, age 14) and Sugar (Iceland, age 14). I had been to this school previously helping out with the preparation for the multicultural fair. At that time, with the introduction by the ESL teacher, I spoke with three potential participants about my study and gave them an information package consisting of a letter to parents, a discussion guide, and a participation consent form that they could review [see Appendix B, C, and D]. None of these individuals were interested in participating so the teacher approached additional students and once again gave them an information package. As a result I did not have any direct contact with the four female participants prior to the focus group as this group was entirely recruited by the ESL teacher.

The second focus group consisted of five males: Greg (Colombia, age 14), Chad (Sudan, age 15), Kyle (Ukraine, age 14), Strife (Liberia, age 14) and Michael (Russia, age 14). This group was entirely recruited through an organization that services new immigrants and refugees. Due to my secondary role in recruitment I don't rule out the possibility that the youth may have felt pressure to take part in this study. Given that these were organizations that may have provided the youth and their families with essential services; the youth may have felt a pressure or felt that this research would provide them an opportunity to give back. I met with my contact person prior to recruitment and provided her with information packages to give the potential participants. Once again, I

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provided the prospective participants with my contact information and an offer of a short presentation, but did not meet the participants until the day of the focus group.

The final focus group consisted of six female participants: Sara and Elissa (Algeria, aged 17 and 15), Melissa (Iran, age 13), Maryiam (Egypt, [family country of origin], age 12), Mayah and Maria (Iraq, aged 15 and 13). All of these participants were very much involved in the St. John's Muslim community. This group was formed through the aid of a colleague, who is very involved in this community. Initially, she approached potential participants and their parents, provided them with an information package and asked them to contact me. Four individual youths contacted me (Sara, Melissa, Maryiam and Mayah): one spoke to me on behalf of herself and her sister. After initial contact with the four we worked together to set a date for the focus group that would suit everyone's schedule. During the focus group, we were joined by a sixth participant, who had heard about the group from her sister who also took part. This is the only instance where I was hands-on in the recruiting and scheduling of the group.

The majority of my participants initially came from families with professional backgrounds. This likely placed the majority of the participants in an upper/middle class standing in their home countries. Unfortunately for many, this changed after arriving in Canada, and class standings as a result were altered. In my first focus group three of the four participants came from professional families in their native country. Since arriving in Canada one participant is now on social assistance, one's parent is a university student, and another lives in a home where parents both work (although it is not clear at what type of job). The final participant in this group has had a much more difficult time for she comes from the war torn country of Sierra Leone. It is not clear what her parents worked

at before the war, and sadly it is now believed that both her parents have since died. Her present living situation is not clear. In the second focus group three of the five participants come from professional backgrounds. Since their arrival in Canada all participants and their families have been on social assistance. In the final group all six participants come from professional families, a standing that has remained the same despite their immigration.

In some instances I am not entirely sure of the social class situation of the families (as in the case of Apple from Sierra Leone). This information was collected after the focus groups were completed and all information after this time was provided by my original contacts to this group. This reality was a mistake on my behalf as a researcher. In hindsight this is one my biggest regrets regarding this research. Unfortunately, in the focus groups I did not ask the participants any specific questions about their socio-economic backgrounds. I later decided this would be worthwhile information to have for my analysis, in that it may shed some light on the individual's ability to engage in health and fitness, such as access to good food, and physical activity. I believe that if I had asked these questions during the data collection it would have added more to my results.


### 3.2.2 Research Methods: Focus Groups and Personal Journal

Data collection was a two-part process consisting of focus groups and completion of a personal journal [Appendix E]. The completion of both components took approximately one and half hours in total. The choice and naming of these methods is consistent with the larger project (Rail et al., 2003). Focus groups were the key method of

data collection. In my role as a research assistant for this project, I conducted such groups before beginning my personal research. This experience allowed me to build my confidence in the facilitation of such groups. Thus, I believe that focus groups were the best choice for me personally as well for the larger project, as my data will be incorporated into the larger project for further analysis. My use of two different methods, focus groups and journals provided a good balance between the individual opinion and the larger focus group discussion. Participants had an opportunity to discuss issues as part of a group in addition to providing their own unique creative piece. This allowed the participants an opportunity to present their own individual opinions in a private manner, for just the participant and I have viewed these journals. The use of drawings in qualitative research has been growing in recent years. Deacon (2000) notes that a focus on creativity of participants in turn incorporates them more fully into the research process (p. 9). Yuen (2004) outlines four ways in which the incorporation of this method can aid research goals. These include, creating a relaxed environment, providing insight into the experiences of the youth, providing structure and focusing their discussions, and reducing and recognizing the potential of group think (p. 462). This inclusion of artwork increases the sharing of individual opinions, perceptions and feelings about health and fitness in my study.

In addition to both methods, I offered the participants the opportunity of further discussion outside of the group. Often an individual will think of additional information and/or comments after the group is completed, or they may have something they wish to discuss which they do not feel comfortable raising in front of the group. The participants were provided with my contact information, and were encouraged to contact me if they

wish.

There have been some considerations with my study. First, because I employed focus groups as my research method some individuals may have held back information. There may have been various reasons for this for example embarrassment, or they may be shy discussing information deemed personal in front of the group. I have tried to address this possibility through the inclusion of the journal, for this allowed for each participant to contribute a private piece to my study. Finally, given that the participants in my study were intentionally recruited with English skills in mind, those that cannot presently speak or understand English at an advanced level are not represented here. Unfortunately, this was a reality that could not be avoided for fear of a lack of understanding, and the use of an interpreter was impossible given the range of cultural and language diversity. I felt that the possible inclusion of an interpreter would be a negative one; it would cause a great deal of confusion and interruption the other participants. I surmised that the participants may have become uncomfortable at the prospect of additional adults attending their focus group session. I wanted to be sure that the participants were comfortable so as to learn as much as possible about their ideas of health and fitness.

### 3.2.3 Focus Group

Focus groups have proven to be a valuable method for health researchers, as outlined by Wilkinson (1998). These groups are an ideal method for addressing a broad range of research questions, such as those which I have used in my study. They are a good way to learn about the ideals and language of a particular group, in this instance a

sample of immigrant youth residing in St. John's. This method has been particularly useful in understanding the concerns of those who are often under-represented in research, such as youth and immigrant populations. My project has allowed youth to share their views in their own words. Wilkinson (1998) adds that "focus groups have been particularly useful in understanding an individual's meanings of health and illness" (p. 333). As noted by Williams and Popay (1994) "understanding the nature of lay knowledge requires an approach to data collection that is, in a sense, egalitarian, and most certainly phonologically open" (p. 123). As such I felt that focus groups were the best method to fulfill the goals of my research. Throughout the data collection process I kept a field work notebook. In this notebook I wrote about the time preceding my research as well as the reflections immediately following the completion of these groups. The remainder of this section is drawn from this notebook.

All of the focus groups took place in areas that were accessible to the participants. The first group was held at a school, the second at a community organization and the final group was held at the home of one the participants. As participants arrived I introduced myself and filled out name tags for us all to wear. I chose to do this to ensure that I would remember their names and so the participants would know the names of one another; thus, making our conversations more personable. Prior to beginning the group I asked the participants to fill out an information form [Appendix F]. This form included information such as chosen pseudonym, comprehension of English, other languages spoken, and country of origin. These closed-ended questions provided more basic information about my participants. While the participants completed these forms I used this time to have informal conversations, such as talking about how their day went at school. For all group

discussions the tape recorder was placed in the middle of the group. After the forms had been completed I explained what would happen in the group as well as informing the participants about the journal to follow. I then asked if everyone was ready, and with consensus I turned on the recorder and began the discussion. While I did not offer cash incentives for participation, healthy snacks (such as fruit and milk) were provided. Additionally, in the instance of my first focus group, transportation was an issue so I provided two participants with bus fare.

I would like to share a little more information about how the focus groups progressed. I hope that by doing so it will shed light upon the atmosphere of these groups, as well as the general mood. Each group was very different from one another; this is the beauty of empirical research. I feel that these differences have allowed for greater reflection on my part as a researcher. I have reflected not only on the strengths, but also on the weaknesses. This has proved to be a valuable learning experience to me as a researcher.

The first group was held at the school of the four participants. This location was selected for the participants' convenience. This group felt rushed to me in comparison to the others. This particular group had been cancelled on three previous occasions; I received confirmation that this attempt would be successful approximately 45 minutes prior to its start. This short notice was not problematic as I took a taxi and made it to the school in time. The four participants joined me in the library after they had been dismissed from their classes. I was pleasantly surprised when they arrived as I only expected to see two students there. I had previously offered to conduct two mini groups, but in the end everyone was able to make this time commitment. I conducted the group in

the small ESL classroom off the library. This allowed for more privacy as I was able to close the door to this room. This group was a little delayed in its start as Apple had to go to the elementary school next door to pick up her little sister. I used this waiting period to chat with the other three participants and to learn a little more about them. The participants in this case spoke a great deal about their school work as this was a busy time of the year for them. As it was just prior to their Easter holidays the participants spoke of their frustrations with numerous assignments.

In this group it was evident that Sugar and Angel were friends. It seemed as if Elizabeth and Apple had some awareness of each other, but it was evident that they did not know Sugar and Angel. While this group did not feel overly uncomfortable, it had a slight awkward feeling. Nonetheless, it seemed that this feeling subsided somewhat as the group progressed.

This group of young women was very respectful to one another. I also sensed that they were very interested in what each other had to say. One example that comes to mind here was when Elizabeth shared the experience of her friend dying. The other participants and I were very much enthralled by her account. Judging by the shocked reaction from the participants and I, it was evident that neither of us has had an experience similar to Elizabeth. I was left wondering why she chose such an example to highlight her point. Perhaps it may be due to her background? In her discussion of Kenya it was quite evident that she has been witness to much pain and illness in her short life, maybe she draws on this experience here.

Throughout the group we experienced a number of interruptions from the school PA system. I made sure to note of these instances in the transcriptions of the group. After

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the first few interruptions the participants adapted and became very used to these occurrences. During an announcement they would pause in their dialogue and resume when the announcement ended. While it did not seem that these interruptions greatly impacted the flow of the group or the dialogue they were nonetheless an annoyance. In our discussions Elizabeth talked the most. Although she dominated the conversation the other participants did have ample opportunities to share their views and ideas. I feel that this group progressed well in spite of interruptions.

The second group was held in a small Russian school operated by an organization for new immigrants and refugees. I first arrived at this organization office to meet the participants before we headed to the school, as it was housed on this property. When I arrived the four participants were relaxing in the pool room. One participant was on the computer; two were playing pool while the final participant was sitting quietly on the couch. I quickly began a dialogue with the youth and aimed to learn more about them. It became evident rather quickly that they were sports fans. Soccer was the focus of our conversation; this conversation was mostly dominated by Greg as he is a player for Team Newfoundland. I wondered if this interest in sports was what motivated the youth to take part in this particular study? Following about 10 minutes of conversation the participants, my contact, and I headed to the school to begin our group. When we arrived, one of the participants went to get the final participant as he lived a few doors up from this location. It seemed as all the participants knew each other, but I did not get the sense that they were particularly good friends.

As soon as the dialogue began I knew that this would be the shortest group. There did not seem to be the same ease that was present in the first and final groups of young

women, and the participants here did not elaborate as much as the other groups. I wondered if my position as a researcher had anything to do with this. While I tried to minimize my power in each of these groups, it is impossible to completely do so. It may be that some of these youth viewed me in a position of authority similar to that of a teacher. Also as the lone female in an all-male group, my gender may have led to some discomfort. Gender of the male participants may also have impact, as males are usually not as open as females during interviews and focus groups. Michael in particular was very shy. I felt this shyness not only directed toward me but the other participants as well. I tried to include him in the discussions and I think that this may have helped as I felt he seemed more relaxed and integrated by the end of the group.

There was only one interruption in the second group. My contact came down to the school to ask the participants a question, but this was short and I did not feel that it had a negative impact on the group. One participant did have to leave early to complete his paper route, but this took place at the end of the dialogue. Although this group was the shortest I feel that it was very important as it has allowed me the opportunity to make gender comparisons.

Prior to beginning my final group with Muslim youth, I was very nervous. I felt pressured in this instance as I knew this would be the last group. While the first two groups did go well, I had not retrieved the depth of data which I had hoped for prior to beginning data collection. Yet, when I arrived at the location for the group my nervousness soon subsided. This was the only group which was held in a residence, and I feel that this contributed a great deal to the overall atmosphere. I was greeted warmly by both the mother and the four participants that had already arrived. The mother had already

laid out some snacks prior to my arrival; I added the ones I brought to this existing spread. The mother was very respectful of the privacy of the group, and retired to the upstairs of the home with her six year old son. Although I expected interruptions given that we were in a family home, this group had none in comparison to the previous groups.

I had a great conversation with the four participants while we waited for the remaining two to arrive. This time allowed everyone to relax. This was also the only group that I conducted in which all the participants were friends with one another. This reality likely added to the comfort levels as well. The seating arrangement of this group was also less formal than the previous two that I conducted. Whereas we usually sat around a table, in this instance we sat in the family room on comfortable furniture. The youth in this group were very energetic. For example, they were very eager to complete the journals and took great care and time in doing so. This energy may be attributed to the Easter vacation that the youth were enjoying, whereas the previous two had been conducted immediately following a day a school.

After the group was completed I stayed an additional half-hour. It was at this time that we enjoyed the snacks laid out on the table; we were also joined by the mother and the little brother. The participants were very interested in my education, and used this time to ask me questions. One of the participants who was in her final year of high school asked me for advice on universities, as well as general questions on what to expect. After this conversation the remaining participants shared their aspirations. This was my favorite group of the three. This particular group which made me most nervous prior actually ended up being the most comfortable and provided me with the richest data. Overall this

was just a warm experience. This likely had a lot to do with the comfortable atmosphere and the timing of the group.

All of these groups were quite diverse in both their make-up and progression. It is quite difficult for me to generalize, and provide a neat summary of the processes of the groups. In all instances I believe that there were factors that influenced the progression and made each unique. For instance in the first group we conducted our interview at the school of the participants. I hypothesize that if the location and the timing (end of school day) had been different the group would have been more relaxed. This location did not provide the mental space for the participants to relax and fully integrate themselves in the moment. In the second group I believe that I being the lone female may have impacted the comfort levels of some male participants. Health and Fitness can be both a personal and sensitive topic; I'm sure my presence may have made some male participants a little uncomfortable. In the final group all the participants knew one another. I believe that this can have a positive or a negative effect. It may be negative in that individuals may resist opening up out of fear of judgment or disclosure of their opinions. I do not feel this that was the case in the final group, but I have reflected on this nonetheless. Perhaps if these groups were more uniform with one another in terms of experience and backgrounds, the information that I obtained may have been different. The final focus group was the only one in which the participants had a number of commonalties, essentially a result of their involvement within their shared religious community.

### 3.2.4 Journal

The second component of my research study involved a journal entry completed after the focus group had ended. Within this journal participants had a choice of completing two different types of entries; they were free to choose to complete one or both parts of the journal [Appendix E]. The first entry involved the drawing of two pictures: a) what a "healthy" individual would look like, and b) what a "fit" individual would look like. In six instances the participants asked if they were allowed to draw both a healthy and an unhealthy person instead of the healthy and fit drawings. I thought this was a great idea so I was very supportive of this alternative. In one case the participant drew both healthy/unhealthy and fit/unfit individuals in their drawing space. Another participant decided to draw two pictures of a fit person. I'm not sure what motivated the youth to choose these alterative drawings. Perhaps this is what they felt most comfortable drawing? Or perhaps they were motivated to do so after our conversations? Regardless, I was very happy for this diversity as it enabled me to draw on different meanings of health and fitness in my analysis of this piece. After they completed their pictures, I asked each participant to write a short paragraph briefly explaining their artwork as well as why they thought the individuals in their drawings were healthy, unhealthy, fit or unfit. Finally, I asked the participants to list three sources of information they consult to learn about both health and fitness.

### 3.2.5 Transcription

After each focus group, I personally transcribed the tape-recorded group conversation verbatim. While transcribing I made sure to note pauses, instances of laughter as well as interruptions. This was a benefit when I later analyzed the discussions for it enabled me to reflect more fully on how the conversation progressed. For instance, in certain moments a pause may indicate an uncomfortable feeling toward a question, embarrassment, or confusion. As previously mentioned I also kept a fieldwork notebook outlining how each group progressed, the layout, atmosphere and what stood out to me.

In an effort to maintain the confidentiality of the participants, I asked them to choose a pseudonym prior to beginning the focus group. In two instances the participants asked me to pick their names, for they could not think of one at that given moment. This pseudonym was then used for their journal, in the transcription of the data, and in this thesis.

I chose not to edit the comments of the youths interviewed, meaning that I did not rewrite the comments or "polish" them in order to conform to standard written English. I chose to do this for two reasons: first while English is the participant's second language, they all spoke it relatively well so there were no major clarifications needed; second, I wanted to remain true to their words to reflect what they said in the way they spoke, not to provide a polished account. As such none of the quotes used in this thesis or in the transcripts have been substantially edited.

### 3.3 Analysis

The project has involved on-going analysis of the data in order to continuously inform the data collection. Focus group discussions have been audio taped, transcribed, and studied. Written texts from the individual journals have been transcribed. The focus of analysis has been on how immigrant youth construct ideas of health and fitness, the role discourses play in constituting adolescents' understandings about health and fitness and the sources of these discourses. While meanings of health and fitness are socially constructed, I was particularly interested in how the youth's agency impacted their meanings of these concepts. I examine the ways in which cultural texts work to construct particular regimes of truth about health and fitness, and the ways in which youth's meanings about health and fitness have been constructed in specific social and cultural circumstances. For the purpose of my analysis I have chosen to follow Wilkinson's (2004) approach to focus groups. In this instance, she discusses the value of using content analysis to analyze focus group data. As she has observed: "Content analysis produces a – relatively systematic and comprehensive – summary or overview of the data set as a whole" (p.182). Thematic analysis is an effective way of bringing to light the dialogue and range of topics that occurred in these focus groups. The themes I have chosen were not predefined; rather, they emerged throughout the research project through my personal reflections on my discussions with the youth. Although Wilkinson (2004) approaches focus group analysis in two-parts (thematic and ethnographic) I have mainly concentrated on thematic for the analysis of both the focus group conversations and the drawings completed by the youth. My focus on the ethnographic has been less formal, and in contrast, has been more of a reflection exercise.

Analysis for this project was two-fold. First, I read through the transcripts separately numerous times and assigned themes (such as meanings of health) to the dialogue. I then reread the three transcripts together and made a list of themes for the research project as a whole. It was not difficult to link the three separate focus group discussions for there were a number of commonalties between the transcripts. After I had completed this process I re-read the transcripts to ensure that I was satisfied with the assignment of themes. I then used NVivo[7] to code the transcripts using the themes that I developed after the completion of my research. I first entered the coded transcripts in the program, then I used my themes to establish project nodes. Nodes are containers for ideas and concepts and act as tools for coding documents (Richards, 1999). When this process was complete I read through the transcripts again in detail and highlighted the dialogue while assigning it to a particular node. After my first coding attempt using this program I assigned nine main themes, with six of these having numerous sub-themes encompassing all three transcripts. Later I revisited my coding and re-evaluated my theme assignment. After this evaluation I combined themes in a more organized and focused fashion.

The themes I assigned speak about more than the just the word used to describe it. What I mean by this is that the theme means much more than the number of times a word was used or an idea relayed, thus, my themes here encompass a wide variety of ideas. For example, under health I have assigned the theme school. When I refer to this theme it does not simply mean that school was discussed in detail, rather I want to explore what the youth said about school and its importance to health. Often when the youth discussed health in school, they relayed frustrations at a lack of healthy foods choices, eating disorders among classmates, and the information they have learned here about how to be

fit and healthy from this institution. I use the words of the participants as often as possible to further reinforce their strong opinions and ideas regarding health and fitness.

Throughout the research process I thought about how I would approach my analysis. After exploring a number of ideas I decided that I would look at health and fitness separately. I was unsure about this decision at first because I had noticed that the two terms were often used interchangeably and the differences between the two were often blurred. Nevertheless, there was a great deal of information relayed on both areas. In my second NVivo coding, I decided to break all themes down to fit either health or fitness. As such I have developed separate chapters for meanings of health and fitness in order to provide a structured break down for the purposes of discussion and analysis of these concepts. As a result, this approach may at times minimize the parallels drawn between these two concepts; health and fitness for these youth were often talked about interchangeably. The reader may at times find these discussions to be a little repetitive as there were similar themes and issues described for health and fitness. Thus, the differences between the two were often blurred as well. For me this remains an important finding for it reiterates the dominant discourse which states being healthy equates to being fit and vice versa. It also shows the difficulty in discussing these two concepts as separate entities, and that societal members are very much influenced by these discourses. I will speak more about this point as I conclude my research discussion.

### 3.4 Ethical Considerations

A copy of my research proposal was granted ethical clearance from Memorial University of Newfoundland's Interdisciplinary Committee on Ethics in Human Research (ICEHR). Before submitting this application there were a number of ethical considerations that I was mindful of and I will briefly discuss these here.

With this study there was a slight possibility of psychological/emotional discomfort, or inconveniences due to the nature of discussion on health, fitness and body image. As a result, participants may have then felt vulnerable given what was being revealed and discussed during the focus group discussion. The above risks were minimized during this study by asking the participants to agree to keep conversations confidential, reinforcing confidentiality by use of pseudonyms, and voluntary participation. I have additionally provided the name and contact information of a counselor[8] to whom the participants could speak if they wished after our group discussion.

There has been no direct benefit to the participants in this study. However, this study has provided the youth an opportunity to discuss with their peers their ideas and concerns regarding health and fitness. As Wilkinson (1998) noted, and I feel to be the case, in my study the focus group proved to be a beneficial research method as it provided an opportunity to express experiences and issues surrounding the adolescent's own meaning of health and fitness. A supportive environment was formed within the focus group favoring expression and encouragement through the words of the youth and without the domination of the researcher.

Participation in this study was voluntary. Prior to participation, participants and

their parents were provided with a letter explaining the project, a copy of the focus group discussion guide as well as a consent form that further discussed the project. Parents were provided with contact information for my supervisors, ICEHR, and myself if they wished to discuss the research prior to, or after, the focus groups. Both the participants and their guardians were informed that they may withdraw from the study at any time within 6 months of the recorded focus group, without explanation and without fear of penalty.

Because the population I worked with (youth 12-17), were under the age of majority in Newfoundland, parental or third party consent was required. The individuals that signed giving the youth permission to participate were competent to do so. Additionally, as I intended to work with immigrants, there was a possibility of language barriers for either the participant or their parent. I worked closely with my contacts to divert these possible problems through the use of an interpreter, or help in explaining the project to ensure informed consent. Consent forms required the signature of the under-age participant, thus further reinforcing free and informed consent.

Given that my research is part of a larger study, *Canadian Youth's Constructions of Health and Fitness*, I informed my contacts, parents and youth of this prior to conducting the focus groups. I explained the goals of my piece within this study, and that my data will be included for further analysis under the larger project. I assured them that I would maintain the confidentiality of the participants. It was at the discretion of the participants and their parents whether they wished to continue to participate in my study. The data has since been submitted to the larger project with only the pseudonym, age and gender of participants used; none of their personal and identifying information has been passed along. These copies of transcripts and journals identified by pseudonym, which

remain locked in Dr. Beausoleil's office. The original copies of the data, transcripts and journals will remain locked in my filing cabinet. I have not used any of the findings of the larger study in the writing of my thesis, expect for my reference of George (2005). At the writing of my thesis, while the majority of the data has been gathered for the larger project, collection is still active in Toronto.

In my research with these fifteen youth, I have always remained mindful of the many methodological issues inherent in this study. In the focus group discussions, the youth discussed their understandings of health and fitness, what informs their ideas, as well what these mean in their everyday lives. Through these discussions I began to grasp the complexity and meanings of health and fitness through the sensibilities of the youth. In the following chapter I discuss the youth's perceptions through an examination of their constructions of health.

## CHAPTER 4

### Health

*"It is like the most important thing in life because if you are not healthy you will not be around for too long. You know? Like being healthy would be so much easier than if you were not healthy." (Sara, age 17).*

### 4.1 Introduction

The youth in this study had a great deal to say when it came to concepts of health and fitness. Their conversations with me were both eclectic and insightful at the same time. For my analysis here I have identified ten main themes under health - definition of, ideas about health, parental influences, barriers to health, the impact of religion on health, sources of information, health in schools and ways to improve health, cultural differences [2 sub-themes: health and food], and perceptions of health [2 sub-themes: perceptions of health in self and in others. In my discussion of concepts of health I begin by examining what these ten identified themes mean and how they were discussed by the youth. I examined the journal entries completed by the youth, using both their drawings and their words in my analysis. I conclude with a brief discussion of the issues revealed. I have structured the dialogue of the youth to correspond with their focus group in this and the following chapter. As such, I have made a space on the page between dialogues to indicate a different group. I have chosen to do so in an effort to preserve the flow of conversation within the groups. At times the youth discussed very similar ideas in all groups; I want the flow and progression in each unique group to be clear to the readers. I want to avoid confusion and an over-lap of our group dialogues; this will make it easier for the reader to appreciate the flow and content of these groups.

## 4.2 Focus Group Discussions:

### 4.2.1 Definitions of Health

The youth in this particular study had a number of ideas about what health means to them. At first the responses were often simply one word, predictable answers. For example, when first asked how the individual defined health, Greg recited "soccer," Angel stated "being able to run" and Maria said "exercising." These are similar to the terms they used to define to fitness; this highlights how it often became difficult for the youth in this study to differentiate between the two concepts health and fitness. Yet, as the dialogue progressed the answers became more complex and encompassed a greater variety of meanings. This is evident in the following excerpts:

STRIFE: Fitness...happy...feeling good about yourself...sports. Being able to make friends because you are in a good mood and nice. Making sure that you are eating good.

KYLE: I would like to think about your body. Making sure that you are the right size and that you are not too fat or too skinny. So like making sure that you exercise and keep fit...yeah.

MELISSA: Also like mental health like being good with other people, and being nice.

SARA: Yeah you need to be healthy not just physically but also mentally. You know umm being yourself. Being healthy means you know not being mean.

Here while Kyle said "exercise" as a response he added much more, stressing the importance of the body in maintaining health, as well as the importance which weight has in our society. Interestingly, with Strife, Melissa and Sara, the dialogue goes further as they emphasize the importance of mental health, and the impact this has on your mood and interpersonal interactions. With Melissa's mention of mental health Sara is prompted

to add to the dialogue. This focus was interesting in that mental health is not often projected in the dominant discourse on health, especially those discourses specifically aimed toward youth which seem to focus on risky behaviour (Lupton, 1999). In all groups the importance of mental health was discussed in terms of how "poor mental health" can influence the personality of those around us negatively, for example these people are "mean" or "not nice". Therefore poor mental health was identified as a negative character trait as well as an unhealthy physical state.

### 4.2.2 Ideas about Health

Ideas about health were further elaborated when I asked more specific questions of the youth. Once again mood of the individual was a topic of conversation, youth often identified good mood and perceived happiness as an indicator of health. As Greg stated when asked what a healthy person would look like: "They've got to look happy because if you are healthy you are not sick and in a good mood." In another group the first response to this question was that there were no differences between an unhealthy or healthy person. When I inquired further examples arose.

ANGEL: Yeah when they are really thin, when they have that eating disorder…what do they call that?

SUGAR: Anorexia.

ANGEL: Yeah anorexia.

ELIZABETH: When someone has AIDS the skin rashes, the breaking of pimples that they got on their faces and all, then you can tell when someone is unhealthy. Yeah…and vital signs.

Here in this case we see that Angel perceives eating disorders as an indicator of poor health. Sugar helps her out with naming the disorder, and is well aware of what Angel was talking about and trying to relay. Interestingly, in Elizabeth's response we see her home country influencing what she perceives to be unhealthy. As a young woman from Kenya her biggest indicator of poor health is the AIDS virus. As a country in Africa, Kenya shares some of the highest AIDS infection rates in the world. One in fourteen people in Kenya are infected and this rate increases to 1 in 7 in the capital of Nairobi (Medecins Sans Frontieres, 2000). In Elizabeth's case we see something very deep and much more complex, as she has likely witnessed the devastation of HIV and AIDS firsthand.

In my final focus group health was described using even more indicators. Such as:

MARYIAM: No glasses.

MELISSA: Well not really like that but not having health problems.

ELISSA: Not being too skinny or too fat. Sometimes this can be a problem.

MARIA: Yeah like being anorexic is bad.

SARA: It is like the most important thing in life cause if you are not healthy you will not be around for too long. You know? Like being healthy would be so much easier than if you were not healthy.

MARIA: Not coughing.

I found it quite interesting that Maryiam chose to provide glasses as an example; I think that she chose to do so to highlight the importance of bodily organs in one's health. In this instance the issue of general illness (i.e., colds, disorders etc…) was brought up in the responses of Melissa and Maria. Sara discussed health in regards to mortality, as well

as the difficulty an unhealthy person faces just living day to day in contrast to an individual living in good health.

So here we see that the discussion and responses have become more descriptive than in the first theme (how to define health), as the responses have been elaborated. This begins to suggest and explore the wide variety of meanings which can be attached to health. In the discussions with the youth it became evident that there are many common perceptions, and, as in the case of Elizabeth, some of these perceptions may be profoundly shaped by one's homeland.

### 4.2.3 Parental Influences on Health

One of the important findings from this study was the impact of the youths' parents on how they perceived and thought about health. Often the parents were found to serve as an important knowledge source regarding what it means to be healthy. As Chad stated: "Yeah I always ask things of my Mom and my brothers and sisters. Even my uncles and other people in my family." Other times the parents were a source of inspiration for how to be healthy:

> GREG: ...yeah that's where I get all my ideas from like eating good meals and being involved in sports and watching what I eat, I get that from them.

Yet interestingly, when asked if their parents felt the same about health as them, not all participants felt that this was the case.

> ELIZABETH: Well sometimes it is not really important to them because they know how to take care of themselves and they just learn it. So it may be better for us to take more precautions than them because they are more older and they are more mature...yeah.

Here we see that Elizabeth attributes this difference in values around health to age which seems to be fraught with a number of meanings including danger. Elizabeth implies there is more danger for youth than those with more maturity. She feels that this difference may be a result of parents being adults and therefore knowing what is best for them. As such she suggests that it may be better for a younger person to be more careful as they do not share the same knowledge and wisdom as their parents. Elizabeth looks to age as an indicator of more knowledge and experience regarding health.

### 4.2.4 Barriers to Health

The participants identified a number of barriers which prevented individuals from being healthy. These ranged from obvious examples of money, to not so obvious examples such as the weather. This reference to weather can be related back to their home countries where often the weather is warm most of the year, such as can be seen with Greg and Angel who originate from Colombia. Kyle viewed good weather as a means to be physically active, however, living in Newfoundland and Labrador during the winter with its unpredictable weather often makes this difficult.

> KYLE: Yeah definitely. Like in the summer you see people going around and in parks and walking and stuff and just being active, but in the winter you don't see that. Most people are not outside then and they are not taking part.

There were many indicators listed as possible barriers to health. Often the youth discussed the concept of food and its consumption. Their explanation of health barriers was indicative of the Western mindset of conspicuous consumption.

STRIFE: I think that fast food is really bad, it is everywhere and you always see people eating it. Most of the times they are not even hungry but they want it, they see it and their mind tells them to eat it. When they eat a lot of it they start to get fat.

Here we see that Strife identifies the easy availability of fast food as a barrier to health, and in his discussion of this it becomes evident that he also identifies overeating as an issue. The end result of this behaviour is then identified as gaining weight. In addition to the above comments, the concept of affordability was discussed. Many of the participants noted that it was quite expensive to purchase healthy foods, and thus it becomes difficult to consume healthy foods.

ELIZABETH: Yes that's for sure, money can definitely be a problem at times. And they may not have enough money to take care of themselves.

ANGEL: Money is always a problem.

There were other barriers discussed in the conversations. The youth identified the reality of immigration as a possible barrier to health. As an immigrant in a foreign country there is a possibility of a great deal of stress, for example there is the physical separation from their country, family and friends, as well as cultural gaps. This stress and possible fears may lead to personal turmoil and discomfort, which may influence one's health and integration in a new country.

ELIZABETH: Like sometimes when people come from other countries they don't know anyone and they don't know how people live and sometimes they may be leaving their countries because of war so it may actually be very hard for them to live. Sometimes that can be barrier in terms of mental health.

ANGEL: Yeah I would say socializing with people too, having friends can make you happy.

KYLE: I was going to say computers and TV's. People are always home watching or playing these. I would also say cars. People never walk anywhere they always drive.

I found the above dialogue to be quite interesting and insightful, especially the discussion of the experiences of immigration and the possible impact it can have on one's health. For Elizabeth and Angel, the notion of mental health was of importance, yet this would likely not be identified by those that did not share their experiences and identify the stress of immigration. When Elizabeth discussed this possibility Angel added to her dialogue noting socialization. From their experiences as immigrants they identified the struggles of integrating in a new country, a move that is especially difficult for individuals such as Apple, who have come from war torn areas of the world. Given the trauma that they have endured in their homeland, integration into a new environment would undeniably be difficult. Angel identified the addition of friends as an important step toward happiness; this discussion relates back to earlier mentions of mood and its importance in good health. Additionally Kyle identified sedentary behaviours as a barrier to health; he used the example of an overuse of cars to highlight his point.

### 4.2.5 The Impact of Religion on Health

The youth believed religion played a role in health, though its importance varied based on the makeup of the group in question. Only in one instance was the religious orientation of the participants evident, this being the group consisting of Muslim youth. Personal religious beliefs were not discussed in the other groups, although I do know that the father of one of the male participants was a pastor in his home country, so I can assume that his family practices a particular religion, although I am not aware of his

specific affiliation. In instances where discussion on religion was not personal, its impact

upon health was discussed in more general terms:

GREG: Like in some religions like make you not eat…

STRIFE: Red meat.

KYLE: Yeah in the Jewish religion you are not allowed to eat pork. You are not allowed to eat certain meats that may or may not have good things in it.

STRIFE: That's good. I think that others only let you eat like vegetables and like no meat so.

In this case the participants, with the exception of Kyle, discussed the religious

impacts in other religions; this was done by the Muslim group prior to discussing their

own religion:

SARA: Well most religions, well actually I do not know too much about other religions, but with ours, the Islamic religion, I know enough that I would know you're not allowed to drink and you're not allowed to eat like pork and stuff.

MARYIAM: Yeah and there is other religions that see like calves and cows as being sacred so I guess that they don't eat them.

MELISSA: Yeah I think is with Indian religions.

MARYIAM: Yeah I think that Buddhists do not eat meat at all.

MELISSA: Like in Buddhism they teach you that you should be happy with what you have and stuff and well being happy is a big part of being healthy. Laughter…Your mood is important.

SARA: So little things like that can help you be healthy in your everyday lives.

Here the participants are relaying information about other religions, but they often

seem unsure of these religious "rules." When this particular group discussed their own

religion however they were both very precise and very articulate:

SARA: Well the prophet Mohammed he talked…like he talked about every single thing in life. Like he often talked about how much you should eat. Like don't keep eating until you are full. He said eat like 1/4 is it 1/4?

MAYAH: 1/3

SARA: Oh 1/3 for like water

MAYAH: 1/3 for air

SARA: Like you should not eat until you are full and you can't even move. You should just eat…

MAYAH: Enough so that you are no longer hungry.

ELISSA: And leave room for air and water.

SARA: Yeah so. He (Mohammed) talks about a lot of stuff. And he, like, our teacher…laughter…

MARIA & MAYAH: Yeah.

SARA: He is the person that all of us admire.

Here they identify the teachings of the Quran as an important influence on the way in which they eat. It is evident that they hold the teachings of Mohammed in high regard. This talk of eating relates back to Strife's earlier discussion of overeating. Doing so is seen as an unhealthy behaviour. In many religions, particularly those which are Christian based, gluttony is seen as a sin. I am only speculating at this point that this is what the participants meant as they did not directly identify this religious decree in their discussions.

### 4.2.6 Sources of Information for Health

In our discussions it became evident that the youth used a number of outlets to learn about issues surrounding health. At first glance the most prevalent response was school, yet when I inquired further a number of additional sources were identified.

STRIFE: Sometimes I ask my teacher.

MICHAEL: On posters.

GREG: Yeah sometimes you will see them in school or in the hospital. You also sometimes use the internet.

KYLE: Books…magazines….TV.

*JENN: What magazines do you usually read? Can you think of any in your mind?*

KYLE: Just like men's health magazines.

GREG: Well there are a lot of like healthy shows and like fitness shows that come on TV and like they show you how to exercise.

STRIFE: Sometimes on channel like I think 17 they show you shows that tell you what you got to eat and stuff and what are healthy things that you should do.

CHAD: Sometimes there are commercials about good food.

SUGAR: Friends.

APPLE: Family.

ANGEL: Computer.

*JENN: When you say computer what do you mean? Can you think of any examples?*

ANGEL: I mean like the internet.

*JENN: Can you think of any particular sites that you might use to get information?*

ANGEL: No not really. It's just when I am looking for specific information for like a school project or something, so I just search.

SARA: Books and Magazines.

*JENN: So can you think of any particular books, magazines or internet sites that you use to gather information?*

MELISSA: You can just go into Google or anything and type what you are looking for a lot of things will come up.

MARYIAM: Yeah and sometimes there may be things on the news sections of like Yahoo or MSN or whatever.

MELISSA: Well sometimes there may be a poster at our school or something for like smoking or whatever.

MARYIAM: Yeah like advertising for like different things.

MAYAH: Yeah that is all over the TV.

There were a wide variety of sources listed by the youth and a great deal of repetition in their answers from group to group. Health advertising does seem to reach the youth as two participants cited posters about health topics (i.e., anti smoking) as being an outlet for information. To be honest this answer was one that I had not envisioned prior to completing this research. I never really thought that this method would reach youth or any population for that matter in a concrete way. I assumed that this was an abstract and simplistic portrayal of health information. I looked at this in a personal sense in that I usually only read posters while waiting, and never really stop to read on the spot.

The interesting thing about this discussion was that getting them to pinpoint specific examples of sources used was quite difficult. For example, I often asked for specific examples in books, TV, and the internet, yet they were only able to supply vague general answers. This may relate more specifically to what Mayah said in the final

comment that this "is all over the TV." Maybe their inability to cite specific sources speaks volumes regarding the numerous messages of the dominant discourses they are confronted with on a daily basis. The internet has certainly broadened this horizon for, as Melissa stated, you can just "Google" a word now and be presented with numerous sites.

JENN: *So you find this information reliable?*

MARIA: Like on TV?

JENN: *Yes and well also in books and magazines as well.*

MELISSA: No.

MARIA: No I don't think so.

MARYIAM: Like on TV everything is for junk food.

MAYAH: It is always junk food on TV and asking you to go there.

SARA: Yeah.

ELISSA: Sometimes it is good though. Like on channel 17 they have these exercise shows on in the mornings on the beach and that.

The discussion here makes reference to the overwhelming advertising which exists in our society. More specifically the youth feel that fast food or junk food is all that is really promoted on television. Around the same time this research was conducted two interesting developments took place in the commercial world. First, the popular children's television show *Sesame Street* made some modifications to one of their most popular characters, *Cookie Monster*. While *Cookie Monster* was traditionally portrayed in a gluttonous fashion eating only cookies, this new and improved monster now eats foods from a variety of groups, especially concentrating on fruits and vegetables (Carter, 2005).

Second, the biggest and most powerful fast food chain, *McDonald's*, undertook to redesign its highly identifiable mascot *Ronald McDonald*. Studies have shown that 96% of school age children can identify *Ronald McDonald*, a percentage that is second only to Santa Claus (Ritzer, 2000). The new *Ronald* is a lot more active and encourages children in a new bout of advertisements to do the same (Bloom, 2005). No doubt both revisions are directly tied to the current health and obesity concerns, especially as a result of the recent McLibel suits which aim to hold *McDonald's* responsible for rising obesity rates (Schlosser, 2002). It will be interesting to examine in future what impact, if any, these revisions make on the opinions of youth.

### 4.2.7 Cultural Differences

Given that my research contained participants from various countries - Sierra Leone, Kenya, Colombia (2), Iceland, Sudan, Ukraine, Liberia, Russia, Algeria (2), Iran, Iraq (2), and Egypt - cultural differences were a major subject area in our discussions. For my discussion of this theme in relation to health I have chosen to break the area into two sub-themes: health and food.

### 4.2.7.1 Cultural Differences in Health

When I asked the participants to compare or contrast health perceptions between Canada and their home countries, opinions were divided, meaning that some participants did not identify differences while for others there were a number of differences observed. This finding was not too surprising given the diversity in the countries of origin, and thus, diversity of culture. Body weight/size and sedentary lifestyles were two of the

outstanding differences mentioned. This can also be observed as a critique of health

within the Canadian context.

STRIFE: Well in Canada there are a lot of oversized people. My sister when she was in my home country she never used to eat a lot but when she came here all she did was eat, eat, and eat. My dad keeps telling her to stop eating because she will get fat but she won't and now she is getting big.

CHAD: I think that Canadians do a lot of good things like sports. There is sports at school that you can do and take part in.

GREG: I think that sports are more important where I come from. We watch it much more I think.

CHAD: A lot of fast food.

KYLE: That is part of the reason why a lot of people are overweight here, it is everywhere.

*JENN: So is that a big thing that you noticed when you guys came here?*

GREG: Yeah I think so.

KYLE: They are everywhere that you look.

ALL: Laughter…

*JENN: How about you Michael do you think that there any differences between here and Russia?*

MICHAEL: Yeah. There is a lot more discussion here about health I think like in school and things.

ANGEL: The people here are allergic to everything…It makes it a problem for us to not eat peanuts at school…Yeah like where I come from you do not have allergy stuff and all that…You just bring anything to school.

SUGAR & APPLE: Yeah.

ANGEL: Because what we eat is fresh foods and vegetables and stuff.

Here Angel discusses how allergies seem to be so widespread here in Canada, sentiment which appears to be shared by Sugar and Apple. This can also be viewed as a critique of Canadian health. For her, coming from Colombia, this is quite a new adjustment. She perceives this to be a problem for it prohibits her from eating food she enjoys at school as most schools are now peanut free environments. While body weight and eating did make up a great deal of the discussion, physical activity in Canada was another area in which cultural differences were observed by the participants:

MAYAH: Yeah I would say so. In our home country you do not see this focus on sports and the focus on exercising as such so much. Also here there is much more of an emphasis on just being healthy or fit.

MARIA: Yeah here there is much more ads about that kind of stuff on TV and posters or whatever.

ELISSA: It seems like here you are more aware of these issues.

MELISSA: Yeah when I lived home I did not really feel this pressure to be healthy, I think that it was just taken as such because we are young or whatever. I guess home it is maybe a bigger focus on illness so young people are not seen as having this sort of problems.

ELISSA: Yeah like here there are all this posters about things related to health like telling us to be active or don't smoke and things like that. They seem to be everywhere like at school and at the doctors office and on TV and that…It seems to me that people drink things like water here more often then home I think. I mean you can buy so many kinds.

Here in this conversation with participants we see that for them they feel that health is more publicized in Canada. Interestingly Melissa said that she feels a "pressure" to be healthy in Canada, while in her home country the focus was more so on illness, and due to her age she was exempt from this discussion. Once again, as discussed in the previous theme, posters were identified as a means of health promotion. For many of the youth that I have interviewed this seems to have made an impression on them.

#### 4.2.7.2 Cultural Differences in Food

Food was always a central focus whether we were discussing health or fitness.

Noteworthy are the number of food consumption differences outlined between Canada

and the individual's home country that were observed. At times the participants were

visibly frustrated about this when they spoke. The males in this study shared the

frustration that their food consumption has increased since arriving in Canada.

> *JENN: Seeing that we are talking about food, do any of you see a difference in how you eat now since you have come to Canada?*
>
> MICHAEL: Yeah I eat more in Canada.
>
> CHAD: Yeah…laughter…
>
> GREG: You don't really eat more in terms of your meals it's just that you eat more like junk like chips and that…Yeah and then you start to put on weight and things like that…there is like junk everywhere. Like here in school and that it seems that everyone goes for the junk all the time and eat chips and that instead of a meal and like fast food…Home I ate so much fruits and vegetables a lot. In Colombia it is easy to get these foods, but like here some of the foods I ate are not even in the stores. People don't eat so many of those here I don't think.
>
> *JENN: Do you have any ideas why?*
>
> MICHAEL: I think that they would rather eat *McDonald's* or *KFC* and stuff like that.
>
> GREG: I think that people don't really like vegetables, some of them anyways.
>
> KYLE: It's also hard to grow anything here except potatoes so it has to come from like a different country and stuff so.
>
> ANGEL: Well like here the food is always packed and in cans and stuff, where I come from we eat more natural we never use cans and stuff…Well not often anyways, sometimes you have to open a can if you are cooking or something. The taste really changes for me…There are also some foods that are in Colombia that are not here. I kinda of miss them too.

Greg shares the frustration of Angel (also from Colombia) regarding the inability to access foods they enjoyed in their home country. This highlights the difficulty of food adjustment that some immigrants are forced to face. Junk food was once again identified as a barrier to achieving optimal health. When asked why people eat "junk" food so often, their responses touched on a number of reasons. Not surprisingly, Michael cited fast food as a reason for this, for he believes that people would rather eat this type of meal, whereas Greg thinks that vegetables may not be liked by many people as a food choice. Kyle thought about this issue in a broader sense, by referring to the agricultural environment of this province. This related back to earlier discussions in all groups about the cost of food. The youth in this study were very knowledgeable about food access and often cited the costs involved in eating in a healthy manner, and for many this cost had the potential of becoming a barrier as well:

SUGAR: Fresh food is a lot of money here.

ELIZABETH: …to be honest vegetables and fruits are very expensive in Canada...You can eat vegetables in Kenya for little, very little money and here it is so expensive sometimes you know, you can get cheaper stuff at KFC and stuff like that, that's cheaper than fruits and vegetables.

MARYIAM: Money. I mean here things are so expensive; everything is more expensive in Canada. I mean when you go to the grocery store you can really see that. I mean vegetables and fruit are really expensive especially in Newfoundland.

Given that the majority of my participants came from a lower socio-economic background they were well aware of money issues. Even those who are members of the upper-middle classes were very mindful of this and identified this issue as an obstacle. Moving away from specific perceived differences, I was interested in learning if the youth

perceived culture as having an impact on one's health. Sarah in particular had a great deal to say about this impact:

> JENN: *Those were all good examples. Can you think of ways in which culture may influence health?*
>
> SARA: Oh yeah. Well some cultures, like in some places like say Cuba people eat a lot of different types of foods or whatever that are not healthy or fried or whatever. But say in places like Asia they eat a lot of rice and vegetables or whatever which is very healthy. It really depends on where you are in the world because people eat in different ways. And like in some parts of Europe people eat a lot of healthy foods and stuff, and like there was this study of a country…its in Europe somewhere I cannot remember the name of it. So like they eat really healthy food and exercise or whatever and in this study they found that people there live longer than other people in other parts of the world…I don't really think that there is too much of a big difference it is just different cultures. But I guess that you can't even really tell I mean like here…my country is Algeria and I mean we may eat different than here. But when you look at it that way I am sure that all countries have both healthy and unhealthy ways to them. I mean like probably people here eat *McDonald's* or whatever and over there we eat different foods, but they can still be unhealthy. There are different ways to eat unhealthy foods.

Sara's comments are very interesting. She looks beyond geographical locations and examines the ideas of health and healthy eating in terms of culture. What I found especially interesting is her discussion of healthy eating. Often we see fast food and junk food as being unhealthy and neglect other means of engaging in the same unhealthy eating behaviours. As Sara said, although people in her home country and others may not eat fast food a great deal, they may still be eating in other unhealthy ways. I think her comments show great insight into how different cultures perceive and engage in healthy eating behaviours.

### 4.2.8 Perceptions of Health

Prior to beginning this study I hypothesized that the youth taking part would be very interested in health and fitness, and in turn, be very fit and healthy themselves. Due to the sometimes sensitive subject material, I assumed that the youth would have had some previous interest in health and fitness in order to take part in my study. While the youth did not have too much to say about their perceived health, their dialogue regarding the health of others was quite rich. Maybe given the fact they perceived themselves to be healthy enabled them to be more critical of the actions of others? Or maybe they felt more comfortable discussing this in an abstract way for it made the discussion less personal?

### 4.2.8.1 Perceptions of Health in Self

I began by asking the youth if they felt healthy in their own lives, to which they all answered yes, minus a few comments about refraining from fast food. What I found interesting was when I expanded upon this question and inquired if the participants had any personal health concerns. This section is very short in comparison to others; this further highlights the focus that was placed on other individuals when discussing perceptions of health. The female participants responded with future health goals such as to exercise more and eat healthier. But in the case of the males, the answers to this question were often perceptive for individuals of this age. This response further increased my belief that the youth had an interest in issues of health and fitness.

*JENN: What makes you concerned? Do you have any ideas about that?*

STRIFE: Umm…I don't want to go fat.

*JENN: You don't want to get fat?*

CHAD: yeah.

GREG: I want to grow old. I don't want to die at like 60.

MICHAEL: I would like to get old too.

Here we see that there is a fear of getting fat as Strife commented, which seems to be shared by Chad. In relation to this statement, Greg explains that he wants to "grow old." We see Michael agreeing with Greg's comments here regarding longevity. I think this is very perceptive for someone his age to link healthy eating habits and general physical body health to one's longevity. I know that when I was a teenager I did not think about the future in terms of health, and at times may have been careless with this notion and took my physical being for granted. Being young I felt almost invincible, and I believe that this is a mindset shared by many teens. This mindset is captured in Elkind's (1967, 1978) theory of adolescent egocentrism. Elkind (1967, 1978) argues that during this life stage adolescents believe that are always be watched, that they are unique, and as such often act out through risky behaviours to an imaginary audience (Elkind, 1967, 1978). Studies have shown that adolescents that engage in risky behaviours such as smoking perceive themselves invincible to harm and addiction through the creation of personal fables promoted by egocentrism (Frankenberger, 2004). This is why Greg's comments interested me, I'm not sure how widespread this feeling is for other youth as Greg was the only one to state this as a concern for health, but I think that this is an interesting mindset to explore nonetheless. I find myself asking where this opinion came from and what motivates Greg to feel this way? Did this come from his family or friends? Perhaps this mindset is influenced by popular sources of health and fitness information? Perhaps Greg has viewed such a message through health promotion campaigns, such as

television advertisements or posters? I suspect that this mindset has a lot to do with his own life and how physically active he is. I believe that he identifies the benefits of this lifestyle and chooses to participate in sports for reasons besides just having fun. I also found it interesting that self health seemed to be more of a focus in the male participants.

### 4.2.8.2 Perceptions of Health in Others

When the participants did discuss health in regard to others such as family, friends, and strangers, their conversation was expansive and included a great number of issues such as weight, exercising, mood and so forth. For example, they talked about individuals in their life and strangers and the observations were often quite interesting.

*JENN: So do you feel that you see more healthy or unhealthy people around? These can be people you meet at school or say in your neighborhoods.*

ELIZABETH: I think that most people you meet are unhealthy. Like at school you can tell you know, like when someone is always joining in or when someone is always laughing you know, and like someone who is smart and is always in activities at school you know. You can tell that they are healthy, but like no one at school is the same. We do not have the same marks or the same grades; we do not have the same anything. So we are not similar so you can tell the people that are healthier than others and that sometimes people just need help you know? This can be with their school work and their health behaviours they may not know about health very much.

KYLE: Like here people are always going to the doctor when they get sick and you see a lot of people that are exercising.

STRIFE: I don't think so. I see a lot of big people and when you get overweight it is a lot harder to lose, and they probably eat too much. Then they are unhealthy, but there is also healthy people.

KYLE: Sometimes. But then sometimes they may have a disease and you think that look fine so you can't tell.

STRIFE: Like if they are really big you know that they are not healthy, but you can also be too thin.

MARIA: Yeah and sometimes if you are too skinny or too fat that is not good for your body either.

ELISSA: Yeah it is not good to be too fat.

MARYIAM: Like if you are really, really fat I guess.

For Elizabeth a major indicator of health is social and mental well being. This goes back to earlier discussion of the importance of mood in one's health, where the youth identified a good mood (i.e., absence of depression) to be a major indicator of a healthy individual, and a bad mood as representative of poor health. She also makes a correlation between health and intelligence when she discusses school grades. Here we see a difference of opinions between Strife and Kyle. While Kyle tends to believe that the majority of people around him are healthy, Strife disagrees. He attributes this disagreement to the increasing number of overweight people he sees in his everyday life. Yet, he feels that there are healthy people in his life and ends by saying that being too skinny is not good for one's health as well. Here Strife is negotiating the health discourses that Kyle is employing. This last statement was one I heard a number of times throughout this research (see comments by Maria above), which I believe is a finding in itself. It seems that these youth are very aware and mindful of the dangers of eating disorders like anorexia/bulimia. This may be due to increasing publicity on these issues and/or observed behaviours in their school mates. Body weight was seen as a predictor of health by most of the participants. Elizabeth shared an anecdote about how weight played a role in the death of her friend:

ELIZABETH: ...And I know a boy he was 13 and died of a heart attack because of all the fat that was in his body. He died really quick and he also had diabetes, he was diabetic...Yeah I know. Statistically they think that he was the youngest child ever to die of a heart attack. It was because of all he ate, like *KFC* and *McDonald's*. That is really not healthy for you. I am not saying that it is wrong to eat it but you should only have it once and a while, but not like everyday. I know some people that eat it like everyday.

Obviously this was a very shocking story to both the participants and myself. What really struck me was that she viewed fast food as playing a major role in the untimely demise of her young friend. I think that this belief is very reflective of the dominant discourse that constructs ideas about health problems, especially those which are weight related, as isolated incidents which are self-induced through particular risk behaviours such as eating a certain type of food. Additionally, when Elizabeth shared this story, none of the participants disputed her justification. Rather, they agreed with her, the subject was then quickly changed with Angel asking: "What if your Mom does not cook for you"? I wonder if this comment is a reflection of societal expectations of mothers in the feeding of the family. I'm not certain whether this is a serious question or not, as Angel posed this question in a rather jokingly manner. It may have been a source of comic relief during a serious discussion, or a manifestation of larger social issues. Regardless I found this switch in the discussion interesting.

Often the participants talked about unhealthy individuals, and what this means, as can be seen in Elizabeth's discussion of her friend's death. I was interested in exploring what the rules were, so to speak, for identifying someone or some behaviour as being unhealthy, as they seemed to have many ideas about this. For example are there certain times when it is assumed that someone is unhealthy based on their physical appearance? Yet, when I began to ask specific questions, it was difficult for them to answer, and they

seemed to be unsure of how, when, and if you can determine someone's health through a visual means.

> MARYIAM: Like sometimes you cannot tell, I mean they can be sick and not even know that they are.

> ELISSA: Yeah I think it is hard to say sometimes I mean there are people that exercise or whatever but smoke and eat fast food a lot.

> SARA: I mean they can be eating junk food and stuff but I mean they can still be healthy. I mean a lot of people enjoy junk food yet they exercise a lot at the same time. So I mean you cannot…you can't really tell. It has a lot to do with the inside of your body I guess. But also there are times when you can really tell if someone is not healthy like if they are sick all the time and stuff. I think that it depends on the individual and it is not really always so clear cut.

In the above conversations with the youth we begin to see how complex a topic "health" really is. The means through which the participants identify health in others are quite vast. Indicators included: mood, visits to the doctor, illness, weight, food and eating habits. In the final section of comments we see that determining health status through visual cues can often be quite difficult, and that there are often a number of contradictions inherent in this as well. As Sarah discussed, someone may eat junk food (identified as unhealthy behaviour in the dominant discourse) yet they may still be healthy in a physical sense. This can make it quite difficult to make an assessment of the health of others, in that the physical capabilities and/or aliments are not always evident.

### 4.2.9 Health in Schools

In all discussions of both health and fitness, the school environment was seen as a key influence in both the understandings and practices of health. Often there seemed to be frustration about the school environment and its inability to better cater to health needs of

its students. One of the major criticisms revolved around the food servings in the cafeteria, more specifically with a lack of healthy choices being made available to the youth.

> JENN: *You mentioned your cafeterias at school so do you think this is real problem? Do you find it hard to find a balance between the unhealthy with the healthy foods?*

> ALL: Yeah.

> MARIA: I think that definitely so.

> ELISSA: It is hard to find anything that is healthy anywhere.

> MELISSA: Well we do have healthy foods like an apple…That is something that is healthy but there does not seem to be enough of that around I guess. I mean most people are not going to eat just an apple for lunch, I mean that is not healthy either.

School was discussed in a positive light as well. For the participants, this was a major site of information about health, and for many schools, was where they gain the majority of their knowledge on this topic.

> SARA: Even in school like I did nutrition the first term and we would watch different films and things like that on health and nutrition and health…you know disorders and stuff like that and you see a lot of people that are not healthy. They think that they are going to have the perfect body and stuff like that they are pushing for it but they don't get it.

> MAYAH: Yeah we learned a lot about those kind of things in school as well, like how to be healthy and how to be fit.

> MARIA: I mean there are people at our schools that have eating disorders.

> ELISSA: Yeah I can think of a few.

Sara begins discussing her nutrition course as a source of knowledge and the discussion begins to revolve around anorexia and bulimia, ending with two of the girls making reference to classmates that suffer from these disorders. Once again the

participants seem to be very knowledgeable, not only about eating disorders in general, but about the impact that such disorders, can have one's health. In this instance, we learn Sara has gained her knowledge on eating disorders issue through her participation in nutrition class.

### 4.2.10 Ways to Improve Health

Given the wealth of knowledge and ideas that the participants had about health, I was interested in what the youth thought were important ways they could improve either their health or that of others. Not surprisingly, improvements were often seen to be achieved by eating in a more healthy way.

> *JENN: So if your parents or your community or any group that you are involved in could make you more healthy what could they do?*
>
> CHAD: We all need to try to eat better foods.
>
> STRIFE: Yeah sometimes like umm if your friends well you know if they are eating junk food you may want to eat it too. Like me and my family sometimes pick berries and eat vegetables but not all the time…
>
> SUGAR: They can help you by buying good foods.
>
> ELIZABETH: Not KFC and *McDonald's*.
>
> APPLE: I like *McDonald's*.
>
> ELIZABETH: It's just like I cannot go on without eating that once a month you know?
>
> APPLE: Oh yeah (laughing).
>
> ELIZABETH: It's just like so good, it's like heavenly.
>
> ANGEL: Yes it is very good.

Here Elizabeth identifies the consumption of fast food as a barrier to achieving optimal health, yet when Elizabeth does, both she and other participants discuss how much they enjoy eating this type of food and how good it tastes. I found this contradiction to be quite amusing, as I feel that this view is very representative of the wider population. Most people are aware that fast food is not the most nutritionally sound choice yet the majority of people eat it anyway, and enjoy it when they do.

ANGEL: Well it would be really good for us to have our normal food that we usually eat before. But now that's really a problem because it costs a lot to get it from there, so then there is the problem of money.

SUGAR: Yeah I miss that very much.

ELIZABETH: It is just unfair you know because you have to import stuff, like oranges are from South Africa, strawberries are from the U.S.A cause you know, you cannot plant anything in this weather.

APPLE: It's too cold!

ANGEL: Yes it really is too cold.

ELIZABETH: You know you have to have a certain environment for stuff to grow and well it's really cold so stuff is imported. Like if you want some stuff like say Taro roots you got to get them from somewhere else. Except, and sometimes people don't understand what you are looking for because you have different names for them, even if you speak English, you have different names for them. Just different names, like what I know is different from what you know so that is sometimes hard.

Once again the absence of indigenous foods is noted. This seems to be a major adjustment issue for the participants in my study, as a number of the participants discussed missing the foods they ate in their home country. As evident from Elizabeth's discussion, there are many language barriers faced by immigrants. Something as simple as buying a vegetable is taken for granted by Canadians, but for a new member of our country this can be a difficult task when translations do not match, for example the use

different words to refer to same foods. Schools are also seen as an area needing

improvements to maximize health:

ELISSA: Well they could change the cafeteria food.

MAYAH: Yeah it is so greasy all the time.

ELISSA: I mean they also serve things like French fries or say like pizza.

MAYAH: Yeah and the plate that they give it to you on is all full of grease it is so gross.

MARYIAM: They could also make more gym classes and that.

MARIA: Or sports teams too.

MELISSA: I find that one thing that is really interesting is like a bag of chips is like a dollar but then something more healthy would cost a lot more…

MARYIAM: Yeah like vegetables cost like $5.

MELISSA: Yeah so maybe if they reduced the prices or whatever.

MARYIAM: Healthy food costs a lot more than unhealthy food that is true.

MELISSA: Yeah that may also get people more interested into healthy foods.

SARA: I mean if the kids are not getting healthy foods and they do not eat them they get used to that. I mean then they will have a hard time changing that when they grow up.

ELISSA: I mean they will be more likely to eat junk food for sure or even fast food if they are used to eating that way all the time.

SARA: I mean physical activity needs to be important as well there is much more to being healthy than watching what you eat or whatever. You really need to be active as well.

Once again frustrations at the foods which are served in their schools were relayed

and there is further discussion of money issues. Here the participants discussed openly the

disparity between prices for healthy versus unhealthy foods and the difficulty of this if

foods are not readily available. Sara makes the argument that prices should be lowered to allow for access, very similar to argument made by those advocating for food security (Raine, 2005, Power, 2005). Sara and Elissa discuss the concept of healthy eating as a learned behaviour. In a fitting final comment to this discussion of health Sara stresses that there is much more to being healthy than "watching what you eat," such as physical activity.

### 4.3 Journal Entries:

#### 4.3.1 Artwork:

There were 13 drawings of a healthy person and 6 drawings of an unhealthy person included in the participant's journals [Appendix A]. In drawings for both healthy and fit individuals I have transcribed the words that the youth wrote under the original pieces of art; in doing so I have not corrected either the grammar or the spelling of these passages. I have chosen to do so in order to maintain uniformity with these words and those within the transcripts. As a result there are some minor grammar and spelling issues in these passages.

These drawings were quite telling. All of the drawings were of other people except in one instance where the drawing was a self portrait. One very important finding from these drawings is the emphasis on appearance. Appearance was referred to in our discussions frequently in regard to body size. In the pictures this is expanded upon to include definite features such as clean teeth, hair cuts and clean hair as seen in Melissa's illustration (Figure 1). Melissa's drawing itself is very energetic, her figure has a huge smile, clean cut, trendy and wears a shirt which reads sun. Interestingly, Kyle's drawing

lists a healthy person as someone tall, being of the right body size and exercising (Figure 2). I found the notion of height playing a role in one's health to be particularly interesting as I wonder what informed this opinion? Also noteworthy in Kyle's artwork is the Western representation of masculinity. The male he has drawn looks very muscular with a "six-pack," this captures body expectations for males in a Western context quite effectively. In both Melissa and Kyle's drawings there is a soccer ball present. This too highlights the blur between health and fitness. It is often quite difficult to separate the two as both listed sport and exercise in their drawings of a healthy individual. Mood was once again seen as a major indicator of one's health. In fact, seven of the drawings listed mood in their explanations as a reason for health. This is not surprising given that this was widely talked about in all groups.

Once again weight was seen as a major indicator for health. Various drawings listed not being overweight while one listed the absence of anorexia to be evidence of health. In one drawing in particular the issue of weight was especially specific with the ideal weight being listed. In Maryiam's drawing she lists 90 pounds as being a healthy weight for a 13 year old girl while in contrast, she lists a girl weighing 165 and having a "big belly" as being the definition of unhealthy (see Figures 3 & 4). This definition is rigid as it gives exact weights for one to be in order to be classified as healthy or unhealthy. This is the only instance where such a specific definition of weight was supplied. I find it interesting though that she has made both figures happy, regardless of the healthy/unhealthy notations. This also relates back to discussions of mood in the focus groups. Being in a good mood was often viewed as an important indicator of both health and fitness. In relation to this discussion of weight, food and eating were listed as

indicators of one's health, and this revolved around food choices and making sure to eat healthily such as consuming fruits and vegetables. In Elissa's drawing (Figure 5) we see that the girl is holding a piece of fruit in her hand. In her drawing explanation, Elissa applies the old saying "an apple a day keeps the doctor away."[9] For her and many others, this saying represents the role that eating properly has on one's health.

Sara's drawing (Figure 6) is particularly interesting. She has chosen to draw a girl surrounded by a halo like form. This form is representative of a wall and outside she has drawn a bug which represents disease. She views health as acting as an almost invisible force against sickness. She also notes that her figure is happy, once again relating back to the discussion of mood.

One last finding which is of great interest is the assertion that sports and exercise plays a large role in health (see also Figures 1 & 2). This for me represents the often fine line between health and fitness. It was often very difficult for the participants to make the separation between the two as they perceived the concepts as being very much linked. In Maria's drawing (Figure 7) we see a girl holding a tennis racket. She states that the girl's active and energetic nature contributes to her health in a positive manner.

The artwork depicting unhealthy individuals were very telling indeed. Once again one's eating habits was a major indicator of their status as an unhealthy individual. As we see in Melissa's drawing (Figure 8) in addition to eating a great deal of junk food, an unhealthy person is bored, sleepy, lazy, and overweight. Angel (Figure 9) chose to use junk food to highlight one being unhealthy. In her picture, which contains both a healthy and an unhealthy individual, healthy for her represented eating a fruit and unhealthy drinking a coke during lunch hour. On the other side of the coin, Mayah has drawn "a girl

which is too thin, as a result she is weak, has dull eyes, is bored and not very active"
(Figure 10). Her figure looks quite dark, and takes up little space on the page. This is in
contrast to many of the drawings that have added features to the background. I feel this
reinforces her point that the girl is bored. I find it interesting that both Melissa and Mayah
used "bored" as a descriptor for unhealthy while applying the term to opposite body types
(skinny vs. overweight). It is also notable that there are no visible minority markers in the
drawings. Although these youth are very culturally diverse, their drawings seem to
represent white people. I found this interesting, and I'm inclined to believe this has to do
with Canadian cultural representations of the dominant health discourse. Not only is the
thin and fit body represented as the ideal, most often it is a white body as well.

### 4.3.2 Sources of Information for Health

In the final section, I asked the participants to list their three main sources for
health information. In this regard school and the internet were the most popular responses
both being listed by 10 participants. In one case, Health Canada's webpage was listed as a
particular internet source. The family including parents', siblings, and the immediate
family was second most popular response, being listed by 9 participants. Media sources
were also popular and included sources such as books and magazines (5) as well as the
TV (3). Teachers were specifically referred to separate from school on two occasions.
Additional sources that were listed only once included: friends, sports, food guide, gym
class, and the doctor. In one case, a participant listed three ways to be healthy, including
not eating hamburgers, not eating pizza too much and liking sports. In another case a

participant listed sources for unhealthy information, including TV, commercials, stores and magazines.

I was not surprised by the variety of sources listed by the participants, but I was surprised by the number of times school and school related answers such as teachers and gym class, were referenced. In this study it seems as if school is the main avenue for information. I had expected that the media would be listed more often. I found it especially interesting that one participant chose to list avenues for unhealthy information. I assume that by referring to the media and stores in this regard she is referring to the pressure directed towards individuals to consume and conform to a certain body size and shape, most often thin and fit. I think that this component enabled participants to all make a unique individual contribution to my research and has proved to be very rich and informative at the same time.

### 4.4 Discussion

From the above discussions it is evident how complex and multi-faceted the notion of health is today. I began this examination with exploring the ways in which youth define health. At first glance definitions seemed simple and predictable, yet as our conversations evolved so too did the complexity of the youths' ideas. The youth often used action words, such as running, to highlight their meanings of health. This is an example of how thin the line between health and fitness really is according to the youths' articulations. Additionally, from these discussions I begin to understand how the youth classify health in their own lives; in doing so I see a number of references to appearance, body weight, and mood. Mood was referenced a number of times both in the group

dialogue and the personal journals. From these passages, health is seen as being as much about performance as it is a state of being. For instance, health was often equated with partaking in certain activities such as eating healthily and exercising, and looking a certain way such as being a certain weight and looking happy. This is similar to Ioannou's (2003) findings in that the youth in her study made connections between the importance of appearance as related to health and fitness. This reinforces the dominant health discourse which places health as an individual's responsibility; they must be of a certain weight, be happy and make sure they exercise and eat healthy foods. This focus on the individual is problematic, especially when we consider that behaviour is socially and culturally determined. Thus, it seems fruitless to promote change at the individual level, as real change can only occur at the societal level (Wilkinson, 1996).

Our conversations regarding barriers to health were particularly rich. The variety of discussions and knowledge in this area tells me that these youth likely experienced many of these barriers first hand, as this was a subject on which the youth proved to be especially knowledgeable. In their comments they identified a number of possible barriers to achieving optimal health. For instance, there was a discussion of Newfoundland weather and its ability to prohibit the youth from getting outside and being active. Western lifestyle itself was identified as presenting barriers in that there is a great deal of fast food consumed, high prices for healthy foods, sedentary lifestyles, lack of socializing with others, and an overuse of vehicles for transportation in contrast to walking. I found the fast food example here particularly interesting in that it was evident that the participants enjoy this, but they kept relating this back to an unhealthy behaviour. Most often the justification was that this type of food leads to weight gain. Lupton (1996)

observed that "good" food refers to that consumed for health (e.g., fruit) and signifies self control; in contrast the consumption of "bad" foods (e.g., chips) is perceived as unhealthy and signifies guilt and moral weakness (p. 27-28). This guilt, which Lupton discussed, is evident in the words of the youth; they enjoy this type of food but believe that it is a bad health behaviour at the same time. This importance of food has also been observed in research in which I have reviewed (Neumark-Sztainer, Story, Perry, & Casey, 1999, O'Dea, 1999, Vander Wal, & Thelen, 2000) Once again we see a reiteration of dominant health discourses which view "excess weight" and consumption of junk foods as unhealthy. This discussion of excess weight was also observed in Burrows, Wright, & Jungersen-Smith (2002) study with New Zealand children. The dominant discourse all too often highlights both health and fitness as an individual responsibility. Yet, the very fact that the youth provided so many possible barriers to health disputes this very discourse. All too often health is seen as a choice of the individual, yet the dialogue of the youth points out that it is not that simple. Rather, health is a social, political and economic issue (Rail and Beausoleil, 2003).

Meanings of health were highly influenced by the backgrounds of the youth. For instance, in the group of Muslim youths we see their religion as playing a huge role in their beliefs and engagement in health. We see Elizabeth defining what is unhealthy through the AIDS crisis in her home country. Finally, we see Angel and Greg's craving for and enjoyment of fresh foods from their native Colombia. This reality is something that future health promotion endeavors should be mindful of in an effort to account for the life experiences of youth similar to those in my study. Cultural differences in health were pointed out; predominantly these were identified as weight and a sedentary lifestyle.

Yet, Canada was also seen in a positive light for its perceived increase in sport participation and health promotion.

Finally, appearance was overwhelmingly identified as an important indicator of health. In general, the youth was believed that one's health status could be evaluated through one's weight. Constructions of an unhealthy individual were classified as being dependent on weight, both over and underweight. As Kirk and Colquhoun (1989) have noted this belief that thin equals healthy molds powerful discourses through which youth should live their lives. Related to these discourses there is a belief that a healthy childhood will equate to a healthy adulthood, for example an obese childhood equates to an obese adulthood (Gard & Wright, 2005). Therefore, there is not just pressure on youth to conform to the "ideal" body for just the present; they are being warned about their future and the perceived consequences if they fail in this regard.

This emphasis on appearance was further reinforced in the drawings of the youth. Here we see the importance of this indicator elevated, in that specific features were identified as being healthy such as shiny hair and height. This is similar to findings of Burrows, Wright, and Jungersen-Smith's (2002) study in which one of their participants drew "bellies" as an indication of being fit and unfit (p. 45). Yet the youth noted that it is not always easy to evaluate the health of another person, for they may be sick or have an illness which is not evident through appearance. This discussion brings health back to the physical component in that it does not just concentrate on the look or performance of health.

It is evident that health as a concept is not a simple one. It has a number of meanings and encompasses many topics. The complexity and negotiation of meanings of

health and the challenges and reiteration of these dominant discourses is evident in the discussions of fitness. In the following chapter, we see an increase in the conflation of meanings of health and fitness. In our discussions of fitness it became increasingly difficult to separate the meanings of the two.

# CHAPTER 5

## Fitness

*"When I watch sports on TV I like to see how they play the game and it motivates me to play better." (Greg, age 14)*

### 5.1 Introduction

Fitness was a very important topic in this study, and the youth had a great deal to say about it. While health and fitness were often discussed in the same terms, there were differences discussed by the youth as well. Coming from a feminist perspective, I especially enjoyed the discussions about gender, specifically women's roles in sports. For my analysis here I have identified fourteen main themes under fitness: definition of fitness, ideas about fitness, parental influences on fitness, barriers to fitness, religion, sources of information, cultural differences in fitness, perceptions of fitness [2 sub-themes: in self and others], fitness in schools, ways to improve, exercise, sports, access to fitness and gender. In their discussions the youth use a number of indicators for physical activity. These include sports (soccer, basketball, and volleyball), running, jogging, walking, the use of exercise machines, physical labour, Physical education classes, and being physically active. Interestingly, the males in this study focused more on sports participation, while the females focused on a range of ways to be physically active. These examples highlight the variety of ways in which individuals can be active in efforts to be fit in their lives. As in my discussion of health, I will begin my analysis of fitness by examining what these themes mean to the youth, how they were discussed by them, and examining the journal entries that were completed by the youth, using both their drawings

and their words in my analysis. Finally I will conclude with a brief discussion regarding the youth's perceptions of fitness.

## 5.2 Focus Group Discussions

### 5.2.1 Definitions of Fitness

Definitions of fitness were often concise and very similar to those given for health. In fact, in only one group did the participants specifically define fitness.

*JENN: What about fitness? How would you define fitness?*

SARA: Health.

MELISSA: Physical activity.

MARYIAM: Working out, being physical.

SARA: Fitness incorporates all things like activity and eating healthy food. Like say if you are a fit and a healthy person you are physically active and eat healthy foods and stuff like that. But you can be physically fit and still be unhealthy like say you are sick or something. So I guess it depends on the person and a number of different things.

Once again we see a blur between meanings of health and meanings of fitness. In fact, Sara's first response to my question involved notions of health. This was very representative of the fact that the participants often saw the two concepts invariably linked. Sara also critiques the dominant discourse on both health and fitness when she observes that attainment depends on both the individual and additional factors. Melissa and Maryiam both thought about fitness in the sense of physical activity. Later Sara expanded her definition to incorporate not just the physical sense, but lifestyle as well. She was quite sophisticated in noting fitness is a "number of things" and that it is very dependent upon the individual.

I feel that this excerpt is representative of the way in which our discussions developed. Often when questions were first asked, answers were very brief and predictable, but, as our discussions progressed the responses became increasingly more rich and fraught with a variety of meanings. This reality is quite representative of the complexity of the dominant discourses of health and fitness, and the individual's struggle to separate the two terms and articulate their meanings.

### 5.2.2 Ideas about Fitness

I wanted to get a sense of what fitness really means to my participants, so I began our discussion of this concept by asking them to report what comes to mind when they hear the word. The answers were always about physical matters. As can be seen through the responses of the males, physical stamina was frequently used as descriptor of fitness:

STRIFE: Active.

KYLE: Sports.

MICHAEL: Muscles.

CHAD: I would say running.

GREG: They need to be able to do things without getting beat out.

Given that their answers emphasized physical action I wondered what this "fit" person would look like. Their responses indicated that one's body type was the biggest visual indicator to the participants. Once again, the line between health and fitness was blurred as Maria and Sara contend that it is often difficult to distinguish between health and fitness when looking at someone.

*JENN: What would a fit person look like? Is it easy to tell if someone is fit or healthy do you think?*

SUGAR: Yeah I think you can sometimes.

ELIZABETH: Yeah if they are not obese or if they are not overweight they are healthy.

SUGAR: I think so.

ELIZABETH: Sometimes it is not good to be obese because fat can block the veins in your body…

MARIA: It is hard to say they both are really the same

SARA: Yeah they go together a lot I would say.

MARIA: Like you can look at their body shape and if they are not obese, and too not being too skinny.

MELISSA: Thin…and an unfit person has on a lot a weight, so an unfit person would look fat.

SARA: You know you look at their height. You make sure that their shape matches their height you know? If you see if you are in the right range for your height that can tell you if you are healthy or not. But I mean some people are thin but not healthy so…I mean you can tell if the person is healthy, and if they are healthy then they are fit.

MARYIAM: Like sometimes a person may look a little overweight or look a little fat but they may be very active and do an activity like everyday but they are overweight.

Here, weight was very important to the discussion; excess weight was seen to be a visible indicator that one is unhealthy. In Sara's response we see that she is using the notion of a body mass index to describe fitness and for her; if someone is healthy, then they are fit as well, and vice versa. While she was the only participant to explicitly say this, the conversations and the blurring between health and fitness indicate many more felt the same. Finally, while Maryiam did not say that one who is overweight can be

healthy, she did say that they can still be fit. This is a departure from earlier statements which viewed excess weight in negative terms. This statement also goes against the dominant discourse, and in saying this Maryiam is resisting messages regarding weight. In my dialogue I do actually conflate health and fitness. This was a mistake on my part which I was unaware of until I reviewed the passages. I too am part of these cultural discourses, and this instance further highlights the difficulty in separating the two.

### 5.2.3 Parental Influences on Fitness

Given that parents often played a large role in the participant's ideas about, and education regarding health issues, I was curious to see if the influence was as strong when applied to fitness. For the most part the conversation was not as rich in this regard, but nonetheless interesting and worth discussing.

> JENN: So do you think that your parents have the same ideas as you regarding fitness?

> GREG: Not as much.

> MICHAEL: I think that they are…yeah.

> Pause…

> MAYAH & ELISSA: Yeah.

In found it difficult to get the participants to open up and elaborate on their parents' roles in their fitness. I am not entirely sure of the reasons for this. It may be that their parents do not influence their levels of, or knowledge about fitness, or maybe being teenagers they may not feel that it is "cool" to talk about this in regards to their parents. Also, the parents may not separate health and fitness in their discussions or

classifications; rather they may look at these concepts as one. Some of the participants were more specific and shared some examples of engaging in fitness with their parents.

> *JENN: So do you sometimes get more information from your parents?*

> MELISSA: Yeah.

> *JENN: Do you ever exercise with your parents?*

> ELISSA: No.

> ALL: Laughter…

> MAYAH: Well I guess sometimes like if we are playing a sport like volleyball or something.

> MELISSA: Yeah I played volleyball with my Mom once and soccer with my Dad once.

> ELIZABETH: Me and mom we walk a lot. One day we walked from my home on Torbay Rd to the Avalon Mall.

Here we see that some of the female participants do indeed exercise with their parents and/or family. Exercising with parents was not discussed in the male group. For Mayah and Melissa, physical activity involved taking part in sports, while for Elizabeth and her mother frequent walking seems to be the activity of choice. Overall, there were not many references made in regards to participants exercising with their parents. Rather it seemed more common that the youth received information about fitness from them.

### 5.2.4 Barriers to Fitness

As was the case in the discussions of health, the participants identified a wide variety of possible barriers to fitness. For example:

> *JENN: Can you think of any barriers that stop people from being fit?*

SUGAR: Like would time be a barrier?

*JENN: Yeah for sure that would be one.*

ANGEL: Yeah sometimes I am too busy to exercise as much as I want…I was always used to going outside and having fun with your friends everyday. But now I do not get to go out a lot because it is raining or snowing or it is too cold.

MARIA: Being fat.

MAYAH: Yeah weight plays a role in health.

MELISSA: Oh I was going to say that being fat is not good either, if you are you cannot do things that you would want too. And being teenagers people may be afraid to exercise at school and stuff because they are afraid that they may smell and stuff after doing it and be embarrassed.

In the conversations above we see two main topics discussed: time and body concerns. In the first instance time is seen as a barrier in that, often, individuals do not have the time needed to take part in fitness activities. Related to this is the weather as it may influence one's opportunity to go outside and be active. Finally, Maria simply states "being fat" in answer to my question. Mayah backs up this statement while saying that weight has an impact upon one's health. So here weight is not just seen as making one unfit, but as preventing one from becoming fit as well. With this discussion of weight we see a co-construction of meanings between Maria and Mayah. I found this to be quite intriguing. I am not sure if this is a case of the youth sharing the same opinions, or whether they were just aware of what the other person was trying to articulate. Not surprisingly money was cited as a major barrier to fitness:

GREG: Money makes it a problem for people to take place in sports and be on a team. It is really expensive so those people that cannot afford it are left out.

MARYIAM: Money.

ELISSA: Yeah it is really expensive.

MELISSA: Yeah like things like Coke is only a dollar for like this great big bottle of pop, but like things that are healthy like milk cost like $3 or $4, so like many people cannot afford to buy it, but the Coke is really bad for you.

MARYIAM: Yeah and things like apples are like $5 for a bag.

Here Melissa pointed out the contradictions of food pricing in that it is much cheaper and easier to eat unhealthily than in a healthy manner. In contrast, Greg looked at the money issue in terms of preventing people from taking part. He identified the high cost of being involved in sports (registration fees, equipment etc…), and thus saw those without money being left out. The notion of one's exercise levels was also discussed:

SARA: I said lazy. I mean lots of people don't care about health, they are inactive and stuff and they do not even try to be healthy…They stay home on the computer or the phone all day or they sleep or whatever…laughter…I mean that can also cause a lot of problems too.

ELISSA: Yeah they sit on their butts all day.

MAYAH: Yeah and they do not go out…Yeah I think that this is a problem sometimes you see people not really taking part in things, I am not sure if that it why though.

ELIZABETH: And most people do not go anymore because of stuff like videogames.

The participants in this case make reference to the fact that it is a personal choice not to exercise. Not surprisingly, they use the term "lazy" to refer to this type of person. This label is widely used in the dominant discourse to refer to individuals who are judged to be inactive and/or obese. It ties into the notion of individualism in that being lazy is

seen as a negative character trait of an individual which prevents them from being healthy

and fit. Finally, a wide variety of additional barriers were mentioned:

> SARA: I guess your mood may play a part. I mean some people may be going through a depression or whatever. I mean I read that people eat a lot like…when they are moody. That could be a problem.

> ELISSA: Drugs. And not like eating good foods for you like KFC all the time. Laughter…

> MARYIAM: When you turn on the TV there are all these ads for food, and people want to then eat them a lot.

> MARIA: There are so many of them.

> MARYIAM: I think that here they should have more places to play and stuff after school like parks and stuff they are not many. I mean if you don't have a car or whatever how will you get to all these places? A lot of the times it may be too far to walk.

Here we see a number of issues identified as having a huge impact upon one's

fitness levels: mood, consumption, and access. As in the youths' discussions of health,

mood was seen as being an issue. This concept was discussed in all focus groups, but was

concentrated on more by the females than males. Perhaps the females are more sensitive

to the expectations to be in a "good mood"? Sara makes reference to something she read

in the past which informed her depression can lead to overeating, thus, she identified this

as being a potential health problem. In this sense, there was a focus on overeating, rather

than on a bad mood. While Elissa seriously listed drugs as a barrier, she sarcastically

added not eating "good" foods like KFC all the time. Obviously this was a joke on her

part given the on-going discussion of fast food throughout the group. Finally, Maryiam

discussed the large amount of food advertising in the media, and the lack of public spaces

which could be used as a location for exercise. Through their discussions it became

evident that youth identified a number of potential barriers which could prevent them from being fit. Having identified so many barriers goes against the individualism theme in the dominant discourses. The words of the participants highlight that there are a number of additional factors that influence one's attainment of health or fitness.

### 5.2.5 The Impact of Religion on Fitness

As was seen in the analysis on health, perceived impacts of religious beliefs on fitness were dependent upon who was answering questions. When I asked the male participants, and the first female group, if they believed that there was a religious impact on fitness neither could identify any. Yet, for the Muslim female participants there were strong links between fitness and religion identified.

*JENN: Do you think religion impacts fitness at all?*

CHAD: I don't think so.

GREG: No not really.

MICHAEL: No.

ELISSA: Well remember what he (Mohammad) also says about sports.

MARIA: Yeah he says that we should participate in this.

SARA: Yeah and I mean that was back in the day it was like a long time ago and it is all like whatever he says we believe in that. And whatever he says comes from God. God tells him and he says it so basically everything that he says comes from God. So if he says something that means that God wants us to do that. So that's what we believe in so I guess that helps us keep fit and healthy.

MAYAH: There are also things that prophets have said in the Quran. They all have good messages on how to live our lives and we try to follow this.

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SARA: Yeah it is our model.

In this case they look to the teachings of the Prophet Mohammad, where he outlined that individuals should participate in sports. Given that these teachings were believed to be messages from God, following his words would be the best way to be a good Muslim. Depending on the individual, religion was viewed as impacting notions of fitness. This is quite understandable given that personal perceptions and beliefs influence one's life and practices in a profound way.

### 5.2.6 Sources of Information for Fitness

Similarity to notions of health concepts of fitness were informed by a variety of sources. In our discussions a number of different outlets were identified:

*JENN: So where do you guys learn about fitness too? We already talked about health can you think of any for fitness?*

CHAD: TV.

GREG: Yeah…school.

KYLE: It is the same sort of places…magazines…TV…books.

MICHAEL: You can learn from the computer.

*JENN: You said school Greg, do you mean in your classes?*

GREG: Yeah like in your Phys. Ed classes…Most of the time. Like we can ask questions about exercises and which ones work the best and how much activity you should do.

STRIFE: On TV channel 17 there are always work out shows.

MICHAEL: Sometimes I see a commercial for fitness.

In this male group the most common sources of information on fitness were either school or media outlets such as TV and magazines. In Michael's final comment we see that he even mentions a commercial as a possible source of information. In the later female groups these examples were shared but additional outlets were listed as well:

ANGEL: School.

SUGAR: Friends.

APPLE: My family.

ANGEL: School mostly, sometimes from TV programs like commercials.

ELIZABETH: There is this one called body something?

*JENN: Body break?*

ELIZABETH: Yeah that's it *Body Break*. But most times you are not really listening because you are like come on I want to watch that program I was just listening to. So sometimes most people do not pay attention to that.

Here we do see that a specific example is provided for a commercial which is identified as a source of information for fitness, in this instance the segment *Body Break* is listed. This is quite a staple on Canadian television, a promotion of the Federal government, which has been airing for quite some time. These short segments deal with a variety of information such as healthy eating, nutrition, and highlighting various means by which Canadians can become more physically active. In recent years this awareness campaign has become main-stream and released a number of exercise machines and fitness equipment. In the final group of female participants, commercials were once again cited as an important source for information:

*JENN: Okay. So where do you get your information about fitness?*

MARYIAM: TV.

*JENN: Can you think of any specific examples?*

MARYIAM: Like on channel 8 the TV guide there is always commercials for like the Works.

*JENN: Oh okay the gym at MUN?*

MARYIAM: Yeah.

MELISSA: There is this commercial where the lady takes the stairs instead of the escalator and it talks about choices for health. I am not sure the product it is for, butter I think.

*JENN: Becel?*

MELISSA: Yeah.

MELISSA, SARA & ELISSA: Internet

MARYIAM: Magazines.

MAYAH: Books.

MARIA: School.

SARA: Magazines I find.

*JENN: Are there any magazines in particular that you read?*

MELISSA: Umm... I think that there is like always a bit in like all magazines. I had this Cosmo Girl magazine and there was this quiz on like healthy eating and it gave you some information and stuff.

SARA: I have read a lot about health and fitness things in a number of magazines but I can't really think of any particular names off hand. Most often I am not looking for the information but its there and I read it.

In this instance, the examples for commercials vary, in one case we see an ad for a local gym (*The Works*) constituting information, while in another, we see a popular brand of margarine, *Becel,* acting as a source of information. *Becel* has long been seen as a healthy alternative to traditional butter or margarine and often develops advertising

campaigns to highlight this. Interesting here is the reference to magazines, with Melissa

listing a quiz on healthy eating, and Sara notes that she has read a number of articles, but

is unable to remember a specific source. These examples highlight the influx of a number

of images and discourses regarding health and fitness that are projected on a daily basis

through a wide variety of sources. Given this, I was greatly interested in exploring the

youths' perceptions of the validity of these sources:

> JENN: So do you think that the information that you read is trustworthy?
>
> SARA: It depends on the source…It depends on who writes the information as well.
>
> MELISSA: You can tell though…
>
> SARA: Sometimes you don't know who to trust. I mean anyone can put information on the internet, so you should look at who writes the information. Like make sure the people are like educated and know what they are talking about.
>
> MELISSA: Sometimes they tell you to do different things and then it gets confusing. Like they talk about the causes of cancer and it is hard to know what is right to do.

Here we see that, indeed, the participants are critical of the information they are

receiving. In the instance of Melissa, we see the frustration and second guessing

associated with contradictions and mixed messages. With her referral to causes of cancer

we see evidence of how certain "health panics" work themselves into the public

consciousness, and the stress that it can often create for those retaining the information.

### 5.2.7 Cultural Differences in Fitness

I was always quite interested in learning what the youth perceived to be cultural differences between Canada and their home country. Given that I was fortunate enough to interview youth from various places in the world, perceived similarities and differences understandably varied given the wide variety of life experiences and backgrounds contained within the groups. Differences and similarities were very divided. Some such as Michael felt Canada was more fit due to an emphasis of sport, while others such as Strife looked at weight. Excess weight here can be viewed as an indicator of unhealthy or unfit standing among Canadian citizens. Ideas in this regard are very dependent upon the individual and are likely influenced greatly by their backgrounds and present life since their entry to Canada.

*JENN: So do you find any differences since you came to Canada in terms of fitness?*

STRIFE: Umm hum.

MICHAEL: Yeah.

*JENN: Yeah? In what ways?*

MICHAEL: Here more people take part in sports.

*JENN: Oh so you find that people are more active here in Canada?*

MICHAEL: Yeah.

GREG: I think that it's the other way around for me. Its just that I think that in my home country most people are much more active and take part more than here.

*JENN: So Michael in Russia did you participate in sports as much as you do now.*

MICHAEL: No, I find it is much more now. But we do play sports in Russia as well. Like in our school we would play a lot of basketball.

Here opinions seem to be divided, although the respondents agreed that there were differences between Canada and their home countries. Michael particularly feels that there is an increase in sport in Canada. On the other hand, Greg feels as if the opposite is the case, as he observes that Canadians do not take part as much as those from Colombia. This sentiment - that exercise is less important - was conveyed by participants in other groups:

> JENN: *So we have talked about differences in your eating since you came to Canada, but do you find differences in your exercising since you came here?*

> ANGEL: Yeah for sure.

> SUGAR: Yeah I think so.

> ANGEL: I used to walk always to school because it was always warm, but now like it is snowing so I have to take the bus or my Dad has to drive me. Or like you always have to drive here. Everyone drives, no one walks. You never really see people walking.

> ELIZABETH: Yeah there is a lot of development like machines for exercising, but where I am from exercising sometimes you are pulling the cows to go graze or taking care of the sheep and making sure nothing comes to eat them and you are walking 40 kilometers to get to school and to come home everyday you know…I mean 40 kilometers to school and home everyday you know? 20 kilometers from home to school and school to home I mean that's enough for one week for some people here for exercise, and then some people are doing it everyday so that means that they are really fit. And like when you come here and you are not doing that anymore I mean sometimes you get lazy.

> ANGEL: Yeah because you are not walking around a lot.

> JENN: *So that is something that you really noticed when you came here hey.*

> ANGEL: I was always used to going outside and having fun with your friends everyday. But now I do not get to go out a lot because it is raining or snowing or it is too cold.

> ELIZABETH: And most people do not go anymore because of stuff like videogames…And you know you don't go out you just play. You never go outside and just smell the roses or whatever.

Interestingly, here Angel and Elizabeth look at this "decrease in exercise" in terms of transportation and technological advancements. Angel, originating from Colombia, looks at the changes in climate and how this prevents her from being outside as much as she would in her home country. Elizabeth sets this decrease of exercise in a broad historical sense, in that she discusses how technological advancements have reduced the need for manual labour. For example, she makes reference to individuals working the field, and, similar to Angel's discussion, Elizabeth also discusses transportation. This can also be observed as a shift from rural to urban lifestyles. In the final group this discussion was expanded upon to include the concept of gender:

MAYAH: I don't think that is the same for everyone and I think it depends a lot on culture. I mean here they will not let us have gym for just girls. It makes me feel uncomfortable but if I do not participate because of it I will get in trouble.

MARYIAM: There is some [gender segregated gym class] but it is still not enough, it is not equal.

MELISSA: I think that it depends on class size and space. That is how classes for gym are done.

SARA: Yeah but that is not fair. I think that should respect people's feelings.

MAYAH: I think that there is more emphasis on playing sports here, especially in terms of the women. There seems to be more of an involvement.

MARIA: Also in the types of sports that are played. Like here because of the winter you see more winter sports like hockey. But home we are really big on soccer.

ELISSA: In Canada I find that there is more discussion about health and fitness, it is always around on TV, on posters, commercials and stuff like that. Before I don't think that I was so aware about all of it.

SARA: Yeah there is a different focus.

Gender was discussed here in both a negative and a positive sense. Once again Mayah discussed her discomfort in participating in gym with her male classmates. Due to this discomfort she likely does not get involved nor enjoy these sport activities as much as she would do if she was participating in an all-female group/class. Some of the other girls sympathized with her feelings, but looked at this reality in more practical terms, such as class size and access to only one gymnasium; thus these realities would make this gender segregated class inclusion a difficult feat. In fact Wright (2001) suggests that gender segregated classrooms would only provide a quick remedy and do nothing to address the real gender inequalities (p. 22). On the other hand, Canada was looked at in a positive light for its apparently increased emphasis on women in sport and the diversity of sports played. In this group, there was a feeling that health and fitness is more widely discussed.

Indeed there are many cultural differences identified in regard to fitness, yet there are many similarities as well. Ideas about this are quite dependent on the individual as they account for their opinions and life experience; this is not surprising given the variety of cultural backgrounds in this study. Overall there is a difference of opinion about the status of fitness in Canada; some felt that it is an improvement from their home countries, while others did not feel that this is the case.

### 5.2.8 Perceptions of Fitness

As I began to touch on the youth's self perceptions of fitness, I expected they would have a positive outlook in this regard. I felt this way for I had previous knowledge that many of the youth in this study played on sports teams, and that they likely had some interest in fitness given their willingness to take part in my study. Yet, as in the case with

our discussion of health, the youth seemed to have more to say about others than themselves. I am not exactly sure why it is that the youth chose to discuss perceptions in this sense. Maybe they feel that by discussing the experiences of others they can further reinforce their personal meanings of health and fitness, in that through these examples they can validate their claims. Perhaps they look to others and their practices in their formation of definitions of fitness in the both the broad sense and in their own lives. These ideas would be worthwhile to examine in future research.

### 5.2.8.1 Perceptions of Fitness in Self

I found the next dialogue to be particularly interesting. When I questioned the male group about their feelings while participating in sport, they began to talk about their motivations for taking part. For them, it was more about the long term picture and its impact upon one's body. In this sense they look at the larger picture and the impact upon their health and mortality. Greg and Michael specifically stated that they wanted to age. When I asked if this is their motivation, Greg stated that awards and improving his game were additional factors.

> JENN: *How do you feel when you are participating in sports?*
>
> STRIFE: Good.
>
> GREG: Its fun.
>
> KYLE: Yeah it makes me feel good.
>
> GREG: I want to grow old. I don't want to die at like 60.
>
> MICHAEL: I would like to get old to.

*JENN: That's really interesting do you think this also motivates you to be physically fit?*

GREG: Yeah and also like winning awards and becoming really good, but I also want to grow up and be like healthy and keep being healthy and stuff…yeah.

STRIFE: Yeah I want to make sure that I stay that way.

This type of response occurred only in this instance, but from the following dialogue we can see that there are a number of ideas about what fitness means in one's everyday life. At times it was quite evident, as in Angel's response, that this is a complex question, one which cannot be summed up in one short answer. Fitness means many things to many people; this was quite evident in the variety of responses I received to these questions.

*JENN: So what does fitness mean to you? I mean personally in your personal lives?*

ANGEL: That's a good question.

ALL: Laughter…

ANGEL: For me I would say that it means exercising.

SUGAR: Having energy?

ELIZABETH: Making sure if you get sick that you go to the hospital, and not saying that it will pass.

APPLE: Yeah exercise, I would say exercise.

Here we see that the youth thought about fitness in the physical sense, in terms of an activity and taking care of one's body. Most often the responses included exercise, being active or having energy. In Elizabeth's response we see a reference to health and taking care of oneself by consulting health "experts" at the hospital if you get sick. This observation may be related back to Elizabeth's exposure to illness in her home country of

Kenya. In the final excerpt below the youth discuss the importance of fitness in their lives:

> JENN: *So is fitness a priority in your own lives?*
>
> MARYIAM & MELISSA: Yeah.
> MAYAH: Sometimes.
>
> JENN: *Sometimes?*
>
> MAYAH: Sometimes I am really busy with school or whatever and I don't get to do too much.
>
> SARA: I think that fitness is really important to me, because like if you are not fit then you won't be healthy, and if you are not healthy then you won't be fit. So I think that it is all related.

It seems that the consensus of the participants is that fitness is indeed a priority in their own lives. I appreciate Mayah's honesty in stating that, for her, it is the case only at particular moments and not a constant concern. Her reasoning is that she is often busy with other areas of her life which causes her fitness concerns to decrease. I think that this is a common feeling for many people, including myself.

### 5.2.8.2 Perceptions of Fitness in Others

Our discussion of fitness in others began by describing what a fit person would look like. Here I was curious as to what the youth identified as fit, and what characteristics they would assign to this type of body. While various physical characteristics were listed, there was also a mention of physical capabilities to identify what constitutes a fit body:

*JENN: What about fitness? How would you describe a fit person?*

KYLE: I don't think that there is really a big difference (*Between health and fitness*). They would be big like they would be very athletic and have muscles.

GREG: They are able to go jogging and they have no problem doing it and keeping up.

STRIFE: They would have a lot of energy.

STRIFE: Umm…I am not sure.

GREG: Yeah I would say the same. There are people do exercise but I would not really call them fit.

CHAD: Yeah it is hard to say.

*JENN: So we talked a little about health and fitness and we also talked about people that are unhealthy. Do you think that it is easy to tell if someone is unfit by just looking at them or just talking to them?*

STRIFE: Well…

KYLE: Sometimes.

GREG: Yeah sometimes.

KYLE: Like if they are really skinny or really fat.

Here a fit body was seen as one which has good muscle tone, with the individual possessing a great deal of energy and endurance. When I questioned the participants about the difficulty of identifying one as fit or unfit, once again weight was listed as an indicator. This reminds us of the dominant discourse enforcing an "ideal weight," neither really "skinny" nor really "fat."

*JENN: So do you think that you meet more people that are fit or unfit?*

ELIZABETH: In Kenya in my country people get a lot of exercise because it is not so easy to get stuff you just can't go to the store and get milk. You would have to get a cow make it mature and you can get milk from it, you can get chickens and get eggs from it and then you can have food you know. And you can also have fun doing it, it is much more healthier but now here in Canada you can get your meat, your eggs and you can get everything and sometimes it is not good, because sometimes what they are feeding the animals can be a factor and so that's not healthy…

Elizabeth once again examines this question in an historical and cross cultural sense as she discusses how lives have changed from the rural farming days, as we now have less energy expenditure as a result of our predominantly sedentary urban lifestyles. She makes reference to factory farming, an issue which has been brought to the forefront of public consciousness given the mad cow scare in recent years. For Elizabeth, the past rural way of life was a much better and healthier route for individuals.

*JENN: So would you say that you meet a lot of unfit people in your schools or in your community?*

ELISSA: No.

MARIA: Probably.

MARYIAM: Yeah.

ELISSA: I mean at my school I think that mostly everybody is healthy; I think that they are all really active and stuff. That is how I would think that someone is healthy.

Here the opinions in the above conversation were quite divided, as each participant responded differently, indicating that these ideas are very much related to individual experiences and beliefs. We did not talk about role models extensively in any of the groups, but I was interested in learning if any existed for images of fitness, and if so, why they were identified as such.

*JENN: Can you think of any examples in particular of people that you look too (for fitness)? I know that you talked about stars earlier.*

SARA: (Laughing while speaking) Angelina Jolie she's good. Laughter…

MARIA: Lots of people want to look like Paris Hilton.

SARA: She is not that good though.

MAYAH: She is pretty. I like her hair.

ELISSA: Beyonce she is good.

MELISSA: She is really fit; I think it is from all the dancing that she does.
Here the conversation was quite brief, but it does offer great insight into the types

of bodies that are admired by the female youth. Each star, all of them female, has a

particular body type. By societal standards and notions of health, fitness and beauty,

Angelina Jolie would likely be described as a fit and strong woman, Paris Hilton as a

typical model, skinny with long legs, and Beyonce Knowles as a very fit, curvaceous

woman. These examples represent the narrow range in the images of the ideal woman,

often projected in the media, based on societal standards.

### 5.2.9 Fitness in Schools

As was the case in our discussions of health, schools were seen as having an

important influence on fitness. Most often this discussion was in direct reference to

participation in gym class, specifically in reference to the downsizing of physical

education in their respective schools.

*JENN: So do you feel that your school is healthy in terms of like when you eat there or exercise or whatever? Do you feel that your Phys Ed classes are a good environment to learn about health and fitness?*

CHAD: Sometimes but I would often like to learn more.

GREG: Yeah there is a lot of junk foods in the schools and that.

*JENN: Oh really?*

STRIFE: Yeah they got junk machines.

GREG: Yeah and like our Phys Ed classes are not very strict about it. Like if someone doesn't want to run like they just don't do it.

STRIFE: Yeah there is always people sitting down watching the class and not taking part and they don't care.

*JENN: So do you all like your gym class?*

GREG: I like that we get to do different things. But I would like to do more stuff.

STRIFE: It is good to do different things that way when you get up and go you want to take part because it is not the same thing. It makes you feel great.

GREG: I think that we should have Phys. Ed everyday, we don't have it enough.

STRIFE: Me too…Yeah once a week. First it would be two times but then they cut out the morning recess and it all changed second semester.

GREG: We only have it half of the year too…yeah I really don't think it is good to only have it half a year.

STRIFE: Yeah I think that they should move some of the English and the math classes out…laughter…I take English and math everyday.

GREG: I think that they should get rid of religion. If someone does not want to do religion they should not have too.

Here there are visible frustrations in their discussions regarding the lack of

physical activity in the schools. There seems to be the feeling that physical education is

not taken seriously, which is highlighted by the lack of participation of other students and

the time devoted to physical education in the school curriculum. At the end of the

conversation Strife jokes that math and English should be taken out of the curriculum,

while Greg seriously states that there should be an elimination of, or choice of, religion class. In this particular focus group Greg and Strife discuss physical education substituting for these classes. In another group with all female respondents, discussions of physical education class were not as favourable.

*JENN: So how do you feel when you are in gym class?*

SUGAR: Umm…

ELIZABETH: Nightmare!

ANGEL: Laughing…Nightmare.

*JENN: Oh really? Why would you say that?*

ELIZABETH: Okay well some…you know…sometimes you are told to do this amount and you are not able and some people can do more than that.

SUGAR: Yeah.

ELIZABETH: So like when you are doing an obstacle course like I was tired after we had 10 of them, like when I reached half way I was told to do more. Like if I did not have to do it I would have like lost 50% of my grade right, so in that case I was thinking about my grades and not my body.

ANGEL: Yeah…laughing.

ELIZABETH: So sometimes you are just like moving so like your grades don't suffer…Like just moving around so that your body, I mean your grades don't suffer but your body will, because you may sprain a muscle or something.

SUGAR: Yeah it is not good if you have to suffer.

ELIZABETH: And the only way that they will tell you to stop is if you have a stroke or if you sprain a muscle or something.

APPLE: Or if you have a note.

ANGEL: Yeah a note will work…But you cannot stop just because you are tired. They don't really think that you are tired they just tell you to do more and more and more.

In this instance participants feel that they are often pushed too hard in physical education class and their energy and endurance levels are not taken into consideration. It is not surprising that the opinions between these two groups have been so different; often physical education class is a very gender oriented class with males being favoured, for example a focus on male sport abilities over a female. Frequently the pace of exercise is set at a level best suited to male students, and everyone must strive to reach it. For the youth, their body is more important than their grades and they know that they are pushing themselves to point of injury.

> JENN: So what about your school? Do you find that you are getting enough options for fitness at your schools?

> MELISSA: Yeah.

> ELISSA: Gym is good.

> JENN: Do you have gym a lot?

> MELISSA: Not so much right now but I heard that next year they will start to change that and we will have gym a lot more then.

> SARA: I think that will be in all schools.

> ELISSA: Like right now it is optional so a lot of people won't do it, they don't want to take part.

> MARYIAM: In my school our courses are picked so I have to do it. We do different things.

> SARA: Yeah in high school you don't have to do it anymore though, it is your choice. In junior high everyone has to do it.

> MELISSA: I think that we should be having gym everyday or every second day that way we would actually benefit from it.

> MARYIAM: But you can go outside during lunch and walk and things like that to get the exercise. It is better to go out than to stay in.

In these final excerpts there is once again a frustration at the lack of physical education classes and lack of participation on the part of their classmates. Here, though, the participants have heard that physical education class will be increased. In addition, Maryiam made reference to various ways that activities could be increased by individuals, such as going out for walks at lunch time. It is evident from the above conversations that physical education class is seen as an important outlet for physical education, but, at the same time physical education can cause discomfort to students. This was quite dependent on the group and the speakers. In this case, the males felt that they were not exercised enough, while some of the female participants felt overexerted in their physical education experiences. Perhaps this analysis would be worthwhile for educators to examine in an effort to better meet the needs of their students.

### 5.2.10 Ways to Improve fitness

Ways in which to improve fitness levels were not discussed widely, especially by the female participants in the first and third focus groups. As such, the comments in this section come solely from the males involved in this research and we see gendered talk about ways to improve fitness. The lack of specific discussion in this section may be due to the extensive references in all focus groups to ways in which to improve health. Given that fitness and health were often used interchangeably, I believe that the points they wanted to make were likely made during our discussions of health.

*JENN: So if your parents or this organization could do anything to make you fitter what could they do?*

GREG: Like have more gym classes.

MICHAEL: Yeah.

GREG: Like get us more involved and have activities and stuff like that.

STRIFE: More sports!

*JENN: Is school the only place where you can be on a sports team and play?*

MICHAEL: Yup.

CHAD: Yeah.

GREG: Well except for me because I play provincial soccer.

STRIFE: I would like to swim. I don't get a chance to do that very much and I enjoy it.

As discussed earlier, access to sports is limited for some of the participants, so for them an increase in such opportunities would be a great step towards improving one's fitness. It is not overly surprising to me that the female participants often refrained from explicit discussions of sport, as sport and physical education predominantly caters to males. As observed by Stroot (2002); "Because of stereotypical assumptions that boys are supposed to be more active than girls, and that sporting activities are more appropriate for boys than girls, socialization into sport, influenced by our larger society, is often gender-based and the process involved differs for boys and girls," (p. 137). Following this Kirk (1993) points out that "bodies" in schools are assigned additional meanings based on race and class. Given these socialization practices it is not hard to imagine that comfort levels in both sport and fitness differ based on one's gender, class and race.

In addition to this point, the connection between food and health re-emerged:

KYLE: and the way that you eat I think has to be taken into account. Like you got to know the right way, like what is healthy and be able to have those choices.

STRIFE: yeah there is a lot of eating sugar and that makes you go faster…

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GREG: I don't think so…

STRIFE: Like say you are playing soccer and you have chocolate and you eat it and then like half time during the game you eat another one it will make you weak in the end even though your body will move fast. Sugar is good for us but not a lot of it because if you do it will make you fat then.

In the final points there is some disagreement on a comment made. Strife makes the point that sugar aids one's energy level but Greg challenges this comment. Greg was often seen to be the dominant speaker in this focus group; this seems evident in how Strife responds. Instead of challenging Greg here, Strife rewords his comments in such a way that it seems as if he almost agrees with Greg. Strife concluded by saying too much sugar will make you fat. This once again highlights the dominant discourse about weight, and further reinforces the obesity panic which can be presently observed in Western society.

### 5.2.11 Exercise

I was interested in learning about the exercise patterns of my participants. I had previously wondered if the manner in which they chose to exercise, alone or with friends, made an impact on their involvement such as increasing or decreasing their exercising. I found that those who spoke about sports and their personal involvement were more likely to cite "exercising with others" as their preference, whereas those who are not part of a sports team more often preferred exercising alone. This may be a confidence or comfort issue, with athletes obviously feeling more confident due to continuous training and playing of the sport.

JENN: So when you exercise how do you like to do so, alone or with company like your friends or your family members?

CHAD: With friends.

GREG: Yeah with friends.

CHAD: I like to do it at school too, at school.

STRIFE: Friends.

SUGAR: Alone.

ANGEL: Alone.

SARA, MELISSA & ELISSA: Friends.

I thought that this difference in reaction was worth pursuing and asked what

motivated their choices.

GREG: I don't know, I guess just having someone there that you can talk to every now and again and someone who keeps pushing you to do better and better.

SUGAR: I don't like to sweat in front of other people…I don't know, I feel more comfortable when I am alone.

ANGEL: Yeah I am more self conscious. Yeah because sometimes when I am with someone else they start telling me well that's not right and it makes me feel uncomfortable.

MELISSA: It is more fun.

MARYIAM: You have someone to talk to when you are doing it.

SARA: It is more fun and you are more likely to do it if you have the company to go with you.

MARIA: Time goes by quicker…laughter…

Here we see that the addition of friends for Melissa, Maryiam, Sara, and Maria is

a means to make exercise more fun as it provides company, which helps this time to pass

more quickly. Greg noted that the presence of friends is not only a motivator to engage in exercise, but it also encourages him to become a better athlete as well. Sugar and Angel prefer to exercise alone as they worry about how they look when around others; here it becomes a self-confidence issue. These reasons were often in reference to appearance as they discussed perspiration and how they "perform" the exercise. In regard to performance, key to this discussion is evaluation by others. This too is heavily tied to the dominant discourse that fitness and health is equal to looking good, implying notions of beauty and attractiveness. Especially in regard to females and cultural notions of sweat, perspiration is viewed as an unattractive feature of the body.

### 5.2.12 Sports

Sports were often spoken about during our focus groups, both in a personal and an interpersonal sense. Frequently, discussion of sport was general in my conversations with the female participants; in contrast, during the male group we discussed personal sports involvement. This may relate back to my earlier discussion of the gendered realities of sports and fitness.

GREG: Well I always played soccer.

CHAD: I used to play basketball too, but since I came to Canada I have not been on a team. I hope to get back into playing it in the spring.

*JENN: Is there any reason why you don't play on a team now?*

CHAD: No I just did not try out.

STRIFE: I don't play very much right now. The weather sometimes is a problem. I used to play much more. I just hate when you get blamed for things not working

out. Like we were playing volleyball and we didn't win and then everyone blamed me because I missed the ball. So that does not make me feel good.

MICHAEL: I think it helps if the school has lots of different sports teams.

Here I was quite interested in exploring why Chad chose to discontinue sports involvement after his arrival to Canada, however when I inquired further Chad simply stated that he "did not try out". Interestingly though, Strife broke into this conversation and began to talk about his own personal experience, referring to competitiveness as a deterrent to participating in sport. For him, the pressure to win and the after-effect if this is not achieved, such as being held responsible for the loss, is not a pleasant experience. Michael refers to school teams as a site for sports activity; he notes that "it helps if the school has lots of different teams." Often access to teams through school is limited due to a fixed number of team members and try-out regulations. Thus, this site for sports is not readily accessible to all students.

We discussed the issue of sports on TV. This was a very popular topic among the males in the study as the majority of these participants watched televised sports on a regular basis. Their discussions of sports in this regard often made reference to particular sport channels.

JENN: So what do you think about sports on TV? Do any of you watch sports on TV?

STRIFE: I watch channel umm…

CHAD: 23?

STRIFE: Yeah 23 there is always sports on that. I watch whatever is on when I am flipping through the channels, mostly sports desk.

JENN: Oh so we were talking about sports on TV…so how do you guys feel when you watch sports on TV?

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STRIFE: Good and you want to do it and be like…

GREG: When I watch sports on TV I like to see how they play the game and it motivates me to play better.

STRIFE: Oh yeah for sure when you see them score a goal you are like oh yeah that was great I wish I was like that.

CHAD: Yeah.

*JENN: So do you guys have any favorite athletes that you watch?*

GREG: I have a couple that I really like. They are all soccer players.

STRIFE: I find that I more so look up to basketball players.

MICHAEL: I don't really know anyone's name in particular; I think that all the athletes do a good job.

CHAD: Me too.

Through watching sports and television in general, some of the youth identified role models. While I was very interested in learning who these role models were, I was particularly interested in learning why these individuals were chosen to be someone that the youth admired. Often, especially in regard to athletics, individuals were chosen based on their ability, while in other instances role models were chosen based on their appearance. Not surprisingly those chosen to be role models epitomize cultural notions of the "ideal" male and "ideal" female body.

*JENN: That is all very interesting. So I guess we have begun to touch on the issue of role models, are there any other role models that you would identify in your lives?*

SARA: People like TV stars they all have great bodies. Laughter…

ALL: Laughter…

SARA: Yeah you look to them because they always look good and that. I think that TV has like a big impact on everything, on how people think especially on how they want to look.

MELISSA: Sometimes like models or whatever they are not really healthy, and people are being anorexic…

ALL: Yeah…

MELISSA: …to be like them, and they are not really healthy at all.

SARA: Well some of them are I guess but not all of them have eating disorders. But they always want to have the perfect waist or the perfect body and because of that they get health problems and stuff like that, you know?

MARYIAM: A good example of that is fashion shows where ladies comes out and they are always so skinny. I mean you have to be really skinny to even do that, you can't be big.

I find it very interesting here that while the girls note that stars have good bodies, they are also very critical of these images. They note that many are very skinny, anorexic even, and as such not healthy. This is yet another instance where we see resistance to the dominant discourses of fitness. The bodies of the stars are most often used as the models for ideal images, yet the youth here openly critique these. This is another example of individual agency and resistance to the dominant discourses of beauty and health, in that the youth are critical viewers of these images, and in reference to some bodies refuse to accept them as healthy.


### 5.2.13 Access to Fitness

One of the most important indicators of fitness is an individual's ability to engage and access fitness services. For most of the participants the only site available to engage in fitness and sports is their school. Given that sports teams only take a limited number of players, this does not provide an equal opportunity for everyone. In addition, outside school involvement in sports is often quite costly, which makes this type of involvement

especially difficult, if not impossible, for individuals in a lower-socioeconomic background.

> *JENN: So do you think that it is hard to stay fit?*

> ANGEL: Yeah.

> ELIZABETH: Of course.

> ANGEL: It is very important to exercise but I would also say there is a thing called too much. If you are forcing yourself that is not good…I think that you should exercise the amount like that you are capable of doing.

> SUGAR: Yeah.

Here we see that the issue of over-exercising in the pursuit of fitness is raised. Elizabeth notes that it is good to stay fit but one should not be over-exerted. School was once again identified as an important location for access to fitness.

> *JENN: Are there a lot of sports teams at your school?*

> GREG: yeah.

> STRIFE: Nah there is not too much.

> *JENN: Greg you play on the soccer team right?*

> GREG: Yeah.

> *JENN: So do you play with your school or is it outside?*

> GREG: I play on the provincial team.

> KYLE: I play soccer too.

> STRIFE: I like to play soccer and swim in the summer time. I don't really get to play too much in the winter.

Fortunately Greg and Kyle are able to participate in organized sports teams, so they practice quite often and get to exercise this way. Strife engages in the sport outside,

but due to the seasons and harsh Newfoundland winters, this opportunity is curbed for part of the year.

> *JENN: Do you have a lot of opportunities at school to engage in sports and activities?*

SARA: If you are interested it is there. Definitely like maybe you will not make all the teams that you may want but there is a chance to do like physical education in school. So I guess it not like everybody can do it if they want to but they can do some things.

MARYIAM: It also depends on what a person can do. Like if they are allowed to do this or you are allowed to that or if they are allowed to wear shorts or…

SARA: I don't think that this is really a big problem. Anyone can practice sports you don't need to wear shorts you know…it does not really matter it has nothing to do with it.

MAYAH: Actually it does. It is often hard for me to do sports they want me to change and wear the jerseys and that. I don't feel comfortable dressing like this in front of the boys and we are not allowed to have an all girl's gym class. Everybody is not the same. Yeah.

This final dialogue was particularly interesting as it refers to one's comfort level. Mayah feels uncomfortable being dressed for sports in front of boys, likely this is in direct reference to revealing uniforms or gym clothes. The participants of this particular focus group (Muslim youth) specifically requested an all girls group. As such the members of this group may in general be shy in front of the opposite sex? Perhaps this is based on religious and cultural beliefs or it may be resistance to this type of clothing. This is only a speculation on my part as this was not explicitly stated in our group discussion. This view is very important as it points to issues of gender in physical education, but does not seem to be shared on a wider level; this can be seen in Sara's response as she does not perceive this to be an issue. Thinking of how this must impact Mayah and others that share these concerns is very important. While I doubt there will ever be a return to sex

segregated gym classes of the late 20<sup>th</sup> century, something should be done to alleviate and minimize discomfort. In a large ethnically diverse Toronto school this idea has been put into practice. Physical educators there designed a gender segregated class, as they feel it provides a better learning environment for their female students (McCoy, 1997). I am left wondering if this discomfort will in fact lead Mayah to hold negative feelings when she thinks about fitness, and if this feeling prohibits her from engaging in exercise through sports or in her everyday life.

### 5.2.14 Gender

Most often references to gender were made in passing and were not treated as significant by the youth. Nonetheless, gender figured predominantly in discussions about sports teams.

> *JENN: We talked about men in sports, but I was wondering what you think of women in sports?*
>
> STRIFE: They are always trying to be healthy and stuff so it's good.
>
> CHAD: Yeah it is good.
>
> GREG: I think it's good that they are involved in that stuff. That's always a good thing.
>
> *JENN: Do you often see women's sports on TV?*
>
> GREG: Not really.
>
> MICHAEL: No.

Here the male participants look upon female athletes in a positive sense. At the same time they seem well aware that media representation of women's sports is much lower than for a male equivalent. This may reflect what they watch, given the phrasing of

my question and its specific focus on female athletes. This seemed to be the opinion in later groups as well.

> *JENN: So what do you think of women in sports?*

> ANGEL: Yahoo! We rule we are better than men!

> SUGAR: Yeah I think so too.

> ELIZABETH: Well it think it's just…a long time ago, well not a long time ago a few years ago women were fighting for their rights. You know?

> ANGEL: We still are.

> SUGAR: Yeah we still are.

> ELIZABETH: We still are yes, but at least it has become better. We are still not looked at as being equals but at least it is getting better. Like we can get jobs we are not only supposed to stay home and take care of the children, you know? And we have time for ourselves and in the old day we never used to have time for ourselves and when the women are doing athletics for themselves I think that this is really good thing for them to do. Because you are showing people I am not supposed to stay home and take care of my children, I can have another life. Yeah so that's good…It is also another form of empowerment.

> *JENN: Do you think that there is a lot of women in sports, like do you often see them on TV or elsewhere?*

> ANGEL: No.

> SUGAR & APPLE: No way.

> ELIZABETH: No there is a lot of men.

> ANGEL: Yeah a lot of men.

> SUGAR: Yeah.

> ELIZABETH: It is the men that have taken over that sector.

> ANGEL: That's because they think that they are stronger.

These observations were quite passionate and reflected upon the complexity of gender equality; it is evident that these participants have strong feminist beliefs, although they did not explicitly define these as such. In turn these beliefs may help to shape their value of female athletes and prompt their resistance to traditional gender discourses for women. While they still believe that there is not equal representation in regards to gender, Elizabeth notes that in the larger picture, meanings have changed; Angel reminds her that there are still changes to be made. Under-representation of women athletes seemed to be an issue in all groups.

MELISSA: You always hear a lot about the men so I am not really sure.

SARA: The only female athletes that I know is the Williams sisters.

ALL: Yeah.

SARA: They are always on TV a lot.

MARYIAM: I think that the focus is changing now, like it seems that women's curling is now bigger than men's.

*JENN: So do you watch women's sports on TV at all?*

MARYIAM: Not really.

MARIA: Sometimes.

MAYAH: I am not really sure.

MELISSA: Well I usually see it when I am changing the channels, but like I don't sit down and watch it.

There was also a discussion of fitness role models in the female focus groups.

*JENN: So do you think that seeing women in sport, say you are watching female basketball or female hockey, do you find this motivates you to exercise more or to become involved in sports?*

ELIZABETH: No.

ANGEL: I would say no. For me it is when I watch the action movies, that makes me want to exercise more often.

JENN: *Oh really? Can you think of any movies in particular?*

ANGEL: Cat woman.

ELIZABETH: That is a cool movie.

JENN: *So that motivates you to exercise?*

SUGAR: Yeah … Another movie is Electra.

ANGEL: Yeah that is a really good movie. Action movies motivate people … People look so good in them.

JENN: *So does it motivate you when you watch sports? Even if it is the men's teams?*

MARIA & MAYAH: Yeah.

MELISSA: I think so.

MARYIAM: I think that it makes it look fun.

SARA: If you like the sport I guess it does.

JENN: *So do you think that health or fitness is different for men and women?*

MARIA: Yeah.

ELISSA: Men are stronger.

SARA: It depends on the person. Yes women and men are different physically but they both can still be really strong and fit. I mean they both would aim to be physical and eat healthy foods.

MELISSA: With men their sports is what is valued, that is what you see on TV. Women in sports are not taken seriously like them. Men are seen on a whole to be more active and physically fit I think.

SARA: Yeah that is very true it is not often on TV only for curling.

Motivation to exercise from watching sports is divided: one group feels that they do get motivated, while the other looks to Hollywood films for such motivations. For those that look to films the concentration is action movies in which the stars' athletic abilities are showcased. In regard to female athletes as a source of motivation it is very dependent on the type of sport being played. They have noted that women's curling has grown in popularity over the years, no doubt due to increasing coverage of players such as Colleen Jones. For this particular group, watching sports can lead them to become motivated, as Maryiam noted they make the sport look like a fun activity. Finally, when I asked if they thought that fitness differed for men and women, some thought this was the case, with men being physically stronger. Sara stated that it is dependent upon the person, as either sex has the ability to be strong. Melissa insightfully notes that men are represented as being stronger and their sports more valued, and they are the ones which are most often publicized on television. Most importantly, she feels that men are taken more seriously than women in sports, not surprising given that professional sports have traditionally been male dominated fields. This shows that Melissa is indeed quite critical and aware of the media and the gender messages which she receives.

### 5.3 Journal Entries

#### 5.3.1 Artwork

There were 13 drawings of a fit person included in the participant's journals [Appendix A]. These drawings were quite intriguing. All of the drawings representing fitness were of other people, not the participant producing the drawing. In one instance, Sugar decided to draw two pictures of a fit person. Not surprisingly, physical activity was

identified as the major indicator of fitness. The drawings and the explanation often specifically made reference to sports or physical activity.

As with our discussions, mood was seen as an important indicator of fitness. In Elizabeth's illustration (Figure 11) she has drawn a male figure that appears to be jogging. She explains that this person is fit because he is active and is happy with himself, thus linking mood and confidence to physical activity. Interestingly, Sugar's drawing expands on this idea of mood in relation to one's body size (Figure 12). She writes that her picture of a fit male is happy, which she notes is part of being fit. In contrast, she states that someone who is obese is often upset and inactive. Sugar concludes by noting that a fit person also eats right. As with health, mood was seen as a special indicator of one's fitness. While mood was not mentioned to the same extent as health in the journals, three of the participants cited mood in their explanations as a reason for fitness. This is not surprising given that mood was widely talked about in all groups.

Physical activity was seen as a major indicator of a fit individual. Various drawings described and drew individuals engaging in physical activities (see figures 11, 13, and 14). In Elissa's drawing (Figure 13) we see a girl holding a tennis racket. In her description, Elissa relates fitness to engaging in sport. Sugar (Figure 14) drew a picture of a smiling girl jumping rope. She notes that she looks very fit as she is doing some exercise.

The idea of physical activity was also related to the notion of strength. This notion ties closely into discussions of appearance. For example in Greg's drawing (Figure 15) he draws a picture of a smiling man with gym clothes on, and who appears to have substantial arm muscles. He notes that the man is fit because he is "physically built and

very athletic". Given that Greg himself is heavily into playing sports, this is not surprising. Angel's drawing (Figure 16) is quite interesting. As in her drawing of a healthy person, Angel has drawn two images on the same page. While in the instance of health it was clear that her images represented a healthy and an unhealthy person, it is not so obvious in the case of the fitness drawing. She notes that this is a representation of the different ways to be "fit." In one picture she has drawn a very muscular man with a well defined "six pack," while in the other picture she has drawn two little stick figures, and interestingly, shaded them both dark with her pencil. She notes that the first drawing represents fit because the figures are strong and have lots of muscles, while in the other drawing she states they are just being physically active and not trying to achieve muscles. Interesting here is that the muscular male is not smiling while the one of the stick figures appears to be. Perhaps this relates back to the topic of over-exertion that was discussed in Angel's focus group?

Food and eating were seen as an important indicator of fitness. In Strife's artwork (Figure 17) he has drawn an unsmiling muscular male. He states that this person is fit as a result of a lot of exercise and eating little, which makes him feel healthy and strong. In contrast, Apple's drawing (Figure 18) states that her smiling individual is fit because they eat and exercise a lot. She states that she believes them to be healthy. I found it interesting that in both these references to food, one stated eating a lot while the other stated eating little. I am not too surprised that Strife chooses to do so for he often discussed overeating and weight in our group. Finally, Maria (Figure 19) has drawn a young girl with a huge smile upon her face. She notes that she is fit because she eats healthy, is active and has a fit body. She describes a fit body as one that is not too fat or too skinny.

### 5.3.2 Sources of Information for Fitness

In the final section, I asked the participants to list their three main sources for fitness information. In this regard, internet and school were the most popular responses, with the internet being mentioned by 7 participants and school being mentioned by six. The family was the third most popular response, being listed by 5 participants. This included parents' siblings and the immediate family. Media sources such as books, magazines and television were noted four times each. Gym class was specifically referred to separate from school on three occasions and friends were listed by 3 participants as well. Doctors and books were both listed twice. Science books were specifically referred to as a source in one instance. Additional sources that were listed only once included sports teams and the YMCA. In one case, a participant listed three ways to be fit: vegetables, more walking, and liking sports. In one case all three sources were left blank.

I was impressed by the variety of sources listed by the participants, in relation to those given for health information. Once again I was surprised by the number of times that school was referred to as an information source for fitness; it seems as if school is the main avenue for information. I had expected that the media would be listed more often. I found it surprising that the doctor was listed as a source for fitness more than for health. I assumed this for illness and sicknesses are often classified under health concerns and are often the reason for a visit to the doctor.

**5.4 Discussion**

The definitions and ideas of fitness discussed by the youth are very similar to those which they provided in our health discussions. This blurring is more evident to the reader given my decision to separate the two concepts. Although this blurring has occurred I wanted to maintain the differences between the two. There is one unique difference evident here; in regard to fitness, gender was perceived to be more important variable than it is for health. In the words of the youth, this gendered nature is very evident. Instead of reiterating points which I made in the previous chapter, I will concentrate on these gendered realities and how they exist in the context of fitness for these youth.

While I did specifically have a theme for gender within my analysis, there were many instances throughout this chapter when issues of gender were discussed. Gender has been observed in previous studies as having a major impact on health and fitness (Bowker, Gadbois, & Cornock, 2003, Leslie, Yancy, McCarthy, Albert, Wert, Miles, & James, 1999). In my study gender was first discussed in regard to gym class; Mayah relayed that she felt uncomfortable participating in gym class with males, as she feels that gym clothes are too revealing. While Mayah was the only one to discuss this as an issue, I am left wondering how many females and/or males feel the same way? I think that Mayah does have a valid point. If there were gender segregated physical education classes, how would this change the experience for both males and females? It has been well documented that physical education in schools is designed with males in mind. If there were single sex gym classes, would this create a better learning environment? Would females feel more comfortable within this particular class? I think that these are all

important realities to explore. Nonetheless, I am well aware that an implementation such as this would likely be unfeasible, due to tight government budgets for education. This being said, the means to improve the gender climate within these gym classrooms is not unfeasible. Indeed I think there needs to be an exploration of these issues, as well as consultation with the teachers in this field to make a concerted approach to change.

Additionally, there was a great difference in how the males and females in this particular research responded to physical education discussions. In Frost, & McKeivie, (2004) study, self esteem was found to have an impact on ones involvement in sport and physical activity, as self esteem goes up so to does the confidence of the youth. In my first focus group with females it was obvious from their discussions that gym class was not an enjoyable experience for them; in fact, Angel went as far as describing it as a "nightmare." Yet, in the second group with females it seemed as if Mayah was the only one that had an issue with gym class. The remaining participants wanted an increase in physical activity in the schools, but noted that there was an existing problem with participation. Wright (2001) has outlined numerous ways in which social constructions of gender (masculinity and femininity) are reinforced and reciprocated through physical education classes. Some examples include: males continuously being chosen as team captains; allowing females to make excuses to get out of class more frequently than males; males carrying all the heavy equipment; and the assumption that females are unable to play with the males (p. 20). Looking back at my own time in school, I realize these types of actions took place repeatedly. This is not to say that all gym teachers reinforce these gender stereotypes in their classes, indeed many do not and in turn create a gender friendly classroom. The training of gym teachers has been improved in recent

years and includes an emphasis these issues. Perhaps the females from the second group attend classes of this nature? Or it may be an issue of personal or cultural comfort levels. I was happy to hear that not all females felt this way in their physical education courses. Despite these differences of opinions, discussion of physical activity varied depending on gender; males were much more inclined here to discuss sports, teams and competition, while females used terms like "exercising" and "being fit."

Gender differences were observed in discussions of role models. In doing so males indicated their role models to be professional athletes, yet the female participants always said their role models were television and movie stars. The reason for this may simply be the lack of exposure to female sports, especially through the media. In fact, the only female athletes that were named in any focus groups were the Williams sisters, Vanessa and Serena (occurred in one instance). The mentioning of these tennis stars maybe related to fact that they are very mainstream and are considered celebrities. They often make public appearances, and have appeared on shows such as Oprah which obviously heightens their exposure off the court. As noted by Heywood & Dworkin (2003), "[I]ndeed, it appears that much of the sports/media complex works to reinforce association of sport with masculinity … These trends lead to name recognition problems of even famous female athletes" (p. 133). Wenner (1998) observes that female athletes receive only 5% of sports coverage in the media; while men's coverage revolves around their abilities; female athletes are admired for their beauty, personal relationships and femininity (p. 316). Further, Humberstone (2002) argues that traditional masculinity is what is celebrated in the sports, while women and non-conforming masculinity are treated as inferior (p. 63). Thus, there is a huge disparity in how male and female athletes are

portrayed in the media and in society, and this is very much a construct of Western society. Given this, there is little surprise that role models identified are very much dependent on the gender of the individual in question.

Another difference related to this is that the males predominantly noted that watching sports motivates them to take part in fitness activities; this sentiment was also shared by some female participants. Interestingly, in my first group with female participants, action movies starring females were noted as being their inspiration to be fit. For them, movies are avenues that truly showcase physical abilities. I was not surprised by this unique difference. The stars which they mentioned are those which are held up as the ideal and the epitome of femininity in the media. In contrast, it seems as if female athletes are often viewed through the lens of masculinity. This too is not surprising given sports are saturated with hegemonic masculinity. If femininity is seen as the goal for women under the social construction of gender, is it any wonder that young females flock to and look up to those females which are seen as achieving this at the societal level. Ideally, fitness should have nothing to do with gender, yet we live in a gender laden world, and its effects are evident here in the words of the youth. They have not only identified gender differences in fitness, they have lived these. In the final chapter, I will revisit this subject as well as discuss additional findings that arose from this research with immigrant youth and their constructions of health and fitness.

# CHAPTER 6

## Conclusions

### 6.1 The Cult of the Perfect Body

[N]either science nor medicine has ever found the perfect body. That has not kept people from looking for it. If science failed to locate it, current popular culture most assuredly has. It is slender, fit, and glowing. It does not smoke. If it drinks, it does so in moderation. It carefully regulates its diet in terms of calories, carbohydrates, fats, salt, and sugar. It exercises regularly and intensely. It showers (not bathes) frequently. It engages only in safe sex. It sleeps regular hours. It has the correct amount of body fat (women 20%; men 15%). It has flexibility (the ability to lay flat on its back and reach within 2 inches of its toes). It has proper muscle strength (as measured by the grip strength squeeze test-women 70 lbs. with the strongest hand; men 120 lbs. with the strongest hand). It has appropriate aerobic capacity (as measured by its maximum oxygen consumption-women 30 milliliters per kilogram of body weight per minute; men 40 milliliters per kilogram of body weight per minute). In short the perfect body is one that is biochemically, physiologically and autonomically balanced. Moreover, it is one that does not allow toxic substances and activities to disturb its inner harmony. It had wrapped a protective membrane around itself, it is, in a word, "healthy" (Edgley & Brissett, 1990, p. 261-262).

One of the outstanding findings from this study has been the constant blurring of

health and fitness concepts. The participants often exhibited difficulty discussing one

concept without mention of the other. Even in cases where this distinction was not overt,

similar terms or examples were drawn on to describe both health and fitness. While health

and fitness were discussed separately, it often sounded as if they were one in the same.

This difficulty is not surprising given that health and fitness are treated as an appearance

laden state of being. The thin, and toned body, is designated as the healthy and fit body;

this is the body which we see projected as the ideal. I started this section with a powerful

quote from Edgley and Brissett (1990). At first glance their opinions may seem a little

exaggerated, yet, I do not believe this to be the case. Their words capture the absurd,

precise, and unrealistic nature of the current consciousness and ideals regarding health

and fitness which are projected through the dominant discourse. This quote further highlights the individual responsibility implied in the achievement of these ideals.

Classifying health and fitness based on rigid appearance guidelines makes these concepts difficult to dissect. Health and fitness are very much seen as appearance norms; most often this entails being defined as physically attractive based on Western standards of femininity and masculinity. In fact, a new slang word used by teens is "fit." In applying this term they do not mean it in the traditional sense of someone being active, and in good physical shape, rather it refers to someone perceived as being physically attractive. Through this slang, we see a further blurring of the boundaries between health and fitness, through the notation of attractiveness. Indeed as Wright, O'Flynn, & MacDonald (in review) note, "[W]hen a healthism discourse linking body shape with good health is coupled with a discourse associating slim, youthful, attractive bodies with social and personal identity, a powerful set of imperatives are brought into play" (p. 4). The body is continuously seen as unfinished and in need of improvement, yet, the harshness of this belief is veiled under the headings health and fitness (Crawford, 1987, Shilling, 1993). This notion of appearance and self-improvement makes the achievement of health and fitness statuses problematic in that the standards of attractiveness are very rigid and a product of cultural ideals for a specific period. Thus, the achievement of these standards and ideals is difficult for the majority to accomplish.

## 6.2 Research Summary

The focus of this research has been to investigate immigrant youths' constructions of health and fitness. Through this process I employed two research methods: narrative collections and personal drawings, both of which were analyzed using a thematic analysis approach. I have applied feminist postmodern/poststructuralist perspectives in my analysis of these concepts of health and fitness. Specifically, I have focused on those which refer to the body as a social construct and examine the discourses related to these constructions. Prior to beginning my field work I developed a number of goals for my research project and before I making concluding comments, I summarize these objectives.

I began this research project striving to understand how immigrant youth construct notions of health and fitness. This was multi-layered process indeed. I have found that the formation of these constructions are quite complex and are influenced by a range of sources. Information is gathered from a number of outlets and in a number of contexts, including but not limited to friends, family, school, media, and community.

Dominant discourses of health and fitness focus on the notion of individual responsibility, and as such I was interested in how these dominant discourses are taken up by the youth. I specifically wondered what impact these discourses might have in the lives of the youth. The youth in this study proved to be especially knowledgeable of issues regarding health and fitness. They continuously and effectively reiterated the dominant discourses of health and fitness, but, at the same time showed resistance and critiqued these discourses. For example, the youth highlighted the larger economic or social influences on the attainment of health and fitness, such as access to healthy foods and the ability to join a sports team based on socio-economic status. The youth strive

towards living a healthy and fit life, while at the same time being mindful of the many contradictions inherent within the dominant discourses. One form of institutional discourse that played a large role in the lives of these youth, are messages they receive about health and fitness from school. School was noted to be a key outlet in their information gathering related to health and fitness and an important site of access to physical activity. The youth expected this institution to be an important contributor to their knowledge and access, and were often critical if they felt the school environment was not fulfilling its role in these ways. They have also provided alternate discourses such as feminism; this was applied in discussion of gender inequalities in sport.

Due to the diversity of backgrounds, languages, ethnicities, and life experiences of the participants in this project, culture was found to play an important role in the youths' constructions of health and fitness. It is difficult to summarize the cultural differences and/or similarities noted in a short paragraph, as the participants were often very divided and identified different areas of importance in their discussions. For instance, some viewed Canada as a healthier country, while others viewed their country of origin as such in regards to health and fitness attainment. Food was also an important observation here. Some participants shared that they missed foods enjoyed in their home countries, given they are unable to purchase these in Canada. Observations regarding the impact of culture on health and fitness are very dependent on the individual and the context in which we speak about these topics.

Gender was found to greatly influence the ideals and understandings of the youth, especially regarding fitness. It has been observed in previous studies that physical education caters to males over females, thus providing two very different experiences

based on one's sex (Elliot, 1997, Harris, 1994, Kirk, 1993, Stroot, 2002, Wright, 2001). This finding was also very evident in my study. Physical education was a different experience based one's gender. Some examples identified were favouritism for males and the issue of wearing revealing clothes in front of the opposite sex during gym class. Another important mention of gender was the unequal coverage of female sports. As a result, the females in these groups, as well in the general population, lack role models in this regard when compared to males. It is not surprising to me that gender was found to play an important role in constructions of health and fitness, we live in a gendered world as such, gender will have profound impacts on all aspects of one's life.

Finally, I investigated how these discourses of health and fitness impact the lives of the youth in this study. Through this exploration the youth highlighted the complexities inherent within discourses of health and fitness. While, in essence, it seems as though the youth accept these discourses, in reality their relationship with these discourses is much more complex; they also resist these discourses on numerous occasions. One predominant example of this resistance is the identification of numerous barriers to both health and fitness. The very fact that these youth note barriers rejects the notion of individualism central within the dominant discourses of health and fitness. These barriers shed light on the complexity of health and fitness, and how they are closely related to, and influenced by, a myriad of political, cultural, economic and social issues.

Further related to this is the role the individual plays in their own identity formation as a healthy or fit individual. Individuals are not merely living in a social vacuum, powerless against the various discourses which exist. Rather, they may choose to accept or reject these discourses in their own lives. While the body is indeed a social

construct, individuals are not entirely powerless, but give their body meanings in addition to, or in resistance to, those that are socially inscribed. As Grosz (1987) noted, "The body is both the means by which power is disseminated and a potential object of resistance to power" (p. 12). Individuals have the ability and means to mold and develop their subjectivity. This subjectivity may be altered through one's agency. Davis (1995) examined this notion of agency in her study of cosmetic surgery. She noted that while cosmetic surgery can be seen as form of oppression, it can also be a form of empowerment for women agents (p.11). Further, Barker and Galasinski (2001) note, "… agency is a culturally intelligible way of understanding ourselves as we clearly have the existential experience of facing and making choices" (p. 46). The youth in this study, through their rejection, critique, negotiations, and appropriation of the dominant discourses of health and fitness, are exercising individual agency.

### 6.3 Further Research and Action

Throughout this project I have begun to investigate how immigrant youth construct their notions of health and fitness. I use the term "begun" as this research is very preliminary and there is much exploration remaining to increase our understandings and knowledge in this area. There are many issues arising from this examination which deserve consideration and which I will briefly discuss here.

First, there is a need for further studies regarding the gender climate within junior/high school physical education courses, specifically in Newfoundland and Labrador, and Canada. While I am not about to generalize and say that gender is an issue for all students, it is indeed a concern for many. There were ten female participants within

this particular study, half of these relayed feelings of discomfort and discontentment in their physical education programs. I am not sure what the climate is for males as those in this study seemed content, but, their experiences and feelings should be explored in any further research. There needs to be a determined effort to improve the gender climate of these gym classes, for if gender inequalities, such as differential treatment based on one's gender, continue it will likely have long-term, negative impacts on fitness engagement in those individuals affected.

Second, more analysis is required in order to maximize health and fitness provisions for youth at the junior/high school levels. Schools have been identified by the youth in this study as both providing information and facilitating of health and fitness services. Key areas of concern noted were access to physical activity both during, and after, school hours, and the provision of nutritionally sound foods. These necessary revisions can likely be achieved at the government and school administrator level, but would be further maximized with the input and commitment from the community, parents, teachers and the students themselves (Leger, 2004, p. 408). Currently the government of Newfoundland and Labrador is moving in the right direction in this regard. Through my involvement with the Body Image Network,[10] I participated in the first Healthy Schools Student Summit, hosted by the provincial government in September 2005. This summit joined schools with community organizations to increase knowledge and share information regarding various aspects of healthy living, such as smoking prevention and healthy eating. The youth were then expected to take this information and share it with peers and their school community (Health and Community Services, 2005).

This is a starting point to increase the health climate within schools in Newfoundland and Labrador.

Third, further identification of possible barriers to health and fitness must be undertaken. The youth in this particular study were especially knowledgeable on this topic. Given that the majority of these youth come from homes classified as a lower-socioeconomic status this is not surprising, unfortunately, access to health and fitness, and its achievement is very class dependent. More studies could be undertaken to examine the obstacles in unison with a real effort to remedy and address these at a societal level. One example, that stands out from the discussions with these youth is food access. This is major problem not only in Canada, but around the world. Is it really fair to blame individuals for eating unhealthy foods when they cannot afford foods classified as healthy? This is yet another critique of the dominant discourses of health and fitness.

Fourth, there is much more research to be done with recent immigrants to our country. While the youth in my study did not discuss personal adjustment and integration issues, these are often an issue for many new immigrants to this country. It is important to examine notions of health and fitness, and their provisions, with youth that are having a difficult time adjusting to a new country. Perhaps they could offer further insight into how to best cater to this particular population in regards to health and fitness.

Finally, policy makers, health promotion incentives, and facilitators of health and fitness to the youth, need to do one very important thing: they need to listen to the youth, their concerns, and take their advice as to the best way to reach this population with key messages of health and fitness. While youth are very much influenced by the dominant discourses as they exist, there are also issues of individual agency and resistance here as

was highlighted by the youth in study. While they may at times accept these discourses, they have many critiques of these as well. Youth in Canada, need to be heard. If we as a country are so concerned with producing future healthy and fit adults this is an absolute necessity. Through this process, it is important to account for various cultures and experiences. As highlighted by the youth in this project, culture and one's location in this country, are very influential in one's understanding and achievement of health and fitness. The youth in this study prove that health and fitness is indeed a great concern to their age group; this concern needs to be addressed.


### 6.4 Personal Reflection

As I wrote this thesis, I often struggled with my own personal definitions and meanings of health and fitness. I too am part of these discourses; at times I found it a challenge to separate myself from these. It has often been a struggle to step back from these and reflect on their true meanings. What I have found throughout my reflections is that health and fitness have very unique meanings for the individual in question. In saying this I mean there are often different meanings both inside, and outside, the rhetoric of our dominant discourses. If this is indeed the case, and our ideals differ so much from person to person, how can we be prescribed one set body type and rigid guidelines for achieving health and fitness in our lives? In reality there are many determinants of health and fitness which need to be examined (Rail & Beausoleil, 2003).

On the one hand, I feel I have learned so much about health and fitness, specifically its meanings from engaging in this research. Yet, in another respect I think I am more confused and perplexed by these ideals than at any other time in my

consciousness. Throughout the research, and the practice of reflexivity, I have remained aware of my place in this research. While this project focuses on the perceptions of immigrant youth, these are issues that affect and influence everyone. I end this journey (I call it this as I have learned so much about being a researcher, society, health, and fitness) finally able to answer the question of what health and fitness means to me. Personally, I view these concepts as complex entities that greatly influence the lifestyle of individuals. For me, health and fitness incorporates all aspects of one's life, while at the same time being linked to a variety of political, social and economic influences.

Health and fitness is further complicated by the diversity of individual's lives, culture, locations, and backgrounds. Being mindful of this diversity, it seems utterly hopeless to generalize and prescribe health and fitness through rigid terms. Given the current situation within Western society, this approach has already has proved problematic, for example the individual emphasis on health and fitness attainment. I feel that most importantly individuals need to be able to access and embrace health and fitness in their lives. The majority of individuals are in constant pursuit of something they are not, nor ever will be. The youth in my study have proven to be very knowledgeable about issues of health and fitness; in their discussions these concepts were spoken about in both the personal and social sense. The youth in this study while sharing many similarities with one another and Canadian youth, have been quite effective in outlining the diversity of personal experiences on ideals of health and fitness, and the contradictions, rigidness, and complexity of these dominant discourses. Not only have they outlined these contradictions and the problems inherent within discourses, they have routinely highlighted their critiques through the performance of agency. This exercise of agency

sheds light into possibility of change, and the embracement of a more holistic vision of health and fitness in our own lives.

**Notes**

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[1] The VITALITY approach advocates a major shift in our ideas about weight in relation to healthy eating. This shift can be achieved through a move from diets to healthy eating, exercise to active living, and dissatisfaction with self to a positive self and body image. Overall it advocates for a move from rigid notions of the healthy and fit body to healthy bodies at all sizes, through the adoption of healthy living lifestyles. For more information visit:
http://www.hc-sc.gc.ca/fn-an/nutrition/weights-poids/positive_approach-approche_sain_e.html

[2] Rail, G., Beausoleil, N., MacNeill, M., Burrows, L., & Wright, J. (2003-2005). *"Canadian Youth's Constructions of Health and Fitness."* This large research project funded by SSHRC involves youth from a diversity of linguistic, racial, ethnic, cultural, and disability/ability communities and social backgrounds. Data collection has taken place in Canada, Australia and New Zealand.

[3] ANOVA (as defined by Norusis (YR) p. 301) refers to a one-way analysis of variance. In most sociological research, we are typically interested in comparing more than two groups for some continuously measured variable, for example: Do religious groups differ in regards to their average income and education. Analysis of variance creates two estimates of variance for each factor group. One estimate which is termed 'within group,' and the other being 'between group.' You then create a ratio of between variance divided by within variance. This creates what is known as an F ratio which is the basic statistic used to determine the probability that the means of the factor group are equal.

[4] MANOVA (as defined by Norusis (YR), p. 332-334) is simply defined as a two-way analysis of variance, and is seen as an extension of ANOVA, in that instead of one factor breaking down a sample (i.e., religion) you have two factors. So the continuous variable being religion is now broken down by the variables average income and education. In MANOVA there are two possible ways in which the three variables can interrelate, these are called direct ways and interaction ways.

[5] Bonferroni Procedure (as defined by Norusis (YR), p. 309-310): Used in addition to the ANOVA and MANOVA procedures. While these one and two way analysis of variance tells us which of the groups are not equal (at a given level of probability) it does not tell us which groups are different from one another. Essentially, it adjusts the observed significance level by multiplying it times the number of comparisons made.

[6] It is not my personal opinion that the body is problematic, specifically the obese body. I borrow this term here following the work of body theorists such as Turner (1996), Shilling (1991, 1993, 1997), Frank (1993) Bordo (2003), Featherstone (1991), Davis (1993). This term is used only to highlight the perceived problem as it is currently observed through societal discourse regarding health and fitness. Personally I feel that the real problem is how "excess weight" is negatively constructed and stigmatized in Western society, and in our dominant health discourses; and the effect that classifications such as this have on individuals categorized as overweight and obese.

[7] NVivo is a computer software tool used for exploring and interpreting qualitative data and analyzing fine details (Richards, 1999).

[8] Dr. Peter Cornish from Memorial University of Newfoundland's Counselling Centre had graciously volunteered to serve as this contact.

[9] Elissa's application of the adage "An apple a day keeps the doctor away," was the inspiration for the first section of my thesis title. When I read this passage in her journal it reminded me very much of my childhood, in that I heard this saying repeatedly in my youth. For me it epitomizes the dominant discourses

of health, in that it effectively reinforces the notion of individual responsibility which is inherent in these discourses. This passage also refers to the importance of diet in health and as well it highlights the individual's duty to adhere to this message and engage in behaviours such as this in the achievement of health.

[10] The Body Image Network is a non-profit organization which aims to promote positive body image and the prevention of eating disorders. These goals are achieved through research, education, awareness and promotion. This organization is based in St. John's, Newfoundland.

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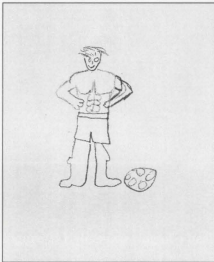
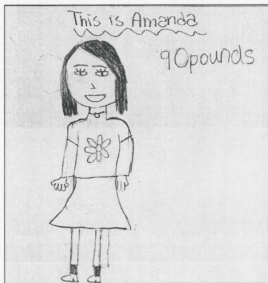**Figure 1: Melissa's drawing of a healthy person**
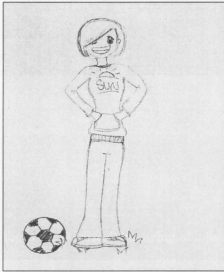


Clean hair, clean teeth, happy, cares about herself, regular haircuts, plays a sport.
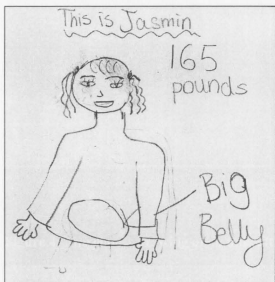
**Figure 2: Kyle's drawing of a healthy person**



Somone (sic) tall not fat and not skinny (sic) and exersis (sic) a lot.

**Figure 3: Maryiam's drawing of a healthy person**



This is Amanda
90 pounds

A healthy person is when they are active and not a lazy person. This girl is 90 pounds and she is a 13 year old. This is a good amount of weight for a 13 year old girl. And for her age, Amanda is a very happy and jolly person.

**Figure 4: Maryiam's drawing of an unhealthy person**



This is Jasmin
165 pounds
Big Belly

This IS MY WORST picture of an unhealthy person but anyways, this is a 12 year old girl this is a really heavy girl for this age.

**Figure 5: Elissa's drawing of a healthy person**



My picture shows a girl who plays soccer and who has a fit body because she cares a lot about fitness and health. She's holding an apple in her hands because she believes: "An apple a day keep the doctor away." She has shiny hair and bright eyes which shows she's healthy.

**Figure 6: Sara's drawing of a healthy person**



My illustration represents a healthy female, with a happy and shiny face. She is fit and protected, where the little insect which represents diseases cannot reach her of affect her health negatively.

**Figure 7: Maria's drawing of a healthy person**
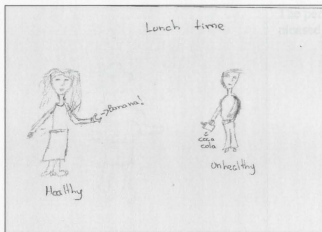


This person is healthy because:
- she's active
- she's energetic
- white teeth
- eats healthy food
- not too fat
- smiling/happy.

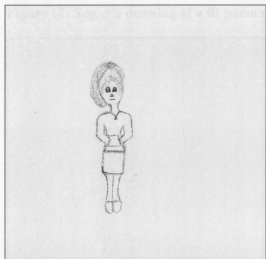**Figure 8: Melissa's drawing of an unhealthy person**



Board (sic), sleepy, lazy, likes to eat junk food, overweight.

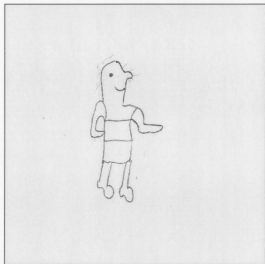**Figure 9: Angel's drawing of an healthy/unhealthy person**



This girl is healthy because she is eating a banana for lunch time unlike the boy that is just drinking cola.
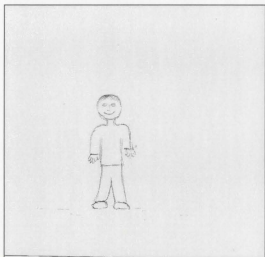
**Figure 10: Mayah's drawing of an unhealthy person**



This girl is unhealthy, because she is too skinny, weak, dull eyes, bored and not very fit.

**Figure 11: Elizabeth's drawing of a fit person**



The person who is fit is exercising and is pleased and happy with what he is doing.

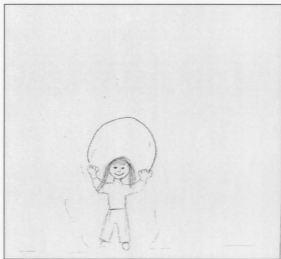**Figure 12: Sugar's drawing of a fit person**



This person is fit. He looks pretty happy and a part of being fit is being happy with yourself. Obeast (sic) people are often upset, and don't feel like doing things. Also, when a eats right.

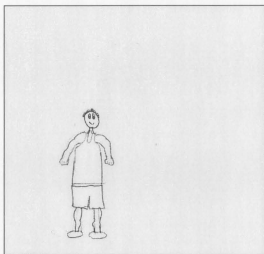**Figure 13: Elissa's drawing of a fit person**



My pictures shows a girl who plays sports and she's playing tennis now. She's fit because she's active by playing sports.
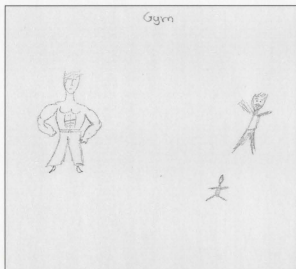
**Figure 14: Sugar's second drawing of a fit person**



This girl looks like she is very fit by doing some exercise.

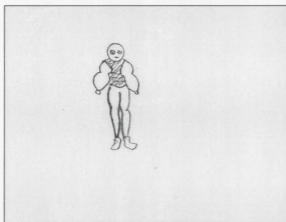**Figure 15: Greg's drawing of a fit person**



This is a picture of a fit person. He is physically built, and he looks very athletic.

**Figure 16: Angel's drawing of a fit person**



One of the guys is the strong one with muscles and everything. But the other one is exorcising (sic) and he isn't trying to get muscles just the daily exorcise (sic).

**Figure 17: Strife's drawing of a fit person**



He exercise a lot (sic) and eat little, athletic and just like doing things that makes them feel strong health and good.

**Figure 18: Apple's drawing of a fit person**
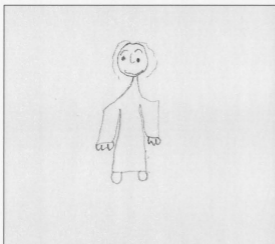


This person is fit because she eat lot food, and exmger (sic) lot. I think she healthy.

**Figure 19: Maria's drawing of a fit person**



This person is fit because:
- -eats healthy
- -active
- -fit body (not too fat, not too skinny).

**LETTER OF INFORMATION
PARENTS/GUARDIANS**

Dear Parent/Guardian,

My name is Jennifer Shea and I am a graduate student at Memorial University of Newfoundland. I will be conducting research on adolescents and their ideas about health and fitness, for partial fulfillment of my master's degree. The data I collect will be used for writing my thesis.

The official title of my study is "*Immigrant Youth in St. John's, NL, and their Constructions of Health and Fitness.*" The study will consist of focus groups (small-group interviews) with youth aged 12-16. Each interview will involve 5 or 6 participants, will take two hours in total. These interviews will be audio-taped with the consent of youth involved. I will direct the interviews and interrupt from time to time to keep the discussion going. I am not interested in right or wrong answers just the opinions of your child with regards to health and fitness (i.e., image of healthy people, image of fit/fitness body, ideal body shape, etc...).

In addition to the focus group discussion I will also ask your child to complete a short journal. This will consist of drawing two pictures (what a healthy and fit person would look like) as well list three sources of information used to learn about health and fitness.

The study will help us to understand the culture of youth and their ideas about health and fitness. A summary of the results of my study will be sent to those who participate. These results will speak of youth in general. Confidentiality will be respected in regards to your child. This means that any information that may lead to the identification of your child will be erased from the results.

I am working under a larger research project titled: *"Canadian Youth's Construction of Health and Fitness."* After my thesis is completed, I will pass along the transcribed interviews and photocopies of the journals to the larger project. I will do my best to ensure that confidently is maintained at all times. Pseudonyms (a name which differs from their own as a means to keep true identity confidential) will be chosen before the focus group. This pseudonym will be used from that moment on. Any information that would reveal your child's identity will not be made available to the larger project. This information, tapes and transcriptions will be locked away in my Supervisors, Dr. Beausoleil's, office during and after this study.

The decision to participate, or decline to take part in the study, is completely up to you and your child. You should be aware that your child will be speaking in front of his/her peers which may cause feelings of discomfort. However, often such interviewing environments prove helpful for the participant as well as the researcher. This will provide the youth an opportunity to talk among their peers in their own words about issues and experiences which are important to them.

This study has been approved by the Interdisciplinary Committee on Ethics in Human Research at Memorial University. If you have any questions regarding this study I would be more than happy to answer them, just contact me at the number below.

If you are willing to have your child participate in my study, please read the attached consent form, sign it, and give it back to me.

Please feel free to contact me, with any questions or concerns:
**Jennifer Shea (709) 722-4501**

You may also contact my thesis supervisors:
**Dr. Linda Cullum (709)737-8158** or
**Dr. Natalie Beausoleil (709)777-8384.**

Thank you in advance for your help in this project,

Jennifer Shea, Master's Candidate, Department of Sociology, MUN

## APPENDIX C

### Focus Group Discussion Guide:

1. **Constructions of health and fitness**
   1. What does "being healthy" (and then fitness) mean to you?
   2. What are key words that you would use to define health (and then fitness)?
   3. Can you describe to me what a healthy individual (and then fit) would look like?
   4. What qualities would he (and then she) have?
   5. How/Why is being healthy (and then fit) different/similar for men and women?
   6. If your director or your parents could do anything to make all of you here healthy (and then fit), what would you ask them to do?
   7. Do you care about health (and then fitness)? How much? Why?
   8. What does it mean that someone is unhealthy (unfit)? Do you often meet people who are unhealthy (unfit)? How do you think they got to be unhealthy (unfit)?

2. **Sources of the constructions of health and fitness**
   1. Where do you think your ideas on health (fitness) come from? Why?
   2. Where do you get information on health (fitness)? Is there a lot of information out there? Are you interested in this information? Why/Why not?
   3. How do you learn how to do healthy (to get fit) things? How do you learn about unhealthy (unfit) things?
   4. Are the media useful? Why/Why not? Which ones? How?

3. **Culture and constructions of health and fitness**
   1. Do your parents believe in health (fitness) the same way you do? Why do you think this is so?
   2. How are they the same (or different)? Why do you think this is so?
   3. Growing up, were there other things around you that may have changed or confirmed your ideas of health (fitness)?
   4. What are the ideas in your community? How are they the same (or different) from yours? Why?
   5. Do you think that your culture (and then religion) plays a role in your health (fitness) habits? How?
   6. Are there any differences in health and fitness in your home country and Canada.

4. **Integration of the constructions of health and fitness in day-to-day life**
   1. Are you concerned about you health (fitness)? Why/Why not?
   2. Is your health (fitness) a priority in your life? Why/Why not?
   3. Does health (fitness) matter to you? Why/Why not?
   4. How do you take care of your health (fitness)?

5   Do you think that you are healthy (fit)? What makes you say that?
6   What do you do to stay healthy (fit)?
7   What are the things that prevent you from taking care of your health (fitness)?
8   What do you think you could do to improve your health (fitness)?
9   Do you enjoy fitness activities? Why or why not? Which ones?

10. Why (or why not) do you engage in physical activity? (How does it help you? Why do you exercise? What motivates you?)
11. Where do you stay fit? (Do you exercise alone? How many times a week? Where: fitness club/outside/local gymnasium/school? Is it expensive? Are you aware of facilities, programs?
12  Do you think that engaging in physical activity has an impact on your health? In what ways?
13  How do you feel about your body? Are you satisfied with how you look?

## APPENDIX D

## Memorial University of Newfoundland

**The proposal for this research has been approved by:**
**The Interdisciplinary Committee on Ethics in Human Research at Memorial**

### Consent to Take Part in Research

**TITLE:** *Immigrant Youth in St. John's, NL, and their Constructions of Health and Fitness*

**RESEARCHER:** Jennifer Shea (Masters Candidate) Memorial University

**Your child has been asked to take part in a research study. It is up to you to decide whether your child will in the study or not. Before you decide, you need to understand what the study is for, what risks face your child and what benefits your child might receive. This consent form will explain the study.**

The researcher will:

- discuss the study with you and/or your child
- answer your child's questions
- keep confidential personal information which could identify your child/ward personally
- be available during and after the study to deal with problems and answer questions

**If your child decides not to take part or to leave the study at any time within 6 months of their recorded interview they are free to do so.**

**Introduction:**
There have been a number of studies about youth's ideas about health and fitness. However they did not provide information about *how* adolescents think about health and fitness. More importantly the experiences of Immigrant youth have often been left out of existing research. I want too change this in my study. Often adolescents' social and cultural experiences are left out of research about health.

My study is part of a larger research project titled: "*Canadian Youth's Construction of Health and Fitness.*" As a result my data gathered in this focus group will later be passed along for analysis in the larger study. Your child will choose a pseudonym name (personal name to be identified by in the study) prior to beginning the group discussion. Their real name will no longer be used. All identifying information for your child will be locked away in my supervisor; Dr. Beausoleil's office during and after the study, with only myself and my supervisors having access.

**Purpose of Study:**
The general goal of this project is to examine how Immigrant-Canadian youth understand health and fitness.

**Description of my study:**

> Focus Group Discussion: Each participant will take part in a small group discussion, consisting of 5-6 participants. The participants will be asked questions designed to encourage group discussion on health and fitness.

> Individual Journal: Each participant will be invited to draw a picture of a "healthy" and a "fit" person. The participant will also be asked to list there top three sources of information they use to learn about health and fitness.

**Length of time:**
The focus group discussion and completion of individual journals will take two hours.

**Possible risks and discomforts:**
There might be possible emotional (such as feeling shy or embarrassed) discomfort during the study due to the nature of the topic (health, body image). There is also the possibility your child may feel uncomfortable about what is being revealed and discussed by others during the focus group discussion.

The above mentioned risks/inconveniences will be minimized during our study by agreeing to keep the focus group discussion in strict confidence. The real names of participants will not be used in transcriptions or analysis, participation in this project is voluntary.

In addition the name and contact information for a counselor will be provided to your child, if they wish to talk to a professional regarding any issue which arose during the group discussion.

**Benefits:**
**It is not known whether this study will benefit your child personally, but by listening to the voices of adolescents and with their ideas and suggestions, it will fill a gap in literature about health and fitness.**

**Liability statement:**
> **Signing this form gives me your consent for your child to be in my study.**

> **It tells me that you understand the information about my research study.**

> **When you sign this form, you do not give up your legal rights.**

> **Researchers or agencies involved in this research study still have their legal and professional responsibilities.**

**Questions:**
If you have any questions about your child taking part in this study, you can meet with the researcher who is in charge of the study, or her supervisors.

**Researcher:**
**Jennifer Shea, Masters Candidate 709-722-4501**

**Supervisors:**
**Linda Cullum, PhD, 709-737-8158 or**

**Natalie Beausoleil, PhD, 709-777-8483**

Alternatively, you can talk to someone who is not involved with the study at all, but can advise you on your rights as a participant in a research study:

**Interdisciplinary Committee on Ethics in Human Research at Memorial University**

**Contact the Chairperson at : 709-737-8368, or email : icehr@mun.ca**

## Signature Pages :

**Study title:** *Immigrant Youth in St. John's, Newfoundland, Constructions of Health and Fitness*

**Researcher:** Jennifer Shea (Master Candidate), Department of Sociology, Memorial University

<u>To be filled out and signed by the parent:</u>

<u>Please check as appropriate:</u>

| | | |
|---|---|---|
| I have read the consent form | Yes { } | No { } |
| I was able to ask questions or discuss this study. | Yes { } | No { } |
| I have spoken to Jennifer Shea, and she has answered my questions | Yes { } | No { } |
| I have received satisfactory answers to all of my questions, and adequate information about the study. | Yes { } | No { } |
| I understand that this project is part of a larger study on Canadian youth | Yes { } | No { } |
| I give permission for the focus group data to be used for the larger study titled: *"Canadian Youth's Construction of Health and Fitness"* | Yes { } | No { } |
| I grant permission to audio tape the focus group. | Yes { } | No { } |
| I understand that when this data is passed along to the larger study and that no identifying information regarding my child will be passed along. | Yes { } | No { } |

I understand that my child/ward is free to withdraw from the study:
-at any time
-without having to give a reason      Yes { }    No { }

| | | |
|---|---|---|
| I understand that it is my child's choice to be in this study | Yes { } | No { } |
| I and my child understand that all topics discussed will be kept in strict confidence to the best of the researchers ability. | Yes { } | No { } |
| I grant permission for my child to take part in this study. | Yes { } | No { } |

**Assent of Parent:**

_____     _____
Signature of parent/guardian          Date

**Assent of minor participant:**

_____     _____
Signature of minor participant         Date

_____     _____
Relationship to signature named above   Age

_____     _____
Signature of witness                  Date

**To be signed by the Researcher:**

I have explained this study to the best of my ability. I invited questions and given
answers. I believe that the participant fully understands what is involved in being in the
study, any potential risks of the study and that he or she has freely chosen to be in the
study.

_____     _____
Signature of investigator              Date

"Immigrant Youth in St. John's, Newfoundland, and their Constructions of Health and Fitness"
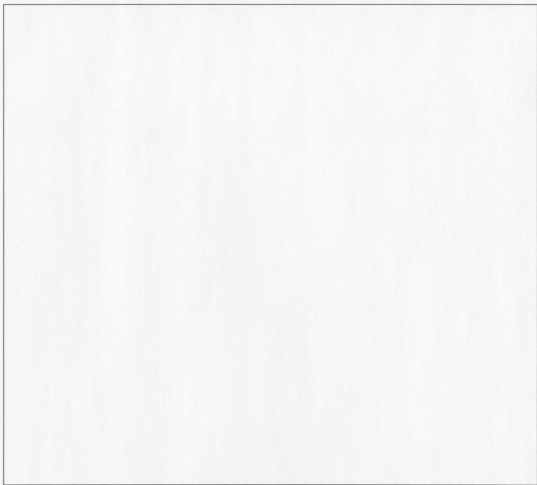
# Journal Entry

Pseudonym:_____
Age:_____
Gender:_____

What would a Healthy Individual look like?

In a few sentences please describe your artwork and why it is that this person is healthy:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

What would a Fit Individual look like?

In a few sentences please describe your artwork and why it is that this person is Fit:

_____
_____
_____
_____
_____
_____
_____
_____
_____

# SOURCES OF INFORMATION

**On the lines below, please list the top 3 places or persons
where you get your information about <u>health</u>**

- _____
- _____
- _____

# SOURCES OF INFORMATION

**On the lines below, please list the top 3 places or persons
where you get your information about <u>fitness</u>**

- ◆ _____

- ◆ _____

- ◆ _____

## PARTICIPANT INFORMATION FORM

### Immigrant Youth in St. John's, NL, and their Constructions of Health and Fitness
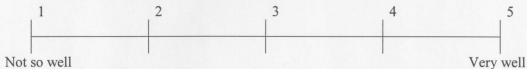
1. Name: _____

2. Pseudonym name: _____

3. Age: _____ & Gender: _____

4. What is your country of origin?

_____

5. When did you arrive in Canada?

_____

6. What Languages do you speak?

_____

7. Do you understand English? Put an "O" where you fit on this line:

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| Not so well | | | | Very well |

8. Do you speak English? Put an "O" where you fit on this line:

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| Not so well | | | | Very well |

9. What is your mailing address?

_____
_____
_____

10. What is your phone number?

_____