



**Understanding Female Youth's Perceptions of Health
and Physical Activity: A First Step in Developing a Youth-Driven Program**

**La santé, l'activité physique et les adolescentes :
Première étape vers la création de programmes axés sur les jeunes**

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Abstract

Research has shown that adolescent females are less active compared to males leading to a call for increased physical activity programming for female youth (Brodersen et al., 2007). However, to date, much of the research has not incorporated the voice of youth. According to the United Nations, youth have a right to participate in society and express their views about matters concerning their lives and future (Health Canada, 2001). The purpose of this research was to explore female adolescents' perceptions related to health and physical activity. Semi-structured interviews were conducted with female youth from a local Boys and Girls Club. The results indicated that for female youth health is a complex construct made up of a number of factors. In addition, it was evident that body image, gender, the social environment and having access to resources were perceived to impact health behaviours including physical activity.

Résumé

Les études ont démontré que les adolescentes sont moins actives que les adolescents, d'où la nécessité d'offrir plus de programmes d'activité physique à l'intention particulière des

jeunes filles (Brodersen et coll., 2007). Malgré tout, la plupart des études menées jusqu'ici ne tiennent pas compte du point de vue des jeunes. Selon les Nations Unies, les jeunes ont le droit de participer à la société et de prendre position sur les questions et enjeux qui influent sur leur vie et leur avenir (Santé Canada, 2001). La présente étude visait à déterminer les perceptions qu'avaient des adolescentes de la santé et de l'activité physique. Des entrevues semi-dirigées ont eu lieu avec des adolescentes membres d'un Club Garçons et Filles local. Les résultats ont révélé qu'aux yeux des adolescentes, la santé constitue une notion complexe tributaire de nombreux facteurs. De plus, il ressortait clairement que l'image corporelle, le sexe, l'environnement social et l'accès aux ressources ont tous des incidences sur les comportements de santé, y compris l'activité physique.

Introduction

Research indicates that female youth, compared to male youth, score consistently lower on all indicators of health (Public Health Agency of Canada [PHAC], 2004). Two important indicators of female health are physical activity (PA) and self-perceptions (DeBate, Gabriel, Zwald, Huberty & Zhang, 2009; Inchley Kirby, & Currie, 2011; Sherwood & Jeffery, 2000). Unfortunately, research has shown that for female youth both of these indicators decline throughout adolescence (Brodersen, Steptoe, Boniface, & Wardle, 2007; Inchley, et al., 2011; Sherwood & Jeffery, 2000). The Health Behaviour of School-Aged Children Study, a cross-national study supported by the World Health Organization (WHO), considers young people's health within a broad context by looking at how socioeconomic status (SES), family, peers, and school shape the development of adolescents (WHO, 2006). Data from these studies have revealed that gender and family affluence are two powerful determinants of youth health (Boyce, 2004; WHO, 2006). As such, it has been recognized that female youth from families living on low incomes face increased barriers to achieving optimal levels of health. However, to be able to work to reverse these negative trends and decrease barriers it is important to have an understanding of the perceptions and experiences of female youth. Therefore, the purpose of this research was to explore the perceptions of health and PA of female youth from low SES families.

In recent years there is a growing concern regarding the rapid increase in childhood obesity, with this trend being particularly true for adolescent female youth (Hardman & Stensel, 2009). Contributing to this growing concern is the high levels of physical inactivity (Sparling, Owen, Lambert, & Haskell, 2000; Warburton, Nicol, & Bredin, 2006) and how such is placing youth at risk for various chronic health issues such as type II diabetes, cardiovascular disease, various forms of cancer, and psychological health problems (Active Healthy Kids Canada [AHKC], 2011; Farhat, Iannotti, & Simons-Morton, 2010; Fogelhom, 2009).

In Canada, statistics indicate that only 7% of children and youth are meeting the current PA guidelines of 60 minutes per day (AHKC, 2012). In addition, several studies investigating PA levels of adolescent youth have found that not only are male youth typically more active than female youth, but that as the adolescent years progress PA rates decrease at a more significant rate for female youth (Brodersen et al., 2007; Inchley et al., 2011; Sherar, Esliger, Baxter-Jones, Tremblay, 2007). For example, Brodersen et al. (2007) found that over a five year period (1999-2004) PA rates for female youth decreased by 46% compared to male youth who decreased by 23%. Given that PA levels during adolescence are positively associated with PA levels in

adulthood, it is critical to increase the levels of PA of youth and in particular female youth (Hallal, Victoria, Azevedo, & Wells, 2006; Perkins, Jacobs, Barber, & Eccles, 2004; Vu, Murrie, Gonzalez, & Jobe, 2006).

Studies also report that youth from families living on low incomes participate in less PA than more advantaged youth (Crespo, Ainsworth, Keteyian, Heath, & Smit, 1999; Woodfield, Duncan, Al-Nakeeb, Nevill, & Jenkins, 2002). In Canada, youth from higher income families are 25% more active than youth from families living on low incomes (AHKC, 2012). Yet, this is not because low SES youth are not as interested in participating in sport and PA, as oftentimes there are other constraints including a lack of accessible programs that prevent youth from participation (Humbert et al., 2006). Indeed, the AHKC 2011 report card indicated that youth from low SES families have less access to organized sport and PA. For example, 72% of parents living on low incomes report that their children do not have access to after-school programs and less than 50% of such programs have PA as a primary component or target adolescents (AHKC, 2011). In sum, female youth from families living on low incomes appear to be at a higher risk for physical inactivity and poor developmental outcomes, both physically and psychologically (PHAC, 2006; Wilson, Williams, Evans, Mixon & Rheume, 2005).

Research examining variables associated with PA levels has found that self-perceptions such as self-efficacy and perceived competence are important consistent predictors of PA behaviour (Biddle & Asare, 2011; Guinn, Vincent, Semper, Jorgensen; 2000; Inchley et al., 2011). In a longitudinal study conducted by Inchley et al. (2011) it was found that self-perceptions were lower for female youth and decreased significantly more for female youth compared to male youth over the course of four years. Perhaps most important, however, was the finding that high self-efficacy was a predictor of PA engagement indicating the potential importance of enhancing self-efficacy in female youth.

In addition, previous studies have found that adolescent females report that their social environment can have a major influence on whether or not they decide to participate in PA (Coleman, Cox & Roker, 2007; Sherwood & Jeffery, 2000). In particular, peer support seems to play a key role in motivating youth to become or remain physically active. For example, it has been found that girls are more likely to engage in PA if there is a possibility of making friends, if a friend or family member is supportive of their involvement, or if they have a group of friends that also participate in the activity (Coleman et al., 2007; Krahnstoeever-Davison & Jago, 2009; Sherwood & Jeffery, 2000). Overall, the research has indicated that if adolescent females receive positive social support, either from peers or other role models, then this will have a positive effect on their PA levels (Coleman et al., 2007; Sherwood & Jeffery, 2000).

In sum, it is clear from the research that the levels of physical inactivity among female youth is concerning for various reasons. Unfortunately, this concern has been present for decades. As stated by Vertinsky (1998)

The advancement of access and opportunities for girls and women in health enhancing physical activity in recent decades is a matter of record. Yet despite burgeoning interest and increased female participation in sport and recreational physical activity, few women are active enough to benefit their health. Even after extensive government campaigns are repeatedly used to educate the public, fewer women than men participate in every age group. Something is drastically wrong when exercise is said to be associated with so many health benefits, yet only a small portion of the female population exercises sufficiently to accrue these benefits. (p. 81)

Perhaps one of the problems is that the research that has been done to date often lacks the voice of the youth (Rail, 2009). Therefore, further research is needed to gain a greater understanding of how youth conceptualize health and the barriers they experience in being active. Moreover, once there is a greater understanding of such barriers researchers and practitioners should continue to work with female youth to develop increased opportunities that would enable them to increase their levels of PA and enhance their health rather than using the traditional method of having the experts, generally adults, design and develop programs which ultimately neglects the voice of youth. According to the United Nations Convention on the Rights of the Child, youth have civil rights to participate in society and to express their views about matters concerning their lives and future (Health Canada, 2001). In an initiative by Health Canada (2001) the majority of youth (71% of children, 79% of pre-teen, and 64% of teen respondents) expressed that it is important to be listened to, and to be involved in decision-making on issues that are important to them. Two responses from youth related to participation were: “Adults should listen to children because their point of view is very important and they could make a difference” (p. 3); “Our ideas are worth something. We may not be the oldest but we do know a lot of stuff older people don’t or that they have forgotten” (p. 3).

As mentioned above, the purpose of this research was to explore the perceptions of health and PA of female youth from low SES families. Although a few qualitative studies have been conducted to examine the ideas youth have related to health and health behaviors, there is a need to gain a greater understanding of the views and perceptions held by marginalized youth (MacNeill & Rail, 2010). A secondary goal of this research was to utilize the results to develop a youth driven PA-based life skills program. A youth-driven program is characterized by youth making the majority of the decisions throughout the planning and implementation phases with adult supervision and guidance supplemented along the way (Motivate Canada, 2010). As a result it is important to have the voice of the youth present in each step of this research.

Method

Context

This study took place in Eastern Ontario, Canada in collaboration with the local Boys and Girls Club. The Boys and Girls Club is a national non-profit organization that offers a variety of after-school, weekend and summer programs with the goal of providing a safe and fun venue in which the youth can “develop self-esteem, cultural awareness, confidence, behaviours of healthy living and a desire to become positive members of the community” (Boys and Girls Club, 2011, n.p.). The majority, if not all, of the members of the Boys and Girls Club are those from families living on low-incomes and they situate their clubhouses in neighbourhoods in which there is a high proportion of community housing. As a result these neighbourhoods often lack the resources, programs and opportunities often found in higher income neighbourhoods. In addition, all of the programs offered at the local Boys and Girls club in this research are accessible to youth from families living on low-incomes, as there are no fees associated with joining the Club.

Participants

Participants recruited for this study were eleven female youth who were members of the Boys and Girls Club. Their ages ranged from 12 to 16 years of age and their length of involvement in the Boys and Girls Club ranged from 1 to 8 years. Within the Boys and Girls

Club there are three different age groups for which programs are developed: Junior (6-10), Intermediate (11-13), and Senior (14-18). For this study, both intermediate and senior youth were recruited. Six out of the eleven female participants considered themselves to be regularly active and participating in sport or PA, while the other 5 participants identified themselves as non-active. All of the youth were from families living on low-incomes.

Procedure

Interpersonal Phenomenological Analysis (IPA) (Smith & Osborn, 2008) guided this research. IPA is a phenomenological approach, which aims to explore individual's lived experiences and how they perceive those experiences (Smith, 2004). Given that the purpose of the study was to gain an understanding of the youth's perceptions of health and their experiences with PA, it was important to use an approach that was consistent with this purpose. IPA has three defining features: it is idiographic; uses an inductive process; and is interrogative (Smith, 2004). IPA is idiographic in that it begins with one case until some degree of closure has been achieved and then moves to the second case, and so on and so forth through the cases. Once the cases are completed a cross-case analysis of themes is conducted for convergence and divergence. This idiographic process and cross-case analysis allows for an understanding of the important generic themes but also about the life world of the particular participants (Smith, 2004). IPA is inductive in that it employs techniques such as semi-structured interviews and inductive content analysis to allow for unanticipated topics or themes to emerge during analysis (Smith, 2004). Finally, IPA is interrogative in that its aim is to also make a contribution to psychology by discussing the results in relation to the existing literature (Smith, 2004).

The participants were recruited to participate in one semi-structured interview using purposeful sampling. Creswell (2009) states that purposeful sampling occurs when the researcher selects a specific set of individuals as "they purposefully inform an understanding of the research problem and central phenomenon in the study" (p. 125). In this study, the goal was to select participants of various ages and various experience or engagement in PA. As mentioned above, the Boys and Girls Club group their members according to ages and given the researchers were interested in female youth, both intermediate members (11-13) and senior members (14-18) were recruited. In addition, a Boys and Girls Club staff member who knew the members quite well assisted in recruiting participants as she was more aware of the participant's current activities as well as their willingness to talk with the researcher.

The interviews were conducted in person at the Boys and Girls Club. Interviews were recorded using a digital audio-recorder and ranged in length from 15 to 50 minutes. The interview questions explored the youth's perceptions regarding PA, their current PA behaviour, their perceptions of health, the barriers they have experienced when attempting to be active or participate in a PA program, aspects or factors that motivate them to participate in PA or to adhere to a program, and what makes PA enjoyable. The semi-structured format helped to guide the thoughts of the youth while still allowing them the freedom to further explain and give examples of their own experiences relating to PA and health in general. Parental consent was obtained and the youth also signed assent forms. The University of Ottawa Research Ethics Committee approved all procedures.

Data Analysis

The data was analyzed using an iterative inductive content analysis that is often used with IPA (Smith & Osborn, 2008). This iterative process begins with reading the interview transcripts multiple times. During the first reading, notes were made alongside the left margin to highlight responses related to the purpose of the study. In a subsequent reading, the right margin was used to note any emerging themes that captured the essence of what the participant stated or reflected. A master list of themes was then developed and excerpts from the transcripts were highlighted to support the identified themes. To enhance the trustworthiness of the data an external evaluator reviewed the data and the data analysis notes to determine whether the same conclusions were drawn as compared to the initial analysis (Neuman & Robson, 2012). The external evaluator in this research was a professor familiar with qualitative analysis. Based on her analysis there were no discrepancies observed. Identification codes were created for each quotation as a means to classify the individual as an intermediate or senior member of the Boys and Girls Club (I= Intermediate, S= Senior). These identification codes were used to guarantee confidentiality of participants' identity. For example, a female intermediate youth who was interviewed fourth was denoted as I-4.

Results

Results from the semi-structured interviews underlined that female youth perceive health as a complex construct that is made up of a number of factors. In addition, it was evident that body image, gender, the social environment and having a lack of resources are perceived to impact health behaviours including PA. Six major themes emerged from the data: (a) Health is Composed of Many Factors; (b) Body Image Permeates the Idea of Health and Engagement in Health Behaviours; (c) Self-Perceptions can be a Double-Edged Sword; (d) Gender is an Issue; (e) Peer Social Support Facilitates Physical Activity Participation; and (f) Lack of Resources is a Concern. Consequently, the results are divided into six sections to present each of the themes.

Health is Composed of Many Factors

When discussing their perceptions of the word health the youth talked about various concepts and behaviours that they believed represented what it meant to be healthy. These included eating a balanced diet, exercising, having a positive well-being, having regular visits to the doctor as well as avoiding negative influences such as drugs and alcohol.

When the youth shared their beliefs about what it meant to be healthy they often referred to making healthy food choices as well as having an overall balanced diet. As one youth stated: "It's like eating healthy and eating your fruits and vegetables" (S-9). Other participants recognized that while there are a number of unhealthy food choices available, being healthy was about having everything in moderation. "McDonald's is my friend. This is not a lie. Their food is not the healthiest to eat every single day, but it's okay every once and a while." She went on to explain, "say there's cake and you really want it. You have to have a bit of fat in your life; you're not going to die. You should have a little piece, just don't eat the entire cake; balancing everything out" (S-8). While another youth emphasized that in order to be healthy, "don't eat a lot of junk food" (I-2).

Most often the youth discussed the combination of eating healthy and exercising as

representing what it meant to be healthy: “exercise and eat healthy” (I-4). As one youth explained healthy people “do exercise and they eat a lot of fruit and vegetables (I-2). Another youth shared a similar conceptualization of health: “go outside and just go for a run and like eating healthy stuff like carrots and vegetables” (S-11). While many of the youth did recognize the combination of PA and healthy eating as part of being healthy another youth alluded to the fact that it has to be fun to participate, particularly for PA. “I think of proper eating, exercising, but make it fun, like gym, swimming, exercise, just not sitting on the couch eating chips” (S-8). In addition, when discussing PA it was evident that the youth were aware of the current PA guidelines. This may be a reflection of the recent focus on the importance of PA through various advertising campaigns and school initiatives (e.g., Daily Physical Activity). As one youth stated “regular exercise everyday” (S-9) while another youth stated “you need to be physically active for an hour a day at least” (S-10).

The youth also used the term well-being when describing what it meant to be healthy. When they used the term well-being they talked about feeling good about themselves and decreasing stress. As one youth explained “emotional well-being...like you feel good about yourself...you’re happy and you like yourself” (S-9). Similarly, another youth stated, “when you’re healthy, you feel good” (S-5). Another youth illustrated the importance of relieving oneself of anxiety: “let things go, don’t stress out over anything. Well, you can just live a healthy life, like something that’s not really hard. You just don’t have to stress out and just think light” (S-7). From these statements, it is evident that thinking positively and maintaining a low level of stress are factors, which female youth perceive as being important to establishing a sense of well-being, which contributes to our overall health.

Additionally, the youth in the study identified other factors to being healthy such having regular check-ups with a family doctor: “going for check-ups I think that it’d be healthy” (S-10), while another youth talked about the importance of going to the doctor to make sure that you are getting all of the nutrients you need: “go to the doctors and see if they are lacking in any nutrients... if they have low iron” (S-11). Moreover, additionally some youth emphasized the importance of refraining from engaging in risky behaviours in order to be healthy “like drugs and abuse, like don’t get into smoking and drugs” (I-4).

Body Image

Youth within this study brought forward the concept of body image when responding to various questions related to defining health and participating in PA. Therefore, body image permeated the youth’s definitions of health in two ways. First, the youth talked about how being healthy was equal to being thin. When asked what it meant to be healthy one youth responded “to be just thin” (S-11) while another youth explained that if you are not healthy you are fat: “If you’re not healthy then you’re like a couch potato...they don’t exercise so they’re fat” (I-1). Some of the senior youth recognized their peers continue to strive for the thin ideal they see in the media even though they are healthy as they are. One youth stated: “A lot of girls if they’re overweight and try to lose weight they’re like on the scale ‘I want to be 110lbs’...I have another friend, she wants more than ten surgeries and she’s fifteen” (S-8). Another youth held a similar perception:

I think it kinda ties into like the food too ‘cause a lot of girls could be bigger, like they’re still beautiful in every way like you know what I mean, but like they think that they have

to have that super model body and everything and that can depress them and it can make them wanna go on diets which could also really not be healthy (S-10).

This youth discussed at length how she was frustrated by the media for how it portrays women and the pressure it places on young girls.

I know this probably can't happen but like models of all sizes and like I think it all started with like princesses and things like that really skinny princesses...and I think that if you have something that's displaying beauty in all shapes and sizes, girls, girls won't have to like look at themselves in the mirror and think like wow, why can't, why can't I be like that, and they're gonna wanna just try to be healthy they're not gonna have to worry about dieting and hurting themselves. (S-10)

Second, related to the concept of body image, was that the youth explained that a barrier to being physically active was that being active would lead them to sweat and they did not like how sweating would make them look and feel. This apprehension about sweating was present in both the intermediate and senior youth. As one youth shared "I don't want to sweat...boys don't really care, but girls do" (I-4). As a senior youth explained, sweating ruins your appearance: "For me it takes me a while to do my hair and make-up so if I get all sweaty I have to take a shower, and then I have to re-do my hair, then I have to re-do my make-up" (S-6). Therefore, it appears that the pressure to look a certain way and present them in such a way can prevent female youth from being active.

Self-Perceptions can be a Double-Edged Sword

Confidence and self-esteem were two reoccurring words brought forth by the youth. However, it was evident through the interviews that self-perceptions such as confidence and self-esteem can be a double-edged sword. Positive self-perceptions were perceived as facilitating participation in PA while negative self-perceptions were identified as a barrier to PA.

The youth recognized that when they felt confident, they believed that nothing could stop them and they wanted to be involved and be active, as one youth shared about confidence while playing dodgeball "And if you think like...like I'm fearless, like nobody can hit me, then you're probably not going to get hit" (I-1). This youth went on to also share that having positive experiences in sport and PA can help youth to feel more confident about themselves which allowed them to feel a sense of accomplishment "It makes you feel like...you feel better and like you accomplished like ...you helped your team and you feel good"(I-1).

However, on the other hand, the youth often indicated that negative thoughts and low self-esteem were barriers to becoming physically active. Their perceptions of their skill level would discourage them from joining teams or getting involved in any programs: "Being able to know the sport. If I can't play, I'm not going to be confident, I'm gonna stalk off, I'm not gonna go forward... self-image is actually big going into a sport" (S-8). Another youth also indicated that negative self-perceptions would prevent girls from even attempting to join a team: "They probably don't think they can make the team or they are not good enough for that, or they never really try" (S-5).

Gender is an Issue

When discussing barriers to PA and what prevented them from being active in the club the female youth stated that boys played a role in their apprehension. For the intermediate members fear or anxiety of being hurt by the boys and frustration at not being valued for their

contributions were perceived as barriers. As one youth stated: “Sometimes boys can make you hurt...because they’re a little stronger” (I-4). Another youth shared “I like to play sports with just girls because sometimes boys can be rough...when we play dodge-ball and we do boys against girls, the boys hit really hard” (I-1). Later in that interview this youth also explained that girls are also not recognized for their efforts if they do decide to participate with the boys “when there’s boys around it’s kind of like they do all the work, and then we still win, but it’s like we didn’t really help (I-1).” Another youth explained how the girls always get relegated to what is perceived as the unimportant positions: “There’s not a lot of girls (who participate) because the boys will get all the balls first before the girls and they always put us on defense or something” (I-2). The senior youth also stated that boys prevented them from being active but more in the sense that they were embarrassed to be active around boys: “When girls are with the guys they’re afraid to do things they might get embarrassed” (S-10). Another youth commented “All the sports are like just guys...and I don’t want to be like the only girl” (S-6). Similar to the intermediate youth, the senior youth also felt that the boys did not respect them. As one of the youth explained: “A lot of the programs are based on the guys so... if you play and you mess up they like yell at you” (S-5).

As a result of these feelings related to participation with the boys, it was not a surprise when the youth mentioned that they prefer to have sport and PA opportunities that are ‘girls only’. The participants also specified that having their girlfriends there instead of boyfriends made the atmosphere more comfortable and the girls feel freer to be themselves: “Boys and Girls Club is fun, but they (boys) are a distract [ion]...I’d rather girls because it’s like, I get more free, you know, confident, you can say anything, do anything, it still doesn’t matter” (S-6). Another youth shared a similar perspective in that she saw a big difference in participation when her physical education classes were separated by gender: “They just don’t wanna be around other people (boys) while they’re doing that like ever since like I’ve been to like a girl gym class separate from the guys, I find there’s so much more like physical activity” (S-10).

Lack of Resources

The youth discussed having a lack of resources as being a barrier for being active. Not surprising these youth discussed financial difficulties, lack of access to affordable transportation and also a lack of time. One youth explained that adolescent females are often concerned about their financial situation and may not have the money to spend on programs or for transportation to and from programs:

Definitely be money and cost...the thing that stopped me from being active is, say going to the gym, I wouldn’t have bus money for it, I wouldn’t have the ride for it, transportation just stopped me—I gave up...transportation’s a really, really, really big...I have big problems with transportation just in general. It’s hard to get place, like it’s not cheap. (S-8)

Another prominent barrier was the perceived barrier of time. These female youth vocalized that they did not have enough time with all of life’s demands to be adequately physically active; between completing homework, participating in other clubs, and their social life they felt there was insufficient time. They also explained that instead of doing PA they would rather be socializing and spending time with their friends: “You usually want to go chill with your boyfriend rather than doing something healthy, ‘cause you like to spend time with your friends” (S-7).

Peer Social Support Facilitates Physical Activity Participation

The most predominant influencing factor for being physically active for female youth was social support from friends. The youth strongly emphasized the impact that friends would have on their participation. For example, one youth discussed how her friends persuaded her to become active and with them being active is fun and more comfortable.

Well I tried out for basketball, but it was only because my friends wanted me to, 'cause it's fun...being with girls, I don't know, you can talk about anything. Like when I go for a walk, like we can talk about anything, you know... I just get more comfortable when it's just with my friends. (S-7)

Another youth expressed how if her friends are active then she will be active with them: "Personally, if I had a bunch of friends who are gonna say 'well I'm gonna go out for a run', well then it'd push me to wanna do a run more" (S-10). Moreover, one of the youth explained how being active with her friends makes the activity more enjoyable and leads to longer activity sessions: "Like going out for a walk, it's healthy for you, but you're talking with your friends and like you go really far. Like I go all the way to the south end with some of my friends, and I don't even notice it" (S-7). Another youth expressed a similar experience of being supported by her friends:

[It] always goes back to friends. If I have a friend trying out with me I'll try out, but if I don't have a friend I won't go...sometimes my confidence would go down and I'd get ready, I would be like 'no, I can't do it and I'm going to leave', but then I have a friend with me saying, 'No, you're trying out, you can do this, don't care what people think, this is what you're gonna do if you came for this, you woke up for this, you got to do this'.

Just pushing you and always having your friend there is really, really good. (S-8)

Additionally one youth indicated that a motivator for female youth to attend a PA program is if there was a potential to make new friends: "get more girls involved...so they will meet different people [and] you make friends" (I-2).

Discussion

The female youth in this study perceived health as being comprised of a number of factors that were represented either by behaviors in which you engage (e.g., being physically active, eating healthy, going to the doctor and resisting unhealthy practices such as junk food, sitting on the couch, smoking, alcohol and drug use) or in ways of being (e.g., being thin, feeling good or having a positive well-being, having low levels of stress). These results are very similar to past research conducted on Canadian youth (Beausoleil, 2009; MacNeill & Rail, 2010; Rail, 2009). For example, MacNeill & Rail found that youth expressed a wide array of visions of health including being physically active, eating nutritiously, being slim, avoiding bad habits, being happy, feeling energetic, not being sick and having a healthy social environment. Therefore, there is growing evidence that it is important for researchers and practitioners to use a more holistic approach when working to understand and increase the health of youth and to consider the various factors that youth perceive as comprising health.

Another major theme that emerged from the data was body image. Body image played a role in the definition of the health in that some of the youth perceived that being thin equalled being healthy. Although there were a couple of youth who recognized that healthy was not the same as being fit and thin which paralleled the findings of MacNeill and Rail (2010) these youth

expressed concern that the majority of their friends and peers are heavily influenced by the media's portrayal of women. They discussed how their friends felt a lot of pressure to be thin like 'supermodels' which led these friends and peers to engage in unhealthy dieting practices and a desire to have surgeries to help them reach this unrealistic ideal portrayed in the media. Related to body image the youth expressed that a barrier to being active was physical self-presentation. The youth did not want to be active as it would cause them to sweat which would negatively impact how they looked and therefore their physical self-presentation. As a result, body image and physical self-presentation may be significant factors related to health for female youth and what may be most concerning is the continued link between negative body image and negative health practices (Grigg, Bowman & Redman, 1996; Liechty, 2010).

An additional theme that emerged was related to the role of self-perceptions. Although having confidence facilitated being physically active, the youth explained that having negative self-perceptions prevented them from being physically active. These youth explained that not having confidence prevents them going out and being active, particularly when they are unfamiliar with the activity or sport. These results further support the previous research that has found that self-perceptions such as self-efficacy and perceived competence are important consistent predictors of PA behaviour (Biddle & Asare, 2011; Guinn, Vincent, Semper, Jorgensen; 2000; Inchley et al., 2011).

Related to barriers to being active and self-perceptions was the finding that gender has a strong influence on the health behavior of female youth. The youth in this study discussed how participating in sports and PA with boys was a deterrent while being in an all female environment was comfortable, helped to increase confidence and lead to increased PA. These results coincide with previous findings that suggest a female youth's social environment can impact self-perceptions and confidence levels (Coleman et al., 2007; Krahnstoeover-Davison & Jago, 2009; Sherwood & Jeffery, 2000). Vealey and Chase (2008) assert that self-confidence of females can be altered in sport by males and explain that although one may have a high self-confidence when participating in the activity within an all female group, self-efficacy and confidence tend to decrease when interacting and playing with males. The youth in this study also greatly stressed the significance of peer support in relation to participating in PA. It is quite evident within the developmental psychology literature that as youth age peer influence increases (Duncan, Duncan, & Strycker, 2005) and past research that has found social support as being an important factor to keep girls motivated, help them persevere through tough circumstances, or continue their involvement in a program (Coleman et al., 2007; Krahnstoeover-Davison & Jago, 2009). Knowing that female youth are influenced by their social surroundings, particularly peers, it is essential that this is taken into careful consideration when developing programs designed to increase PA in female youth.

Finally, participants also discussed barriers of time, money and transportation. In this study the senior youth recognized that there are costs often associated with PA programs and the transportation to and from the activities, which are too high for those from families living on low incomes. These barriers have also been found in previous research with youth (Pate, Saunders, O'Neill, & Dowda, 2011).

Overall, this study provided insight into how female youth from families living on low incomes define health and influence their PA behavior. In particular, the results from this study may provide insight into Vertinsky's (1998) observations of why the endless government campaigns on the importance of being active have failed and we continue to see PA levels

decline in female youth. Many of these government campaigns continue to focus on individual PA behavior and not on increasing self-perceptions, creating opportunities that emphasize creating social support that the findings from this study and past research have demonstrated are critical in enhancing PA behavior (Alvaro et al., 2011). In addition, our government campaigns have to compete with the billion dollar media industry that continues to inundate our youth with images of the ‘supermodel’ ideal through multiple media channels such as television, magazines, retail stores, and billboards. If we are to change the alarming physical inactivity levels of female youth much work is needed to change our current practices and provide opportunities for female youth to enhance their self-perceptions and be active with their friends and peers.

As mentioned above, a secondary goal of this research was to develop a new PA program for female youth at the Boys and Girls Club. Based on this research we have incorporated our findings into the development of the program. In the interviews many of the youth expressed that it was important that youth have a voice and this supports research that has advocated for an increase in providing youth voice to issues that concern them (Rail, 2009). As a result, female youth from the Boys and Girls Club have been involved in the creation of the program which has resulted in a female only program that focuses on developing life skills such as confidence, leadership, problem solving, empowerment and providing opportunities to try and participate in various physical activities such as Zumba, swimming, soccer, volleyball, basketball, skating, and walking. It is believe that by combining PA and life skills that the youth identified as important and/or interesting there is a strong possibility that this youth-driven program could have a positive impact on both physical aspects and psychological aspects of health. In addition, the program is offered free of charge and transportation is provided to the program from various central sites around the city.

Although this research does provide insight into the perceptions and experiences female youth have related to health and PA it is not without its limitations. One limitation of the study was the superficial relationship the researcher(s) had with the participants. As the researcher was external to the Boys and Girls Club, she had no previous connections or associations with the youth participants. Having a closer relationship with the youth could have allowed for the potential for more in-depth discussions. In addition, interviews were restricted to female members of the Boys and Girls Clubs. Therefore, the examples and experiences that the female youth described may not be representative of female youth from other communities, particularly those from families with higher incomes.

Conclusion

In sum, it is evident that the female youth in this study were aware of the importance of health and the role PA can play in achieving optimal health. The youth provided valuable insight as to how they perceive health, what prevents them from being active, and what factors facilitate their PA. Moreover, the complex issues the female youth discussed suggest that there are diverse explanations for why female youth are not as active as their male counterparts. It is hoped that with a greater understanding of the social and relational pressures impacting girls’ PA choices can help researchers and practitioners make changes to the current approach to PA campaigns and programming to ensure that female youth, particularly those from families living on low incomes who may be at increased risk, have access to positive opportunities that engage them and help to enhance their overall health.

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