A B S T R A C T

Broad health determinants are accepted as key contributors to health; however, little is known about the public's understanding of these determinants. We describe the results of a survey of young parents (18-30 years) in Alberta regarding their understanding of determinants of health, and their actions (planned or undertaken) in promoting well-being and health for themselves, their families, and their communities. A telephone survey of young parents (N=652) was conducted, using both open-ended and fixed response questions. In the open-ended responses, social support networks (46%) and personal health practices (40%) were most often cited as contributors to family well-being and health and as current actions (62% and 54% respectively). Health services were rarely mentioned as a contributor. Most frequently mentioned barriers to well-being and health related to income (36%) and coping skills (34%). Sub-sample differences by gender, age, income, and residence were detected. Fixed response questions indicated that parents rated a broad range of health determinants as "very important."

A B R É G É

On considère les déterminants généraux de la santé comme des facteurs de santé clés; cependant, on en sait peu sur la compréhension de ces déterminants par le public. Voici les résultats d'un sondage auprès de jeunes parents albertains (18 à 30 ans) portant sur leur compréhension des déterminants de la santé et sur les mesures qu'ils prennent ou comptent prendre pour promouvoir leur bien-être et leur santé et ceux de leur famille et de leur communauté. Nous avons administré à de jeunes parents (n=652) un sondage téléphonique comportant des questions ouvertes et fermées. Dans les réponses aux questions ouvertes, les réseaux de soutien social (46 %) et les habitudes de santé personnelles (40 %) sont le plus souvent ressortis comme contribuant au bien-être et à la santé familiale et comme mesures déjà employées (62 % et 54 % respectivement). Les services de santé ont rarement été mentionnés à ce titre. Les obstacles au bien-être et à la santé les plus fréquemment mentionnés avaient trait au revenu (36 %) et aux habiletés d'adaptation (34 %). Nous avons relevé des différences dans les sous-échantillons selon le sexe, l'âge, le revenu et le domicile. Dans leurs réponses aux questions fermées, les parents ont qualifié de « très importants » une vaste gamme de déterminants de la santé.

Young Parents' Understanding and Actions Related to the Determinants of Health

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The broad determinants of health are increasingly accepted as key contributors to the health status of populations,^{1,2} yet little is known about how the public perceives these determinants.³⁻⁵ There is some suggestion that social determinants of health are not well understood by the public,⁶⁻⁸ and that there is a need to strengthen public understanding.^{8,9} In this paper, we describe the results of a survey of young parents in Alberta with respect to their understanding of the determinants of well-being and health, and their actions (planned or undertaken) in promoting well-being and health for themselves, their families, and their communities.

The survey was conducted as a baseline measure as part of a larger province-wide health promotion initiative [*"You're Amazing"*] spearheaded by Alberta Health and Wellness in collaboration with a variety of partner organizations. The project is aimed at increasing young parents' understanding of the broad determinants of health and encouraging their active involvement in enhancing the health of their families and communities. Young parents (18-30 years) were the population targeted for this program because they play a key role in influencing their own health, their children's health, and the health of their communities; they are motivated to

adopt positive health practices through their transition to parenthood; and they are readily accessed through such venues as schools, day cares, and public health offices.

METHOD

The survey was administered by the Population Research Laboratory (PRL) at the University of Alberta. The survey instrument was developed by the PRL in consultation with the "You're Amazing" Evaluation Steering Committee of Alberta Health and Wellness. The questionnaire consisted of both open-ended and fixed response questions. In the open-ended questions, parents were asked what factors contribute to their family's well-being and health, barriers to family well-being and health, current behaviours in relation to well-being and health, intention to make changes, and changes made in relation to their own and their families' well-being and health. Parents were also asked what contributes to a healthy community and what they and their families do to promote the health of their communities. There are numerous conceptualizations of health and of well-being; some view these concepts as different,¹⁰⁻¹² while others view well-being as synonymous with a broad conceptualization of health.^{13,14} By using the terms *well-being* and *health* together for all of the questions, we hoped to avoid limiting responses to physical health determinants, which may have occurred if only "health" were used.

For the open-ended questions, no prompts were given and up to four responses were allowed for each question. Subsequent to these questions, parents were asked fixed response questions (with 5-point rating scales) about how important selected determinants are for the well-being and health of themselves, their fami-

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lies, and their communities. These questions were drawn, in part, from previous surveys, such as the PPDH³ and the NPHS.¹⁵ Data also were obtained on a number of demographic variables.

Respondents for the random digit dialing survey were selected if either they or their spouse/partner (if applicable) were 18-30 years of age, and had at least one child less than 18 years of age living in the home. The telephone survey was administered by the PRL, using a computer-assisted telephone interviewing system. The 25-45 minute interviews were conducted in April and May 1997, following a pretest with 18 young parents. [A complete description of the methods, questionnaire, and results is available.¹⁶]

Professional coders, using a coding framework developed inductively from the data, electronically coded the open-ended responses. The Evaluation Steering Committee and the PRL then jointly grouped the codes into the following determinant categories: Income and Social Status, Personal Health Practices, Coping Skills, Social Support Networks, Child Development, Education, Employment and Working Conditions, Physical Environments, Health Services, and Biology and Genetic Endowment.⁸ The grouping of the responses into health determinants did not reveal any mention of the importance of genetic endowment. However, respondents mentioned 'being healthy' and 'good physical health' as contributors to family well-being and health (28%) and 'poor health/illness' as a barrier to well-being and health (3%). These responses were classified as *Physical Health* under *Biology and Genetic Endowment* (see Tables II and III). 'Mental Health' was also mentioned as a determinant. This seemed to be logically placed under *Coping Skills*.

The data were entered into a SPSS system file for additional cleaning, labeling and analysis. Cross-tabulations by residence, gender, age, and household income were carried out to determine differences in responses to the open-ended questions. Pearson's Chi-Square, along with Fisher's exact test, was used to test for significant differences within the cross-tabulations.

Qualitative data were also collected by telephone interviews with 50 young par-

ents, who were selected as a purposive subsample to represent geographic area, age, income, and education. The qualitative component allowed respondents to elaborate in their own words on their previous answers to the open-ended questions in the survey, with an emphasis on how the factors they had identified in the survey influenced well-being and health, what facilitated or inhibited health-promoting behaviours, and challenges they faced as parents. These data were subjected to thematic content analysis.

The characteristics of the 652 young parents in the sample are depicted in Table I. The sample included about 10% of parents over 30 years of age who had a spouse in the 18-30 age range. The gender balance in the sample was not pre-determined but was the result of random dialing of households. It was assumed that the parent answering the telephone would be representing the family unit. Given that females are more likely to be primary caregivers, they are more likely to answer the telephone; hence, a substantial majority of parents (76%) were female. To determine representativeness of the target group population, the 1995 General Social Survey Cycle 10 was selected because it is a national survey that identifies caregiver status of 18-30 year old parents, which allows comparison to the sample when restricted to province and to similar age and family patterns. While the Alberta sample of the 1995 GSS was small for 18-30 year old parents, the data for age, marital status, education, and income were very similar to our sample. The GSS also shows that females are, by far, the predominant caregivers of children and thus will be over-represented in a survey of households of young parents (see reference¹⁷ for a complete discussion). No comparison data for urban/rural differences are available from the GSS survey. However, based on the 1996 census data, rural respondents were over-represented in the survey and a weighting scheme based on the 1996 census was used to adjust the sample.

RESULTS

In this paper we report primarily the findings from the open-ended questions.

TABLE I
Sociodemographic Characteristics of Sample (n=652)

Characteristic	Percentage
Age	
18-25 years	31
26+	69
Sex	
Male	24
Female	76
Marital Status	
Married or Common-Law	80
Never Married	15
Divorced/Separated	5
Number of Children	
One	45
Two	38
Three	13
Four+	4
Education	
< High School	15
High School	30
Post Secondary Incomplete	17
Non-University	25
University	13
Employment*	
Currently Employed	59
Not Employed Outside the Home	41
Attending School	13
Annual Household Income	
< \$20,000	25
\$20,000 - \$35,000	27
> \$35,000	48

* Employment totals more than 100% because the categories are not mutually exclusive.

The summary of these responses grouped by health determinant is shown in Table II and is ordered according to the frequency with which they were mentioned as contributors to family well-being and health. If a respondent provided multiple responses that fell within the single determinant category, these were collapsed as a single response for that determinant.

Awareness of determinants: Contributors

When asked, "What contributes to your family's well-being and health?", 46% of parents gave responses related to *social support*, usually as 'spending time with family' and 'love among family members.' *Personal health practices* (40%), almost always as 'good nutrition,' was also commonly cited. A substantial minority also mentioned *child development* (22%) – identified most often as 'stable, secure home life'; *biology and genetic endowment* (*physical health*) (28%); *income and social status* (20%) – as 'financial security'; and *coping skills* (19%), primarily 'good communication,' 'mental health', and having a 'positive attitude'. All other determinants,

TABLE II
Young Parents' (%) Understanding and Actions Related to the Determinants of Health*

Determinant	Contributor	Barrier	Planned Change	Change Made	Behaviour
Social Support Networks	45.8	6.8	22.3	3.2	62.3
Personal Health Practices	39.7	7.6	35.8	45.1	53.7
Biology & Genetic Endowment (Physical Health)	28.3	2.7	—	—	—
Child Development	22.1	2.6	8.9	0.6	15.2
Income and Social Status	19.6	36.3	4.6	2.2	3.8
Coping Skills	19.2	33.8	14.2	7.0	15.9
Employment/Working Conditions	6.8	4.9	14.8	5.1	—
Physical Environment	6.5	3.0	8.5	10.1	2.6
Education	4.7	1.3	15.1	3.9	4.0
Health Services	1.8	4.4	1.3	0.7	2.0
Don't Know	8.9	12.0	7.4	—	4.5

* Young parents were permitted up to 4 responses to each open-ended question about contributors, barriers, planned changes, changes made, and current behaviours contributing to the well-being and health of their family and themselves.

including health services, were mentioned as contributors by fewer than 10% of respondents.

Fixed response questions addressing specific determinants revealed that while some determinants may not have been “top of mind” in the open-ended questions, parents nevertheless perceived these as very important when the determinants were identified for them. About two thirds of respondents rated each of the following as “very important” (5 on a 5-point scale): health services (67%), nutrition (66%), relations with co-workers (64%), physical environment in the workplace (64%), control of stress (64%), environmental conditions in your neighbourhood (63%), smoke-free environments (63%), and adequate rest and sleep (63%). Four other determinants related to exercise, money, recreation-leisure, and childhood experiences were ranked as “very important” by 47%, 48%, 42% and 43%, respectively. Inherited traits were viewed as “very important” by only 25% of the sample.

Awareness of determinants: Barriers

In response to the open-ended question, “What are the barriers to your family's well-being and health?”, the most frequently cited barriers were *income and social status* (36%), most often mentioned as ‘financial problems’; and *coping skills* (34%). The most commonly cited barrier related to coping was ‘lack of time’ to spend with family and children, and time for self.

Responses categorized as other determinants were mentioned as barriers by fewer than 10% of respondents, with the exception of those who could not cite any barriers to well-being and health (12%). Qualitative interviews revealed that financial barriers limit access and choice in meeting basic needs and recreational pursuits, and lead to increased stress and worry. Parents identified that their multiple roles pose particular challenges. In the fixed response questions, the major sources of perceived stress were increased demands (64%) and inadequate financial resources (52%), supporting the open-ended responses. Just over half (56%) reported difficulty balancing work and parenting, and about two thirds (67%) reported difficulty finding time for themselves.

Planned changes

When asked, “In the future, what do you plan to do to improve your well-being and health and the well-being and health of your family?”, about one third of responses fell within *personal health practices* (36%), usually as ‘increasing physical activity’ and ‘improving nutrition’. Strengthening *social support networks* (22%) was most often identified as ‘spending more time with family.’ Taking *educational courses* (15%) and *employment*-related changes (15%) were also mentioned frequently. When asked in the qualitative interviews what would get in the way of their proposed future changes, over half (53%) cited financial barriers, followed by lack of time

(19%) and low self-motivation (16%).

Involvement in promoting well-being and health

Two open-ended questions addressed involvement in promoting well-being and health: “In the past 12 months, have you made any changes in your habits or lifestyle to improve your well-being and health?” (changes made), and “What do you or your family do to promote the well-being and health of your family?” (behaviours). Sixty-two percent reported they had made changes, primarily in the areas of *personal health practices* (45%), with almost equal numbers suggesting ‘increased physical activity’ and ‘improved diet’, and fewer citing ‘smoking reduction/cessation.’ Other changes were related to *physical environment* (10%), such as ‘moving residences’; and *coping skills* (7%), such as ‘managing/reducing stress’. The qualitative interviews revealed that the benefits of these changes included feeling better physically and emotionally, gaining a better self-image, reducing stress, and providing a role model for children. The most frequently mentioned motivator for change was self-motivation, followed by responses relating to children (e.g., influencing the child's health directly, providing a positive role model).

In regards to what they do to promote well-being and health (behaviours), parents focused on two main determinants. Almost two thirds (62%) identified behaviours related to *social support networks*, primarily as ‘spending time with family.’ Just over half (54%) mentioned *personal health practices*, primarily ‘regular exercise’ and ‘eating a healthy diet.’ The qualitative interviews revealed that the main factors facilitating health-promoting activities were support from spouses, family and friends, including child care and financial assistance. Financial insecurity and employment stress inhibited health promotion activities.

Comparison of sub-samples of young parents

Sub-sample comparisons by age, gender, residence, and income are shown in Table III. Older parents were more likely to mention social support networks and child development as contributors to health and well-being, and as areas in which they pro-

mote health. They were more likely to identify 'lack of time' (the major category in coping skills) and 'inadequate access to health care' as barriers to health. Younger parents were more likely to view income as a barrier, and to plan changes related to employment and education.

Women were more likely to identify physical health and personal health practices as contributors to health and well-being. They were more likely to plan or have made changes in personal health practices, and to plan changes or engage in behaviours around social support. Men were more likely to identify income and employment as contributors to health. Coping skills and income were equally important as barriers for both men and women. Urban parents were more likely to identify barriers related to coping skills (lack of time), while rural parents were more likely to perceive barriers around employment/work.

Higher income parents were more likely to identify social support as an area in which they are already promoting health and where they intend to make further changes. They were also more likely to plan changes in personal health practices. Although higher income parents were more likely to view coping skills as a barrier, lower income parents were more likely to have made changes in this area. Not surprisingly, lower income parents were more inclined to identify income as a barrier, and to plan or have made changes related to employment and education. Higher income parents, on the other hand, were more likely to plan for activities related to enhancing child development. Finally, overall, younger, lower income parents were more likely to say that they do not know what contributes to well-being and health, and what barriers they face.

Community awareness and participation

Young parents were asked two open-ended questions related to community well-being. When asked, "What contributes the most to a healthy community?", *social support networks* were the most frequently mentioned factor (78%), as well as the most frequently mentioned with respect to "what do you or your family do to promote the health of your community?" (65%). Social support was usually mentioned as

Determinants	Age[†] Young/Old	Gender Male/Female	Residence Urban/Rural	Income Lower/Higher
Social Support Networks				
Contributor	37/50***	—	—	43/49*
Planned Change	—	18/24**	—	19/27**
Behaviour	52/67***	57/64**	—	58/67**
Personal Health Practices				
Contributor	—	30/43***	—	—
Planned Change	—	30/38**	—	32/41***
Change Made	—	31/50***	—	—
Behaviour	—	—	57/47**	—
Biology and Genetic Endowment (Physical Health)				
Contributor	—	19/31***	—	25/32*
Coping Skills				
Barrier	29/36*	—	37/26***	29/40***
Change Made	—	—	—	11/2***
Child Development				
Contributor	15/25***	—	—	—
Planned Change	3/11***	—	11/5**	7/11*
Behaviour	10/18**	—	—	—
Income and Social Status				
Contributor	—	27/17***	—	—
Barrier	42/34**	—	—	45/26***
Change Made	—	0/3***	—	4/1**
Behaviour	—	6/3**	—	5/2*
Employment/Working Conditions				
Contributor	—	13/5***	—	—
Barrier	—	6/3*	3/9***	—
Planned Change	23/11***	19/14*	—	20/9***
Change Made	—	9/4**	—	7/3***
Education				
Contributor	—	—	6/2**	6/3*
Barrier	—	3/1*	—	—
Planned Change	24/11***	8/17***	17/10**	23/7***
Change Made	6/3*	2/5*	—	6/1***
Physical Environment				
Contributor	9/5*	—	—	—
Barrier	—	—	2/5*	—
Health Services				
Contributor	—	—	1/3*	—
Barrier	2/6**	—	—	3/6*
Don't Know				
Contributor	14/7***	—	10/6*	12/6***
Barrier	16/10**	—	—	14/9*
Planned Change	—	—	6/10*	—
Behaviours	9/3***	—	5/3*	7/3**

† Age: Young (18-25 years), Old (≥26 years); Residence: Urban (> 25,000), Rural (< 25,000); Income: Lower (≤\$35,000), Higher (>\$35,000)
 * p < 0.05
 ** p < 0.01
 *** p < 0.001

participation or volunteering in community/school activities, and friendly/helpful neighbours.

While rarely mentioned as a contributor to personal well-being and health, *physical environment* was the second most frequently mentioned determinant for healthy communities (32%) and for contributions made to promote a healthy community (21%). In the qualitative interviews, numerous young parents cited working to keep their neighbourhoods clean and participating in Neighbourhood Watch and Block Parent programs to

build a safer community. Factors relating to other determinants were rarely mentioned.

In the fixed response questions, over three quarters of young parents agree (4 or 5 on a 5-point scale) that community (75%) and community supports (82%) are important for family well-being. Far fewer, however, view their participation in social/cultural activities or voluntary organizations as important (53% and 58% respectively), and 38% do not participate at all in community activities. Less than one half feel "connected" to their communities (46%) or that they can influence

decisions in their community (49%).

DISCUSSION

Young parents interviewed in this province-wide survey demonstrate a general understanding that well-being and health are broadly determined, and they are actively involved in promoting well-being and health for themselves, their families, and their communities. This finding may be due in part to the use of both "well-being" and "health" in the format of the questions. As well, the focus on "family" well-being and health may have prompted a more general response than would have been elicited to a question only on "individual" well-being and health. Although young parents recognize that many factors are important for their well-being and health, the focus of their involvement in social support networks and personal health practices may suggest that these areas are most salient for this age group and are where they feel they are able to effect change (Table II). These health determinants are often influenced at the individual level. Social marketing strategies that emphasize personal health practices and individual responsibility for health may also influence responses.¹⁸ On the other hand, employment/working conditions, physical environments, and health services, which receive less emphasis on the open-ended questions, likely involve structural changes. Another reason for the low response related to health services may be the simultaneous use of the terms *well-being* and *health* in each of the questions. The two major barriers identified – financial insecurity and lack of time – also may be areas that are seen as less amenable to change at this point in the family's life cycle.

The strengths of this study include its provincial scope, the use of open-ended questions (without prompts) as well as fixed response questions with rating scales, and the follow-up qualitative interviews with a sub-sample of 50 young parents. Limitations imposed by the methodology include allowing only four responses to open-ended questions (although only 20%

of respondents had 4 responses), thus capturing the most salient determinants, rather than an awareness of all others. The classification of responses into 10 discrete determinants may also provide a more limited interpretation of the data. While a single response was assigned to only one determinant, the determinants are highly interrelated. For example, supportive family relationships, which were classified as social support networks, are also a key element in child development. Exercise, classified as personal health practices, is an effective stress reducer and can improve one's ability to cope. In the qualitative interviews, it was clear that young parents themselves view the determinants as interrelated. For example, income was viewed as influencing child development because financial problems led to fewer choices regarding time spent with children and daycare options.

This survey provides a beginning data base of young parents' understanding of determinants of health. While exploratory and descriptive, the survey results indicate that young parents have a good general understanding of determinants. In addition, there is evidence that parents may need support to reduce financial barriers and to cope with multiple priorities that limit their ability to pursue health-promoting activities for themselves, their families, and their communities.

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