Health assets for adolescents: opinions from a neighbourhood in Spain

PATRICIA PÉREZ-WILSON1*, MARIANO HERNÁN2, ANTONY R. MORGAN3 and ANGEL MENA2

1Health and Family Medicine Program, School of Medicine, Universidad de Concepcion, Concepción, Chile, 2Andalusian School of Public Health, Granada, Spain and 3Glasgow Caledonian University, Glasgow, UK
*Corresponding author. E-mail: patricia.perezwilson@gmail.com

SUMMARY
This study uses a health asset (HA) framework to explore current perspectives on health, wellbeing and their determinants amongst a group of 15–18-year-old adolescents living in the neighbourhood of Zaidin (Granada, Spain). The study was carried out in Summer 2011 using a qualitative approach. It included 20 semi-structured interviews, 2 focus groups with adolescents and 4 semi-structured interviews with key informants (adults who work with adolescents). Narrative data were analysed by means of content analysis methodology, considering the concept of health, HAs and how they are prioritized as dimensions for the analysis. The concept of health defined by adolescents involves physical, psychological and social dimensions. According to them, health is associated with happiness and quality of life. A range of HAs were identified and classified as internal (belonging to the adolescents) and external or contextual. Internal assets are classified into three types: personal traits (assets of ‘being’), behaviour (assets of ‘doing’) and social resources which contribute to their feeling of health and well-being (assets of ‘having’). The latter connects internal and external assets. The classification of HAs (‘being’, ‘doing’ and ‘having’) proposed in this study provides a useful starting framework of thinking about how these assets could be organized to support the development of health promotion programmes. The study highlights the opportunity for public policy to contribute to the improvement of the conditions and local scenarios that improve the possibilities for positive connections at the community level.

Key words: health assets; adolescents; salutogenesis

INTRODUCTION
Previous research in Spain and in other countries has shown that adolescents report they are healthy, happy with their lives and generally free of health problems (Hernán et al., 2001; Moreno et al., 2011; Morgan, 2011). That said there are some gender differences with respect to perception of body image, weight control and physical activity (Hernán et al., 2001; Ramos, 2009; Moreno et al., 2011). Despite this general positive view and experience of health, the traditional trend in public health research, policy and practice is to focus on weaknesses (Alvarez-Dardet and Ruiz, 2011; Rivera de los Santos et al., 2011).

The health assets (HA) approach emphasizes the need to orientate the actions of those with a responsibility for promoting health towards a positive perspective. HA have been defined as ‘any factor or resource, which enhances the ability of individuals, communities and populations to maintain and sustain health and wellbeing and to help to reduce health inequalities. These assets can operate at the level of the individual, family or community and population as protective and
promoting factors to buffer against life’s stresses’ [(Morgan and Ziglio, 2007), p. 18]. They contribute to an increase in positive skills and competencies at the individual level and contribute to the creation of healthy environments particularly within the contexts of families and neighbourhoods (Morgan and Ziglio, 2007; Lindström and Eriksson, 2010; Rivera de los Santos et al., 2011).

As such HA enhances the available resources for health and facilitates the effective mechanisms required to promote it (Lindström and Eriksson, 2011; Hernan et al. 2013a,b).

The asset model (AM) described by Morgan and Ziglio (Morgan and Ziglio, 2007) highlights a systematic approach to improve the evidence base for further investment in the HA approach. A key focus of the AM is to place Antonovsky’s theory of salutogenesis (Antonovsky 1987, 1996) at the centre of health-promoting objectives. The idea of salutogenesis is that it seeks to explore the origin and stability of health by understanding how it can be created and helps to determine the optimum conditions for it (Hernán and Lineros, 2010; Lindström and Eriksson, 2010; Lindström and Eriksson, 2011). More specifically, salutogenic theory promotes the idea that when people are able to make sense of the world that surrounds them, they will also notice a correspondence between their actions and the effects these actions will have on their environment. Antonovsky (Antonovsky, 1987, 1996) developed his ‘generalized resistance resources’ (GRR) scale (Lindström and Eriksson, 2006) to measure specific aspects of the theory. These include psychological traits, coping strategies, social and cultural factors, and social support. These elements contribute to increase people’s resilience, enabling them to solve problems in an adaptive way, assessing stressful events as meaningful, predictable and manageable.

In order to operationalize the factors associated with GRR for health-promoting purposes, it is necessary to understand the linkages between them. The three levels of health and development assets described by the AM make a helpful start to this process. The first task then becomes developing an inventory of individual level (for example, abilities, competences and talents); community level (including the role of supportive networks) and organizational or institutional level (for example making use of external resources perhaps financial, or physical environmental) assets that are necessary to promote physical, mental and social aspects of health.

In relation to adolescents, some of this work has already been achieved. Specific contributions include (Lindström and Eriksson’s, 2009) study of HAs in school children from Nordic countries and the 40 development assets identified by the Search Institute (Search Institute, 2006). The latter identified a range of assets that need to be built and reinforced throughout childhood and adolescence. Two broad types of HA were identified: internal and external. Internal assets are listed as commitment to learning, healthy and positive values, social skills, positive identity and self-control. External assets refer to support, safety, respect, boundaries, expectations and constructive use of time.

Kretzeman and McKnight (Kretzeman and McKnight, 1993) and others (Restrepo, 2000; Restrepo and Málaga, 2001; Alvarez-Dardet and Ruiz, 2011) have extended the taxonomy of assets useful for positive approaches for working with local communities. They identify assets that reflect the resources and/or strengths of a community which can contribute to finding and fostering personal, collective and environmental capacities and skills that constitute an important resource for strengthening community action in health management. (Kretzeman and McKnight, 1993; Restrepo, 2000). These assets provide an opportunity to develop youth development projects, which seek to involve them in all aspects of the health development process.

This study aims to provide context-specific empirical evidence on the importance of HA amongst a group of 15–18 year olds living in Zaidin, Granada in 2011 (Figure 1). It explores whether those assets previously identified by others retain meaning and validity for health. In doing so, it provides an up-to-date priority itinerary for those involved in promoting the health of young people in this geographical context.

The study was carried out in Zaidin, a small neighbourhood located in the city of Granada in Spain. Zaidin is one of the most populated areas of the city. It was founded in the 1950s, first as a public housing area for farmers moving to the city, other manual workers and immigrants. Since then, Zaidin has developed into a complex neighbourhood, still primarily a residential area, with a growing immigrant population and an economy sustained mainly on small and medium companies and construction (Egea et al., 2009; Informe Gabinete Población Granadina, 2011 unpublished results).
OBJECTIVES

General aim
To describe current perspectives on health and its precursors ('health assets') amongst 15–18-year-old adolescents living in Zaidín, Granada.

Specific objectives
(i) To explore participants’ concept of health.
(ii) To seek the opinions of participants about those HAs that provide opportunities for health.
(iii) To determine a priority list of HAs as articulated by participants.

METHODOLOGY

This is a qualitative study carried out between June and September 2011. Participants were 15–18-year-old adolescents living in Zaidín. The age group selected for study represents ‘middle adolescence’. According to UNICEF and other studies this period is recognized by a stabilization of physical development, improved ability to think logically and the initiation of life planning (Ramos, 2009; UNICEF, 2011). Figure 2 shows the participant’s profile, highlighting that the study was designed with a sampling intentional (Yuni and Urbano, 2005) (in this type of sample, the theoretical relevance and the richness of the

Figure 1. Flowchart describing the research.
information is more important than the size; Yuni and Urbano, 2005; Ruiz, 2012) which included 34 adolescents (19 males and 15 females). The size of the sample was determined by the criterion of saturation, that is, when the data collected begins to be repetitive and does not contribute new information (Ruiz, 2012).

Segmentation criteria were used in the analysis to understand differences in perspectives by gender (Hernán et al., 2001; Ramos, 2009; Moreno et al., 2011) and schooling experience: (i) regular schooling experience (when adolescents have not repeated any part of their secondary education curriculum) or (b) non-regular schooling experience (when they have repeated courses or when they continue their studies in vocation school).

Participants were recruited through contact with adults working with adolescents in the district (teachers, priest, nurse) as well as through youth leaders. They were invited to recruit adolescents who met the criteria for the study. Formal consent was acquired through parents via an introductory letter explaining the purpose and nature of the research. Participants were also sent preliminary descriptive information about the study prior to their involvement.

Two pilot studies were carried out with a small group of adolescents with profiles corresponding to those of the study to verify the suitability and comprehension of questions and to check methodology adequacy (in groups and interviews).

Three techniques were used to gather data. First, 14 adolescents in two focus groups (FG1: 4 women, FG2: 2 women and 8 men), facilitated by a researcher using a set of pre-defined questions were carried out to answer objectives 1 and 2; two further groups (with the same students) were set up to answer question 3, using the nominal group technique to prioritize ideas and derive consensus. Prioritization of HAs was determined through a voting system in order to establish the most and least frequently mentioned asset. For that purpose, a flowchart that prioritized and grouped the information was made, taking the obtained scores into account. Finally, 20 semi-structured interviews were held with adolescents, with the same topics, script and prioritization technique used in the groups.

In addition, a small group of key informants (adults who work with adolescents in Zaidín neighbourhood) (1 male and 3 females) were interviewed in order to compare results and contrast them with those obtained from adolescents so as to verify the findings obtained in the study.

The combination of group and individual techniques allowed us to obtain better information about the phenomenon under investigation, as it provided us with more and varied answers, which broadens the information obtained and gives it a high level of subjective validity (Peiro and Portella, 1994).

The data collected were analysed through content analysis (García-Calvente and Mateo-Rodríguez, 2000). The dimensions of analysis correspond to the three specific aims of the study: concept of Health, HA and prioritization of HA.

In addition, a reflexivity criterion was achieved by ensuring that the research team declared their vision of adolescence prior to the study, this would enable them to recognize this effect and

Figure 2. Participants profile.
take it into account when making the research. This was to ensure that prior opinions did not contaminate the analysis and interpretation of results (Calderón, 2002).

RESULTS

Concept of health
Adolescents’ opinions generated a broad concept of health, which involves physical, psychological and social dimensions, as well as the abilities and conditions that promote well-being and healthy development.

Being well, physically and mentally, or socially... being comfortable with friends, with your family... not having problems affecting yourself... your work... (GF1, N 3)

Health appeared to be associated with well-being, and well-being associated with happiness, quality of life and good feelings about oneself.

Because feeling well can be more related to the concept of happiness. But being healthy means that your body is in good condition or disposition to do something, to do sports, for example. (GF2, N 9)

Assets for health
The classification used by the Search Institute—internal and external assets—was used to frame the themes arising from the analytical aspects of the study. In doing so, a number of sub-themes emerged that can further illustrative the need for a more sophisticated notion of the types of assets that might be important for promoting health. HA identified as important to being healthy and feeling well are categorized in this study as assets for ‘being’, ‘doing’ and ‘having’.

Internal assets
Assets linked to ‘being’
Outstanding personal characteristics are linked to a positive mood and contribute to interpersonal relationships.

I can say many things, it’s like... I’m humble, nice, funny... I feel well like this, healthy. And I spread this to my friends and that’s why there’s so much happiness (laughs). I have good vibes. (E7)

Adolescent girls refer that their ability to express their emotions and feelings and talk about them with other people, can help to alleviate these feelings when they are sad or down.

I really, err... I cry quite a lot... till my mother says: you come over here! We’ll talk (laughs). (GF1, N’3)

Assets linked to ‘doing’
Physical activity and healthy eating habits are mentioned by adolescents as the main assets in this area.

I always train three days a week and on Saturdays I go to the football game... I never stop to play sports! And it helps you to stay healthy. (GF2 N 4)

Well, eating a bit of cereal, a bit of carbohydrates, pulses, and all, and... and I eat heaps of those, because I have that at home, heaps of good diet. (E12)

They also mentioned not using drugs, smoking or drinking as healthy behaviour.

Having a healthy life, no alcohol, no smoking, no more of anything that’s bad for health (E15)

Accomplishing personal goals is visualized as an important HA. Academic achievement is a factor of well-being for students in a regular schooling experience.

When you’ve finished a project you had in mind or done something... you feel good, like grades, for example. (GF2, N’10)

Assets linked to ‘having’
Understood as the feeling or conviction of having support resources to cope with daily challenges and adverse circumstances. Knowing they can count on family and friends, and having contact with others are resources to be healthy and feel well.

Having your family to count on is so important, in the sense that when you have a problem and have no one to turn to, well you do have someone: you have your family... You know they’re there, supporting you, everyday. (E15)

External assets
Family
This was found to be one of the most important resources for well-being and health, especially relating to demonstrations of affection, protection and support from family members. ‘Good
relationships’ within the family and mutual trust were particularly valued, as well as their parental role in modelling behaviour by setting an example.

Family is first . . . that summarizes it all (E 19).

They give me information and tell me what is right to do, but they also do right; ‘cause they’re an example for me. Otherwise . . . if my father or mother smoked and then told me that’s wrong, well I don’t think I’d believe it. (E 1).

Friends and partners

Friends were seen as promoters of healthy behaviour and achievement of personal goals, constituting a reciprocal influencing relationship.

And with my friends, maybe we say: “hey man, you’re losing muscle, let’s go work out a bit!” or something like that, just to encourage each other, so we go and do some exercise’. (E14)

Acceptance and integration into friendship groups was also important, as friends act as confidants and counsellors, closer to them in interests and behaviour.

Well, with the way they are they help me be healthy, and they’re similar to me, more or less my age. (E1)

Emotional support from partners was seen as an HA expressed as enjoyment and self-esteem reinforcement.

(Researcher) – And your boyfriend, how does he help?

(Adolescent) – Well, he loves me (laughs). He makes me happy, that’s all (laughs). (E10)

Neighbourhood

Adolescents and key informants identified elements of the neighbourhood which could be considered as HA for health and well-being. They highlighted community life, sharing with neighbours and being able to use common areas for activities such as doing exercise (sports halls, fields, cycle lanes, etc.), for leisure activities in general (sports clubs, dance schools) or services (chemists, telephone booths, copy shops, etc.). Meeting places, such as the local community centre (‘Centro Cívico’), because of its organized program of activities, and parks as common areas for sports, recreation and conversation were highly valued.

Fellowship, there’s a lot of fellowship in the neighbourhood . . . It’s like all of us are one . . . everybody understands everybody else, we all know what’s going on in the neighbourhood. (E19)

Parks, to meet and talk . . . ‘cause when you’re with a friend and you start talking, well, it’s nice there, and all. (E11)

As for internal assets prioritized by adolescents, the most valued are to do physical activity, eat healthy, be happy and be optimist and socially skilled. In terms of external assets, the family comes first, followed by friends. A lower priority appears to be the existence of parks and green areas in the neighbourhood, and fellowship that exists between the neighbours.

Figure 3 uses the ‘being’, ‘doing’ and ‘having’ nomenclature to summarize the HA identified by participants.

DISCUSSION

Concept of health

The concept of health as described by adolescents living in Zaidín affirms other research carried out in Spain with the same age group (Botello, 2008; Botello et al., 2009). It also corresponds with the theoretical tradition that defines health as ‘a state of complete physical, mental and social well-being, and not only as the absence of illness’ [(WHO), 1948, p. 100]. The concept of well-being appears to be associated with quality of life and happiness. This finding links to other studies on subjective well-being, in which have found relationships between happiness, life satisfaction and lower levels of perceived stress (Casas et al., 2004; Moyano and Ramos, 2007; Piqueras et al., 2011). The finding also allows HA research to be aligned with perspectives expressed by Wilkinson and Pickett (Wilkinson and Pickett, 2010) on the physiological processes arising from chronic stress and the subsequent social effects on inequalities in health, well-being and happiness.

Conceptual structure of HA

The conceptual structure of HA, created on the basis of the adolescents’ opinions, appears in Figure 3. This study has been able to further develop the categorization of internal and external assets first noted by the Search Institute.
Those internal assets categorized by an adolescents' capacities, skills and behaviour have been classified into a further three groups: the first one refers to personal traits (or ‘being’ HA), the second one refers to a person's behaviour or ability to accomplish actions oriented to health and well-being (‘doing’ HA) and the third one is linked to a personal feeling of certainty about counting on external resources that enhance the necessary conditions to be healthy or feel well (‘having’ HA). In other words, the resourcefulness required to make the best use of interpersonal relations.

The latter appears in the intersection of the two types of assets (internal and external) and can be seen as a linking element.

**Internal HA**

Internal HA identified by the adolescents in this study are similar to those highlighted in previous research (Search Institute, 2006; Morgan and Ziglio, 2007; Botello et al., 2009; Lindström and Eriksson, 2009; Oliva et al., 2010, Hernán et al., 2013a, b).

Figure 3 summarizes those assets that were prioritized by participants using the ‘being’, ‘doing’ and ‘having’ nomenclature.

‘Being’ HA

Adolescents highlighted positive mood, interaction and relationships with others, competences to achieve personal goals, self-acceptance and the presence of values such as responsibility and truthfulness. This is consistent with findings from other studies which have found positive identity and positive social values (Search Institute, 2006; Lindström and Eriksson, 2009) to be protective of Oliva et al. (Oliva et al., 2008, 2010).

Girls participating in the study highlighted a further HA. That is their ability to talk to other people about their feelings when they are sad or down. The finding illustrates the need for a contextualized approach to the identification of assets of different groups and in this case further
research about the gendered nature of protective factors. The differences between boys and girls in the process of socialization have also been noted by others (Oliva et al., 2008; Ramos, 2009; Maccoby, 2003).

‘Doing’ HA

In terms of behaviour to be healthy or feel well, physical activity is considered by adolescents as a healthy practice itself, and healthy diet is linked to the variety and frequency of fruit and vegetable consumption. Both behaviours are understood as health promoters and HAs. In spite of this perception, several studies indicate deficient dietary habits associated with an increase in malnutrition due dietary excess in this population (Martínez et al., 2006; Tercedor et al., 2007; Moreno et al., 2011).

Academic achievement is seen as a ‘doing’ HA by adolescents with regular schooling, associated with a life plan in which further education appears as conditioned by academic success, which also coincides with findings of other studies on school-age population (Search Institute, 2006; Moreno et al., 2011).

‘Having’ HA

With respect to HA related to the certainty of the availability of social support resources (‘having’ HA), adolescents stressed the importance of family, friends and neighbours. Feeling supported and taken care of by parents, community and friends constitutes a key social resource which contributes to resilience (González and Rey, 2006; Moyano and Ramos, 2007; Botello et al., 2009). Antonovsky (Antonovsky, 1987) emphasizes social support as a resource for coping with adverse circumstances (Search Institute, 2006).

External HA

External HA identified by adolescents in this study are consistent with those identified as HA at the family, networks and connections, community, sociocultural environment and heritage level (Kretzman and McKnight, 1993; Restrepo 2000; Restrepo and Málaga, 2001; Morgan and Ziglio, 2007). Among these, family appears as the most important resource for adolescents’ well-being and health and was highly valued by all participants in the study. HA that are linked to the family coincide with family functions associated with its responsibility in providing affection, socialization and recreation (Compan et al., 2002; Novel et al., 2003; Rodrigo et al., 2004; Andersson and Ledogar, 2008; Oliva et al., 2009, 2010; Moreno et al., 2011).

This study also found that friendships that led to improved emotional social support were an important HA. This is consistent with other research (Oliva et al., 2008, 2010; Moreno et al., 2011), which highlight the importance of friends for stimulating functions of interaction and confidence, contributing to positive values and identity (Páramo, 2009). The support provided by friends in decision-making and resolution of problems through active listening, advice and generational closeness was highly valued by adolescents. The development of self-esteem through these processes can contribute to a young persons’ ability to understand what happens to them in everyday situations and strengthens their ability to cope with stress (Krauskopf, 2000; González and Rey, 2006; Páramo, 2009).

Adolescents also recognized the importance of their neighbourhood to their own health and well-being, as a healthy environment that can contribute to individual and collective development (OPS, 1997; Restrepo and Málaga, 2001; Ippolito-Sheperd et al., 2006). Fundamental to this was the need for common areas of recreation where neighbours could meet and interact. Neighbourhood HAs identified in this study are associated with the community’s heritage and culture (Kretzman and McKnight, 1993; Restrepo, 2000; Restrepo and Málaga, 2001; Alvarez-Dardet and Ruiz, 2011). Adolescents from Zaidín value ‘community life’ with components that generate social capital (ONU, 2003; Oliva et al., 2009, 2010), an important capacity linked to the community’s ability to mobilize its own resources and confront adversity together. The availability of extra-curricular or leisure activities designed for adolescents within the neighbourhood is linked to participation in sports (clubs, workshops, academies), cultural events (community centre) and religious activity (church). It has been estimated that more than a half of the total teenage population in Spain participate in structured extra-curricular activities (Ramos, 2009). These activities are important for all-round development of young people (Mahoney et al., 2005; Oliva et al., 2008, 2010), and they have been described as part of HA in other studies (Search Institute, 2006; Ramos, 2009). Additionally, adolescents identified the level of
economic activity in Zaidín as an important HA. Further research could help to illustrate the specific economic characteristics of the neighbourhood of Zaidín, contribute to young people’s health and well-being.

The HA identified in this study have associations with other concepts known for their protective effects on health, namely resilience (Becoña, 2006) and Antonovsky’s General Resistance Resources (GRRs). This latter concept in particular relates to those cognitive, emotional and attitudinal resources, which are required for the attainment of health (Antonovsky, 1987; Lindström and Eriksson, 2006; Rivera de los Santos et al., 2011).

Morgan and Ziglio (Morgan and Ziglio, 2007) make the case for Antonovsky’s ideas to be revitalized and used in the evaluation of health promotion programmes. In the context of the AM the resources associated with the GRR can be seen as HA themselves. The HA identified in this study and described in Figure 3 can be seen as precursory HA, that is those things that need to be in place for GRR to emerge.

There are a number of strengths to this study. First, the qualitative approach taken enabled an exploration of the social representation of the concept of health, well-being and identified HA. Secondly, to date evidence associated with positive approaches (sometimes framed by Antonovsky’s salutogenic model) has focused mainly on the identification of internal HA (Alvarez-Dardet and Ruiz, 2011). This exploratory study collected the opinions of adolescents in relation to external HA and went further to assess whether the assets identified could be prioritized. Thirdly, the study extends the taxonomy of HA, which is necessary for developing a more sophisticated theoretical approach and subsequently practical tools for supporting the creation of health and well-being amongst young people. Developing this line of research can contribute to the generation of scientific evidence that can be articulated with an approach to adolescents that is closer to their potential and their perceived resources, strengthening their active role in their own development and their communities.

Whilst the qualitative nature of the study is considered a strength, it could also be considered a weakness, as it was carried out on a small-scale sample in a small town in Andalucía. Given the importance of context in the development of health promotion and public health programmes, it is not possible to transfer the findings to other settings and countries. That said, the usefulness of qualitative research in determining up-to-date knowledge of young people’s health is important. The findings from this study need to be consolidated by further research in other contexts and settings. In addition, the notion of inequalities could not be discussed in this study given the small-scale sample of participants and the inability to ensure that the sampling framework was representative of all the sub-population groups living in Zaidín.

CONCLUSIONS

The study provides an update perspective on how health is conceptualized by young people living in a small locality in Southern Spain. In this context young people describe health as having physical, psychological and social dimensions, which are associated with well-being, quality of life and happiness. The study also affirmed previous research highlighting the importance of range of HAs that were important for achieving young people’s health and wellbeing. The classification of HAs (‘being’, ‘doing’ and ‘having’) provides a useful starting framework of thinking about how the assets identified could be organized to support the development of health promotion programmes. Further research is required to understand the linkages and relationships between different assets towards providing a theory of change for asset-based health and wellbeing programmes and that can be tested in intervention programmes.

Family and friends were found to be important assets. The former for its affective function role in socialization and recreation. The latter for their ability to access emotional support, company and enjoyment. In addition, however the neighbourhood was valued as it provided the necessary conditions for interactions between family, friends and neighbours to take place. The study highlights the opportunity for public policy to contribute to the improvement of the conditions and local scenarios that improve the possibilities for positive connections at the community level. Such changes can support the acquisition of assets that the young people in this study say are important for their health and well-being.

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