

Meaning of Health: The Perspectives of Aboriginal Adults and Youth in a Northern Manitoba First Nations Community

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ABSTRACT

OBJECTIVE

To explore perspectives on the meaning of health to Aboriginal adults and youth living in a northern Manitoba First Nations community.

METHODS

Six focus groups with 29 youth and individual interviews with 10 adults were audio-recorded, transcribed verbatim and thematically analyzed.

RESULTS

Adults and older youth used aspects of health depicted in the Medicine Wheel to describe being healthy, but younger youth were not as specific. Both generations spoke about the importance of positive adult role models (emotional health), incorporation of traditional First Nations practices into everyday life (spiritual health), changes in diet and activity (physical health) and the significance of making good choices (mental health).

CONCLUSIONS

Participants incorporated aspects of current and traditional lifestyles into their discussion of health. Use of the Medicine Wheel to conceptualize health holistically on the part of both adults and older youth suggest that it may be an

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RÉSUMÉ

OBJECTIF

Explorer les points de vue d'adultes et de jeunes d'une communauté des Premières nations du Nord manitobain sur la définition du mot «santé».

MÉTHODES

Six groupes de discussion formés de 29 jeunes et 10 entrevues personnelles d'adultes ont été enregistrés. Les enregistrements ont été transcrits mot à mot et fait l'objet d'une analyse thématique.

RÉSULTATS

Les adultes et les plus vieux parmi les jeunes ont décrit des aspects de la roue médicinale pour illustrer ce qu'ils entendaient par «être en santé», mais les plus jeunes n'ont pas été aussi précis. Les deux générations ont parlé de l'importance des modèles positifs de comportement parmi les adultes (santé émotionnelle), de l'intégration des pratiques des Premières nations à la vie quotidienne (santé spirituelle), des changements en ce qui a trait à l'alimentation et à l'activité physique (santé physique) et de l'importance des bons choix (santé mentale).

CONCLUSIONS

Les participants ont intégré des aspects des modes de vie actuel et traditionnel dans leur discussion sur la santé. L'utilisation de la roue médicinale pour conceptualiser la santé de façon holistique tant par les adultes que par les plus vieux parmi les jeunes semble indiquer que cette roue pourrait être efficace pour l'encadrement des stratégies de promotion de la santé visant les plus jeunes. Puisque cette démarche est en harmonie avec les valeurs culturelles, elle pourrait inciter d'autres membres de cette communauté à adopter des habitudes de vie saines.

MOTS CLÉS

Définition du mot «santé», jeunes des Premières nations, roue médicinale

effective way to frame health promotion strategies for younger youth. Because it is in harmony with cultural values, such an approach may influence other members of this community to adopt healthful lifestyle practices.

KEYWORDS

First Nations youth, meaning of health, Medicine Wheel

INTRODUCTION

The high prevalence of overweight and obesity among First Nations people in Canada is well established, with the increase in childhood and youth obesity emerging as a significant public health issue (1-3). Coupled with this is the dramatic increase in the prevalence of type 2 diabetes among First Nations youth (4,5). How First Nations people, particularly youth, describe and consider health or chronic diseases such as type 2 diabetes is not as well documented.

In previous research, Canadian and American Aboriginal adults have defined being healthy as having an “ultimate good feeling,” “doing what he wants to” (6) and “being alive well” (7). Based on her work among Native American people, Joe (8) concluded that cultural perceptions of health were based on a framework of harmony and balance. Urban First Nations and Métis women living in Saskatchewan have defined health broadly, including factors such as “...education and training and parenting skills, kinship networks and physical environments” (9). In discussions with Manitoba Métis women, Bartlett (10) noted a distinction between health and well-being. Health was connected most often with physical issues, whereas well-being incorporated a broader holistic approach. Accounts of North American and Australian Aboriginal adults’ understandings and experiences of living with type 2 diabetes have also been reported (11-16).

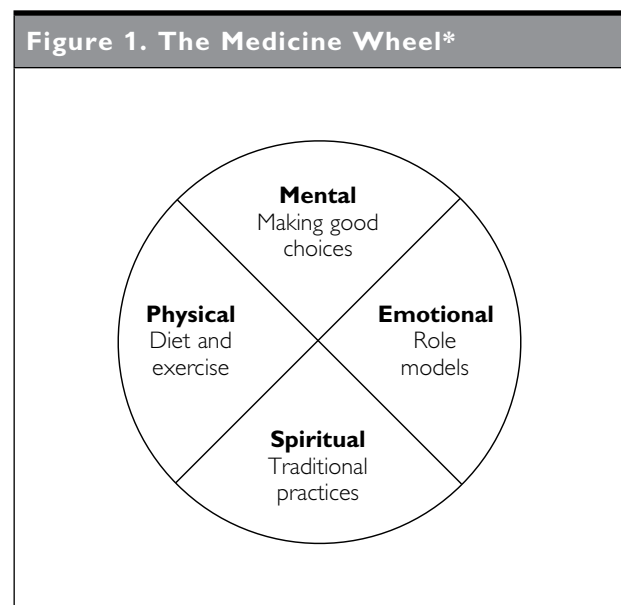
First Nations people have discussed health in terms of balance between the physical, spiritual, emotional and mental aspects of life (13,17,18). This cultural framework of balance and harmony has been represented by the Medicine Wheel (Figure 1) (19), and has been used by various indigenous peoples across North America (20). The interconnectedness of the quadrants in the wheel represents the relationship of the individual with his or her family, his or her community and the world, and balancing each aspect of the wheel is considered to be crucial for optimal growth and development (9). The Medicine Wheel is considered to be a symbol of “holistic healing, embodying the four elements of whole health: spiritual ... mental ... physical ... emotional” (21).

Only a few reports of Aboriginal youth’s perspectives on health and preventing type 2 diabetes were located, and these were either dated or focused on weight (22,23). Aboriginal youth themselves have pointed out the need to consult them to enhance effectiveness of programs (21), yet youth are part of families and communities, a system of relationships that ultimately shape their health (24); therefore, the views of

adults in the study community are also included to provide a framework for youth perspectives. Doing so also provided a unique research opportunity, as no reports comparing adult and youth perspectives in the same community were found. The objective of this study was to explore perspectives on the meaning of health to First Nations adults and youth living in a northern Manitoba community.

METHODS

Qualitative methods are suited to discovering underlying perceptions and values (25). Given the exploratory nature of this project, qualitative methodology was selected as appropriate for determining the perspectives of rural Manitoba First Nations adults and youth on the meaning of health. Two types of interviews were conducted: individual in-depth interviews with adults and focus groups with youth. An in-depth interview is described as a “face-to-face conversation with the purpose of exploring issues or topics in detail” (26). A focus group is an informal group interview, with discussions centred on a specific topic and facilitated by a moderator (27). Data from both types of interviews were analyzed using a modified grounded theory approach. The major purpose of this approach is to build a theory based on the informants’ interviews, rather than testing a pre-existing theory (28).



*Adapted from Whiskeyjack (19), with topics from study participants added

Study community

The research was conducted in a northern Manitoba Cree First Nations community with a registered on-reserve population of approximately 3000 people as of October 2007 (29). Rates of type 2 diabetes among the Manitoba First Nations population have been reported to be up to 4.5 times higher than the non-First Nations population (30). The increasing rate of type 2 diabetes was also a concern for many of the members of the study community.

The community is accessible by an all-weather road and has regular air and railway service. Over the years, this First Nations community has experienced considerable socioeconomic change. New enterprises and community development initiatives provide a good income for some members (31); these include a gas station, hotel and mall with administrative offices, health centre, grocery store, several fast food outlets, retail stores and a casino. However, despite this and other large-scale resource developments, including hydroelectric development and a pulp and paper industry (31), unemployment continues to be a concern, at 24.3% (29).

Recruitment of study participants

Selection of adult participants was made on the strength of their capacity to provide relevant data on the topic under exploration (32). Adults participating in the individual in-depth interviews included parents of youth, teachers, youth counsellors, community members, an elder, local health workers and health board members. The researcher's community contact person facilitated recruitment of the first 3 interviewees, with the remainder being recruited by the researcher through personal invitation and suggestions from other study participants and community members (snowball sampling) (33).

Students were recruited via short in-class presentations and a brief presentation at a school assembly. An information letter was sent to parents 2 weeks prior to the presentations.

Data collection

As mentioned, 2 types of interviews were conducted. Individual in-depth interviews were conducted with adults, followed by focus groups with youth. A semi-structured interview guide with questions about their perspectives on health and health issues affecting youth was used with both samples (Table 1) (34). Questions were pilot-tested in one focus group session with youth and adapted according to participants' comments, as suggested by Creswell (35). Only the adults were asked for background information about their community. All interviews were conducted in October 2004, tape-recorded and transcribed verbatim by the first author. A complete description of this study has been reported elsewhere (36).

Data analysis

Thematic analysis was employed with the aim of generating theory grounded in the interview data. In thematic analysis,

Table 1. Interview guide

1. What does being healthy mean to you? * What are some examples of being healthy? Not being healthy?
2. How would you describe the health of people your age here in your community?
3. How does your health compare to past generations' health? Probe: great-grandparents? 100 years ago?
4. What do you think causes people to be healthier now than in your parents' time? † Your grandparents' time? Great-grandparents' time? What do you think causes people to be less healthy now? †
5. Have you heard of any traditional practices or beliefs that might have an effect on health?

*Question based on Hakim and Wegmann (6)

†Questions based on Blaxter (34)

described as a systematic method for classifying the content of text and identifying relationships between categories, a coding process is used to categorize interview data and generate themes (37). Coding of the data was conducted at 2 levels. First, the transcripts were divided into "chunks" according to topics based on questions asked. This was done manually and using Microsoft Word 2002 software (Microsoft Corporation, Redmond, WA, United States). Subsequently, these themes were further coded and analyzed to identify patterns in the topics. QSR NVivo 2 software was used to browse, search and sort the interview data (QSR International, Doncaster, Victoria, Australia). Throughout the coding process, the researcher wrote analytical memos, recording ideas and insights to promote theory development. Review of the interview transcripts and informal follow-up conversations with 2 adult participants provided opportunities to clarify responses and questions, and to confirm or correct assumptions.

Ethical approval

Approval for this study was received from the Chief and Council of the First Nations community and the University of Manitoba Joint-Faculty Research Ethics Board. The Assembly of Manitoba Chiefs Health Information and Research Committee was informed of the community's decision to participate in the study. Written informed consent was obtained from all participants, as well as the parents/guardians of youth.

RESULTS

Participant descriptions

Adult participants

All 10 adults participating in the study had children; 3 had grandchildren and 1 had great-grandchildren. Half of the participants were currently parents of teenagers and/or young adults. The adults were 21 to 89 years old (median: 38 years). Seven participants were employed full-time in the study community. Three had lived in the community since birth or childhood, 4 had moved there as adults and 3 lived nearby.

Three participants had high school-level education, and 7 had a college or undergraduate degree or some graduate work. All participants spoke English, and 4 also spoke Cree.

Youth participants

Thirteen females and 16 males in grades 7 through 12 participated in 6 focus groups. Students ranged in age from 12 to 19 years, with 1 student in the pilot group aged 21 (median: 14 years). All were currently attending the local school. The grade and gender of youth in each focus group are outlined in Table 2.

Meaning of health: The Medicine Wheel

The report of the Royal Commission on Aboriginal Peoples stressed a need for whole health “that focuses on the 4 pillars of the individual’s being: spirit, mind, body and emotions” (21). When adults were asked what being healthy meant to them, 7 of the 10 spoke in similar terms. For instance, a participant noted:

For myself, it would be leading a healthy lifestyle ... I like to use the Medicine Wheel, the balancing of the Medicine Wheel, because we have a balance between our emotional well-being, our spiritual, our physical, and our spirituality, and mentally as well. So, healthy to me is a balance in those four aspects.

Several adult participants addressed the concept of health as more than the absence of illness. Observations included: “I also believe you can be healthy and have diabetes,” and “a healthy person could be someone that’s dying of cancer, but if they’re living their life like that [making conscious decisions to become a better person], then to me that’s still a healthy person.” Conversely, it was said that someone could be physically healthy, yet not healthy in other aspects of their life:

Because if you have someone that’s got a VO_2 max of 90 [high maximal oxygen uptake, indicating excellent physical conditioning] and they’re smoking, and they’re all messed up mentally and stuff, they might not be the healthiest person.

Similar to the philosophy of the interconnectedness of the Medicine Wheel, another adult explained that health is not only an individual issue, but needs to be carried into the larger community.

Every individual has their own calling toward their own choice to get to that balanced life outlook and everything that’s involved. So each individual has that choice, but at the same time we need to incorporate the sharing. One group [on its own] is not part of the wellness of the community. All the entities within our community will have to come together under our traditional teachings. The sharing and our community sense have to be strong. So to me that’s what a healthy individual is, because you can’t separate the community and the individual. You know, we were not like that before Western influence. Everybody was one.

Youth in the oldest group also mentioned the 4 aspects of health contained in the Medicine Wheel.

Respecting your body. Not just physically — emotionally, too, or mentally.

Well, in order to finish the cycle you’ve got to have four points ... There’s mentally, and there’s physically. Another one’s emotionally, and the last one is spiritually, and by that I mean know who you are, your nationality. So with these four points, that’s health.

When asked to describe this way of thinking about health, the youth indicated that they heard about the Medicine Wheel from the elders in lots of ceremonies and elaborated further:

Respecting your body is practically what it is, like maintain a healthy body, spirit like the Medicine Wheel. You’ve got to stay in shape in every possible way there is, like the four things we said before, the four elements, you’ve just got to take care of those, and you should have good health.

Most of the younger youth interviewed spoke mainly of the physical aspects of health such as “Eating right ... salads and vegetables and fruit”; “Exercise. Don’t smoke. Drug-free body.”

Emotional health — parents/adults as role models

In this study, all groups expressed the importance of having positive adult support and role models for youth to follow in order to promote the best possible emotional health.

	Pilot	Group 1	Group 2	Group 3	Group 4	Group 5
Participants, n	3	6	4	7	4	5
Grade (n per grade)	11 (2) 12 (1)	7 (6)	7 (2) 8 (2)	8 (1) 9 (6)	9 (1) 10 (2) 10/11 (1)	12 (5)
Gender, male (M) / female (F) (n)	M (3)	M (6)	M (2) F (2)	M (1) F (6)	M (1) F (3)	M (3) F (2)

Adult: But the kids aren't coming close to it; they don't have the tools to deal with emotional problems. They don't have the knowledge from home and the supports from home to say that smoking is bad. Or they don't have the supports from home to make them stick it out, say if they join hockey or something. They don't have the supports to get them through tough times when they're in sports, things like that.

Youth: I'd say parents need to reach their children more, too, but the parents also have to do their job of being a good role model around their child. Instead of saying, "Don't drink. Don't do this." And yet their parents go out and drink and do that.

There were also some positive comments from an older youth about First Nations people now becoming role models for younger children.

It's not really hard because now there's a bunch of Aboriginal people out there making it in the world, becoming role models, and at the time I was growing up I didn't have that kind of stuff.

Although youth indicated that there were role models in the community, they also suggested more were needed. Other youth recommended showing role models (such as the chief) eating healthy foods, suggested use of current success stories:

People might look up to Jordan Tootoo making it to the NHL, and some people look up to Sharon Firth, some people look up to Adam Beach ... actors and people, Aboriginal people who make a stance in the world.

Spiritual health – traditional practices and health

The Royal Commission on Aboriginal Peoples commented that “depending on the individual’s approach to spirituality, [spiritual health] may include participating in ceremonies, gaining traditional knowledge, and exploring spiritual heritage” (21). Participants were asked how traditional Native practices might affect health, with encouragement to respond either negatively or positively.

Several adults expressed the perceived benefit of traditional practices on the reduction of drug and alcohol use.

I think there would hardly be any drinking and drugs and stuff like that, because there's a lot of that that goes on, on the reserve. Like there's even drug trafficking. And then these kids, if they were involved in their culture, we wouldn't have to deal with things like that.

Three adults spoke about traditional practices in terms of values such as respect and sharing. One commented, “Sharing is a really important value in our community.”

Youth in several focus groups indicated traditional practices could affect health “in a good way.” Most youth talked

about traditional practices in terms of hunting, sweats or pow-wows and the positive effect on health due to the physical effort involved. Younger youth, although supportive, were not as familiar with traditional practices, and their discussions on the topic included comments such as, “Sweats. It's an Indian ceremony. That's all I know.”

Older youth expressed more familiarity with the subject:

Well if you want to get spiritual healing from the creator and ask him for stuff or ask the creator to help make someone better or heal them or protect them you usually go to a sweat lodge. That's a place to go for spiritual healing for the good side of health.

When asked about the purpose of a sweat lodge, a member of one focus group responded: “It's like cleansing our soul or something; it's like cleansing it and giving our thanks to the creator.”

Several adults and some youth also commented on possible misuse of traditional practices. One adult commented:

I know a lot of people that call themselves traditional that are the most unhealthy people around, like chain smokers, let's say. They say because tobacco is sacred, if you pray with your cigarettes and offer one of them you won't get anything negative from the tobacco. So to me that's just ridiculous.

One youth participant used the term “bad medicine” to talk about drugs like “weed” (marijuana). When brought into a traditional ceremony such as a pow-wow, it was viewed as an act that was “... no good for our culture ... like if you bring it around there, it's just it's probably like bringing bad luck or something.”

A youth in an older focus group pointed out that there could be both positive and negative effects to both Western and traditional medicines.

There's both good and bad, both sides. You can have like allergic reactions on one side to like non-native lifestyle and the medicine and stuff, and then same with the other side. You use them, there's good medicine, there's bad medicine on both sides.

Physical health – diet, activity and technology

The third segment of the Medicine Wheel involves physical health, which may include cultural activities, nutrition and recreation (21). Adult and youth participants repeatedly discussed changes in diet and foods available, physical activity levels and advances in technology as 3 major factors affecting health status.

Change in diet

Four adult participants pointed out that the increased prominence of processed, convenience and fast foods had had a negative impact on their health.

We went shopping last night, everything is throw-away ... You can get shepherd's pie in a box now. Like, what is that all about? It's no wonder we have such bad health problems as opposed to our ancestors, generations ago.

Several of the adults also talked about the shift from obtaining foods from hunting and gardens in the past to more consumption of junk foods today.

We never had that [junk food] in our young lives ... All we ate all the time was wild food ... And we used to plant gardens, and we ate potatoes, carrots, turnips. Very few now plant gardens.

Similarly, youth in 3 focus groups discussed increases in "greasy foods, fast foods" and "junk food," naming "hamburgers, fries, chips, Coke and pizza pops" as causing people to be less healthy.

I think it was healthier back then than at this time because they didn't usually have money, so they couldn't go buy greasy foods and stuff.

They only used to hunt for their food.

Some youth thought that the health of their grandparents when they were young would have been better than their own "because all they ate was meat, moose meat," "wild meat." This was said to "make them healthy and strong."

On the other hand, youth also cited increased availability of a variety of nutritious foods as supporting better health today than in the past: "They have more nutrient plans, healthy foods, fruits, vegetables."

Change in physical activity

Several adults and participants in all the focus groups spoke about the decline in the amount of physical activity that had occurred in recent years. Adults talked about how the activity level of community youth had decreased dramatically: "There are a few kids here that are kind of out of the norm that are really active and stuff, but most of the kids are just incredibly inactive." Four adult participants and youth in one focus group stated that adults used to work hard, and children used to play outdoors, but this was no longer the case:

Adult: We never sat around the way the kids do now. A lot of them are very sedentary, and they play a lot of video games. They don't move around very much. When we were kids we used to go out. We played. We climbed trees. We swung from trees so we had a lot of physical activity that kept our bodies always on the move.

Youth: I think they were a lot healthier a hundred years ago. They didn't have fast food and their parents got them to exercise and stuff. There was a lot of work. They had nothing else to do much.

Advances in technology

Technological advancement was cited by numerous adults and youth as a possible cause of the decline in physical work and play.

Adult: Well again, like with technology, computer games, you have TV, 300-, 500-odd channels that a person can get. So you're looking at couch potatoes. A lot of kids don't go out and play. When I was a kid it was, "Go outside and don't come back in the house." And so we invented things to do because we didn't have the computer games or video games or TV to watch.

Youth: It's the video games that are out there too that's making them stay home and ... not be in physical shape or go to sports or keeping themselves in shape and stuff like that ... There's computers and laziness that's just come over a person.

On the other hand, youth in 4 of the 6 focus groups mentioned increased opportunities for activity using exercise machines, gyms, sports leagues and extracurricular activities: "Probably all the different opportunities that we endure each day, because there's extracurricular activities that's happening that our parents didn't have."

Mental health – making good choices

According to the Royal Commission on Aboriginal Peoples, mental health can include "education, knowledge of Aboriginal history and cultural contributions, and activities that promote self-confidence" (21). When asked what being healthy meant to them, both adults and youth indicated that being healthy involved making good choices, not only for physical health, but for other areas as well. The ability to make healthy choices was said to require knowledge of what the good choices are and why, and then acting on that information. As one adult participant said, "A healthy person would be the person who also makes healthy choices."

Another adult participant had a similar comment regarding health knowledge and behaviours:

So I think knowing the choices that are good for you and acting on those choices instead of following the fast track, main [line] fast food type of, "I need a quick fix," but actually taking the time and doing things. I think that's all part of being healthy, making the right choices.

An older youth felt that the younger generation had knowledge of current health issues, but ultimately it was up to the individual to make the final decision on healthy actions.

From my point of view it seems that everyone is doing the best to their ability to acknowledge [teach] people, especially youth, about health and health problems. It's just a person's choice to listen to them or not. But if it does happen to them, that's when they kind of realize that they should have listened in the first place.

One youth commented on the influence of peers on making good choices:

I grew up around people that did that kind of stuff [drinking and smoking]. It didn't influence me. They tried to make me do it with peer pressure, but I didn't fall into it. I just made my own choices.

Another said that many youth follow the crowd and make choices based on what they think their peers want them to do: "That's how it looks to me, that some kids around here, they're tending more to want to fit into what their friends are doing than making their own choices themselves." These are oblique references to having the confidence to make decisions that are true to self.

Knowledge of Aboriginal culture and historical experiences was tied to a strong sense of self for an older youth.

That pretty much messed up our way of living, residential schools, because there they stripped them, our elders, of their culture by giving them harsh treatment and stuff like that, and that destroyed the Medicine Wheel. But since we weren't exposed to that kind of stuff, we know it, we read about it, but we didn't experience it. So that didn't really quite destroy our well-being, so we're stronger than them.

DISCUSSION

Participants' descriptions of health fit into the teachings of the Medicine Wheel (Figure 1). Most of the adults talked about the importance of having balance or harmony among the emotional, spiritual, physical and mental aspects of health, similar to reports elsewhere (6,13,17,18). Although few youth explicitly mentioned the Medicine Wheel, they frequently discussed these four aspects of health. It seemed that both the adult and youth participants valued the teachings of the Medicine Wheel and incorporated these teachings into their interpretations of health.

The participants' discussion of emotional well-being was consistent with the Royal Commission on Aboriginal Peoples elaboration of the emotional health section of the Medicine Wheel (21). Both generations frequently stated the value of having positive role models for youth, including parents and other community members. According to participants, more exposure to First Nations leaders, athletes and celebrities leading healthful lives would be helpful. Additionally, adults pointed to the need for children and youth to have a strong support system from the home and community for healthy emotional development.

Although youth were more likely to discuss modern influences on their health, both age groups said that traditional practices followed in the traditional way could have a positive impact on spiritual health. Consistent with the Royal Commission on Aboriginal Peoples definition of spiritual health (21), participants described numerous traditional

activities such as sweat lodges, pow-wows, hunting and fishing. Based on the participants' comments, these activities are an important part of their day-to-day life and health. Inclusion of traditional practices in health promotion strategies could influence community members to adopt healthful lifestyle practices because they are in harmony with cultural values.

Sports, cultural activities, nutrition and recreation have been related to physical health (21). Both adults and youth discussed these topics at length, focusing on changes in diet, activity level and the impact of technology. Adults spoke of the decrease in availability of wild foods and fresh produce from gardens and the increased consumption of prepared foods, similar to earlier research with Manitoba Aboriginal adults (14,38). In addition to negative changes, youth discussed the increased availability of nutritious foods and opportunities for physical activity. Both generations discussed technology as negatively impacting activity levels.

Aboriginal participants in this study valued physical activity and sport. Their discussion of diet, physical activity and technology as possible causes for better or poorer health now compared to the past suggests opportunities for adapting principles of traditional practices to fit modern lifestyles. Continued and expanded practical and interactive programs and activities geared towards education for parents and caregivers on healthful food and lifestyle choices could be beneficial for supporting the physical health of youth.

Mental health has been broadly defined to include knowledge of Aboriginal culture as well as other confidence-building initiatives (21). A key aspect of mental health discussed by both groups was the importance of making good choices and the necessity for both youth and their parents to be educated about positive lifestyle choices. In the focus groups, youth went beyond discussing knowledge of healthful choices to explain how their behaviours were influenced positively or negatively by peer pressure, parental support and culture. In research examining social-environmental factors influencing an ethnically diverse group of American teens' health choices, the support of families and schools played an important role in promoting positive behaviour, whereas perceived support of negative behaviours from peers was associated with poor choices (39).

Limitations

Interviewing key community leaders and adult and youth volunteers likely resulted in a sample more interested in health than a random sample. The results of qualitative research are not intended to be generalized, but are often transferable to other similar settings and may be used to develop a theoretical understanding of a related set of experiences (32). The use of focus groups as a method may have inhibited youth from sharing minority views; however, it seemed to stimulate discussion and provided an opportunity for participants to comment on each others' ideas. Considerable variation in the cognitive and emotional development between younger and

older youth was evident. Focusing on 1 age group would have allowed greater depth, but sacrificed breadth and the ability to compare the different age groups. Finally, this study was conducted in only 1 northern, road-accessible Manitoba First Nations community. This can be a strength, as it allows for in-depth examination of issues specific to the community; however, members of other First Nations communities may have different perspectives. Further research is needed to explore if participant perspectives are typical of other communities, for example southern, fly-in or urban communities.

CONCLUSION

Although few youth explicitly mentioned the Medicine Wheel, they discussed the interconnected aspects of health that it portrays. For example, making good choices can directly influence physical health but requires positive adult support and modelling, and may be strengthened by adopting or participating in traditional practices. Given the amount of discussion on health from this viewpoint, it is evident that the teachings of the Medicine Wheel are valued by some members of the study community and these teachings are incorporated into their interpretations of health. This information on how First Nations adults and youth in a northern Manitoba community conceptualize health holistically suggests both continued support of and new approaches to existing health promotion strategies. Insights should be helpful for creating an awareness of local viewpoints and developing community- and culturally appropriate health promotion and type 2 diabetes prevention programming for Manitoba First Nations youth.

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AUTHOR CONTRIBUTIONS

This manuscript is based on the master's thesis of CAI; she made a substantial contribution to the conception and design of this study and was involved in data acquisition, analysis and interpretation, as well as in drafting, revising and approving this article for publication. GM made a substantial contribution to the conception and design of this study; she was also involved in analysis and interpretation of data, critical revision of the article and its approval for publication.

AUTHOR DISCLOSURES

No dualities of interest declared.

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