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BE/LONGING CANADIANS: MINORITY STEREOTYPES AND KOREAN-CANADIAN ADOLESCENTS' DISCURSIVE CONSTRUCTIONS OF HEALTH AND FITNESS

by
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THESIS

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ABSTRACT

This thesis focuses on the ways in which Korean-Canadian youth construct their own understandings of health and fitness and introduce health and fitness practices into their daily lives. Grounded theory is used for an analysis of in-depth conversations with 9 Korean-Canadian adolescents. Results show how these young people appropriate elements of dominant Western health discourses to elaborate their own constructions of health and fitness. These constructions are racialized and gendered, and they speak of the importance of bodily shape and appearance. Furthermore, these constructions point to the high amount of school-related pressure and stress that seem to be part of the day-to-day lives of these adolescents. In that sense, health and fitness practices are very costly for Korean-Canadian adolescents in terms of money, time and self-discipline, but they are valuable to them as they are perceived as ways to successfully integrate Canadian culture, as ways to "belong."

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CHAPTER I
INTRODUCTION

The issues of youth (aged 12 to 19) health and youth fitness have come to the forefront of our national imagination, given the concern about adolescent health currently being expressed in Canada, the United States and internationally (e.g., A Report of the Surgeon General, 1996; OECD, 1994; The Berlin Agenda, World Summit on Physical Education, 1999). Concerns about adolescent health can be seen as an extension of the current health consciousness that has developed since the early 1980s, when quality-of-life issues took center stage. The dominant health discourse today promotes the idea that health is a matter of personal lifestyle choices and, therefore, that individuals have a personal responsibility for taking care of themselves and remaining productive citizens (Crawford, 1980, 1984). In addition, as Crawford (1984) has pointed out, the themes of body shape, body weight, fitness, youth, beauty and sex-appeal have all become entangled in health discourse, thus placing the body as central. The creation and presentation of the self is therefore linked to the body as project, and if the body appears uncontrolled, then the self is exposed as undisciplined and unregulated (Lupton, 1995; Turner, 1991). According to Foucault (1988), taking care of one's self involves largely subliminal socialization rather than active, conscious decisions.

When the dominant health discourse addresses the issue of adolescents, it is intertwined with the dominant discourse on youth (Ettorre & Miles, 2002; Harris, 1994). Conceptualizing adolescents as likely to engage in risky behaviour has been a predominant Western discourse solidified by media representations of youth (Giroux, 1997, 2000; Griffin, 1997). The social construction of youth as a "problem" has been associated with the establishment of many institutions and processes for their constant monitoring, processing and surveillance. Many of the adolescent health and fitness

initiatives and programs, therefore, are focused on reducing unhealthy behaviours, and aimed at promoting the idea that health is a personal obligation and that youth are responsible for managing their health behaviours (Dennison & Golaszewski, 2002; Steptoe & Wardle, 2001). Most programs are premised on health promotion and disease prevention strategies, as well as adult understandings of what is "good" for adolescents. Unfortunately, evidence suggests that these assumptions do not necessarily reflect the reality of young people's lives and dispositions (Burrows, Wright & Jungersen-Smith, 2002; Kirk & Colquhoun, 1989; Tinning, 1991). Ettorre and Miles (2002) have also noted that the focus on the "problematic" aspects of youth has discouraged reflexive approaches to young people's actual experiences of social change. They suggest that young people are an index of social norms and that their patterns of health consumption constitute the playing out of dominant health discourses.

The health promotion and disease prevention strategies for adolescent health have also been found to be ineffective. Kirk and Colquhoun (1989), and Tinning (1985) have examined the implications of a discourse of "healthism" for physical educators' work in schools. They have shown how a healthist discourse inevitably positions the body centrally in the creation of health, linking fitness activities and a range of other bodily practices with the attainment of health. Furthermore, these theorists and a number of other authors (e.g., MacNeill, 1999; Rail & Dallaire, 1995) have shown how the contemporary healthist culture configures body shape, size, and weight as the measure of both people's well-being and health. Shilling (1993), as well as Morgan and Scott (1993), have similarly suggested that engagement in some form of regular physical activity has become a signifier of much more than a healthy body in today's culture.

Pervading programs of physical and health education are the overriding assumption that once a student is told what is "good" for her, then she will behave in

ways that perpetuate that "goodness." Kelly (1998) has critiqued this assumption that knowledge changes attitude which in turn changes behaviour. However, he has also demonstrated that this assumption remains embedded in much of the content and pedagogy of health promotion strategies, even if evidence suggests that programs informed by such an assumption are doomed to failure in the adolescent "market."

Although in Canada there are various programs and efforts to improve youth health, a large percentage of Canadian adolescents describe their health status in ways that are not encouraging. For instance, close to 30% of 12 to 17 year olds rated their health as no better than "good" (Health Canada, 1999b). If the current negative reinforcement strategies for health promotion have not been worthwhile for more than a decade and youth health has steadily deteriorated, the next step should be to pay attention to how youth make sense of health and fitness. Canadian adolescents' constructions of health and fitness are currently not known.

There has been considerable literature on adolescent health and fitness generated from large scale, quantitatively based studies. In North America, however, the literature on the understanding of health and fitness among adolescents is extremely limited even if such understanding seems to be the key to improve health and fitness programs for adolescents. So far, studies can only be found in New Zealand (Burrows, Wright, & Jungersen-Smith, 2002), Australia (Wright, 1997, 2001), the United Kingdom (Harris, 1994), and the United States (Placek, Griffin, Dodds, Raymond, Tremino & James, 2001). In these studies, young people have been found to conceptualize health as primarily a matter related to the physiology and appearance of their bodies, and they have received confusing and inconsistent messages about health, fitness and exercise from various sources such as home, school and the media.

In terms of understanding how Canadian youth construct notions of health and

fitness, changing demographics require that we pay attention to Canada's ethno-cultural portrait. Statistics Canada (2003) reported that there are more than 200 ethnic groups in Canada, and the visible minority population has increased three-fold since 1981. Immigrants in Canada today are most likely to be from Asian countries (Statistics Canada, 2003a). Of the 1.8 million immigrants who arrived between 1991 and 2001, 58% came from Asia, and among the Asian immigrants, 13% are East Asian which consists of immigrants from China, Hong Kong, Japan, Korea, Macan, Mongolia, and Taiwan. Asian immigrants are part of the visible minorities, a population growing much faster than the total population. Between 1996 and 2001, the total Canadian population increased by 4%, while the visible minority population rose by 25%. This situation requires that we appropriately document and understand Asian-Canadian youth constructions of health and fitness because understandings of Asian-Canadians may be quite different from those of Euro-Canadians vis-à-vis health and fitness. Furthermore, dominant health discourses tend to represent white, middle class values, bodies and practices (Crawford, 1984; White, Young & Gillett, 1995) that often conflict with the cultural backgrounds of young people coming from visible minorities.

Visible minority adolescent awareness of race and its implications for identity is more salient than when they are children (Noguera, 2003). As they become aware of themselves as social beings, their perception of self tends to be highly dependent on acceptance and affirmation by others. This is even more prevalent among Asian immigrants since there are stereotypes and expectations toward them. In the United States, Noguera (2003) has found that in many schools, stereotypes regarding Asians are based on the following notions: (a) Asians are inherently smart (either for genetic or cultural reasons); (b) they have a strong work ethic; (c) they are passive and deferential toward authority; and (d) unlike other minorities, they do not complain about

discrimination. Lee (1994, 2003) has also reported that Asian-Americans live under the burden of racial stereotypes that structure their experiences and identities as is the case for other people of colour in the United States. She noted that Asian-Americans are considered "good citizens" because the dominant culture sees them as a passive, hardworking, quiet minority that does not challenge the status quo. Stereotypes and expectations toward Asians are similar in Canada, according to Eom (1996). As such, the model minority stereotypes mask, misinterpret, oversimplify and further reinforce the exclusion and discrimination of this group of people (Cho, 2003; Eom, 1996; Lee, 2000). Inevitably, the notion of the "model minority" has a great influence on young Asian-Canadians' identity formation and attempt to live up to the standards.

Studies of second-generation Asian immigrant youth in the West have focused mainly on the processes of acculturation and assimilation into the mainstream (Eom, 1996; Handa, 2003; Hurh & Kim, 1990; Min, 1990). It has been found that young Asian-Canadians often unsettle and resist certain mainstream definitions of both "Asian" and "Canadian" (Eom, 1996). Dominant discourses on race/ethnicity have an impact on youth, and more specifically on their bodily discourses. Borrowing the term from Douglas (1970), these youths have two bodies: the social body ("Canadian") and the physical body ("Asian"). In the popular literature and cultural scene, this is often labeled the "banana" phenomenon (Terry Woo, who is a Canadian-born Chinese, published his novel "Banana Boys" in 1999 and later the term "Bananas" came to be used in reference to other second generation Asian immigrant youth in North America). Lee (2000) as well as Lee (2003) have reported that young Asian immigrants in North America are particularly concerned with their body, their body image and their clothes. They are struggling to construct their "social body" and "physical body" while immersed in stereotypes and expectations of their "Asianness." It can be postulated that this

construction may connect with their perceptions and practices of health and fitness, since dominant health discourses place the body as central.

These research results point to the possibility that Asian-Canadian youth may understand and practice health and fitness differently from other non-immigrant youths. Asian-Canadians, a visible minority group stereotyped as "good" citizens, may take the dominant health discourse sensitively and seriously, since the discourse emphasizes the personal responsibility for managing their health and remaining productive citizens. At the same time, they may be faced with a choice between traditional Asian understandings of health that are passed down from generation to generation and the dominant Western health discourse. Western, more specifically Euro-Canadian medical/scientific bodies of knowledge on health and fitness are circulated among Asian immigrants, and scientific knowledge may be considered as modern and therefore more reasonable (Foucault (1970) called it "scientificity" of the knowledge) to accept than traditional Asian values and beliefs on health and fitness. Although the cultural differences cannot be automatically labeled "good" or "bad," or "superior" or "inferior," the dominant Canadian "white" health discourse has power over the Asian culture. In order to understand Asian-Canadian youth properly, the model-minority stereotypes and expectations must be deconstructed for building better understanding of Canadian adolescents. Socially ascribed stereotypical images and expectations of their identity may make it difficult to self-define their life possibilities and create and "perform" their identity in a preferred manner.

We do not know, however, how particular discourses on health affect Asian-Canadian youth, and what kinds of alternative or counter discourses (if any) are circulated among them and why. We also do not know how dominant and alternative discourses, within which youth construct themselves as fit or unfit, healthy or unhealthy subjects, come to be adopted. The lack of studies on Asian-Canadians' health and body

have resulted in a distorted and incomplete picture of Asian-Canadian communities and Asian immigrants in North America. Misperceptions about Asian immigrants' body and gender abound. For example, Asians may be seen as purveyors of disease; Asian males, who develop their minds while ignoring their physical development, are deemed to be small, weak, and homosexual; and Asian females are seen as either passive, shy baby girls, prostitutes, or devious madames called "dragon ladies" (Lee, 1994; Yi-Kang, 2002). More research is needed in order to move away from such misperceptions and to come to a more accurate understanding of young Asian-Canadian citizens.

To reach that goal, we first need to move away from seeing "Asians" as one homogeneous ethnic group. Perceiving Asians as a homogenous group can compound the misunderstandings of Asian-Canadian immigrants and Asian-Canadian youths. "Asians" are often perceived as a single race or a single ethnicity that share the same culture and history. Lee, an Asian anthropologist and sociologist in the United States, has pointed out, however, that a pan-ethnic identity among Asians does not exist (1994) and, therefore, studies on Asian minorities need to look at ethnic groups individually. She has noticed that Korean immigrants and Korean-American youths, in particular, tend to see themselves as separate from other Asians:

> I was told that Asian-American students had split themselves into two major groups: Koreans in one group, and all other Asians in another group. I found this observation, as a gross generalization, to be true . . . . Koreans' attempts to distance themselves from other Asians were motivated by their efforts to get closer to whites . . . . Koreans believed school success was the other ingredient necessary for social mobility in the United States. (pp. 415-417)

Furthermore, Lee (1994) interviewed and observed Asian-American students, and found that Korean immigrants in America believed in maintaining a dual identity, a strategy called "accommodation without assimilation" wherein they encouraged their children to adopt "American values" while at school, yet uphold traditional values at home. As Omi and Winant (1986) have concluded, personal sense of self is so inextricably linked to racial identity, that without one's racial identity, one is at risk of having no identity at all. With respect to the fact that Koreans distance themselves from other Asians, I undertook to study particularly Korean-Canadians rather than Asian-Canadians in general. As a researcher born in Korea and having lived in Canada in the last three years, I felt that my "Koreanness" could provide a certain depth of understanding on culturally hybrid Korean-Canadian adolescents. My cultural "insiderness (being Korean)" and "outsiderness (not being Canadian)" may provide a good vantage point from where to understand some of the participants' values and beliefs come.

Statement of the Problem

The aim of the present study is to understand Korean-Canadian adolescent constructions of health and fitness. More specifically, this study attempts to answer the following questions: (a) how do young Korean-Canadians construct notions of health and fitness and what are the relationships between these constructions and prevailing discourses on health? (b) How do these young people read institutional and cultural discourses related to health and fitness? (c) How are these discourses taken up in their everyday lives, for example, how do they make decisions about physical activity and

diet? And (d) how does gender and culture impact these young people's constructions of health and fitness?

Methodological Approach

This study was undertaken to explore Korean-Canadian adolescents' constructions of health and fitness. The research instruments used were the semi-structured interview and the draw-and-write schedule. These were effective tools for exploring young people's perceptions and experiences, since they involved drawing their ideas and writing short stories (Oakley, Bendelow, Barnes, Buchanan, Nasseem Husain, 1995; Pridmore & Bendelow, 1995). The data collection and analysis/interpretation were underpinned by grounded theory. Because of the lack of studies on (Asian-Canadian) ethnic youth and their construction of health and fitness, the grounded approach helped us develop a theory on this topic. As Mayall (1996) argues, this theory is measured against the experiences of those it purports to describe. The current study involved an interplay between theory and the lived experience of the participants, each building on and refining the other. Consistent with the principles of grounded theory, the data collection and analysis proceeded in an iterative movement. In order to develop a theory from the empirical data, Creswell's (1998) concept of the data analysis spiral was used in this study. Dealing with the data in this way meant moving in analytic circles rather than using a fixed linear approach (Creswell, 1998). In the spiral method, data collection and data analysis continue until "theoretical saturation" (Strauss & Corbin, 1990) has been reached. Data collection and analysis take place simultaneously, one constantly informing the other.

The participants in this study were five females and four males, 14-19 year old Korean-Canadians. All of them were born in Canada and their parents were members of the Korean-Canadian Association of Ottawa. The adolescents considered themselves as part of a "multicultural" state, and as multiple, hybrid mixture of cultural adjacency. Of the nine participating adolescents, the interviews, narratives, pictures and journals were analyzed. I developed a relationship with the participants through formal and informal conversations and interviews, and by participating with them in the community activities over a period of 28 months since January 2002.

Significance of the Study

There is limited literature in Canada on the understanding of health and fitness among adolescents, especially among Asian-Canadians. The present study will contribute to the body of knowledge in the following ways. First, this study will provide additional knowledge about young people's constructions of health and fitness. Many studies about young people's health and fitness have been conducted from a quantitative and behaviouristic perspective. Such quantitative-based studies, however, cannot answer how young people construct their ideas of health and fitness. The present study, by adopting a qualitative research method borrowing from grounded theory, provided materials to answer the 'how' question. Also, the specialized data collection tool for adolescents, the draw-and-write schedule, granted deeper levels of understanding of their narratives on health and fitness.

Second, this study examined what kinds of health and fitness discourses are circulated and why such discourses are taken up by visible minority youths in Canada, specifically Korean-Canadian youths. There are few studies on health and minority youth

in Canada, especially studies dealing with youth of Asian origin. In that regard, the results of the present study will contribute to our understanding of youth of Asian origin and their constructions of health and fitness. Such knowledge constitutes a first step toward greater cultural sensitivity when developing health promotion programs targeting Canadian youth.

Thirdly, in terms of research approach, my insider-outsider perspective as a researcher will expand the body of knowledge on qualitative research, particularly in feminist research tradition. My "Indigenous-Outsider" standpoint (borrowing from Acker's typology of research approaches, 2001) was a useful interpretive standpoint in a visible minority project setting.

Finally, this study is part of a larger study investigating Canadian youth's constructions of health and fitness (Rail, Beausoleil, MacNeill, Burrows & Wright, 2003). The larger study includes youth from a variety of racial, ethnic, and linguistic milieus and the knowledge gained in this larger study should constitute a contribution to the body of literature on perceptions, representations and constructions of health in Canada.

CHAPTER II
REVIEW OF LITERATURE

This chapter deals with a review of the literature published in the last few decades on adolescents' health and fitness and, more specifically, on the health and fitness of Asian adolescents in North America. The chapter is organized into three sections. The first section addresses the literature on adolescents and health. More specifically, this section examines adolescent health knowledge, attitudes, behaviours, and socio-cultural differences. Included in this section is a review of recent social science research on bodily discourses (focusing on gender, race, sexuality, ethnicity, health and physical activity) that impact adolescent health. The second section focuses on adolescents and fitness. Specifically, adolescents' attitudes toward fitness, participation in fitness activities, and socio-cultural differences influencing such attitudes and behaviours will be discussed. In the final section, I will explore the issues of health and fitness among Asian immigrant adolescents in North America. The section also touches on the health-related cultural norms of Asian immigrants and their impact on Asian adolescents' health and fitness.

Literature on Adolescents and Health

According to the most recent figures, Canada's population of youth aged 10 to 19 years is just over four million, which represents 13.4% of the total population of Canada (Statistics Canada, 2003a). Generally, adolescence is considered to occur between 13 and 18 years of age (Child & Family Canada, 2002). Adolescent years represent the critical developmental stage that lies between childhood and adulthood. During this period, adolescents change rapidly, not only physically, but also cognitively and socially. Many researchers, especially developmental psychologists, consider adolescence to be a

transitional period replete with biological, social, and cognitive changes. Hoffman (1996) gives specific examples of body changes, shifting peer groups, adapting peer group standards, increased opportunities for autonomy, new temptations, and new choices. Marked by significant biological, emotional and psychological change, the adolescent years are often expressed as an unstable or problematic period (see Giroux, 1997), and risk-taking is considered part of being an adolescent (Owens, 2002).

While the literature on adolescents and their health has increased dramatically since the 1970s, young people's health has become one of the most prominent issues of the last decade. Accordingly, adolescent health education and health programs have multiplied. The next section will discuss such research and programs, starting with an examination of the dominant health discourses that seem to underpin them. These current discourses offer a backdrop against which adolescents' health practices can be explored.

Literature on Dominant Health Discourses and Adolescents

There has been a marked increase in the recitation of health discourses in Western societies from the late 1970s onwards; the concern with personal health has become a national preoccupation and a key element in contemporary capitalist society (Crawford, 1980, 1984; Illich, 1976; Whorton, 1982). Health has clearly become an account of a socially recognized status and therefore something important for one's identity (Crawford, 1984). Kirk and Colquhoun (1989) have suggested that health is one of the most important symbolic categories relating to well-being, consumption and normality in Western society. Crawford (1980) has described the ideology of health in our era with the concept of "healthism." When we discuss healthism, we see health in terms of self-control and a set of related concepts that include self-discipline, self-denial, and willpower. Therefore, healthy behaviour has become a moral duty and illness, an

individual moral failing (Crawford, 1980).

Crawford (1980) has argued that the discourse of healthism works together with the discourse of "individualism," which he sees as a set of ideas and practices that assume that individuals will always act in their own self-interest. The consideration of healthism and individualism together has profound implications for how our society attempts to solve the problems of health and subjective well-being. Indeed, the ideology of self-responsibility for health becomes pervasive and the emphasis is put on self-discipline and will power as means to obtain health (Crawford, 1980, 1984; Kirk & Colquhoun, 1989; O'Neill & Pederson, 1994). By mixing the discourses of healthism and individualism, health becomes an accomplishment (Gallagher, 1988; Kotarba & Bentley, 1988); it becomes a task, an achievement or performance on the part of "responsible" individuals. This view of health opens the door to victim blaming (Colquhoun, 1987; Crawford, 1980, 1984) in the case of individuals who fail to create health for themselves or to "perform" health. In the end, the twin discourses of healthism and individualism require self-restructuring of attitudes, emotions, and behaviours (Crawford, 1980). The victim blaming elements of the health discourse, however, mystify such matters as the structural, political and economic causes of illness, such as environmental health hazards and unsafe working conditions, and undermine demands for rights and entitlements to medical care (Crawford, 1984).

Health based on individual responsibility has become closely associated with lifestyle choice which goes hand in hand with the current phase of modernity (Cockerham, Rutten & Abel, 1997). According to Giddens (1991), lifestyles are utilitarian social practices and ways of living adopted by individuals. They reflect personal, group, and socioeconomic identities and they involve particular choices in food, bodily dress, appearance, housing, automobiles, work habits, leisure, and other types of

status-oriented behaviour. Health lifestyles comprise patterns of health-related behaviours, values, and attitudes adopted by groups of individuals in response to their social, cultural, and economic environments. Therefore, health lifestyles have significant meaning for understanding class and gender relations, cultural orientation, self-control, and the role of lifestyle generally in a society. As Crawford (1984) explains, when people perceive that their environment cannot be controlled to enhance health and when people see that medicine cannot provide a cure, self-control over personal behaviours that affect health is considered the only remaining option.

The pursuit of lifestyle changes (Cockerham, Rutten & Abel, 1997), and life-long participation in physical activity (Edgley & Brissett, 1990; MacNeill, 1999; Rail & Beausoleil, 2003; Tinning, 1985, 1991; Wright, 2001) have been considered key elements within the public health promotion discourses. The injunction to life-long participation in physical fitness or exercise activities is linked to shifting notions of leisure and fitness embedded within discourses of healthism and individualism. Edgley and Brissett (1990) have referred to this as the "morality of exercise" (i.e., people should get involved in deliberate exercise; people should control their weight). Kirk and Colquhoun (1989) as well as Tinning (1991) have also observed that guilt has become intimately tied to an individual's failure to achieve one's diet and the desired body shape or size.

The body becomes a key element within this new "health" consciousness because it is in and through body shape, appearance, size and skills that health is measured (Cockerham, 1995; Cockerham, Rutten & Abel, 1997; d'Houtaud & Field, 1988; Kirk & Colquhoun, 1989). Body-centered health consciousness is such that the body is seen as a vehicle of expression, communicating the feelings and thoughts of its owner (Grosz, 1994). Thus one's appearance and behaviours are reflections of one's subjectivity as an individual (Lupton, 1995, 1999). According to Crawford (1980), as health becomes

privatized, the body is brought out to the center stage as a scale of morality.

Within the dominant Western health discourses, however, bodily experiences are gendered, classed (White, Young, & Gillett, 1995), and raced (Hargreaves, 1986; Hasbrook, 1999). Physical and health ideals are congruent and stress both slimness and muscularity, although they do so differently for men and women. Pervasive gender-differentiated qualities, interests, beliefs, and proper behaviours are developed and educated through television commercials, magazine advertisements, various forms of media, and a range of health programs (Burrows, Wright, & Jungersen-Smith, 2002; White, Young, & Gillett, 1995). Through exercise, diet, clothes, make-up and other forms of bodily expressions, people establish their social position and expose their visible units of currency. In addition, socioeconomic status and racial/ethnic membership are routinely identified and cultural stereotypes abound in relation to bodily experiences such as physical activities (Hargreaves, 1986; Hasbrook, 1999).

When dominant health/bodily discourses are intertwined with youth, we see the positioning of adolescents as likely to engage in risky behaviour. The "at risk" ideology has pervaded the media, schools, public health organizations, and various "health promotion" and "disease prevention" programs. The ideology of youth as a "problem" has been associated to the establishment of many institutions and processes for the monitoring, processing and surveillance of adolescents. Undoubtedly, health education and promotion programs for adolescents reflect and adopt the "at risk" ideology and the dominant health discourses. While many studies have addressed physical/movement/ health education issues from different perspectives, Sage (1997) has noted that the issues of health promotion and disease prevention are considered key strategies through which "good citizens" can be produced: citizens who can contribute to the national economy and not burden it by failing to take care of their health. These programs, therefore, rather

than focusing on health and fitness, have centered on evaluating "health" through negative indicators such as inactivity, consumption of fast food, smoking, drinking, drug-taking and having un-protected sex. Despite research evidence suggesting that negative reinforcement strategies are doomed to failure when adolescents are concerned (Kelly, 1998), programs have generally centered on providing "facts" and letting adolescents question "what they're in for" if they choose to turn their backs on "knowledge" about what is "right." For example, many "health promotion" programs use graphic pictures of victims of drunk drivers, blackened lungs, fat oozing out of damaged arterioles, and of heroin-filled veins.

One of the significant weaknesses of the current approaches in health promotion programs is the reliance upon behaviourism and psychologizing approaches to health and fitness. There is also a lack of attention to the competing discourses that adolescents articulate to construct their own notions of health and fitness and to actively position and re-position themselves. Knowledge of risks does not prevent adolescents' bad health habits such as daily smoking and episodic heavy drinking (Health Canada, 1999b). While knowledge does not necessarily lead to the desired behaviours, this knowledge still has an effect (Foucault, 1988, 1970, 1973). Discourses are "regimes of truth" (Foucault, 1973) and, as such, they specify what can be said or done at particular times and places; they sustain specific relations of power. Following a number of feminist cultural studies writings on sports and physical education (MacNeill, 1999; Rail & Harvey, 1995; Wright, 2001), we can say that power is exercised rather than held and it can be productive as well as repressive. This generates questions about how power is exercised in the construction of knowledge about health and fitness, about what kinds of knowledge and practices are legitimized, and about how youth are positioned as un/healthy and un/fit in health discourses.

Literature on Adolescents' Attitudes toward Health

There are numerous studies regarding young people's attitudes toward health. Many studies on adolescent health attempt to understand youth's knowledge, attitudes, and beliefs with regard to health. Most of the studies are conducted by government (i.e., national population health survey, WHO cross-national study, etc.) health institutions and schools, and the results are sometimes employed to design health and physical education curricula for young people. Studies from New Zealand, Australia, the United Kingdom, and the United States have reported on young people's perceptions and constructions of health. From these studies, we can draw four conclusions.

First, according to large-scale quantitative studies, young Canadians perceive their health as no better than "good." From the 1999 Health Canada survey report (Health Canada, 1999b), close to 30% of 12 to 17 year-olds rated their health as poor, fair or good. Boys' self-perceived health tended to be more positive than that of girls. 73% of both boys and girls aged 12 to 14 reported "very good" or "excellent" health. The percentage of boys aged 15 to 17 reporting this level of health was similar, but the figure for girls in the same age group dropped to 66%. Statistics Canada (2003) has analyzed this issue and found that girls are particularly concerned with reproduction; they have higher levels of emotional distress, and greater preoccupation with other health matters such as appearance, weight, and social relationships. For both girls and boys, those with lower levels of depression tended to report better health; however, adolescents have been found to be more vulnerable to depression than older people (Statistics Canada, 2003d).

Secondly, according to the majority of adolescents, health is primarily conceived as a corporeal notion, which deals with that which is visible. Besides the quantitatively-based research, there are a few qualitatively-based studies from New Zealand (Burrows, Wright, & Jungersen-Smith, 2002), Australia (Wright, 1997, 2001), and the United

Kingdom (Harris, 1994), and the United States (Placek, Griffin, Dodds, Raymond, Tremino & James, 2001). In these studies, young people have been found to conceptualize health primarily as a physical notion related to the physiology (e.g., a healthy heart and strong muscles) and appearance of their bodies. Health also corresponds to being physically active and doing exercise on a regular basis (Harris, 1994; Kirk & Colquhoun, 1989), taking care of one's body or one's appearance, watching one's body weight or eating and sleeping properly (Burrows, Wright & Jungersen-Smith, 2002; Monaghan, 2001; Tinning; 1985). To a lesser extent, health is also a psychological issue as it corresponds to emotional management and positive attitudes (Burrows, Wright & Jungersen-Smith, 2002; Lau, 1997; Lupton, 1999), and enhances self-esteem or self-efficacy (Rosengard, Adler, Gurvey, Dunlop, Tschann, Millstein & Ellen, 2001).

Third, health has been found to be a behavioural notion (Harris, 1994; Lau, 1997). Adolescents clearly reflect on behavioural manifestations of being healthy (e.g., I can do the things I normally do; I can do/work/obligations), and they suggest that in order to be healthy, certain behaviours have to be avoided such as eating junk food, smoking, and sitting around all day (Harris, 1994). The attitudes toward health lead inevitably to the notion of individual responsibility for health (Crawford, 1984). This notion of health is propagandized not only by the dominant health discourses, but also by behaviourist frameworks used in public health education programs that emphasize information exchange, attitude shifts, motivation, and behaviour modification (Burrows, Wright, & Jungersen-Smith, 2002; Harris, 1994).

Lastly, adolescents' perceptions of health and health practices are gendered. Adolescents typify healthy males and healthy females in different ways according to physical appearance and gender-role practices (Burrows, Wright, & Jungersen-Smith, 2002; Flintoff, 1994). Within the corporeal notions of health, the most significant factors

are body shape, weight, and image (Bordo, 1990; Hargreaves, 1986; Shilling, 1991; Theberge, 1991; Tinning, 1985). Adolescence is a time when boys' and girls' bodies are changing rapidly, and adolescents are developing a new sense of self from their body images (Shilling, 1991). Dominant health discourse has circulated gendered notions of health practices. Flintoff (1994) has discussed how health-based physical education programs have reproduced gender-oriented and homophobic gestures, postures, and comments. She has argued that health education incites male youth to construct competitive and heterosexual displays, while for female youth, health-based physical education illustrates the importance of heterosexual attractiveness in the construction of their identity.

Adolescent attitudes about a healthy diet seemed more important than belief about health in general. Thompson, Margetts, Speller and McVey (1999) surveyed 5553 male and female adolescents and young adults (aged from 16 to 24) in England. On the one hand, most of the respondents disagreed with the statement "healthy foods are enjoyable." On the other hand, most of them agreed with the statement "I don't really care what I eat." From these results, the researchers concluded that belief was less important than attitudes about a healthy diet.

Attitudes toward health among adolescents seem different according to age. Lau (1997) reported that older adolescents' health attitudes are different than early age or middle age adolescents' attitudes. Among the components of "being healthy," the largest category for older adolescents was psychological (e.g., feeling good in general, having self-esteem and positive self-image) and emotional (e.g., being happy, being energetic, and not worrying about health) components. On the contrary, young adolescents mainly mentioned corporeal notions of health as the biggest concern. Other studies also show how psychological factors and health are closely related among adolescents. For example,

according to the National Population Health Survey (Health Canada, 1999a; Statistics Canada, 2003d), positive self-image, depression, self-perceived health, physical activity, and obesity tend to be more significant among older adolescents. More specifically, the results showed that a weak self-concept in adolescence tended to put girls at risk of depression, poor self-perceived health and obesity in young adulthood. For boys, a weak self-image was associated with subsequent obesity and inactivity.

The above studies showed that adolescents successfully reproduce the dominant set of meanings on health, and that they have certain belief. Their beliefs, however, are based on a particular understanding of health. Youth received confusing and inconsistent messages about health (Harris, 1994) and, more importantly, they interpret these messages in a variety of ways. For example, although adolescents recognize smoking as a risk behaviour, their attitude towards smoking is a way of enhancing social status amongst peers and a way to lose weight. Youth's beliefs about health are not intimately reflected in their health attitudes and behaviours. Although we have some qualitative studies on adolescents' attitudes about health, most of the studies cannot explain how power relations and dominant discourses impact the adolescents' knowledge about health and fitness.

Literature on Adolescents' Health Behaviours

Within dominant health discourses, adolescence is interpreted as an overwhelmingly negative period and "risk-taking" is considered part of being an adolescent (Owens, 2002). Not surprisingly, there are many school-based and community-based health programs aimed at reducing adolescents' risky behaviours such as smoking, drinking alcohol, drug-taking, inactivity, unprotected sex, and suicide. These programs usually evaluate adolescent health through negative indicators and health-risk

behaviours. In general, the literature on adolescents' health behaviours is thus focused on quantitative studies of risk taking and "unhealthy" behaviours. The present section of the review of literature provides a general overview of the directions taken and results found in large scale quantitative studies. First, it examines risk-taking health behaviour studies. Second, it moves into the limited literature focused on positive healthy behaviours among adolescents. Finally, it presents related sources and factors that influence adolescents' health behaviours.

The prevalence of adolescent smoking is increasing despite the fact that adolescents claim to recognize the health risks associated with this addictive behaviour. According to Raphael (2000), most smokers and most users of smokeless tobacco become addicted while still in adolescence. It is estimated that smoking will be responsible for the premature death (before age 70) of 55% of young men and 51% of young women smokers now age 15, if they continue to smoke. According to Raphael (2000), 14% of 15 to 17 year-old Canadian youth are daily smokers; the percentage of girls who smoke (15%) is slightly yet significantly higher than the percentage of boys (13%). Furthermore, Raphael (2000) has criticized current health programs in that most of the studies on adolescent tobacco use have focused on the prevention of the onset of smoking in adolescents and have neglected intervention with active adolescent smokers.

Drinking alcohol is also frequently considered a behavioural norm among adolescents and young adults (Beal, Ausiello, & Perrin, 2001). Although adolescents and young adults recognize the potentially harmful effect of excessive alcohol consumption, 13% of 15 to 17 year-old Canadian adolescents reported episodic heavy drinking (Raphael, 2000). There is, however, significantly more alcohol consumption among boys (16%) than girls (11%).

Drug use among Canadian teens has increased in recent years. The Adolescent

Health Survey II, which was performed in 1998 by The McCreary Centre Society surveyed 25,838 students in grade 7-12 in schools throughout British Columbia. It showed the number of students who have used marijuana at least once rose sharply from 25% in 1992 to 40% in 1998 in Vancouver, British Columbia. Ettorre and Miles (2002) have found that young people who are consumers of services for drug users experience a contradictory relationship with such services: they experience drug use as problematic but they do not see services as helpful to them. According to Ettorre and Miles's report, drug use is seen in moralistic terms and drug services keep the "blaming the consumer" approach with young people. Consequently, young drug users who have gone through treatment may find that they are viewed as "damaged goods" and ultimately as "second-class citizens."

The rapid increase in the prevalence of obesity among Canadian adolescents has been associated with their parents' weight, physical activity, smoking and eating habits (2001 Canadian Community Health Survey reported by Statistics Canada, 2003b, 2003d). According to the survey results, close to 5% of 12 to 19 year-old adolescents were considered obese (boys were 6%, girls were 3%). Nearly 17% of the boys in this age group were overweight, as were 10% of the girls. The results suggest that youth obesity, inactivity during leisure time, smoking, and eating habits are likely to reflect their parents' habits, therefore youth health programs should consider parental health behaviours. Although physical activity level is not always associated with youth obesity, participating in regular physical activity and exercise is widely considered to protect against obesity. In 2001, the Canadian Community Health Survey reported that leisure-time activity levels were not associated with obesity for girls, but that boys who were moderately active or inactive had an increased chance of obesity. Girls tended to manage their weight by eating less rather than exercising. Some authors have found the reason

that girls are not physically active is they do not enjoy exercise programs (MacNeill, 1999; Rail & Dallaire, 1995). Those studies reported that girls struggle in coeducational physical education programs where the focus is often on competitive team sport.

The risk of sexually transmitted disease (STD) is another important issue in adolescent health behaviour. The 1998 Adolescent Health Survey II data shows that slightly more than half of females (52%) and 64% of males say they (or their partner) used a condom the last time they had intercourse. Sex with multiple partners is another recognized risk factor for STDs: 27% of sexually-active males and 20% of sexually-active females have had sex with four or more partners. About 6% of sexually-active youth say they have had a sexually-transmitted disease. Although there are numerous HIV/AIDS prevention programs, particularly for youth, the programs do not appear to be effective in reducing occurrence of the diseases. Some researchers have suggested HIV/AIDS prevention programs that focus on what young people should do to avoid the diseases. Traditional sex education programs tend to focus solely on student acquisition of knowledge about reproduction and birth control. There is an un-verified assumption that adolescents will translate this knowledge into avoidance of unprotected sex (McKay, 1993).

Suicide is the third leading cause of death among 15-24 year-olds in the U.S., killing more than 2,000 teenagers each year. Girls attempt more often than boys, but boys "succeed" more frequently (Sabo, Melnick, Miller, Farrell & Barnes, 2001). There are similar gender-specific factors associated with suicidal behaviours in Canada. Wand, Hughes, Murphy, Rigby and Langille (2003) conducted a cross-sectional adolescent health study in Nova Scotia, and found that depression was the strongest risk factor for suicidal behaviours, particularly among female adolescents. Female students who reported drug use and were living in a non-intact family were emotionally depressed, and

it led to a higher risk of suicide attempts. The 1998 AHS showed similar results. Female students (9%) reported attempting suicide more often than male students (4%).

Besides these health-risk behaviours, there are other indicators that relate to adolescent health. Participation in regular exercise is widely considered to be a healthy behaviour. Although the health benefits of physical activity and exercise are well known, the majority of children and adolescents in Canada remain sedentary (The 1999 National Longitudinal Survey of Children and Youth: Statistics Canada, 2003d). The 1996-97 National Population Health Survey also reported that three out of five Canadian youth are not active enough for optimal health benefits, and that males are more active than females at all ages (Statistics Canada, 2003b). Competitors for leisure activities among adolescents include television watching, video games, and computers; physical activity is a less attractive option (Harris, 1994; Tinning, 1991). In addition, granted the role given to exercise in weight management and given the "no pain, no gain" ideology; physical activity is often seen as something "not fun" (Harris, 1994).

Adolescents have a significant amount of knowledge regarding healthy eating, dieting, and nutrition and believe that a healthy diet involves balance, moderation, and variety (Croll, Neumark-Sztainer, & Story, 2001). In Croll and his colleagues' study, 203 U.S. adolescent girls and boys reported that a healthy diet is difficult to follow, citing lack of time and availability in schools, and a general lack of concern regarding healthy eating recommendations. One of the Canadian studies, however, reported that youth who develop unhealthy eating practices due to distorted perceptions of body weight and appearance, have increased nutritional deficiencies (Health Canada, 1999b; Statistics Canada, 2003d). According to the study, many more females were on a diet compared to males, and this increased for the older females.

Adolescents seek various health information from sources such as the media

(magazine, television, internet and other visual media), school, family, friends, and the community. According to the Henry Kaiser Family Foundation's (2001) survey results in the U.S., young people trust health information from doctors (85%), parents (68%), TV news (30%) and the internet (17%). The study specifically focused on the use of the internet (even though it was the least trusted medium), because 90% of all young people have been online. Young people have looked up online information on weight issues (25%), mental health (23%), drugs and alcohol (23%), and violence (23%). A significant proportion of youth (4 out of 10) say that what they find is useful, but they remain skeptical about the quality of online health information in general. Although they do not trust the information much, they prefer the online health information because of the confidentiality when they are interested in sensitive issues like sex, drugs or depression. In 1998, the AHS reported results similar to those of the United States. Nearly 16,000 BC students in grades 7-12 participated in the survey. In terms of the sources of health information or help, students were less likely to ask teachers or health professionals. Female students relied on friends, while males were more likely to turn to parents. One of the important weaknesses of the current health literature is the lack of attention on the competing discourses that adolescents use to construct their own notions of health and fitness and the way adolescents actively position and re-position themselves in relation to such available discourses.

The H. J. Kaiser Family Foundation (2001) conducted a survey and found that a significant proportion of youth are acting on what they find: 39% of online health seekers report that they have changed their own behaviour because of information they found on the web. Although this percentage is interesting, Kelly (1998) has critiqued the current assumption that "knowledge changes attitude which in turn changes behaviour." Kelly has demonstrated that this assumption remains embedded in much of the content and

pedagogy of health promotion strategies even if evidence suggests that such strategies are doomed to failure in the adolescent "market." In addition, dominant discourses including images of risk-taking youth tend to reinforce a pathological model of adolescent health, stigmatizing young people unnecessarily. The ever present images reproduce the association between youth and 'unhealthy' behaviour which in turn are viewed as a result of a lack of successful socialization in appropriate techniques of self-surveillance and self-control (Ettorre & Miles, 2002). In general, the literature constitutes a discursive formation that reproduces dominant health discourses and encourages scientists and lay individuals to construct health in an excessively negative and limited fashion.

Literature on Adolescents' Health and Socio-Cultural Differences

Recent studies reveal that socioeconomic, cultural and familial circumstances remain a persistent and pervasive predictor of variations in health outcomes (Adler, Boyce, Chesney, Folkman & Syme, 1993; Bunker, Gomby & Kehrer, 1989; Krieger & Fee, 1994). Differences between SES groups in accessibility, utilization, and quality of care are widening the inequality on health status (Williams & Collins, 1996). With regard to adolescent health, class-related variables such as father's occupation, household income, household education, gender, age, and racial/ethnic status were significant socio-economic factors influencing health-risk behaviours such as smoking and drinking (Raphael, 2000), drug-taking, suicide and STDs (Health Canada, 1999b), obesity (Statistics Canada, 2003d), physical activity level and exercise adherence (Harris, 1994; Tinning, 1990), and youth's perceived health status (Health Canada, 1999a).

During adolescence, health and health-risk behaviours are mostly affected by the parents' socio-economic status (Bergman & Scott, 2001; Mills, 1999). According to these studies, adolescents' health behaviours are influenced by family structure, father's

occupation, tenure, household income, and household education. Specifically, Mills (1999) reported that disadvantaged SES (e.g., lower household income, less educated, etc.) contributes to higher rates of risky behaviours such as smoking, drinking, early-age sex, and drug taking. On the other hand, the families of advantaged SES adolescents mediate and limit involvement of risky health behaviours and experimentation.

Compared to males, female adolescents showed higher inactivity and sedentary lifestyles, higher suicide rates and depression, and a higher amount of knowledge on healthy eating. Canadian male adolescents aged 15 to 17 showed a higher rate of risk-taking behaviours such as drinking, drug taking, sexual activity, and obesity. Girls' smoking (15%) is higher than boys (13%). Moreover, 1997/98 HBSC reported that 17% of grade 10 boys and 23% of grade 10 girls were daily smokers. The gendering of health behaviours among adolescents is, however, highly dependent upon age. Gender stereotypes emerge prior to other forms of group stereotyping such as race and ethnicity (Abu-Laban, 1998). Studies have reported that gender stereotypes affect the way in which adolescents acquire new health information, and the way they speak about their health (Colquhoun, 1987; Harris, 1994; Tinning, 1991).

Adolescents' health and risk-taking behaviours also have a strong relationship to age. Older adolescents' smoking, drinking, and drug taking are significantly higher than younger adolescents' (Health Canada, 1999b). Older adolescents' perceived health status, physical activity level and exercise adherence rate are lower than younger adolescents' (Health Canada, 1999b; Statistics Canada, 2003b).

Among Black and Hispanic minority adolescents, peer influences were the most consistent influences on health and risky behaviours in the U.S. (Beal, Ausiello, & Perrin, 2001; Jessor, Turbin, & Costa, 1998). Beal and his colleagues reported that in 7th grade students, parental influence was associated with alcohol use, whereas peer influences

were associated with alcohol, tobacco, sexual activity, and drug use. Currently, few community health promotion programs are designed to reflect the communities' preferences or needs. Lasco, Curry, Dickson, Powers, Menes and Merritt (1989) reported that group exercise programs and facilities will likely remain popular for a minority of the American public who enjoy the social aspects of such programs and are able and willing to overcome the barriers to access them. Interesting programs have been put together, such as the Community Health Assessment and Promotion Project (CHAPP). This project involved 400 obese women coming from a predominantly black Atlanta community. The environmentally relevant strategies applied in promoting physical activity were provided to security escorts for groups of participants walking in dangerous neighborhoods, installing curtains on the windows in the exercise room to ensure privacy, and making free transportation and child care available to promote participation. The design of user-friendly health programs is important for program development in a multicultural society such as Canada.

Literature on Adolescents and Fitness

Since habits during the adolescent years are considered a predictor of lifestyle in adulthood, our society has been increasingly concerned with adolescent physical fitness (Kirk & Colquhoun, 1989; Tinning, 1991). In Canada, social concerns have increased because children and youth obesity and inactivity have recently mounted dramatically (Statistics Canada, 2003b, 2003d). Adolescents are active consumers of popular knowledge on fitness (Burrows, Wright & Jungersen-Smith, 2002). In popular discourses on health-related fitness, the body becomes a key element. That is because, it is in and through body weight, size, shape and its capacities to achieve physical tasks that fitness is

measured. Crawford (1984) claims that in such health-related fitness discourses, the body signifies individual morality: the slender body shape exhibits the achievement of well-being and self-regulation while the fat body, in contrast, represents laziness, sexual unattractiveness (particularly in women) and moral laxity. Undoubtedly because "the bodies are socially constructed and experienced, objective and subjective, specular and sentient" (Monaghan, 2001, pp. 332), the body, self and culture are intertwined. However, this notion of judging individual morality through the body is still problematic.

The dominant fitness discourse is a broader extension of popular health discourse (Cockerham, Rutten & Abel, 1997; White, Young, & Gillett, 1995). It extends corporeal and individualistic notions of health, and presents fitness as something that can be achieved unproblematically through individual effort and discipline directed mainly at regulating the size and shape of the body. In terms of voluntary health behaviour based on choices, fitness has become a task, an achievement, or a performance of responsible individuals (Cockerham, Rutten & Abel, 1997). People participate in fitness activities because they want to stay in shape, lose weight, look better, and socialize with friends (Conrad, 1988; Kotarba & Bentley, 1988). Individuals with poor levels of fitness, therefore, become targets of victim blaming (Crawford, 1980, 1984; Whorton, 1982). For example, the current emphasis on promoting "active living/active lifestyle" reflects on the personal and moral responsibility for health and fitness. Not surprisingly, the body has become a central feature of contemporary consumer culture (Ettorre & Miles, 2002; Kirk & Colquhoun, 1989; Shilling, 1991; Turner, 1991), gender roles and identities (Bordo, 1990; Whitson, 1994; Wright, 2001), and class (Laberge & Sankoff, 1988). Many studies have reported that the dominant discourses on body and fitness are circulated and reinforced to adolescents through current fitness education programs (Colquhoun & Kirk, 1987; Hargreaves, 1986; Harris, 1994; Tinning, 1985, 1991).

Literature on Adolescents' Attitudes toward Fitness

There are significant studies related to children's and adolescents' perceptions, attitudes, and constructions of physical exercise and fitness. These studies can be found in New Zealand (Burrows, Wright & Jungersen-Smith, 2002), Australia (Wright, 1997, 2001), the United Kingdom (Harris, 1994; Sleap & Wormald, 2001), and the United States (Placek, Griffin, Dodds, Raymond, Tremino & James, 2001). According to these studies, young people perceive fitness and physical exercise as mainly corporeal and behavioural notions. Also, adolescents see fitness as athletic notions, and something that is not easy to achieve, hence not fun.

Burrows, Wright and Jungersen-Smith (2002) have shown that young people (grade 4 and grade 8 male and female New Zealand students) view health and fitness as interchangeable concepts, or at least intimately related states of being. To them, health is primarily conceived as a corporeal notion and involves things like eating the right foods, drinking lots of water, being active, and keeping oneself clean (Burrows, Wright & Jungersen-Smith, 2002). In that study, young people correlated health with fitness. They tied fitness to weight and appearance. They spoke of guilt and a constant self-monitoring in order to remain fit and healthy. It was also found that boys and girls receive and enact fitness messages in different ways. For example, the role of fitness in the "ideal" body is different: for males it helps to build muscular bodies, whereas for females it helps in shaping thin toned slender bodies. Similar results are reported by Placek and his companies (2001). They interviewed seven male and six female middle school students (grade 6) on their conceptions of fitness. The most dominant conception about fitness was that fitness equals looking good, and looking good corresponds to being thin. Physical exercise was viewed as a way to look good either through weight loss (particularly for female students) or through building bigger muscles (for male students).

Adolescents also see fitness as a behavioural notion. To them, controlling one's weight is a major fitness activity (Burrows, et al., 2002; Harris, 1994; Placek, et al., 2001), and one's fitness can be achieved through deliberately participating in exercise. Viewed from this behavioural perspective, fitness also becomes a goal achievement. Individuals who are not fit get blamed inevitably. Edgley and Brissett (1990) have called this the "morality of exercise": people should exercise and control their weight. Studies from Burrows (2002), Harris (1994), and Tinning (1991) have reported that adolescents generally put moral value on body shape and weight by using certain words such as "lazy," "couch-potato," "lollies," and "unworthy."

Harris (1994) had pointed out that among adolescents, there is a "no pain, no gain" myth about physical fitness and exercise. There is a widespread perception that to achieve health benefits and physical fitness, strenuous effort, exertion, and sweat are necessary (Harris, 1994; Sleap & Wormald, 2001). Therefore, exercise and fitness activities to young people are not as interesting, appealing, and enjoyable as other leisure-time activities such as playing video/computer games, watching television, and hanging around with friends.

Since adolescents view fitness in relation to athletic achievement and uncomfortable physical exertion rather than relative to everyday life activities, they are likely to decide that fitness is not for them. Harris (1994) calls it the "fitness for performance" ideology. Indeed, many young people associate the term "fitness" primarily with being good at sports (particularly competitive sport games), being athletic, performing difficult sport skills (Harris, 1994), and showing visible strength: having bigger muscles and looking "diesel" (Pleack et al., 2001).

Studies have shown that young people do not have sufficient information about fitness (Burrows et al., 2002; Harris, 1994; Placek et al., 2001). Young people's notions

of fitness are often problematic because they receive confusing and inconsistent messages about fitness and exercise from various sources such as the home, school, and the media (Harris, 1994). For example, in relation to eating and nutrition, some studies show that young people interpret the given information with their own interest and understanding. In a qualitative study of 12 to 20 years old Germans, Sack (1988) discovered that some believed that beer and a particular sausage gave them strength. Authors have argued that popular knowledge and discourses on fitness are fueled by middle-class adults' points of view (Harris, 1994; Sleap & Wormald, 2001) and is featured through contemporary consumer culture (Cockerham, Rutten & Abel, 1997; Featherstone, 1987; Howell & Ingham, 2001). In turn, the latter lead to a limited understanding of potential benefits of fitness on the part of young people. These results may partly explain why young people's inactivity is increasing, despite the fact that youth have successfully reproduced the dominant sets of meanings promoted both at school and in society in relation to health and fitness.

Literature on Adolescents' Participation in Fitness Activities

Many institutions and fitness programs offer behavioural solutions to the 'problem' of sedentary living and inactivity. Since the 1970s, the print and broadcast media have regularly increased the awareness of the Canadian population regarding fitness levels. Programs and institutions have offered motivational tips to educate individuals about activity choices and have stressed the physiological and stress-reducing benefits of regular physical activity onto the public health agenda (MacNeill, 1999). Despite this, child and youth inactivity is still increasing and youth obesity has increased considerably (Statistics Canada, 2003b, 2003d). The study conducted by Statistics Canada shows that among 12 to 19 years-old youth, close to 5% were considered obese.

In addition, nearly 17% of the males and 10% of females were overweight.

Considerable studies present inactivity and sedentary lifestyle as a major reason for adults' obesity and overweight status. In the case of adolescents, however, the most significant factor is parental weight. Adolescents who live with an obese parent are more likely to be overweight or obese than their counterparts. The 2003 Statistics Canada survey estimated the factors associated with youth obesity. The results showed that parents who are overweight influence their children's obesity. Girls with an obese parent were overweight (18%) and obese (10%), and for boys, 22% were overweight and 12% were obese. The next related factors were physical activity, smoking and eating habits. The results provide a clue to understanding the reason why obesity prevention and fitness promotion programs have not been effective for adolescents. Most of the studies and programs on exercise behaviour focus on personal and interpersonal interventions that specifically target the individual. King, Harris and Haskell (1988) have pointed out that research and programming efforts related to physical exercise and fitness usually attract individuals who are reasonably motivated or have a history of participation in formal exercise, rather than those who are the more typical sedentary individuals in the community. These efforts have little salience for adolescents.

Adolescents have an opportunity to be active during their physical education classes at school. Yet, research suggests that traditional fitness activities within physical education courses are often those least enjoyed by adolescents (Rail & Dallaire, 1995; Fox & Corbin, 1987), and that the programs are not effective in reducing adolescent inactivity levels (Dawson, Hamlin, & Ross, 2001). Dawson and his colleagues found that in school, physical activity programs and interventions that aim to decrease sedentary behaviours in children are more successful at reducing weight than interventions aimed at increasing physical activity. Such results are not that surprising granted that fact that

health-based physical education programs occur in the context of dominant fitness discourses that emphasize slimness as opposed to physical ability. Some studies have discussed these problems and suggested different approaches. For instance, Placek and his colleagues (2001) have argued that since fitness is not the sole focus of most physical education programs, the idea of improving fitness levels during physical education classes is problematic. More likely, learning the concepts related to fitness should be seen as an important aspect of encouraging youth to embrace an active lifestyle. Adopting Harris's (1994) suggestion, exercise should be looked at from a sedentary young person's point of view. Exercising involves time, effort and commitment, and usually involves money and some degree of skill. Choosing not to exercise may be a highly rational decision. If exercising is to compete with other interests such as playing video games or watching television, it needs to offer young people immediate gratification such as fun and an opportunity to enjoy themselves and to have a good time with their friends.

Literature on Adolescents' Fitness and Socio-Cultural Differences

There is considerable literature on the factors influencing young people's participation in fitness activities, sport and physical education. Among these factors, there are gender and sexual identity (Bordo, 1990; Burrows, 1996; Dallaire & Rail, 1996; Evans, 1993; Rail, 2001), socio-economic status (Yang, Telama & Laakso, 1996), race and ethnicity (McGuire, Hannan, Neumark-Sztainer, Cossrow & Story, 2002), and class (Stephens, Jacobs & White, 1985).

There is a significant literature on the determinants of, and barriers to, young women's participation in sport, physical education and fitness activities (e.g., Burrows, 1996). Studies in Canada (Dallaire & Rail, 1996; Rail, 2001) and elsewhere (Burrows et al, 2000; Evans, 1993; Macdonald, 1990; MacNeill, 1999; Wright, 1997) have

highlighted how physical education curricula fail to engage or educate many students, particularly girls, students from non-English speaking backgrounds, and non-mesomorphic boys. As a consequence, young people are said to "drop out" of physical education and become alienated from their body and their self. More recently, with the influence of poststructuralist feminist theory and cultural studies, the focus has been on the construction of meanings about femininity and masculinity, in and through sport and fitness, particularly in the print and electronic media (e.g., Cole, 1993; Henrie & Rail, 2002; MacNeill, 1999; Sykes, 1998; Wright, 1997; 2001).

In addition, Wright (1997, 2001) has demonstrated how the language of physical education lessons contributes to the social construction of gender. Most of this work demonstrates how the social practices associated with physical activity construct gender differences in ways that deny women power and rarely challenge traditional forms of femininity. Questions remain with regards to the role of other health practices in such gender construction. In the research on masculinity, following Connell (1995), Messner (1990, 1996; Kimmel & Messner, 2000), Lafrance and Rail (2001), and the most recent work of Sabo and Melnick (2002), the place of sport in constructing particular and sometimes problematic forms of being male has been a recurrent theme. While this body of knowledge has provided insight into the ways in which adult male and female bodies are inscribed with meanings in relation to sport, less attention has been paid to the ways in which adolescent bodies are inscribed with meanings in relation to sport, and more generally, to health practices.

Gender identity is one of the factors influencing adolescents' participation in fitness activities. It is constructed through social practices. For adolescents, school-based physical education programs are consistently the most sex-specialized subject on the school curriculum (Hargreaves, 1986). In many cases, adolescents' gender is embodied

by the performance of gender-specific gestures, postures, and languages in physical activity classes and exercise programs (Burrows, Wright, & Jungersen-Smith, 2002; Hargreaves, 1986). Reeves and Boyette (1983) examined children's gender socialization by children's art work, and they found that there are significant gender differences between boys' drawings and girls' drawings. These drawings reveal that girls perceive themselves as passive people who have things done to them and for them. Boys "do" whereas girls are involved in "being" (pp. 326, 330). The attire of boys and girls also reflects different shapes: girls wear ruffles which are round in shape whereas boys tend to wear more tailored cloths.

As White, Young and Gillett (1995) point out, dominant health and fitness discourses emphasize both slimness and muscularity, but do so differently for men and women. The notion of fitness has been employed to address body weight problems, particularly with females (MacNeill, 1999). The prevalence of eating disorders such as anorexia nervosa, bulimia nervosa, and exercise obsession among females is related to this (Bordo, 1990). Although there are qualitative differences between the individual choices of different girls, involvement in physical activity is often made within a negotiation of gender relations (Flintoff & Scraton, 2001). Men are encouraged to engage in activities that 'build their body' such as exercise, fitness programs, and sport activities, while women are continuously invited to engage in less active forms of 'developing their body' such as make-up, sun-tanning, and fashion. Physical education programs often encourage and reinforce "acceptable" forms of masculine male development and "acceptable" forms of feminine female development (Shilling, 1991).

Also, many studies have reported that health-related fitness behaviours are positively correlated with measures of education and income. Low income and education groups typically engage less in various health practices and fitness activities (Goldstein,

1992; Schoenborn, 1987). In the eight national surveys conducted in the United States and Canada between 1972 and 1983 and dealing with leisure-time physical activity, it was reported that the young and persons of relatively high socio-economic status are definitely more active in their leisure time. Males and females are equally likely to be involved in fitness activities, but males are more likely to participate in vigorous exercise and sport (Stephens, Jacobs & White, 1985). Also, adolescents' participation in physical fitness and exercise highly depends on their parents' attitudes and participation in fitness activities. McGuire, Hannan, Neumark-Sztainer, Cossrow, and Story (2002) reported that the parents' encouragement was positively related to both "white" and "black" boys and girls.

In addition, the typical health-based physical education programs are based on a "middle class view" (Evans & Clarke, 1988). Also, Kirk and Colquhoun (1989) point out that "these opportunities are differently structured according to occupation and income, gender, parenthood, age, geographic location and climate, class and ethnicity" (p. 431). Current physical education programs and services for youth have the advantages of formal exercise classes but carry a number of disadvantages as well (King et al., 1990). The disadvantages include the inconvenience of getting to class several times a week, the constraints related to class schedules, the limited variety of activities (which, in contrast with many people's preferences, typically take place indoors), the constraints on individualizing the regimen for the individual, the expense of fees, equipment and special attire, and the social costs such as embarrassment or discouragement that may develop from the social comparisons that inevitably occur in groups.

With respect to race, there is little recognition of the problematic relationship between race and physical education and sport activities. As Hargreaves (1986) points out, the differential involvement of ethnic groups in physical education and school sports

is due to social and cultural differences, but because of the lack of recognition of ethnic differences, school programs often convey serious misunderstandings about ethnic groups and produce racism by perpetuating ethnic stereotypes in schools. In terms of opportunities to achieve and maintain sport and health-related fitness activities, it is clear that they are not available equally to everyone; these opportunities are differently structured according to occupation, income, gender, parenthood, age, geographic location, class and ethnicity (Kirk & Colquhoun, 1989).

Literature on Health and Fitness among East Asians in North America

Statistics Canada (2003a) report that there are more than 200 ethnic groups in Canada. The visible minority population has increased three-fold since 1981, and nearly half of all immigrants now coming to Canada originate from Asia. Among them, 13% are East Asian consisting of Chinese (Hong Kong, Taiwan, China), Japanese, Korean, Filipino, Laos, Thai, and Vietnamese. Asian immigrants are part of the visible minorities, a population growing much faster than the total population. Statistics Canada regularly report on the health status and behaviour of immigrants and visible minorities. The 2000/01 Canadian Community Health Survey reported that immigrants, especially recent arrivals, were healthier overall than non-immigrants. Among the immigrants, Asian immigrants have superior health in terms of chronic conditions in general, and better mental health status (Statistics Canada, 2003c). Other similar surveys, however, have reported that immigrants who have resided in Canada for decades do not enjoy this health advantage (Health Canada, 1999a; Statistics Canada, 1996). Little is known about this issue. There is little information about the health of Asian immigrants in Canada in general, and even less about issues related to Asian-Canadian youths' health.

Literature on East Asian Immigrant Youth in North America

According to Ogbu (1987, 1991), Asian immigrants in North America are voluntary immigrants. Nnlike involuntary immigrants (e.g., African American slaves and Mexicans house-workers), they come to North America in search of a better life. Ogbu asserted that differences in achievement levels between the two immigrant groups are related to their respective perceptions regarding future opportunities and their responses to schooling. According to him, voluntary minorities tend to do well in school because they see schooling as a necessary step to social mobility.

Lee (1994, 2003) agrees with Ogbu in terms of Asian students' achievement and their perceptions of opportunities and schooling. However, she criticizes the existence of a dichotomous debate which simplifies and ignores the variety of Asian-American youth realities. Lee adopted anthropological approaches to understand Asian youths in the United States and she found that Asian immigrant youths split themselves into two major groups: Koreans and all other Asians (other Asians are divided into three identity groups: Asian, Asian new wave, and Asian-American). Ogbu and Lee both found that Asian-American youth suffer from the same Asian stereotype. Although they identify themselves differently and they put different values on schooling, they still are faced with similar stereotypes at school.

There is a long list of descriptive stereotypes in regard to Asian students. Adolescents' awareness of race and its implications for identity is more salient than when they are children (Noguera, 2003). As they become aware of themselves as social beings, their perceptions of self tend to be highly dependent on acceptance and affirmation by others. This is even more remarkable among Asian immigrants since there are stereotypes of expectations toward Asian immigrants. In the United States, Noguera (2003) has found that in many schools, stereotypes regarding Asians are based on the following notions: (a)

Asians are inherently smart (either for genetic or cultural reasons); (b) they have a strong work ethic; (c) they are passive and deferential toward authority; and (d) unlike other minorities, they do not complain about discrimination.

Lee (2003) reports that Asian-Americans live under the burden of racial stereotypes that structure their experiences and identities similarly as other people of colour in the United States do. She notes that Asian-Americans were considered "good citizens" because dominant culture sees them as a passive, quiet minority who does not challenge the status quo (Lee, 2003). Lee (1994, 2003), Noguera (2003) and other researchers have called the Asian immigrants the "model-minority," and Asian immigrant youth at school are expected to live up to the expectations associated to the model-minority. Stereotypes and expectations toward Asians are similar in Canada (Eom, 1996; Hong, 2002). They have a great influence on young Asian-Canadians' identity formation.

Among the East Asian-American youth, Koreans often form a distinct group (Lee, 2003). Korean Americans rarely socialize with their Asian peers or with youth from other ethnic groups, and they distance themselves from other Asian students. Lee has suggested that "Koreans' attempts to distance themselves from other Asians were motivated by their efforts to get closer to whites" (p. 416). Korean American youth have parents who believe that the essential way to succeed in the United States is by socializing with white Americans. At the same time, Korean immigrants promote the integration of American values in general and the maintenance of traditional values at home. In a study by Lee (1994), one Asian-American interviewee talked about how she experienced her Asian and American identities: "my culture is not all Asian and it's not all American. It's not a mixture (of Asian and American). It's something entirely different. I feel like I establish a root for myself here" (p. 427).

For Asian immigrant youth in North America, who inevitably contain a cultural

hybridity, a major life challenge involves coping adaptively with the stressors of acculturation and assimilation. The social and cultural norms that govern the culture of the local community, as well as family expectations, create conditions of social control that influence the behaviors of the adolescents of that community, including their ethnic self-identification.

Literature on Health-Related Values and Beliefs of East Asian Immigrants

When immigrants arrive in Canada, they usually undergo an acculturation process (Eom, 1996; Hong, 2002). The acculturation process probably impacts on their health beliefs and practices as shown in health status surveys that compare the health status of immigrants after a few decades in Canada to that of non-immigrants after a few decades (Statistics Canada, 2003c).

Many Asian immigrants in Canada belong to middle- and upper-class groups who are well educated and well aware of health promotion concepts (Hong, 2002; Lee, 2000). According to a recent study on immigration trends (Peera, 2000), "economic class" immigration–one of the immigrant groups who are mostly skilled workers so that they can work in the immigrated country without citizenship–grew 33% over the period between 1990 and 1997. In contrast, the number of "family class" immigrants and the number of refugees declined tremendously during the same period. Economic class immigration is comprised of skilled worker immigration, therefore, economic class immigrants' socio-economic status is generally higher than that of family class immigrants or other types of immigrants in Canada.

Asian understandings of physical health are generally family-centered (Doyle & Ward, 2001; Hong, 2002), goal-oriented, mental-health focused (Hurh & Kim, 1990), and gendered (Ghuman, 2001; Hong, 2002). Family bonding and the honor of the family are

important traditional Asian cultural values and beliefs that impact on various health issues. Individual success brings honor to the family (Hong, 2002), therefore the family honor has great influence over the individual's behaviour. Conversely, an individual's problems and failures become her or his family's problems and failures. The principal of family-centered "pride and shame" is embedded in health practices, and is therefore closely connected with goal-oriented health norms and practices (Hong, 2002; Hurh & Kim, 1990). Mental health status is a significant health factor within Asian traditions and knowledges associated with health, and mental health is considered more important than corporeal health (Hurh & Kim, 1990). The Asian ethos is also such that Koreans do not talk about their health problems. Since Confucianism has a huge impact on Korean culture, there are strict gender role expectations that dichotomize the realm of men and women in the house, work, and society. These expectations lead to the limitation of Korean women. Specifically, young girls experience more control at the hands of their parents than males (Ghuman, 2001; Hong, 2002; Lee, 2000). On the other hand, Asian males are under more pressure to achieve their goals and to enhance their family's prestige.

Hurh and Kim have found that most Asian immigrants, and especially Korean immigrants, have a strong ethnic attachment that often hinders their adaptation and assimilation to the dominant society (Hurh & Kim, 1984). Assimilation difficulties are often directly connected to their identity and mental health status. Hurh and Kim (1990) have examined different patterns of Korean male immigrants' mental health in relation to their length of residence in the United States. Hurh and Kim developed a hypothetical model for the adaptation process of Korean immigrants in the U.S. Depending on the length of residence, they suggest seven psychosocial elements of the adaptation processes: Excitement, Exigency, Resolution, The Optimum Stage, Relative Deprivation,

Social marginality, and New Identity or Marginality Acceptance. Hurh and Kim reported that male immigrants' mental health is most vulnerable at the early settling stage, and that job satisfaction is the most significant variable accounting for their mental health patterns. In their discussion section, these authors conclude that mental health for immigrants is a social process. They also suggest that sources of stress, trends regarding stress manifestations, and coping patterns can best be understood in the structural/ situational context of various adaptation stages.

Parental adaptation and assimilation greatly impact second generation immigrants. For young people, family is their primary background; communication with their parents and their community is a big part of their identity (Eom, 1996). Using an ethnographic perspective to explore Korean-Canadian youths' narratives about their identity in the Canadian society, Eom's story points to the importance of those youth having physical and social spaces in which they can share their "differences" as well as their commonalities. The differences and commonalities are shared and are supported (with)in their family and re/transformed through interactions with others (i.e., friends, school, mass media, society, etc).

Literature on East Asian Adolescents' Health and Fitness

Since Kitano and Sue (1973) introduced the concept of Asian Americans as the "model minority" to the social sciences, Asians are perceived as a non-oppressed minority and therefore are overlooked in terms of research attention. Many studies, however, have reported that the perpetuation of this model minority stereotype creates many additional problems. Among researchers, Hong (2002), Min, (1999) Lee (1994, 2003) have focused on the model minority stereotype in relation to Korean-Canadian youth and Korean-American youths. In line with Hargreave's (1986) suggestion that the

body is a major site of social struggle, it is possible to argue that Asian immigrants struggle in their everyday lives because of their physical appearance. Their appearance is the focus of a number of stereotypes: "short/small," "slanted eyes," "eyeglass wearing," "nerdy," "uncool," "wimp," "skinny" (Hong, 2002; Lee, 2003).

Stereotypes shape not only the way others perceive Asian-American youth but also how these youth perceive themselves and their behaviour (Lee, 2003). The stereotypes assigned to Asian immigrant youth cause emotional and psychological distress and create conflicts between themselves and their peers; both those of different races and those in their own racial group. More importantly, stereotypes limit the students' opportunities and access to resources. Young Asian adolescents' health and fitness activities closely connect with stereotypical ideas regarding school achievement, understanding and expression of their sexuality, peering, dressing, etc. In Lee's (2003) study, one Asian male student resisted the "wimp" and "good at school" stereotypes by focusing on increasing his physical strength because he realized that Asians "can" fight. Stereotypes and expectations of Asians are similar in Canada, according to Eom (1996), and have a great influence on young Asian-Canadians' identity formation and behaviour.

One study by Hong in Canada (2002) reported that a stable family income affects the youth's living conditions as well as their physical, social and emotional well-being. Immigrant Asian students in Canada with the strongest family connections have reported better emotional health than students with weaker family connectedness. Students with high levels of family connectedness are less likely to engage in risky behaviours such as smoking and drinking.

Asian youths' health and fitness perceptions and behaviours are gendered. Most immigrant youths learn the meaning and practice of male supremacy and sexist role patterns in their family; they come to accept it as natural (Hong, 2002; Lee, 2000). Lee

(2000) explored Korean-American women's attitude towards sport. She found that generally, Korean immigrant women try to actively engage in sport and physical activity, because they regard sport as one of the most important American icons. They believe that participating in sport and exercise is one of the major short cuts to assimilate into the dominant culture and society. Korean-American women get involved in sport; however, they still feel that sport is gendered. Traditional Korean values and beliefs profoundly influence the structuring of the boundaries of their experiences. For men, the Asian minority stereotypes create an image of them as small and weak individuals who develop their minds while ignoring their physical development (Lee, 1994).

Religion as well as cultural factors also act as a powerful force to restrict the participation rates of women in sport or physical activity (Carroll, 1993; Hong, 2002). Religion and gender often combine to effect health and fitness behaviours. For example, Carroll's (1993) study has shown that in both male and female groups, higher participation rates existed for the Christians and non-believers as compared to Muslims, Sikhs and Hindus.

Asian adolescents have few opportunities to make their voices heard, within or outside their communities (Hong, 2002). Youth become an easy target for public messages in which scapegoating and commodifying take place (Giroux, 1997). Rather than scapegoating and commodifying the "problematic" youth, creating long-term strategies for a better situation regarding Canadian adolescents' health and fitness is required.

CHAPTER III
METHODOLOGY

This chapter focuses on the methodological issues related to this study. In order to understand Korean-Canadian adolescents' constructions of health and fitness, this study adopted a qualitative research method. More specifically, this study used a qualitative research methodology including some elements of grounded theory for data collection and analysis.

Before I started the actual data collection, I developed a relationship with the Korean-Canadian community and the immigrants through formal and informal conversations and through participation in community activities over a period of 28 months since January 2002. I engaged with the young people in "naïve curiosity" (France, Bendelow & Williams, 2000), which is an honest, open and empathetic manner. In addition, I recognized the insider/outsider dilemma (Acker, 2001) in terms of my standpoint as a researcher. I assumed that the participants in the present study shared values and beliefs with their family and the Korean community in Canada; however, they were born in Canada and have grown up with Canadian culture. Their trans-culture constituted them somehow as "hybrids" (Park, 2002). This hybridity had important meanings to me as a researcher. For instance, as a Korean woman studying in Canada, I might have been considered an "external insider" (Acker, 2001) by the participants. My Koreanness might have helped me at times to understand where some of the participants' values and beliefs came from. However, I might have also been considered by them as an "indigenous outsider" (Acker, 2001) because of my unfamiliarity with Canadian youth and their culture as well as my limited knowledge of the English language. My "outsider" position might have brought some limitations, whereas my "insider" position might have allowed me to recognize some particular insights in the adolescents' constructions of

health and fitness. Participating in community activities introduced me to the young Korean-Canadians' culture, language and behaviours in their interactions in ordinary settings, which allowed for further insights into their lives and the contextual elements (Creswell, 1998) surrounding their constructions of health and fitness.

With regards to grounded theory, it guided me in generating and analyzing the data of this study. Grounded theory measures against the experiences of those it purports to describe (Mayall, 1996). Because of the lack of studies on ethnic youth and their construction of health and fitness, the grounded theory approach helped me to develop a "theory" on this topic. My study involved an iterative interplay between theory and the lived experience of the participants, each building on and refining the other.

Recruitment of Participants

The participants in this study were five females and four males, 14-19 years old Korean-Canadians. All of them were born in Canada and their parents were members of the Korean-Canadian Association of Ottawa. I developed a relationship with the nine participants through formal and informal conversations and through participating with them in community activities.

In order to recruit the participants, written permission from the Korean-Canadian Association of Ottawa and from the Ottawa Korean community school was received (see Appendix A) following a brief presentation regarding the purpose of this study, its goals and potential impact. The written permission granted by the Association allowed me to enter the facilities where the main Association activities were organized. Contacts with the participants were facilitated by the Association.

For recruitment purposes, an informal presentation regarding the nature and

purpose of the study was made to the youth present at a given facility. More specifically, groups of adolescents were visited and an informal presentation was made to them. All the adolescents who expressed an interest in participating in the study were provided with a recruitment form (see Appendix B).

Once potential participants had been identified using the recruitment form, they were provided with a parental consent form to be signed. Later on, they were contacted by phone and asked whether they were willing to participate in an interview. At that point, if they still agreed to participate, they were asked to give their parent or guardian the parental consent form (see Appendix C) to sign and then to return it in the pre-addressed and postage-paid envelope. The parental consent form was written in simple language and highlighted all the details of the study. This form was provided both in English and in Korean. Two copies were provided in each language and the parent/guardian was instructed to sign and return one copy of their choice and to keep the other. Once the signed parental consent form had been received, the participants were contacted by phone to schedule an interview.

Prior to the actual interview, consent from the adolescent was obtained. First, information regarding the study was given using simple and concise language. Second, the consent form was discussed and I highlighted all the details of the study. I emphasized that participation was strictly on a voluntary basis, which meant that the adolescent was under no obligation to participate and that if he or she chose to participate, he or she was free to withdraw at anytime during the study. Having read and explained all the necessary details, I asked the participant if there were any questions regarding what had been explained or written. I then explained that two copies of the Participant Consent Form (see Appendix D) needed to be dated and signed by the participant and myself: one copy was given to the participant prior to the commencement

of the interview and the other one was kept by me.

Data Collection Instruments

For this study, the favored instruments were the in-depth interview and the draw-and-write schedule. The combination of these data collection instruments provided the rich qualitative data necessary to achieve the goals of the study.

Interview Guide

Semi-structured individual interviews were used to capture the young Korean-Canadians' constructions of health and fitness. The interview lasted between an hour and an hour and a half and took the format of an informal conversation. The interview guide (see Appendix E) was divided into eight sections: (1) the construction of health or questions about what "being healthy" means; (2) the sources of the constructions of health, meaning questions about the adolescents' sources of ideas about health; (3) the construction of fitness or questions about what "being fit" means; (4) the sources of the constructions of fitness; (5) culture and the construction of health or questions about the impact of the adolescents' culture on their constructions of health; (6) culture and the construction of fitness; (7) integration of the constructions of health in the adolescents' day-to-day life; and (8) integration of the constructions of fitness in the adolescents' everyday life.

Draw-and-Write Schedule

Before the interview, the participants were invited to make two drawings about health and fitness, and after the interview, they were invited to write two short stories

about the same subjects. Participants were provided with a three-page draw-and-write schedule (see Appendix F). For the first portion of the schedule, they were asked to make two drawings: one representing a "healthy" adolescent and one representing a "fit" adolescent (of the sex/gender of their choice). For the "write" portion of the schedule, the participants were asked to write two short stories (about 200 words each): one story about a hypothetical "healthy" adolescent and one about a "fit" adolescent. Half of the male and half of the female participants were asked to write a story of a healthy or a fit male adolescent. The other participants were asked to write a story about a healthy or a fit female adolescent. This strategic gender distribution was done for the purpose of exploring the impact of gender on the construction of health and fitness. The writing experience was also used to obtain from the participants a list of their main sources of information about health and fitness as well as a "plan" on how to help a hypothetical adolescent get "fit" (see Appendix F). The draw-and-write schedule allowed for the emergence of additional qualitative data. This instrument has been recommended by other researchers in the past as a powerful tool for exploring young people's perceptions and experiences (Oakley et al., 1995; Pridmore & Bendelow, 1995).

Data Collection and Analysis

Data collection and analysis activities were done according to some of the principles outlined in my discussion of grounded theory. The details of the various steps involved are provided below.

Pilot Study

To become more familiar with the context of my present study, before I actually started it, I had participated in indoor and outdoor activities organized by the

Ottawa/Gatineau Korean community. Through this, I tried to get familiar with immigrants or second generation Korean-Canadians. More specifically, I had taken part in the Lunar new-year party, the Spring picnic and other community sports activities. During these activities, I conducted unstructured interviews with four Korean-Canadian adolescents. This pilot study was set up to "foreshadow" problems that would possibly arise during the actual study (Wolcott, 1994). The pilot interviews allowed me to figure out how the interview would work, to develop initial understandings which would lead to a reduction in length of the interview guide, to a refinement of questions, and to an improvement of the draw-and-write schedule. Participating in the community activities and doing volunteer work for the activities with staff members gave me an opportunity to observe and become familiar with the sub-culture as well.

Data Collection

Each participant was invited to take part in an interview for the duration of one hour to one and one half hours. The interview took place at a time left to the discretion of the participant and took place in a quiet area either at the University of Ottawa or at the Ottawa Korean Community School (written permission was obtained from the latter, see Appendix A). The place was chosen by the participant.

The participant was asked a number of closed-ended questions for identification purposes. These questions were related to the participant's name, age, rank in the family, schooling, part-time occupation, and other usual socio-demographic variables. This identification section served as an opportunity to build a "conversation partnership" (Rubin & Rubin, 1995) between myself and the participant. Then, the interview took place and focused on the Korean-Canadian adolescent's constructions of health and fitness. The questions were open-ended and did not necessarily follow the order of the

interview guide. Rather, I allowed the interaction between myself and the participant to impact the flow and direction of the conversation. With the participant's approval, the conversation was audio-taped.

Kirsch (1999) believes that the interview is a unique way to gather information since it allows for self-expression and the building of a relatively close relationship between an interviewer and an interviewee. While closeness in an interview is encouraged by researchers, a certain caution is also in order. The closeness might lead the interviewee to believe that there is a true friendship developing which may not be the case. This could lead to the participant revealing things that she would not have otherwise revealed. While it is important for the interviewee to feel respected and trusted (Reinharz, 1992), a false sense of friendship closely resembles exploitation. For this reason, Kirsch (1999) argues that it is important to distinguish between friendship and friendliness and to carefully assess our expectations about the participants in order to protect them from exploitative interview processes. Thus, in my study, a conscious effort was made to respectfully listen to and learn from the participants while trying not to convey a false sense of friendship. I think this was achieved as I answered the interviewees' questions or concerns but did not reveal deep and personal information about myself, and I respected the fact that interviewees might not have wished to talk about non-interview-related personal issues. I also tried to establish a true sense of trust by telling participants that I wished to learn from them and listen to them as opposed to doing research "on them."

After the conversation, the participant was invited to complete the draw-and-write schedule. For this last portion of the session, materials were provided for the participants (e.g., color pencils, eraser, ruler). At the end of the session, I discussed the possibility of a second conversation with the participant if it was deemed necessary. This additional conversation was organized to discuss issues that may have been brought up by the

subsequent participants and to clarify themes that may have emerged from the analyses of the subsequent interviews. If required, the second session was done by phone and required approximately 20 minutes of the participant's time. All the conversations and follow-up conversations were conducted within a period of approximately two months.

After each data collection event, I wrote down my personal comments about the conversation, the participant, the atmosphere of the interview, the answers given, etc. Also, additional questions, comments and ideas concerning the research were jotted down in a research journal to be consulted during the analysis of the data. The purpose of these notes was to put the conversations, as well as the research in general, into context.

Transcription

After each interview session, tape-recorded conversations and written documents were transcribed verbatim. At this point, decisions were made regarding extraneous information such as the overlapping of voice, repetitions, hesitations, pauses during the interviews, laughter, coughing and sighs, signals and bodily communication on the part of the adolescents. Miles and Huberman (1994) described how different means of transcribing data can result in many different interpretations of the data. In this study, the extraneous information previously described were included in the transcription when judged important for the understanding of the participant's statement. Otherwise, extraneous information was omitted from the transcripts in order to make the final product more readable.

To ensure the confidentiality of the participants, their self-chosen pseudonym was used in the transcripts. Before proceeding with the data analysis, each participant received a copy of his or her transcript (either by mail or e-mail) and was given the opportunity to add information or censor some comments. The participants were also

informed that any quotes taken from their revised transcript would be "polished." This meant that the quotes were edited in order to better conform to written English, while not erasing words, pronunciations or expressions that may have been specific to their cultural context.

Data Analysis and Interpretation

Consistent with the principles of grounded theory, the data collection and analysis proceeded in an iterative fashion (see Figure 1). In order to develop a theory from the empirical data, I applied Creswell's (1998) concept of data analysis "spiral" to this study. The data analysis spiral allowed me to engage in the process of moving in analytic circles rather than using a fixed linear approach (Creswell, 1998). According to this spiral, the two phases of data collection and data analysis were on-going until "theoretical saturation" (Strauss & Corbin, 1990) had been reached.

The data collection and analysis took place simultaneously, one constantly informing the other. Several steps were taken in this process. First, I finalized the transcription of an interview and transposed the text within the NUD*IST Vivo qualitative data analysis software. Second, I read the transcript in its entirety several times and memoed my reflections while checking my research journal and making margin notes. The memos were short phrases, ideas and visual images of certain sentences or key concepts (Creswell, 1998) that occurred to me while I was reading the transcription. The reading and memoing were performed for an understanding of the whole picture. As Strauss and Corbin (1990) mentioned, the reading and memoing process is important to get a sense of the interview as a whole before breaking it into parts. Throughout this process, I kept in mind the whole picture in terms of the cultural, political and economic context. Links between our conversations about health and fitness,

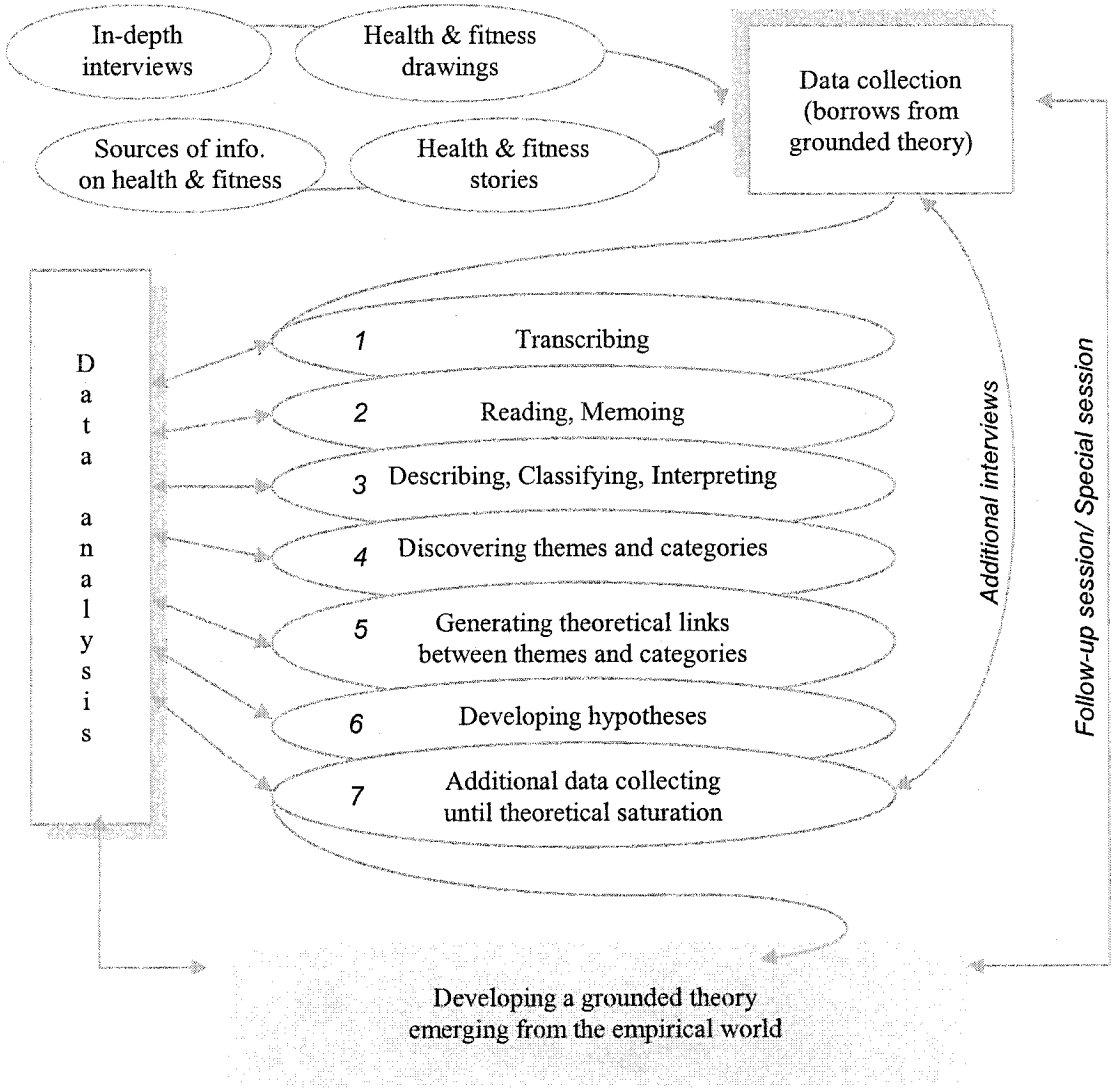

Figure 1. An interactive process of data collection and theory development

and wider discourses at work in media, such as exercise manuals, videos, magazines, and internet sites, were drawn upon in an attempt to understand why certain meanings rather than others were advanced by the Korean-Canadian adolescents.

Third, I proceeded to the step of describing, classifying and interpreting. In this process, I studied parts of the interview transcript in detail and initiated a classification

system as I was interpreting the data. According to Creswell (1998), the detailed description is done provided *in situ*, that is, within the context of the person, place or event. I used my position as an external insider to describe and interpret the participants' narratives. At the same time, my position as an indigenous outsider was useful in that I refrained from taking for granted the youth's sub-culture.

Fourth, building on the earlier exercise of classifying parts of the interview text, I was engaged in coding which consisted of attaching a name to an emerging theme. I then refined this theme name during the analysis in order to better represent parts of the interview text being analyzed and regrouped. This process also involved winnowing the data and creating a manageable set of themes and categories.

Fifth, the analysis process evolved as theoretical links between themes were generated. This step's tentative outcome, however, was put aside until I got approximately five or six sets of interview data. When I found similar patterns or related structures within the data, I tried to put down initial theoretical links. A hierarchical tree diagram or a visual image of the themes represented another form of presentation. From the theoretical links, I developed a hypothesis in the sixth process. Once the tentative hypothesis was developed, I came back to the data collection step again, and the whole data collection and analysis process were continued until no more categories and hypotheses could be found. For effective saturation, I adopted the "zigzag" process (Strauss & Corbin, 1990): gathering data, analyzing data, going back to the research field to gather more data, and so forth. At the end of the interview session, I mentioned a 'follow-up session,' and asked the volunteers to participate in this session. If the participants did not want to take part in the follow-up session, I simply contacted them by e-mail or by telephone if I had additional queries.

Follow-Up Session

On the road to saturation and the development of a grounded theory, I contacted the Korean-Canadian adolescents and six volunteered to participate in a follow-up session. While I was transcribing and analyzing the first interview, some questions arouse because of the ambiguous statements from the interviewee or because of insufficient probing on my part. In the follow-up session, I clarified such ambiguities. The procedure improved the authenticity and trustworthiness of the study. The follow-up session took place in a quiet area chosen by the participant.

Special Session

In the last step of this study, I met the six Korean-Canadian adolescents (three male adolescents and three female adolescents) in a group to discuss my preliminary results. In the beginning of this special session, I presented the preliminary results to them. I then asked the group to discuss these results and to identify the areas that they felt were accurate representations of their realities and the areas that failed to properly represent their lived realities. Their answers helped me in fine tuning my grounded theory. This special session took place at the Ottawa Korean Community School.

Credibility and Trustworthiness

In order to improve the study's credibility and trustworthiness, a number of steps were taken related to transparency, authenticity, consistency, coherence, and communicability. Transparency meant that someone reading a qualitative research report would easily find and understand the data collection and analysis methods used in the research. In describing the steps of the present study, I have tried to be as precise as

possible. The data collection process as well as the data analysis and interpretation have been clearly outlined. I also stored the interview tapes for future queries.

Authenticity of the data was assured through my "triangulation" of data sources (Creswell, 1998). Observing various Korean community activities, conversing with adolescents, and obtaining their completed draw-and-write schedules allowed for a triangulation of the data sources; this improved the quality of the data and the accuracy of findings.

Further, consistency and coherence were ensured by examining and clearly explaining consistencies and inconsistencies found within the themes. In order to ensure the consistency and coherence, I adopted an iterative movement between the data collection and analysis phases. This continuous process until theoretical saturation allowed me to keep the study's consistency and coherence. In the data interpretation phase, this process also involved discussing discrepancies with the participants in the follow-up session as well as in the special session. According to Rubin and Rubin (1995), a credible report should show that the researcher investigated ideas and responses that appeared to be inconsistent.

Communicability refers to the accuracy of the "portrait" which is painted for the participants as well as the readers (Rubin & Rubin, 1995). Thus, an effort was made to give a thorough, complete and just representation of the participants' words. The participants had the opportunity to review and verify that their "words" and "statements" had been properly reported. They could do this by reading their interview transcript as well as a summary of the preliminary results. Therefore, participants had an opportunity to contribute towards the interpretation of the results, which increased the trustworthiness of the study.

PART TWO: RESEARCH FINDINGS

Be/Longing Canadians: Minority Stereotypes and Korean-Canadian Adolescents' Discursive Constructions of Health and Fitness

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Abstract

In this paper, we focus on the ways in which Korean-Canadian youth construct their own understandings of health and fitness and introduce health and fitness practices into their daily lives. We used grounded theory for our analysis of in-depth conversations with nine Korean-Canadian adolescents. Our results show how these young people appropriate elements of dominant Western health discourses to elaborate their own constructions of health and fitness. These constructions are racialized and gendered, and they speak of the importance of bodily shape and appearance. Furthermore, these constructions point to the high amount of school-related pressure and stress that seem to be part of the day-to-day lives of these adolescents. In that sense, health and fitness practices are very costly for Korean-Canadian adolescents in terms of money, time and self-discipline, but they are valuable to them as they are perceived as ways to successfully integrate Canadian culture, as ways to "belong."

Be/Longing Canadians: Minority Stereotypes and Korean-Canadian Adolescents' Discursive Constructions of Health and Fitness

North American societies have become increasingly preoccupied with health and fitness. Attention to adolescent health can be seen as a part of the current health consciousness that has developed since the early 1980s, when quality-of-life issues took center stage (Cockerham, Rutten & Abel, 1997; Crawford, 1984). The dominant health discourses today promote the idea that health is a matter of personal lifestyle choices and therefore, that individuals have a personal responsibility, or even a moral obligation to take care of themselves and be productive citizens (Crawford, 1980). In addition, as Crawford (1984) has pointed out, the themes of body shape, body weight, fitness, youth, beauty and sex-appeal have all become entangled in dominant health discourses, placing the body as central. The creation and presentation of the self is therefore linked to the body as project, and if the body appears uncontrolled, then the self is exposed as undisciplined, lazy or immoral (Lupton, 1995; Turner, 1991). According to Foucault (1988), taking care of one's self largely involves subliminal socialization rather than active, conscious decisions. Adolescents' health and fitness behaviours and bodily consumptions, therefore, can be regarded as part of their self-care, and also as part of their struggle to socialize into larger society. Larger society, however, sets youth apart as an immature and unstable age category owing to their rapid biological, emotional, and social changes (Wyn & White, 1997).

When dealing with the issue of adolescence, dominant health discourses are intertwined with the dominant discourse on youth (Ettorre & Miles, 2002; Harris, 1994).

The predominant Western discourse upheld by media representations of youth has been that adolescents are likely to engage in risky behaviour (Giroux, 1997, 2000; Griffin, 1997). The social construction of youth as a "problem" has led to the establishment of many institutions and processes for their monitoring, processing and surveillance. Many adolescent health and fitness initiatives and programs are focused on reducing unhealthy behaviours, and aimed at promoting the idea that health is a personal obligation and that youth are responsible for managing their own health behaviours (Dennison & Golaszewski, 2002; Steptoe & Wardle, 2001). Health Canada has been offering various programs and making tremendous efforts to improve adolescent health since the early 1980s. Still, a large percentage of Canadian adolescents describe their health status in ways that are not encouraging. For instance, close to 30% of 12 to 17 year olds rated their health as no better than "good" (Health Canadian, 1999b). Many studies have sought to explain this finding by examining the approaches taken by youth health programs (e.g., Dallaire & Rail, 1996; Fox & Corbin, 1987; Kelly, 1998). Evidence suggests that these programs do not necessarily reflect the reality of young people's lives and dispositions (Burrows, Wright & Jungersen-Smith, 2002; Colquhoun, 1987; Kirk & Colquhoun, 1989; Tinning, 1991).

Indeed, most programs are dedicated to health promotion and disease prevention strategies, based on adult understandings of what is "good" for adolescents. Unfortunately, evidence suggests that these assumptions do not necessarily reflect the reality of youths' lives and dispositions (Burrows, Wright & Jungersen-Smith, 2002; Kirk & Colquhoun, 1989; Tinning, 1991). Ettorre and Miles (2002) have also noted that focusing on the "problematic" aspects of youth has inhibited reflexive responses to their

actual experiences. Therefore, it can be asserted that instead of looking only at adult-implemented health programs for youth, attention should be geared towards understanding adolescent appropriation of and/or resistance to health discourses as well as constructions of health and fitness.

Although a considerable body of literature exists on adolescent health/fitness behaviours and status, the vast majority of studies has been large scale and quantitatively based. Few qualitative studies can be found to shed light on adolescents' constructions of health and fitness. So far, relevant studies have only been done in New Zealand (Burrows, Wright, & Jungersen-Smith, 2002), Australia (Wright, 1997, 2001), the United Kingdom (Harris, 1994), and the United States (Placek, Griffin, Dodds, Raymond, Tremino & James, 2001). These studies have reported that young people conceptualize health as primarily a matter related to the physiology and appearance of their bodies. Their emphasis on the physical and visible nature of health and fitness is underpinned by the predominant health discourse currently circulating in Western societies.

Asian Immigrants and Korean-Canadian Youth

Understanding the health and fitness constructions of any population group requires careful consideration of its ethno-cultural identity, since constructions of fitness and health are historically and culturally specific. This is of particular concern in any Canadian study, given Canada's ethno-cultural portrait. Statistics Canada (2003) has reported that there are more than 200 ethnic groups in this country and that the visible minority population has increased three-fold since 1981. Today, immigrants in Canada

are most likely to be from Asian countries (Statistics Canada, 2003). Of the 1.8 million immigrants who arrived between 1991 and 2001, 58% came from Asia, and among the Asian immigrants, 13% are East Asian, having come from countries such as China, Hong Kong, Japan, Korea, Macan, Mongolia, and Taiwan. Asian immigrants are part of a visible minority population which is growing much faster than the total population. Between 1996 and 2001, the total Canadian population increased by 4%, while the visible minority population grew by 25%. Both the significance of the Asian population in Canada and also the philosophical differences known to exist between Asian (Oriental) and Euro-Canadian (Western) conceptualizations of health make it salient to study Asian-Canadian youth's constructions of health and fitness. Dominant health discourses tend to represent white, middle class values, bodies, and practices (Crawford, 1984; White, Young & Gillett, 1995). This conflicts with the cultural backgrounds of many young people coming from visible minorities. Often, this also reinforces the stereotypical images of Asians that permeate Canadian society as well as reproducing the problematic but taken-for-granted pan-ethnic identity associated to "Asian."

Adolescents more than children, are aware of race and its implications for identity (Noguera, 2003). As adolescents become aware of themselves as social beings, their perception of self tends to be highly dependent on acceptance and affirmation by others. This is even more prevalent among Asian immigrants due to the particular stereotypes and high expectations that they face. In the United States, Noguera (2003) has found that in many schools, stereotypes of Asians include the following: (a) Asians are inherently smart (either for genetic or cultural reasons); (b) they have a strong work ethic; (c) they are passive and deferential toward authority; and (d) unlike other minorities, they do not

complain about discrimination. Lee (1994, 2003) has also reported that Asian-Americans live under the burden of racial stereotypes that structure their experiences and identities as do other people of colour in the United States. She noted that Asian-Americans were considered "good citizens" because the dominant culture sees them as a passive, hardworking, and a quiet minority that does not challenge the status quo. Asian-Americans internalize the "model minority" stereotype and thereby mask, misinterpret, oversimplify and further reinforce discrimination and their own exclusion (Cho, 2003; Eom, 1996; Lee, 2000). Such stereotypes and expectations of Asians are similar in Canada, according to Eom (1996). Inevitably, these stereotypes and expectations have had a great influence on young Asian-Canadians' identity formation as these youths try to live up to the standards.

Studies of second-generation Asian immigrant youth in the West have focused mainly on the process of acculturation and assimilation into the mainstream (Eom, 1996; Handa, 2003; Hurh & Kim, 1990; Min, 1990). It has been found that young Asian-Canadians often unsettle and resist certain mainstream definitions of both "Asian" and "Canadian" (Eom, 1996). Dominant discourses on race/ethnicity have an impact on the youth, specifically on their bodily discourses. Borrowing the terms from Douglas (1970), these youths have two bodies: the social body ("Canadian") and the physical body ("Asian"). In the popular literature and cultural scene, this is often labeled as the "banana" phenomenon (Terry Woo, who is a Canadian-born Chinese, published his novel "Banana Boys" in 1999 and later the term "Bananas" came to be used in reference to other second generation Asian immigrant youth in North America). Lee (2000) and Lee (2003) have reported that young Asian immigrants in North America are particularly

concerned with their body, the image of their body and their clothes. They are struggling to construct their "social body" and "physical body" while immersed in stereotypes and expectations of their "Asianness." We postulate that this construction may connect with their perceptions and practices of health and fitness, since dominant health discourses place the body as central.

We also suspect that Asian-Canadian youths' understandings and practices of health and fitness may be different from those of non-immigrant youths. Since these youths belong to an ethnic group stereotyped as being "a model," it is possible that many of them take to heart the hegemonic health discourse that emphasizes personal responsibility for managing their health and being productive citizens. Socially ascribed stereotypical images and expectations of their identity may make it difficult to self-define their life possibilities and create and "perform" their identity in a preferred manner. At the same time, Asian-Canadian youths may be faced with a choice between ascribing to what they perceive as the traditional "Asian" health discourse and the dominant Western health discourse. Euro-Canadian medical/scientific knowledge about health and fitness is circulated among Asian immigrants and, since scientific knowledge is considered modern, it may seem more reasonable for youth, especially second-generation youth, to accept than traditional Asian values and beliefs.

We do not know, however, how particular discourses on health affect Asian-Canadian youth, and what kinds of alternative or counter discourses (if any) are circulated among them and why. We also do not know how dominant and alternative discourses, within which youth construct themselves as fit or unfit, healthy or unhealthy subjects, come to be adopted. The lack of studies on Asian-Canadians' health and body

have resulted in a distorted and incomplete picture of Asian-Canadian communities and Asian immigrants in North America. Misperceptions about Asian immigrants' body and gender abound. For example, Asians are seen as purveyors of disease; Asian males, who develop their minds while ignoring their physical development, are deemed to be small, weak, and homosexual; and Asian females are seen as either passive, shy baby girls, prostitutes, or devious *madames* called "dragon ladies" (Lee, 1994; Yi-Kang, 2002). More research is needed in order to move away from such misperceptions and to come to a more accurate understanding of young Asian-Canadian citizens.

To reach that goal, we first need to move away from seeing "Asians" as one homogeneous ethnic group. Perceiving Asians as a homogenous group can compound the misunderstandings of Asian-Canadian immigrants and Asian-Canadian youths. "Asians" are often perceived as a single race or a single ethnicity that shares the same culture and history. Lee, an Asian anthropologist and sociologist in the United States, has pointed out, however, that a pan-ethnic identity among Asians does not exist (1994) and therefore, studies on Asian minorities need to look at ethnic groups individually. She has noticed that Korean immigrants and Korean-American youths, in particular, tend to see themselves as separate from other Asians:

> I was told that Asian-American students had split themselves into two major groups: Koreans in one group, and all other Asians in another group. I found this observation, as a gross generalization, to be true. . . . Koreans' attempts to distance themselves from other Asians were motivated by their efforts to get closer to whites. . . . Koreans believed school success was the other ingredient necessary for social mobility in the United States. (pp. 415-417)

Furthermore, Lee (1994) has interviewed and observed Asian-American students, and found that Korean immigrants in America believed in maintaining a dual identity, a strategy called "accommodation without assimilation" wherein they encouraged their children to adopt "American values" while at school, yet uphold traditional values at home. As Omi and Winant (1986) have concluded, personal sense of self is so inextricably linked to racial identity, that without one's racial identity, one is at risk of having no identity at all. With respect to the fact that Koreans distance themselves from other Asians, and since we as researchers/interviewers both have cultural insiderness towards Korean-Canadians, in this project we undertook to study particularly Korean-Canadians rather than Asian-Canadians in general. Kyoung-Yim's "Koreanness" and Geneviève's "Canadianness" could provide broader understandings on culturally hybrid Korean-Canadian adolescents. Our cultural insiderness and outsiderness may help us to understand where some of the participants' values and beliefs come from.

In this paper, we attempt to help fill the gap in the literature by furthering the understanding of Korean-Canadian adolescents' constructions of health and fitness. Our study is part of a larger research project that involves youth from a diversity of linguistic, racial, ethnic, and dis/ability communities (Rail, Beausoleil, MacNeill, Burrows & Wright, 2003). In our more specific study, here, we attempt to answer the following questions: (a) How do young Korean-Canadians construct notions of health and fitness and what are the relationships between these constructions and prevailing discourses on health? (b) How are these discourses taken up in their everyday lives, for example, how do they make decisions about physical activity and diet? And (c) how does gender and culture impact these young people's constructions of health and fitness?

Methodological Considerations

The Adolescent Participants

The participants in this study were 14 to 19 years old Korean-Canadians (five females and four males). All of them were born in Canada and their parents were members of the Korean-Canadian Association of Ottawa. From the beginning of the study, Kyoung-Yim developed a relationship with the nine participants through informal conversations and participation in the community activities over a period of 28 months starting in January of 2002.

As a brief overview of the participants' family immigration histories, the majority of the youths' grandparents moved to Canada with their children for the reason shared by so many immigrants: the perception of improved economic opportunities, quality of life, and quality of education. Most of the youths' parents were born in Korea but completed schooling in Canada. For them, education was a priority and they put great effort in the transmission of this value to their children. According to Cho (2003), Eom (1996) and Lee (1994), it is a shared experience among Korean parents to subject their children to intense pressure to obtain excellent grades in high school, and ultimately acceptance into a prestigious university. Parents and family members make great sacrifices to support adolescents in their academic goals. This behavior is also pervasive among Korean immigrants in Canada (Cho, 2003; Eom, 1996).

The Research Instruments

The favored instruments we used for our qualitative study were the semi-

structured, in-depth interview and the draw-and-write schedule. The interviews lasted between an hour and an hour and a half and took the format of an informal conversation. After the interview, the participants were invited to write two short stories and make two drawings about health and fitness. The participants were provided with a three-page draw-and-write schedule. For the first portion of the schedule, they were asked to write two short stories (about 200 words each): one about a hypothetical "healthy" adolescent and one about a "fit" adolescent. The writing was also used to obtain from the participants a list of their main sources of information about health and fitness as well as a "plan" of how to help a hypothetical adolescent get "fit." For the drawing portion of the schedule, the participants were asked to draw two pictures: one representing a "healthy" adolescent and one representing a "fit" adolescent (of the sex of their choice). The draw-and-write schedule allowed for the collection of additional qualitative data.

The combination of interviewing, drawing and writing was a particularly useful and efficient research tool, given the participants' age and the relationship between the interviewer and each interviewee since the two were neither strangers nor friends. Starting the interview with the drawing played a role in breaking the ice, and at the same time, giving the interviewer, Kyoung-Yim, a brief period to observe the participants, which later helped her to identify natural contexts for the individual adolescents' speech routines. In addition, the drawings often reflected the adolescents' familial and individual experiences, hence allowing the interviewer to approach the interviewees more closely and bring the conversation to a deeper level.

Data Collection and Analysis

The data collection and analysis/interpretation were underpinned by grounded theory. Because of the lack of studies on (Asian-Canadian) ethnic youth and their construction of health and fitness, this grounded approach helped us develop a "theory" on this topic. As Miles and Huberman (1994) argue, this theory is measured against the experiences of those it purports to describe. The current study involved interplay between theory and the lived experience of the participants, each building on and refining the other. Consistent with the principles of grounded theory, the data collection and analysis proceeded in an iterative movement. In order to develop a theory from the empirical data, Creswell's (1998) concept of the data analysis spiral was used. Dealing with the data in this way meant moving in analytic circles rather than using a fixed linear approach (Creswell, 1998). In the spiral method, data collection and data analysis continued until "theoretical saturation" (Strauss & Corbin, 1990) was reached. Data collection and analysis took place simultaneously, one constantly informing the other.

For our data analysis, we proceeded in the following way. First, we transcribed the tape-recorded interviews and entered the transcripts into the NUD*IST Vivo qualitative data analysis software. Second, we read these transcripts in their entirety several times and "memoed" our reflections while checking our research journal and making margin notes. The memos were short phrases, ideas and visual images of certain sentences or key concepts (Creswell, 1998) that occurred to us while we were reading the transcripts. As Strauss and Corbin (1990) have mentioned, the reading and memoing process is important for getting a sense of an interview as a whole before breaking it into parts. Throughout this process, we made sure to keep in mind the cultural, political and

economic context. Links between our conversations about health and fitness, and wider discourses at work in media such as exercise manuals, videos, magazines, and internet sites were drawn upon in an attempt to understand why certain meanings rather than others were advanced by the Korean-Canadian adolescents.

Third, we proceeded to the step of describing, classifying and interpreting. In this process, we studied parts of the interview transcripts in detail and initiated a classification system as we interpreted the data. According to Creswell (1998), detailed description is done *in situ*, that is, within the context of the person, place or event. Our in/outsider positions played a rich role in this process. Kyoung-Yim was born in Korea and has lived in Canada for the last three years while working on her graduate studies. Therefore, as she interviewed the participants, her external insider position provided cultural descriptions and interpretations from the participants' narratives, behaviours, drawings and other sources while she interviewed them. Geneviève's Canadianness, the other part of external insider, allowed interpreting the participants' narratives.

Fourth, building on the earlier exercise of classifying parts of the interview text, we began coding which consisted of attaching a name to an emerging theme. We then refined these theme names during the analysis in order to better represent parts of the interview text being analyzed and regrouped. This process also involved winnowing the data and creating a manageable set of themes and categories.

Fifth, the analysis process evolved as theoretical links between the themes were generated. When we found similar patterns or related structures within the data, we tried to establish initial theoretical links. A hierarchical tree diagram or a visual image of the themes provided other forms of presentation. From the theoretical links, we developed a

hypothesis in the sixth step. Once the tentative hypothesis was developed, we came back to the data collection step again, and the whole data collection and analysis process were repeated until no more categories nor hypotheses could be found. For effective saturation, we adopted the "zigzag" process (Strauss & Corbin, 1990): gathering data, analyzing data, returning back to the field to gather more data, and so forth.

Results: Youth's Discursive Constructions of Health and Fitness

Virtually all of the young Korean-Canadians in this study were very familiar with the dominant discourses of body, health, and fitness. These discourses found their way in the participants' constructions of health and fitness as they emerged from their narratives, drawings, and short stories. As we show in Table 1, seven themes were used in the construction of health, and six themes were used to construct fitness.

(Insert Table 1 about here)

The themes are listed in order of frequency, which was determined by the number of times they were mentioned by the participants. The results show that for constructions of both health and fitness, the participants emphasized the importance of "looking good," "being physically active," and "feeling good." The importance of "having physical qualities" was used in the construction of fitness. Despite the overemphasis on "negative" messages about eating junk food, using drugs or abusing alcohol in public health messages targeting adolescents, it is quite interesting to find out that the importance of nutrition and the avoidance of bad habits were mentioned much less frequently and were not so present in the youth's construction of health or fitness. This seems to be a

good example of Health Canada's message being lost in the kafuffle of dominant cultural discourses about the body (i.e., being thin and looking good). Overall, the young people's conceptions of health and fitness seemed widely conflated, yet there were some significant differences in how they viewed each of them.

The Importance of Looking Good

One of the significant findings was that, for youth, health and fitness were things that were mainly physical and visible. Most importantly and most frequently, the young Korean-Canadians considered being healthy and being fit as "looking good," and looking good to them meant having a proper body shape, having a normal body image, having a normally fit appearance, not being overweight, being slimly fit and/or having muscles. "Fat" people were readily seen by most of the young people as unhealthy and unfit, and slim people tended to be stereotyped as healthy and fit. The adolescents stated that being not too fat, not too obese, and not too skinny reflected a proper body shape and having a well-formed body shape was the most important element in being both healthy and fit. "Proper" body shape, however, was perceived differently by males and females. For instance, Score (15 year old male) stated that not being fat or overweight corresponded to a male's proper body shape, while Naomi (15 year old female) noted that having a slim body shape was the proper one for a female. This gendered view of the body is evident in the following excerpt:

> [I'm healthy because I'm not fat and] I'm trying not to get fat or anything. Like, I don't really look at my weight as scare-wise like fat or anything. I just sort of check myself in the mirror and see it's my stomach bulging out—something like

that [laughing]. You know you can't have that kind of thing—that's not a good sign...You know, we all want healthy bodies and like we all want to be shaped and have like, you know, just a nice well-formed body kind of thing. (Score)

The slim body shape for Naomi was more closely related to having a skinny body shape. Naomi showed skinny her arms to the interviewer as an example of a "healthy" or "normal" body shape:

Naomi: I think, uh... not too skinny, but just normal... Just look normal, not pretty normal like in magazines... I think, you just, you should, kind of look not too skinny, not too fat, just in the middle. You know, you don't have to look like a super model, but you can look nice, you can look healthy like...

KY: What does it mean "look nice" and "look healthy"?

Naomi: I should've given the description, shouldn't I? [She showed her skinny arms, and indicated her shoulders and arms] Like, kind of... OK, this is skinny [laughing], you got the skinny *normal* like this... [laughing] that's the only way I can explain it [laughing].

Score and Naomi's statements are quite representative of the others made by the youth and they show that "looking good," especially in terms of having a "proper" body shape is a socially constructed notion. According to them, there is a certain way a body is supposed to look, and thus, there is a normal and an abnormal look. For example, Naomi described magazine models (who tend to be very skinny) as "pretty normal." The young participants equated a slim body shape with good appearance, and looking good with feeling good. For example, Maria (a 15 year old female) seemed to have bought the

popular media discourse that "skinny is pretty," and internalized this logic in her concept of a healthy individual. Maria emphasized the importance of health but she linked feeling good to looking good so that health issues seemed to be at least articulated with, and at most subordinated to beauty and fashion issues:

> Everybody [on TV] is skinny and pretty... I wanna look good [like them] and feel good. [laughing] Uhm... so I can feel good about myself, and fit into certain clothes... [laughing] (Maria)

While not being fat, having a slim body shape and having a normal body image was equated with "looking good" in the youths' construction of health, having muscles were emphasized for "looking good" in their construction of fitness. Many of the adolescents associated fitness with a certain amount of visible muscles, and the muscles were recognized as evidence of having achieved a certain level of fitness. As Naomi said, muscles usually show one's fitness:

> Fit individual? Well, somebody who has, well, muscles usually show that you are fit. You don't have to have muscles to be fit, I think. Not big gross bulge muscles, but uh...Even if you work out a little bit, you will get a little bit of muscle, and so someone who is generally toned, I think you can easily tell that they are fit. (Naomi)

Naomi was quite similar to the other adolescents in that she had a gendered view of muscles as they relate to beauty, and therefore health and fitness. Most adolescents in this study frequently used words such as "normally," "usually," "the best/better," "nasty," "gross," etc. These words were used to describe the 'right' size of being healthy and fit. Kimberly enthusiastically explained it in these terms:

> If you look at, like, women bodybuilders...That's just nasty... [laughing] That's just gross. But if you look at an average person, like a skater, they are fit and they are healthy... If you look at track and field people, their arms are like... Skinny, and you know that they are fit. (Naomi)

While female adolescents considered big muscles unattractive, male adolescents read muscularity as a sign of male strength and regarded it as something good. The majority of the adolescents in this study associated fitness with having muscles, and all male adolescents considered big muscles as a part of male fitness.

> Matt: If it is a guy, [being fit means] having a lot of muscles, being strong, and for girls, skinny, not too skinny, yeah... Just like women bodybuilders... I don't know... It's good for them, but to me, it's too much... It's kind of scary because you don't have stronger [muscles than them].
>
> KY: How about a man who has a very masculine body?
>
> Matt: Oh, strong? [Is it scary] to me? It's intimidating sometimes... But sometimes, maybe I should work out and get stronger, too.

Despite the overall appropriation of the dominant discourses of traditional masculinity and femininity in their narratives about looking good, health and fitness, the young participants, at times, showed moments of resistance to such discourses. For instance, not all female adolescents accepted the idea that muscularity or strength is just for men, although they seemed not to know how to support this view. Ssong's narrative is a good example of this:

> I think in our society, most males are more fit and they have more muscles and abs and you can tell [they have] more than women. For women, it's harder, I guess, because they're weaker but not really... (Ssong)

Later, Ssong wanted to discuss the biological differences between men and women, and tried to explain how women are not really weak, but she had difficulty in going beyond a very superficial explanation. It seemed as though Ssong was quite ready to be interpellated by a discursive formation reflecting feminist consciousness but she could not yet constitute herself as an effective subject resisting the dominant discourses on gender.

The Importance of Physical Activity

Another important element in the youths' constructions of health and fitness was found to be "being physically active." Being basically active, having/showing physical abilities, pushing oneself athletically, keeping physically busy, and being outgoing were considered key to being healthy and keeping fit (see Table 1). The adolescents associated health and fitness with exercising and physical activity, and they regarded health and fitness as a matter of individual responsibility.

All the Korean-Canadian adolescents in this study regarded participating in physical activities and exercising as crucial elements of their health and fitness. Since participating in physical activities was a personal choice, the adolescents internalized that taking care of health and fitness was seen as a matter of individual choice. Kimberly and Maria stated that healthy people keep an active lifestyle, and that this kind of a lifestyle leads to being healthier and fit than people who are not physically active. In addition,

being physically active did not only mean an amount of physical activity or exercising, but also an intensity of physical activity and an attitude towards certain activities:

Tommy: He [Tommy's friend with whom he plays basketball] works out, so he is masculine. He plays a lot of sports, too. So, he is healthy.

Kimberly: [Being healthy means being] basically active whatever you do…

Maria: They [unhealthy people] are mostly overweight, don't really participate in classes [like] healthier people, and probably in gym, they always run slower on running [machines]…

KY: What do you think when you see "unhealthy" people?

Maria: Uhm… I don't know… I think they should get out more, and take care of themselves [laughing].

The notion of individual responsibility for one's health translated into the notion of self-responsibility for one's lifestyle and the idea that lazy people have lazy lifestyles and are not so healthy. This, of course, did not seem to automatically apply to youth as Ssong seemed to imply.

> Uhm… Play sport and keep active… Like I'm kind of lazy, so I don't really play sport but it is a healthy thing to do. Keep active and… I have lots of friends who don't do sports. They sit at the computer all day and talk on the computer all day and they watch TV… (Ssong)

Whatever their own practices, the adolescents in the study were very aware of the health messages coming from mass media, and the school and community programs. Emphasizing the exercise was a key element of health and fitness. Sunny recognized how people perceive exercising and participating in sports. One's participation in such

activities or even just talking to others about it has socially constructed positive meaning that the person is healthy and fit:

> You know, if you tell somebody, uhm… You know. "I'm gonna go workout at the gym." They automatically think that "oh, she is very healthy, fit" you know? And when you tell somebody, you know, "I'm gonna go workout or play hockey or soccer, whatever," they see you as a fit person. (Sunny)

In the adolescents' constructions of health and fitness, they used, among other things, elements of public health messages regarding physical activity, but their narratives also showed clear a difference between how the adolescents regarded health activities and fitness activities. While they regarded health activities as enjoyable, attainable everyday activities, they regarded fitness activities as "exercise," "workout" or athletic achievements that were not part of every day life activities and, therefore, considered them as unenjoyable, difficult to do, and not for them. The Korean-Canadian adolescents perceived fitness activities as hard to accomplish and something that required strong perseverance. Kennedy's (a 17 year old male) drawings about a healthy and a fit individual are quite telling, in this regard.

(Insert Figure 1 about here)

The adolescents tended to associate fitness with high levels of performance and uncomfortable physical exertion. Naomi articulated similarly the notion of fitness in her narrative. When she talked about the notion of fitness, she tended to use and reuse words such as "patient," "endure," "hard to do," and "perseverance." In general, the adolescents associated fitness activities to painful experiences that required endurance. In fact, the

"no pain, no gain" myth seemed clearly associated to their notion of fitness-related exercise. Here is an excerpt to illustrate this:

> Yeah, usually fit people are muscular, but at the same time I found that they are patient people at the same time, because you know, they exercise, right? So they have to keep it up, things like that. So that means that I have to say that before you have to have perseverance, so then these people must be very patient. (Naomi)

The Importance of Feeling Good

The third element that was highly emphasized in both the constructions of health and fitness among Korean-Canadian adolescents in the study was "feeling good." All the participants in the study adopted dominant health discourses–the importance of appearance and physical activity–in their construction of health. At the same time, they constructed health notion as regulative, disciplinary individual notion and practices. The categories that emerged within this theme were "having a positive attitude," "being balanced," "having self-confidence," "controlling stress," "having personal qualities" and "knowing one's body." The vast majority of the adolescents in the study regarded health and fitness as notions including a psychological component.

Perhaps because of all the pressure under which they seemed to be, the adolescents viewed health and fitness in terms of balancing time and energy, knowing their body, and being able to control stress. Dragonball's narrative is telling in this regard:

> [Someone healthy is someone] who knows how to control him or herself in stress... They know how to control their stress, how to release, and what to do, and a person who knows how to keep their nutrition for their body, they know that if I don't eat, then I'll be weak later on... So they know how to, like, what to eat, they know how much to workout, they know how much, like... [pausing] And a healthy person could also be... It's not just physically, but also, mentally, right? So, you can draw a book or something like that [Dragonball drew a math book].

To the adolescents, crucial components of health and fitness were also having personal dispositions such as looking happy, being lovely and having a positive mental attitude. For example, Maria and Ssong mentioned the following:

> Maria: I think fit and healthy are probably the same thing, so probably happy and [hesitates]
>
> KY: Then what qualities would the healthy and fit individual have?
>
> Maria: They would be interesting, and exciting, and then, probably lovely...
>
> Ssong: Someone smiling a lot is someone who looks healthy, really. And, uh, basically having a positive attitude, stuff like that.

Among other personal dispositions commonly associated to health and fitness within the Korean-Canadian adolescents' narratives were self-esteem and emotional well-being. An excerpt from Kimberly's interview illustrates this quite well:

> You learn a lot about yourself, if you start engaging in sport and fitness. Uhm... You know what you can do and you can't do. You probably try to develop

> yourself to do things you can do more. And things you can't do, you just slowly work up and like "oh, I can do this and I can do that." Your whole self-esteem builds, if you engage in sports. It brings out communication, team-work, perseverance, stuff like that. (Kimberly)

In terms of the adolescents' constructions of fitness, there were more elements related to disciplinary practices. Even in the "feeling good" theme, the various categories were permeated by the idea of regulatory practices, will power and endurance. Their meaning of "feeling good" did not seem to include "pleasure." A good example of this trend is found in Sunny's short journal story about a "fit" adolescent. In her story, fitness practices are practices of willpower. Janet, the hypothetical adolescent Sunny writes about, disciplined herself for her goal without having any social or emotional support. Later, the result of her efforts paid off in various ways:

> When Janet was younger, her parents were never home so she always had to take care of her younger siblings. Her ambition in life was to be a swimmer in the Olympics so when everyone was asleep at night, she would sneak out and swim on the lake. No one knew this and the town would always talk behind Janet's back and say that she was so thin and starved herself on purpose. A few years later, the whole town saw her on TV and learned that she was very athletic, thin and healthy. They felt bad for all the bad things they had said. (Sunny's short story on the theme of fitness)

Sunny's story shows how willpower is broadly extended to the adolescents' daily life practices. A short story from Maria also shows health practices and their significant impact on adolescent lifestyle. While Sunny's story about a "fit" adolescent emphasized

disciplinary practices, Maria focused on obligatory practices for a "healthy" adolescent. According to Maria, a healthy adolescent obeys and does everything he or she is told:

> There was a boy named Jake who always went to bed early and woke up early, did his homework on time, and did everything he was told. Jake was a very healthy boy that lived by the food pyramid. In the morning he would eat a healthy breakfast to get him started in the morning. He would get to school early and go to the school's gym. Before school started everyday, he would exercise for 20 minutes and take a 10 minute shower. Jake had very good hygiene and always made sure he had the right servings of food and exercised everyday.

The Conflation of Health and Fitness

Overall and most interestingly, there seemed to be a great overlap between the young people's construction of health and their construction of fitness. Looking at Table 1, we can see five common themes in the constructions of health and fitness: "looking good," "being physically active," "feeling good," "eating well," "and avoiding bad habits." In addition, a good number of categories (e.g., having a proper body shape, being active, being balanced, etc.) are identical. The vocabulary and the expressions that the participants used to construct their notions of health and fitness were often the same, to the point of using the ideas of health and fitness interchangeably. In the following excerpt, for instance, Sunny defines fitness in terms of health:

> Sunny: [Being fit means] feeling and being healthy.
>
> KY: Being fit means being healthy?

Sunny: Like eating properly, getting enough physical activities, feeling good about yourself. And watching out [what you eat]... Knowing like, what is not good for you… Like if someone asks you a cigarette, you know what it's gonna do to you.

KY: Then what are the key words that you would use to define fitness?

Sunny: Ah... Exercise… Just taking care of yourself, I guess.

Another good example of the conflation of health and fitness comes with Kimberly's description of health:

Kimberly: Healthy is basically [the person is] evenly built, there are no obvious signs of health hazards or health issues… Oh, [defining health] that's hard because you can't see… So I would like to define what unhealthy… Well… Unhealthy… Hmm… If you were to do a fitness test and then not do anything, then there is something wrong… Unhealthy… well, typically, unhealthy is like overweight or you have, like a, big big belly. Well, these things are obvious: you can see. But even some people who are even thin can be unhealthy, just because their metabolism is faster. So, ok… My drawing represents a healthy individual because there are no obvious signs of health issues, the person seems to be evenly built, and I assume that the person is active because she's evenly built…

KY: Then how about fitness?

Kimberly: Big muscles [laughing]... I think they can be both equally, you can be fit and you still can be healthy, depending... Uhm... If you are healthy, then people automatically assume you are fit.

Whereas the adolescents' narratives seemed to reveal an important conflation of health and fitness, the images that the participants drew about health and fitness brought us to doubt the extent of this conflation. Firstly, the adolescents interchanged the meanings of health and fitness, but their definitions were not fully developed, especially the ones concerning fitness. Secondly, the fitness images were limited, particularly in comparison to the health images. It seems as though the participants had a limited vocabulary to speak of fitness so when they did, they simply borrowed the 'health' lexicon and expressions. Maria's drawings (see Figure 2) are a good example of this phenomenon. Her drawings of a healthy individual and a fit individual show a limited expression of fitness rather than a conflation of fitness and health.

(Insert Figure 2 about here)

Gender and Constructions of Health and Fitness

Considering the main results of our study, we concluded that although the Korean-Canadian adolescents seemed to speak in the same voice on a number of issues, their narratives were often gendered and a number of distinctions could be drawn between the male and female adolescents. A good example of this is found in the adolescents' varied ways of conceptualizing health and the emphasis put on the notion of "looking good." For male adolescents, "looking good" meant something quite different (slimness and large muscles) from what "looking good" meant for female adolescents

(slimness and being toned). Such gendered differences were also palpable within the theme of "feeling good." Within this theme, "having a positive attitude" was more highly emphasized by females, while "controlling stress" was more highly emphasized by males. Female adolescents focused on normalized and idealized notions of "feeling good" and linked health to "having a positive attitude" and "having personal qualities." The female adolescents in this study tended to use expressions such as "smiling a lot," "looking happy," "being outgoing, friendly, exciting," "not being stressed or depressed" and so on. Their expressions and their contexts seemed to imply a constant external gaze, particularly from their family members and friends, which lead them to engage in continual self-monitoring. As for male adolescents, they also noted disciplinary and regulative practices as being important elements for being healthy, but the things they associated to "feeling good" were rather categories such as "controlling stress, having self-confidence, and knowing one's body," which are goal and achievement-oriented notions. The theme of feeling good thus appeared quite gendered since traditionally feminine ways of feeling good emerged in the case of the female adolescents, while male adolescents discussed traditionally masculine ways of feeling good.

Interestingly, most female adolescents in this study tended to resist sexist role patterns in their families and communities, which they associated with male-dominant Korean traditions and practices. The female adolescents often recognized stereotypical expectations of their roles, whether at home, church or community center. When they faced such gendered expectations, most of the female participants tried to resist them. Male adolescents, in contrast, seemed to accept these familial practices and gender role patterns as natural. Such acceptance was situated, however, since at school and with their

peers, they repeated strongly resisting the stereotypical image of the Asian male. Athletic prowess is not typically included in stereotypes of Asian men. In fact, the "model minority" stereotype creates an image of Asian men as small and physically weak men who rather focus on developing their minds. Score expressed his resistance vis-à-vis the stereotypical person who spends much time sitting in class when he noted the following:

Score: They [fit individuals] have high energy and enthusiasm towards, like, sports and everything. Normally, these kinds of people, they don't really like being in class and sitting. So they're usually uncomfortable in those kinds of things, but when they're doing sports, they absolutely love it. I'm kind of like that [laughing] [means when he plays a musical instrument], because it's really hard to sit down in class and listen… Definitely [laughing]

KY: How about when you play a musical instrument?

Score: Music is different! [He seems passionate about this.] I can do that for hours, like, just sit there for hours and play, but it's kind of different. I wouldn't compare music to like sitting down and listening to a lecture. It's different.

Sometimes the male adolescents' resistance to the stereotypes could be found concurrently with devotion for a big, physical body. Dragonball, a skinny, short male, who managed to win basketball and volleyball MVP awards in his middle school, argued that there are no performance differences between people of Korean or non-Korean heritage and showed his MVP medals to "prove" his point. Nonetheless, his narrative reflects his desire for a bigger body:

> They [fit Koreans and fit Canadians] shouldn't be any different really, except for the fact that our [Korean] genes are just smaller, you know. It's just a bit littler size, right? There shouldn't be no big differences. So there is no reason for it [to be different]. . . . The way I feel about my body, I feel fine with my body right now, but I don't feel fine about the way I look right now, because I think I can gain more weight. So I can work out and maybe I'll look better, but sometimes I just look at myself in the mirror, and then just like uh... "Man, I need to change"... There is something wrong, I don't know... I can't really explain that. (Dragonball)

The male adolescents' resistance to ethnic stereotypes and their acceptance of the discourse of traditional masculinity were directly connected to their constructions of fitness. As can be concluded from Matt's drawings (see Figure 3) of fit male and female individuals as well as his explanation for the drawings, he appropriated the dominant discourses on hegemonic masculinity and femininity. He drew a big, muscled body to describe the fit man and he used the word "strong" to describe him. Meanwhile, he drew a much smaller body to represent the fit woman, and he described that woman as being "skinny," active and able to "show her stuff."

(Insert Figure 3 about here)

While the adolescents' narratives are quite gendered, we also found them to be quite complex and, at times, in contradiction with their actual practices. To come back to the previous example, we can see that Matt associates fitness to being strong and having large muscles. In his actual practices, however, Matt mentions his emphasis on studying to get into a good university. Matt is not different from most of the other male

adolescents who were not overly sportive, although they did note the importance of physical activity for one's health and fitness (i.e., for looking good). In one sense, this contradiction was resolved in that they felt that their desire for a bigger, stronger body could simply wait (be repressed) until university. Many of them saw entrance in the university as a milestone, with the university milieu being one in which they would finally have the resources (e.g., free time, free facilities) to exercise.

As for the female adolescents, often their parents, family members, and friends were directly or indirectly involved in their choice of health/fitness activities. For instance, Kimberly said that her parents encouraged more physical activities and sports for her than to her brother, because they recognized that girls have less chance to be involved in exercise or sport than boys. Most of the other female adolescents in this study were initiated to their physical activity by their parents or their family whereas male adolescents often got involved in these activities on their own. Kimberly had this to say about this difference:

> I think support-wise, they probably support me more, because Matt [her brother, younger by one year] just goes on his own kinda, because it's easier for guys to do it. But for girls, it's harder, so they kind of push: "why don't you try this? Why don't you try that?" And there are more opportunities for me, so... (Kimberly)

Whether as an extension of their resistance to gendered stereotypes or in line with their personal interests, more of the female adolescents were involved in organized sport (basketball, soccer, baseball, softball, lacrosse, etc.) than were their male counterparts. The families tended to support athletic involvement for the female adolescents as a way to help them distinguish themselves from Korean females, who tend not to participate in

sport or physical activity much. In general, however, for both male and female Korean-Canadian adolescents, participation in physical activities and organized sport took second place to academic priorities such as exams, getting high scores, preparing to enter a prestigious university, and so on.

Interestingly, the male adolescents were less involved with health or fitness activities than were female adolescents. The young men reported not having enough time to take care of their health and/or being already healthy/fit since they are not overweight. All of the young men saw health and fitness activities as activities for the distant future, or starting when they will attend university:

KY: Do you care about your health?

Matt: Yeah, I care a little bit right now [He emphasized the word "little"]. I know I'm gonna care a lot more when I'm older, but right now, I think I'm ok. I'm not too concerned about it, unless if I get too fat, like …

According to Matt, the main deterrent to participating in physical activity was a lack of time. It was also the most frequently mentioned reason for why the male and female Korean-Canadian adolescents in the study were not more physically active. Besides the matter of time, lack of financial resources, lack of access, and lack of interest were also mentioned.

KY: Do you care about your fitness now?

Matt: Not now, though I'm going to start exercise in the summer. But right now, I just wanna concentrate on school now, because I just

have to get university. Yeah, it means I don't have time to work out.

The gender differences in the constructions of fitness were more apparent than in the constructions of health. Female adolescents' notion of fitness was more focused on beauty and slenderness as they volunteered to expressions much as such as "having a nice figure," "feel good about yourself" and "the way you look." Some of them equated fitness with their capacity to fit into particular items of clothing and into a certain social standard. Female adolescents in the study often used the themes physical fitness and social fitness interchangeably. In contrast, male adolescents were more focused on muscles, physical strength and competition. This is evidenced by comments such as: "have a lot of muscles," "being strong," "athletic," "pushing the limits," "being able to compete at a higher level." Both male and female adolescents seemed to articulate dominant discourses of gender when constructing their ideas about fitness. Dragonball's and Kimberly's narratives provide clear illustrations of this finding:

KY: Do you think [fitness] should be a priority for people?

Dragonball: Priority? At some point, I agree that a male should work out at some point. Why male? Because, I'll tell you this, because of the stereotypical world, [laughing] Because of the fact that girls are supposed to be "weak." And guys are supposed to be strong in order to take care of the girl, whatever... So, because of those things, the girl, whether she works out or not, she can still be O.K. but a male cannot like, you know, if a guy doesn't work out, then...

KY: Do you care about your fitness, then, as a male? [both laughing]

Dragonball: Holy, no! [laughing] I don't feel that...If I work out, if I am fit, maybe it will help, because right now, if I play sports, I hate working out, because I get aches, I have a lot of aches in my muscles. If I do games, then I feel like: "oh, man. I'm gonna be dead." Like sometimes, even when you work out, your weight becomes larger, and if you play volleyball, you need to jump, and if you are heavy, you can't jump. There are a lot of disadvantages for me to be working out right now, but that's just at high school. I was thinking, after high school, I'm like just gonna play normal sports, like casually, then I would start fitness. But right now, I feel that I need just to stay healthy instead of being fit.

Kimberly: Uhm... I automatically linked [fitness] to males because males have more pressure to be fit, uh... Basically, my picture [she shows her drawing] looks like an ordinary male... He seems to be active, there are no signs of health hazards, and he's not overly built and not too obese: just basically being able to balance again.

In both the above narratives there is recognition of the socially constructed nature of the dominant gender logic. Dragonball brings in irony to speak of the "stereotypical world" which surrounds him and Kimberly notes the pressure put on males to be fit. At the same time, Dragonball and Kimberly seem to accommodate to such gender logic. This is also the case for Tommy, who chooses to draw two things: (a) a representation of a healthy person, and (b) a representation of a fit person. On his drawings (see Figure 4),

Tommy added key words for the male ("muscular," "athletic," "strong," "fit") and for the female ("thin," "fit," "eating right").

(Insert Figure 4 about here)

Tommy's drawings and inscriptions seem to reinforce the idea that sport (the basketball) is for males while fitness is for females. As well, while muscles and strength are for males, thinness and fitness are for females. Again a contradiction arises here in terms of how the young men perceive themselves (active, involved in sport) and their actual practices (i.e., less involved in sport than the young women participants).

The female adolescents' relationships to their mothers, female relatives, mentors, and siblings were strongly related to their bodily practices, and particularly diet, beauty-care, make-up, and fashion practices. Mothers and female siblings, especially, were reported to hold important educational functions for the female adolescents in the study, and to lead to different interpretations of how "femininity" is understood and signified. Sunny, the first daughter in her family and closely connected with her mother, not only got diet and make-up tips from her mother, but also based her idea of an ideal female body on her mother's lived experience:

> When I'm older, if I have a baby, like you know, usually when you have a baby, you gain so much weight and I want to go back to having a nice figure. Not being like my mom… [laughing] (Sunny)

In contrast, most male adolescents in this study got their health/fitness information from sources outside of their families. Like Matt, the other male adolescents trusted institutional health information.

KY: Do you think your school program is helpful?

Matt: Yeah. It helps me keep fit physically, and we did a little bit of a health lesson like they told us what you have to eat every day to be healthy according to whatever the scientists ordered...

Cultural Impact on the Constructions of Health and Fitness

In this study, the Korean-Canadian adolescents' hybrid culture could be seen across lines of gender and identity, and played a large role in their constructions of health and fitness. In terms of the adolescents' drawings, they seem to represent generic white, middle-class young people, although the pictures are drawn by Korean-Canadian youths who are aware that their bodies are generally perceived as different (i.e., smaller, thinner, weaker) from those of average white Canadians.

But it is important to mention that the Korean-Canadian adolescents' ethnicity and culture are not static but rather fluid. Matt's words illustrate this point very well when he changes pronouns and possession words:

Matt: I think Korean food is more healthy, because we [Koreans] eat a lot of vegetables. But Canadian food is like hamburgers and a lot of greasy stuff, so like McDonald's, like . . .

KY: Then do you think the idea of "being fit" is different between Koreans and Canadians?

Matt: Maybe... I don't know... Maybe Korean people may think fit is just like, you know, not look strong and masculine but exercise and being healthy, maybe that's their [Korean] point of view, but our

[Canadian] point of view is that being fit is like being physically fitter and strong…

In general, all the adolescents participating in the study shifted their identity positions in a similar way. They identified as Koreans when they spoke about nutrition, eating and diet. All the Korean-Canadian adolescents in this study suggested that Korean food/eating/diet have helped them be healthy, especially in terms of their weight. Some of them said that Korean food is not their favourite choice, but that they keep a Korean diet because they perceive it to be the most effective way to maintain a healthy weight. Like Naomi, however, most of the adolescents thought that their Korean cultural heritage impacted little else than their food/diet:

KY: Do you think your Korean cultural background plays a role in your health habits?

Naomi: Oh, yes, definitely, definitely! With the food, it has great influence. Uhm… That's pretty much it, really, though. I think just for food. Otherwise, uhm… I have been taking gym, I have taken gym all my life, all my school years, so that's more Canadian culture, well it's not culture, but Canadian thinking… Yeah, I think it's just food, but it really got stirred up.

The adolescents often compared the two practices which they think are beneficial for their health/fitness. This comparison reflected a clear distinction between the two "people":

Sunny: Oh, yeah, you have to, just like, besides eating properly, you also have to get enough physical activity because you can't just depend

on food to be healthy. That helps your inside burn the outside, you know, muscles and stuff, if you want, when you are older if you want to be able to walk and run and that's important.

KY: Do you think Korean people are more physically active than Canadians?

Sunny: [Her facial expression showed a strong negative answer] I think. Like healthwise, and food. Koreans are healthier but... Because Canadians are... They play a lot of sports like hockey, physical running stuff... I don't know about Korea...

The majority of the adolescents in the study regarded Canadian health practices as more effective than Korean ones because of the amount and type of physical activity involved. The way in which the adolescents engaged in the discussion regarding the cultural patterns of health practices was quite telling of the distance between the adolescents' health behaviours (nutrition excepted) and those of their parents: In Maria's narrative, this was obvious:

KY: Do you think that your Korean culture plays a role in your health habits?

Maria: Uhm... Well, Korean foods are really healthy, not really fattening so it's good, but I don't know any other Korean exercises, so probably not . . .

Maria: Well, my mom does a lot of different exercises than my dad. My dad usually does a lot of running, sit-ups and weight lifting things and my mom does yoga kind of things like Korean exercises... I

> think running and doing sit-ups and stuff actually burns your fat but then yoga is just things like flexibility...I don't know... It's [my dad's way] faster, I think to burn the calories off...

Besides the perceived effectiveness of Canadian health practices, participating in sports and exercise seemed to have additional social and cultural meaning to the Korean-Canadian young people. Based on conversations with the parents during the community activities, it seemed that Korean immigrants who practice sports and exercise are generally considered to be more successfully acculturated into Canadian culture, since participating in these activities is regarded as one of the major North American cultural markers. In addition, physical activity was constructed as a self-help strategy and the Korean-Canadian adolescents automatically related physical activity or exercise to a moral framework. The adolescents acknowledged that health was in great part their individual responsibility. They also acknowledged the fact that an unhealthy/unfit individual (i.e., a fat or an obese individual) is on the receiving end of language and is seen as lazy, careless and consumptive.

Physical activity, however, did not seem to be an urgent moral obligation to the Korean-Canadian adolescents themselves. None of them, considered him or herself to be "fat" or "obese," something they linked to their "Korean" diet. As a result, it seems as though they felt free from the victim blaming which is usual for those not participating in physical activities or exercise on a daily basis.

To the Korean-Canadian adolescents in this study, the more urgent moral obligation seemed to be something else: excelling at school, to get into a prestigious university leading to a good white-collar job. The adolescents often spoke of how their

parents and family members made great sacrifices to support them in their academic goals; the adolescents noted how their parents almost "surrendered" their life in order to support them. Comparing themselves to Korean adolescents, the Korean-Canadian adolescents felt less pressure from their parents and family to obtain top grades, however they still felt an emotional obligation towards their parents and family to live up to their expectations and to "pay back" for the familial efforts toward their schooling.

Tommy is a good example here. He shared the same life goal as his parents who gave up their dream of being doctors in Korea and immigrated to Canada to provide a better education for their children. Tommy's parents now run a restaurant, and Tommy knows how physically hard that kind of work is because he has helped his parents after school. Tommy reported feelings of guilt for his parents' downward social mobility and the way he knows how to make up for his parents' sacrifice and to ensure they will not "lose face" to become an esteemed professional. Most participants in the study, and more acutely the male adolescents, shared Tommy's view:

Tommy: They [his parents] said always it's a good life after being a dentist. They also said that there's a long time in school. I have to work harder.

KY: But then, why should you be a dentist?

Tommy: (Hesitate)... Um... Probably money. Uhuh... I don't know.

KY: Why do you think your parents think that money, earning a lot of money, is important in your life?

Tommy: So, to be happy, not to have a hard time. They always say they could be… They always say that they could have been doctors and they have had a hard life, you know.

Discussion

The purpose of this paper was to fill the gap in the literature by furthering the understanding of Korean-Canadian adolescents' constructions of health and fitness. Health and fitness understandings emerged from the narratives, drawings and short stories, and were grouped under several themes.

The Korean-Canadian adolescents know school and public health messages very well about nutrition and physical activity, even if their behaviors do not necessarily reflect that knowledge. The adolescents refer to being active and eating well, yet this mantra seems to be lost in the popular cultural kafuffle about the importance of one's weight, shape, and appearance. During the adolescent years, young people's awareness of their body changes and peer relations are dramatically increased (Giroux, 1997; Harris, 1994; Hoffman, 1996). In those years, achieving an ideal body weight and shape is considered one of the most important health issues among youth (Health Canadian, 1999b; Tinning, 1991). The over-emphasis on appearance and an ideal body weight and shape is a re-articulation of the dominant health and fitness discourses. While young Korean-Canadians borrow from this discourse to understand health and fitness as "looking good," their narratives are infused with notions of what it means to be health or fit, depending on youth gender. As was found in other gender and physical education

studies (Harris, 1994; Hasbrook, 1999; Rail & Dallaire, 1995; Sykes, 1998; Theberge, 1991; Whitson, 1994), a certain set of physical traits, gestures and postures are constructed as differences between females and males.

The notion of individual responsibility also emerged as an important element in the adolescents' constructions of health and fitness. The Korean-Canadian adolescents associated health and fitness to "looking good," "being physically active," "feeling good," "eating well," "avoiding bad habits" and so on. Health and fitness seemed to be strongly associated to something one does. Social, governmental, occupational or environmental factors were not much present in the young people's narratives. In that sense, the adolescents seemed to borrow from, and reproduce a dominant discourse that is quite problematic. Crawford (1984) has already criticized the ideological emphasis on individual responsibility for health in that healthy behaviour becomes a moral duty and illness, an individual moral failing. It has been argued that this view of health opens the door to victim blaming (Brandt & Rozin, 1997; Colquhoun, 1987; Crawford, 1980, 1984; d'Houtaud & Field, 1988; Waddington, 2000) in the case of individuals who fail to create health for themselves or to "perform" health. Crawford (1984) has also noted how such "healthist" discourse mystifies the structural, political, cultural and economic causes of illness(e.g., socio-economic status, environmental health hazards, unsafe working conditions) as well as it undermines demands for rights and entitlements to medical care.

Despite the frequency of the elements related to "looking good" in the Korean-Canadian youths' constructions of health and fitness, they reported that the most important thing in the construction of their own health was "feeling good." In the end, "feeling good" emerged as the most crucial theme in the Korean-Canadian adolescents'

constructions of health and fitness. In contrast, Burrows, Wright and Jungersen-Smith (2002) reported that New Zealand children constructed health mostly in corporeal terms. They alluded to some issues related to mental health but only slightly. The Korean-Canadian youths in our study are older and this may explain some of the discrepancies. Otherwise, it seems like culture is playing a prominent role. The Korean-Canadian participants saw health in terms of the ability to manage time, to reduce stress, to have a strong mind, to fend off depression, to be self-confident, to have a positive attitude, to smile, to look happy, and to be good in school. No doubt that some of the youths' narratives are inflected by what is left of the traditional Korean culture in their environment. For instance, according to traditional Korean culture, there are expected roles and responsibilities at various ages (Hong & Min, 1999; Lee, 2000; Min, 1990; Min, 1999). Parents are expected to spare no expenses for their child's education and, at the adolescent stage, what is most valued is the adolescents' ability to obtain top grades at school. The fact that such issues were discussed at length by the Korean-Canadian youths could be a reflection of the high amount of pressure and stress they seem to experience and how such pressure and stress (Cho, 2003; Hong, 2002; Hurh & Kim, 1984, 1990; Lee, 1994), in turn, affect their health as they define it.

The pervasive stereotypes related to Asians, and particularly Koreans seemed to have played a role in these youth's aspirations. Such aspirations are in correspondence with stereotypes and the youth spoke of the pressure to be what is expected rather than who they want to be (Cho, 2001; Noguera, 2003; Ogbu, 1991; Lee, 1994). The "model minority" stereotype somehow portrays positive images of the Asian-Canadians and is thus difficult to resist. For example, in Cho's study (2003), the positive way in which the

women have come to view their Koreanness has relegated racism to a part of their past. The "positive" stereotypes have led the participants to believe that racism is no longer a problem for them because something good is being said about their group (Cho, 2003; Kim, 1990; Lee, 1994; Yi-Kang, 2002). Yi-Kang (2002) warned against the internalization of such stereotypes. She noted that: "the general population accepts stereotypes of Asians as truth and then projects them onto us without our consent, but we ourselves have incorporated the same images into our self-imaginings. Internal colonization is the process by which stereotypes infiltrate and transform our consciousness of Asian (women), with dire results for how the same women view and experience themselves" (pp. 72-73).

For the Korean-Canadian adolescents, the constructions of health and fitness were also gendered. For instance, the adolescent males discussed health in terms of importance of being in control and having a strong mind, whereas the adolescent females mentioned the importance of having a positive attitude, smiling, and looking happy. In terms of fitness, the adolescents suggest the "fit look" for females, whereas they thought that big muscles were a sign of fitness for males. The meanings of health and fitness as well as the health and fitness practices seemed important to the adolescents as resources in their struggle to understand mainstream (i.e., "Canadian") masculinity and femininity. At the same time, the adolescents perceived the pervasive stereotypes and expectations regarding their gendered "Asianness," something which both males and females resisted. For instance, males were re-articulating dominant (i.e., "Canadian") discourses of masculinity while females got involved in mainstream Canadian health and fitness practices. In both cases, these were strategies (Cockerham, Rutten & Abel, 1997; White,

Young, & Gillett, 1995) to differentiate themselves from Koreans or Asians and to affirm their Canadianness.

The young people seem to conflate health and fitness and this can most be probably traced back to physical education classes where physical education is linked to health, and where health is linked to fitness obtained from exercises (Burrows et al., 2002; Harris, 1994; Colquhoun & Kirk, 1987; Tinning, 1991). The youth come to establish a relationship between fitness and exercise, as opposed to play, games, being normally active or engaging in fun activities. This could explain in part why many drop from physical education classes and why fitness activities are not at the top of the list for adolescents (Burrows et al., 2002; Dallaire & Rail, 1996; Fox & Corbin, 1987; Harris, 1994; Rail & Dallaire, 1995).

After an in-depth analysis of the narratives, however, we had a different conclusion about the conflation of health and fitness. Indeed, a majority of the adolescents employed rich vocabularies and expressions to discuss health while they often found themselves not knowing how to express their understandings of fitness. In addition, the traditionally male-centered health and fitness discourses seemed to be limiting the female adolescents' meanings and expressions of what it is to be female and healthy or fit.

The Korean-Canadian adolescents in the study see a clear link between fatness and laziness. The moralistic view that the one who is not slim is "undisciplined" and "lazy" is embedded in the dominant discourses (Brandt & Rozin, 1997; Cockerham, Rutten & Abel, 1997; Crawford, 1984; Waddington, 2000) that are appropriated by youths, as evidenced in their narratives. We could trace the popular discourse on the

"epidemic of obesity" in the narratives of the Korean-Canadian participants. This Western discourse assumes an individual responsibility for one's weight as well as a relationship between one's weight and one's health. These assumptions have been under much critique lately (Campos, 2004).

The results of the study suggest that the Korean-Canadian youth recognize exercise and physical activity as effective health-promoting practices, although many (and particularly males) do not get involved in such practices in their daily lives. Western medical/scientific bodies of knowledge on health and fitness are circulated among Korean immigrants. The "scientificity" of such knowledge (Foucault, 1970) seemed to impress the youth. Considered more "modern" and therefore more efficient than the traditional Korean values and beliefs on health and fitness, the western knowledge was given more value. Korean-Canadian adolescents in the study seemed to side with everything perceived/described as "scientific," "rational," "logical," "reasonable." In contrast, elements associated to the traditional culture were seen as not so efficient, logical or scientific. Lowe (1991) has pointed out that Asian immigrants in North America often receive and re-articulate elements of dominant culture that exoticize and orientalize Asians. In the present study, it may have been that Korean-Canadian adolescents' exoticizing of Korean culture was necessary to consider themselves as Canadians and proudly take part in "Canadian" (i.e., mainstream) culture. It may also be that both the youth and their parents have been affected by the Korean modernization project that was initiated in South Korea in the 1960s. In that project, modernization was always discussed in terms of westernization, western systems and relations with the West, and it referred to

concepts and images such as "new," "developed," "scientific and technological," "international," and so on (Kim, 2004).

Finally, while they regarded health activities as enjoyable, attainable everyday activities, they regarded fitness activities as "exercise," "workout" or athletic achievements that were not part of every day life activities and, therefore, that were unenjoyable, difficult to do, and not for them. As Harris (1994) named on, the young people associated fitness activity with the 'no pain, no gain' myth (such as a dislike of being worn out or suffering pain). Indeed, many misconceptions were apparent with respect to the role of exercise, especially regarding weight management among the adolescents in the study.

The Korean-Canadian adolescents were aware of the "bad" habits such as smoking, drinking, having unprotected sex, etc. Their narratives, however, do not recruit from the dominant discourse that establishes as fact the idea that youth are particularly "at risk" for such bad habits and that they are a "problem" in need of monitoring and control (Ettorre & Miles, 2002; Giroux, 1997; 2000; Griffin, 1997.). The Korean-Canadians in the study did not say much about these habits and everything points to probability that smoking, drinking and being sexually active (with a partner) are not part of the experience of these 13-19 years old adolescents. Avoiding bad habits is much emphasized in health promotion materials targeting adolescents, yet the ideas that they convey seem to be lost on these Korean-Canadian adolescents.

Conclusion

As Foucault (1988, 1973) has pointed out, the discourses available for people to draw on both enable and constrain what can be known and practiced. This seems to be the case here as our analysis points to the fact that Korean-Canadian adolescents appropriate elements of dominant Western discourses to elaborate their own constructions of health and fitness ("looking good" and "feeling good"). At the same time, such constructions reflect a moral framework not unlike that of their parents. This framework speaks to traditional Korean values of productivity, achievement, and the importance of developing one's intellect. The youth's constructions of health and fitness are racialized and gendered and they stress the importance of normalized (i.e., heterosexualized) bodily shape and appearance; in that sense, they reproduce dominant bodily and gender discourses. These constructions also point to the high amount of school-related pressure and stress which seem to be part of the day-to-day lives of the adolescents. Health and fitness, in that context, are associated to the crucial ability to surmount such pressure and stress.

The perpetuation of the "model minority" stereotype has been associated to a number of problems (Leong, Chao & Hardin, 2000): (a) it pits Asian-Canadians against other ethnic minority groups; (b) it presents a false and inaccurate picture of the economic and social success of Asian-Canadians; (c) it establishes unrealistic expectations and standards for Asian-Canadians; and (d) it discourages researchers from studying the needs, problems, and adjustment difficulties of Asian-Canadians because funding agencies are more likely to pay for research on the more disadvantaged minorities. The perpetuation of the "model minority" stereotype seems to emerge from

our results and this plays a crucial role in the adolescents' constructions of health and fitness as it encourages them to silence their needs and problems and, particularly in the case of boys, to focus on school achievement at the expense of a healthier and more physically active lifestyle.

In general, Korean-Canadian adolescents very much construct health as something one does (e.g., having a proper body shape, having muscles, being physically active, having a positive attitude, having a balanced life, controlling stress, eating well, avoiding bad habits). It is easy, then, to understand how adolescents buy into the dominant discourse of individual responsibility for health and fitness. What is somewhat perplexing is the fact that the Korean-Canadian adolescents construct themselves as healthy and fit, yet they report not doing many of the things they understand to be part of health and fitness. Perhaps it is crucial to note that health (to a lesser extent) and fitness (to a large extent) are not associated to things that seem very pleasurable to Korean-Canadian adolescents, for example, leisure activities that are fun, playing on a computer, watching TV, and "eating Canadian" (i.e., eating junk food).

Our results suggest that the youth are marked by a cultural "hybridity," which in turns impacts on their constructions and practices of health and fitness. The youth have to acquire a broad repertoire of skills in order to successfully negotiate and balance the demands from two fairly distinct cultural environments as well as cope with sometimes competing cultural expectations. Accordingly, health and fitness are perceived by them as being very costly: in terms of self-control and self-discipline, in terms of financial resources necessary to belong to a health club or a sports team, and in terms of time, especially when this time takes away from time that could be used for family

responsibilities or for more studying. Despite such costs, however, health and fitness are extremely valuable to the Korean-Canadian adolescents as they are perceived as important resources through which the adolescents may construct their own identity as "Canadians" and through which they may "belong."

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Table 1

Main Themes in the Constructions of Health and Fitness among Korean-Canadian Adolescents

Health is…	# of adolescents	# of times mentioned	Fitness is…	# of adolescents	# of times mentioned
Looking Good	**9**	**56**	**Looking Good**	**9**	**45**
Having a proper body shape	9	29	Having a proper body shape	6	14
Having a "normal" body image	6	9	Having muscles	5	11
Not being overweight	5	9	Being slimly fit	4	14
Having a good appearance	3	5	Having "normally fit" appearance	3	6
Having muscles	2	4			
Being Physically Active	**9**	**47**	**Being Physically Active**	**9**	**40**
Being basically active	9	41	Being physically active	9	30
Having/showing abilities	5	6	Pushing oneself	4	10
Feeling Good	**9**	**42**	**Feeling Good**	**7**	**38**
Having a positive attitude	7	12	Being balanced	6	19
Being balanced	5	9	Having a positive attitude	5	7
Having self-confidence	3	8	Controlling stress	3	4
Controlling stress	4	7	Having self-confidence	3	3
Having personal qualities	3	3	Having personal qualities	2	4
Knowing one's body	2	3	Knowing one's body	1	1
Eating Well	**9**	**37**	**Having Physical Qualities**	**8**	**33**
			Having/showing athletic abilities	5	16
Avoiding Bad Habits	**6**	**17**	Being strong	5	9
			Having endurance	4	6
Having a Positive Social Environment	**4**	**8**	Having healthy organs	1	2
			Eating Well	**5**	**8**
Having a Healthy Heart	**2**	**2**	**Avoiding Bad Habits**	**2**	**2**

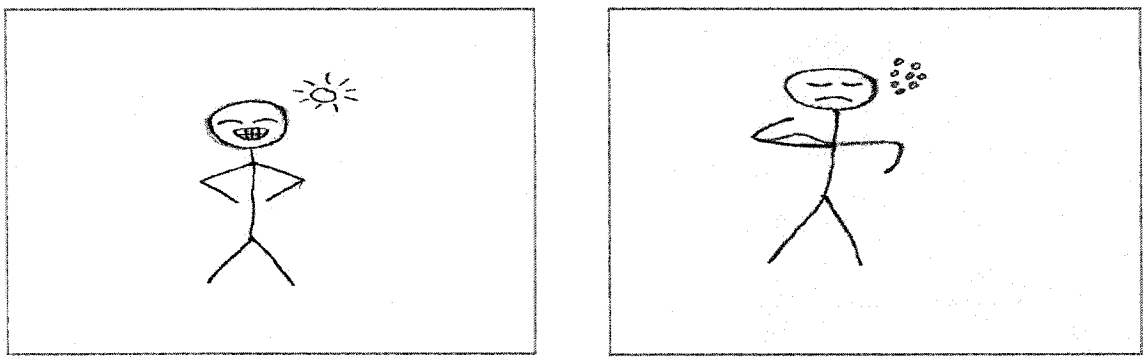


Figure 1. Kennedy's drawings of healthy (left) and fit (right) individuals

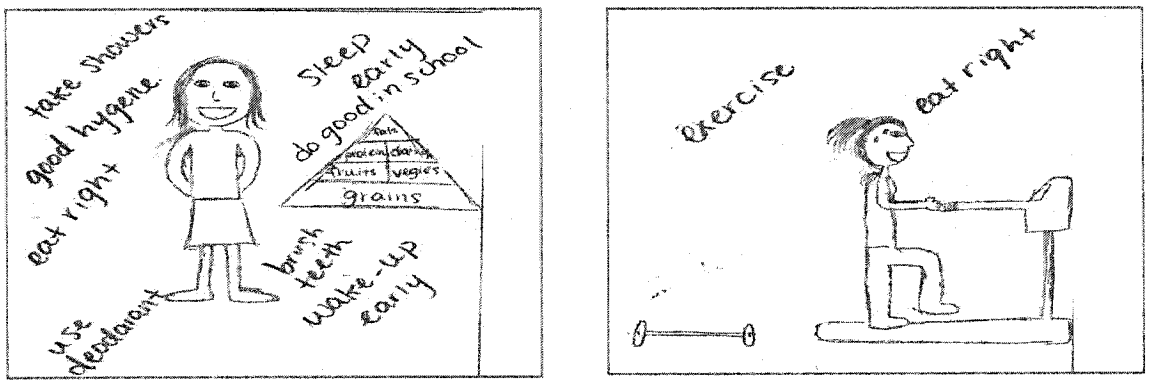
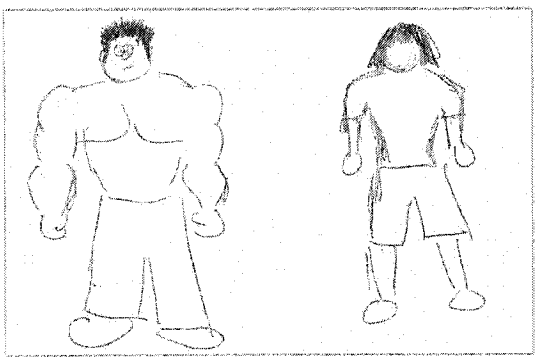


Figure 2. Maria's drawings of healthy (left) and fit (right) individuals



"A fit man? I guess he's stronger [than a healthy man]. A fit woman, I guess, like, just like… I probably see a woman who goes to the gym a lot, and who exercises a lot, so she is skinny… And I guess just, like, she shows her stuff…"

Figure 3. Matt's explanation and drawings of fit male (left) and female (right) individuals

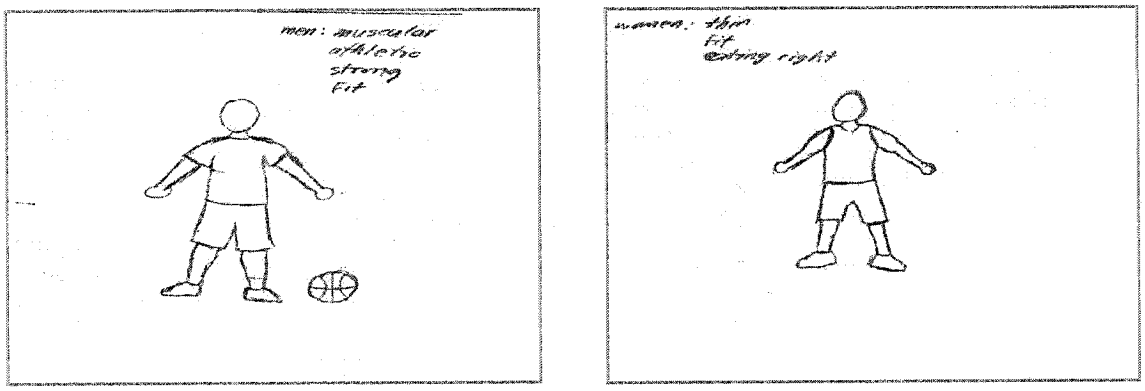


Figure 4. Tommy's drawings of healthy (left) and fit (right) individuals

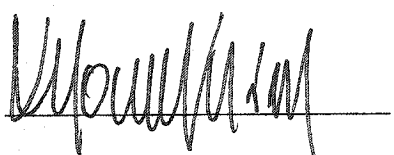
PART THREE: STATEMENT OF CONTRIBUTORS

STATEMENT OF CONTRIBUTORS

November 21, 2004

To whom it may concern:

The present statement is to confirm that the thesis is the original work of Kyoung-Yim Kim and that this is also the case for the article (Chapter IV). The contribution of Geneviève Rail was to provide guidance throughout the writing of the thesis and to make editorial suggestions. We also need to point out that the article and thesis are part of a larger project funded by SSHRC and lead by Geneviève Rail. This project is entitled "Canadian youths' constructions of health and fitness" (2003-2006).

Student: 

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PART FOUR: REFERENCES AND APPENDICES

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APPENDIX A

Written Permission

from the Korean-Canadian Association of Ottawa
&
from the Ottawa Korean Community Language School

APPENDIX B

Recruitment Form

RECRUITEMENT FORM

Title of Study: Korean-Canadian adolescents' bodily discourses

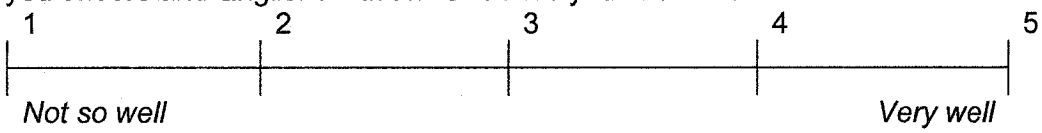
1. Name:_____

2. Age:_____ & Gender:_____

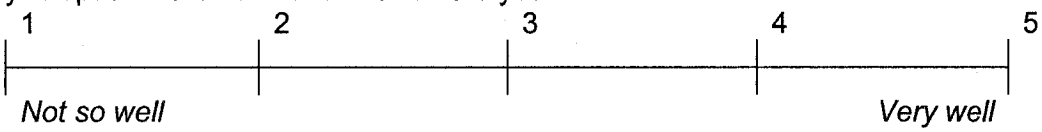
3. Were you born in Canada? Yes:_____ No:_____

4. If you said "No" in the 3rd question, when did you come Canada?
   When I was _____ years old

5. Do you understand English? Put an "O" where you fit on this line:



6. Do you speak Korean? Put an "O" where you fit on this line:



7. Are you interested in participating in this study? Yes:_____ No:_____

8. When is the best time to contact you?

   Morning:_____ Afternoon:_____ Evening:_____

9. What is your phone number? _____

10. What is your e-mail address? _____

Thank you very much for your time and consideration.
참여해 주셔서 감사합니다~!!!

APPENDIX C

Parental Consent Form:
English & Korean Versions

identify where young people get their information on health and fitness (example: school programs, television programs, movies, magazines, web sites); (d) to understand how gender and race may impact on the young Korean-Canadian people's ideas of health and fitness. With this specific information, we could develop knowledge that will assist physical educators, community leaders and health professionals in their intervention to improve Korean-Canadian young people's health and well-being.

Procedure

a) Semi structured, open-ended interview: Each participant will take part in an individual interview. All questions will revolve around their ideas and their perceptions of health and fitness. The interview will last between 60 and 90 minutes.

b) Drawing and Individual Journal: Each participant will be invited to make a drawing of a "healthy" adolescent and a "fit" adolescent. As well, the participant will be invited to write a short story (10-20 lines) about a healthy adolescent and one on a fit adolescent. The participant will be asked to list their top 3 sources of information on health and fitness.

Nature of participation

I acknowledge that my child will participate in an interview and will write and draw in an individual journal. I am aware that there is very low discomfort involved in this study (My child may experience discomfort that is consistent with speaking in front of an interviewer and discussing issues of health and fitness). I am assume that small portions of the interview with my child may be quoted by the researchers.

Audio taping of interview

I grant permission for the tape recording of my child's participation in an individual interview.

Anonymity and Confidentiality

I understand that all materials collected as a result of my child's participation will be used only for research purposes, that they will be available only to responsible professionals and that my child's anonymity and confidentiality will be protected at all times. I know that if small portions of the interview are used by researchers and if my child is quoted, then a pseudonym will be used and any information that could lead to my child's identifier will be deleted from the quote. I am assured that the audio tapes and the transcription of the individual interview will be kept in a locked filing cabinet in the office of Dr. Rail. The audio tapes will be destroyed at the end of the research project. I understand that I may withdraw this permission at any time and that any recordings of my child's participation will be erased upon my request without negative consequences.

Copies of Consent Form

I understand that I sign both copies of the consent form, and keep one for my records; the other is for the researchers.

For any additional information, I have been informed that I can contact Dr. Rail at any time. For all other complaints concerning ethical conduct in this research project, I have been informed that I can address myself to protocol officer for ethics in research, Office of Vice-Rector Research, University of Ottawa, at

I freely and voluntarily consent to allow my child to take part in this research project.

Parent : _____ _____

Signature Date

건강과 체력에 대한 정보를 어디에서 얻는가 (예를 들면, 학교의 체육프로그램, TV, 영화, 잡지, 인터넷)? (d) 청소년들이 건강과 체력을 이해하고 그 개념을 형성하는데 성별과 민족성은 어떤 영향을 미치는가? 위의 구체적인 연구목적의 달성을 통해, 본 연구는 체육교사, 지역사회 한국인, 건강전문가들에게 한국청소년들의 건강과 체력에 대한 견해를 지식의 형태로 제공될 수 있으며, 이를 통해 Korean-Canadian 청소년들의 건강과 안녕을 증진하는데 기여할 수 있을 것이다.

연구절차

a) *반 구조화(半 構造化)된 개방적 인터뷰*: 각 참여자는 연구자와의 단독 인터뷰에 참여하게 된다. 인터뷰에서 참여자는 건강과 체력에 관한 질문을 받게 된다. 모든 질문은 참여자의 건강과 체력에 대한 견해와 느낌에 관한 것들이다. 인터뷰는 약 60분에서 90분 정도 소요된다.

b) *그림으로 표현하기와 글로 표현하기*: 각 참여자는 인터뷰가 끝날 즈음에 '건강한 청소년'과 '튼튼한 청소년'에 대하여 그림과 간단한 글 (10-20줄)로 표현하는 기회를 갖게 된다. 그리고 글의 마지막 부분에 건강과 체력에 대한 지식과 정보를 얻는 3가지의 주요한 출처를 적어줄 것을 요청 받게 된다.

연구참여 특성

나는 내 아이들이 연구자와의 단독 인터뷰와 그림 및 글로 표현하기 활동에 참여하는 것을 인지하고 있다. 나는 내 아이들이 이 연구참여를 통한 불쾌한 경험은 거의 없으리라고 믿는다 (내 아이들이 연구자와 건강/체력에 관한 인터뷰 과정에서 불편한 경험을 할 수도 있음을 상기시키고자 한다). 나는 연구자가 내 아이와의 인터뷰 내용의 일부를 연구결과에 인용할 수 있음을 가정하고 있다.

인터뷰 녹음

나는 인터뷰 과정에서 연구자가 인터뷰 내용의 녹음에 대해 내 아이들로부터 동의를 받을 것을 희망한다.

익명성과 비밀성

나는 또한 내 아이들이 본 연구의 참여를 통해 모여진 모든 결과물들은 연구목적에만 사용될 것으로 믿으며, 그 결과물들은 오직 이 연구의 연구진에 의해서만 열람이 가능하며, 내 아이들의 익명성과 자료의 비밀성은 언제나 보호받을 수 있을 것으로 믿는다. 만약, 연구자

가 인터뷰 자료를 연구에 이용하거나 내 아이의 인터뷰 내용을 인용할 경우, 모든 자료는 익명으로 인용하고, 내 아이의 인터뷰 내용임을 식별할 수 있는 내용은 삭제할 것을 원한다. 나는 내 아이들의 인터뷰 녹음 테이프와 녹취 자료는 Rail 박사의 사무실, 연구 캐비넷에 안전하게 보관될 것으로 믿는다. 그리고 이 연구프로젝트가 끝나면 그 녹음테이프는 폐기되어야 할 것이다. 나는 내가 희망한다면 언제라도 아무 거리낌없이 이 동의를 파기할 수 있으며, 내 아이들이 남긴 어떠한 내용의 자료들도 내 요청에 의해 즉시 제거될 수 있음을 믿는다.

동의서 2벌

나는 연구자 보관용 동의서와 내 개인적 보관용도의 두 동의서에 서명한다. 동의서 한 벌은 내가 보관하며, 다른 한 벌은 연구자가 보관한다.

어떠한 부가적인 정보에 대해서라도, 나는 어느 때라도 Rail 박사와 연락하여 상세한 내용을 들을 수 있다. 이 연구와 관련한 어떠한 윤리적 문제에 대한 불만이 생기면 나는 오타와 대학교의 연구윤리담당직원과 직접 연락할 수 있음을 밝힌다 (613-562-5387. Ext.5387).

나는 자유롭고 자발적으로 내 아이들이 이 연구에 참여하는 것을 인정한다.

부모님: _____ _____

사인란 날짜

APPENDIX D

Participant Consent Form

identify where young people get their information on health and fitness (example: school programs, television programs, movies, magazines, web sites); (d) to understand how gender and race may impact on the young Korean-Canadian people's ideas of health and fitness. With this specific information, we could develop knowledge that will assist physical educators, community leaders and health professionals in their intervention to improve Korean-Canadian young people's health and well-being.

Procedure

a) Semi structured, open-ended interview: Each participant will take part in an individual interview. All questions will revolve around their ideas and their perceptions of health and fitness. The interview will last between 60 and 90 minutes.

b) Drawing and Individual Journal: Each participant will be invited to make a drawing of a "healthy" adolescent and a "fit" adolescent. As well, the participant will be invited to write a short story (10-20 lines) about a healthy adolescent and one on a fit adolescent. The participant will be asked to list their top 3 sources of information on health and fitness.

Nature of participation

I acknowledge that I will participate in an interview and will write and draw in an individual journal. I am aware that there is very low discomfort involved in this study (I may experience discomfort that is consistent with speaking in front of an interviewer and discussing issues of health and fitness). I am assume that small portions of the interview with me may be quoted by the researchers.

Audio taping of interview

I grant permission for the tape recording of my participation in an individual interview.

Anonymity and Confidentiality

I understand that all materials collected as a result of my participation will be used only for research purposes, that they will be available only to responsible professionals and that my anonymity and confidentiality will be protected at all times. I know that if small portions of the interview are used by researchers and if mine is quoted, then a pseudonym will be used and information that could lead to my identifier will be deleted from the quote. I am assured that the audio -tapes and the transcription of the individual interview will be kept in a locked filing cabinet in the office of Dr. Rail. The audio tapes will be destroyed at the end of the research project. I understand that I may withdraw this permission at any time and that any recordings of my participation will be erased upon my request without negative consequences.

Copies of Consent Form

I understand that I sign both copies of the consent form, and keep one for my records; the other is for the researchers.

For any additional information, I have been informed that I can contact Dr. Rail at any time. For all other complaints concerning ethical conduct in this research project, I have been informed that I can address myself protocol officer for ethics in research, Office of Vice-Rector Research, University of Ottawa, at (613) 562-5387 Ext.5387

I freely and voluntarily consent to allow take part in this research project.

Participant: _____ _____

Signature Date

Interviewer :

I, (please print) _____, declare having explained the objectives, the nature and any inconvenience of the research project to the participant mentioned above. I commit myself to the strictest confidentiality with respect to the information received in this research project. It is understood that I will be responsible for any divulgation of information that may cause prejudice to either those being interviewed or to those responsible for this research project.

Interviewer : _____ _____

Signature Date

APPENDIX E

Interview Guide

INTERVIEW GUIDE

1. **Constructions of health**
   1) What does "being healthy," mean to you?
   2) What are key words that you would use to define health?
   3) Can you describe to me what a healthy individual would look like?
   4) What qualities would he (and then she) have?
   5) How/Why is being healthy different/similar for men and women?
   6) If your director or your parents could do anything to make you healthy, what would you ask them to do?
   7) Do you care about health? How much? Why?
   8) What does it mean that someone is unhealthy? Do you often meet people who are unhealthy? How do you think they got to be unhealthy?
2. **Sources of the constructions of health**
   1) Where do you think your ideas on health come from? Why?
   2) Where do you get information on health? 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 things? How do you learn about unhealthy things?
   4) Are the media useful? Why/why not? Which ones? How?
   5) Do you think that the idea of "being healthy" is different between Koreans and Canadians?
3. **Constructions of fitness**
   1) What does "being fit" mean to you?
   2) What are key words that you would use to define fitness?
   3) Can you describe to me what a fit individual would look like?
   4) What qualities would he (and then she) have?
   5) How/Why is being fit different/similar for men and women?
   6) What do you think of women who engage in fitness and sport?
   7) Do you think it should be a priority for people?
   8) If your director or your parents could do anything to make you fit, what would you ask them to do?
   9) Do you care about fitness? How much? Why?

10) What does it mean that someone is not fit? Do you often meet people who are not fit? How do you think they got to be unfit?

4. Sources of the constructions of fitness

1) Where do you think your ideas on fitness come from? Why?
2) Where do you get information on 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 get fit? How do you learn about not being fit and the consequences of that?
4) Are the media useful? Why/Why not? Which ones? How?
5) Do you think that the idea of "being fit" is different between Koreans and Canadians?

5. Culture and the constructions of health

1) Do your parents believe in health 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) Do you think that your culture play a role in your health habits? How?

6. Culture and the constructions of fitness

1) Do your parents believe in 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) Do you think that your culture play a role in your fitness activities? How?

7. Integration of the constructions of health in day-to-day life

1) Do you think that you are healthy? What makes you say that?
2) What do you do to stay healthy?
3) What are the things that prevent you from taking care of your health?
4) What do you think you could do to improve your health?

8. Integration of the constructions of fitness in day-to-day life

1) Do you think that you are fit? What makes you say that?
2) Why (or why not) do you engage in physical activity? (How does it help you? Why do you exercise? What motivates you?)
3) What do you do to 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?)
4) What are the things that prevent you from being fitter? From more exercising?
5) What do you think you could do to improve your fitness?

APPENDIX F

Draw-and-Write Schedule

DRAW-AND-WRITE SCHEDULE

■ Drawings

In the box below, please make a drawing that represents a healthy adolescent.

1

In the box below, please make a drawing that represents a fit adolescent.

2

■ Writings

On the lines below, please write a short story about an adolescent who is healthy.

3

On the lines below, please write a short story about an adolescent who is fit.

4

■ Plan & Sources

On the lines below, please write down a plan that could help 15-year old Mike/Kelly get fit.

5

On the lines below, please identity the people or places from which you get your ideas about health and fitness.

6

∴ Actual size for each sheet = Letter size

APPENDIX G

Letter of Approval from the Ethics Committee

Le 24 avril 2003

Mme Geneviève Rail
École des sciences de l'activité physique
Université d'Ottawa
Ottawa (Ontario)

Objet : Korean-Canadian adolescents' bodily discourses (Dossier H 04-03-04)

Chère Mme Rail,

Vous trouverez ci-joint le certificat d'approbation éthique du Comité en Sciences de la Santé et Science pour votre projet de recherche.

Veuillez noter que les responsabilités des chercheurs sont les suivantes :

- Envoyer une copie de cette approbation aux Services de la Recherche si nécessaire.
- Informer le Comité d'éthique de tout changement dans la recherche
- Soumettre un Rapport Annuel à la Responsable de l'éthique qui se trouve à l'adresse suivante : http://www.uottawa.ca/vr-recherche-research/rebs/francais/application_dwn_f.htm .

Si vous avez des questions, n'hésitez pas à me contacter au poste 5387.

Veuillez agréer mes sentiments les meilleurs.

Andrée Bertrand
Responsable de l'éthique en recherche
Pavillon Tabaret, pièce 159
Université d'Ottawa