

Mum's Diet and children's voice in health education

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Abstract

This paper focuses on how children develop particular understandings about health and about their bodies through formal and informal learning processes. It will discuss findings from a two year long ethnographic study undertaken in Aotearoa New Zealand that explored how primary school aged children reproduce health messages. The study drew on Shilling's (2008) notion of corporeal perfection, referring to the 'ideal body', an image that is often cultivated as acceptable with children. This paper discusses opportunities that teachers have to reinforce messages about health during and following a health intervention called Healthy Homework. Findings from this doctoral research illustrate ways in which health programmes and resources overtly and inadvertently limit understandings of what it is to be healthy and what constitutes a healthy body. The reading book *Mum's Diet* (Cowley, 1987) provides a framework for discussion on children's understanding of health and healthy bodies. The findings illustrated that understandings of health can often be re-contextualised, resulting in children's voice being a reproduction of the cultural norms afforded them through their school and home environments.

Introduction

This paper will discuss aspects from a recent Doctoral study of primary school children and their understanding and perceptions of body pedagogies through their experience of being involved in an intervention called Healthy Homework (HH). Healthy Homework aimed to integrate a school curriculum and eight week homework programme that teaches children to be active and eat well at home, culminating in both children and parents/caregivers being encouraged to eat nutritious food and lead an active lifestyle. The term body pedagogies is used to illustrate activity undertaken by children that enhances their understanding of their own and others' bodily existence. Evans, Rich, Davies and Allwood (2008) suggest body pedagogies refers to any conscious activity by people, organisations or the state that are designed to enhance individuals' understandings of their own and others' corporeality. Corporeality can be defined as the nature of the physical body aligned to traditional norms of body size, weight and scale (Cliff & Wright, 2010; De Pian, 2012). In using the term 'body pedagogies', the author acknowledges and emphasises that body pedagogies are socially and culturally situated, in that they reflect the prevailing corporeal orientations and health-related concerns of a given time (Cliff & Wright, 2010). This paper will highlight health discourses evident amongst children and provide an insight into how these and other messages about body pedagogies are reproduced through children's voice. The reading book *Mum's Diet* (Cowley, 1987) provides a framework for this discussion.

Method

The context for this study was a decile¹ three multi-cultural primary school - Tuihana School (a pseudonym) in Auckland, Aotearoa New Zealand. The study was granted full ethical approval by AUT University ethics committee (AUTECH) and as the participants were children, consent from parents as well as assent from children were sought. Tuihana School was one of the ten Auckland schools participating in the HH programme, thus access to one class of year three/four (ages 7-9) children was granted for a period of up to two years by the Principal. Three children (Tara, Richie and Sarah) were randomly chosen for in-depth study, within the participant class (Room 22) of 24 students. Criterion sampling (Patton, 2002) where I had a set of prioritised criteria was applied. To select students, I picked all the cases that met the criteria, until I had reduced it to six students who filled all criteria descriptors. I then employed random purposeful sampling (Patton, 2002), whereby I asked my supervisor and a colleague to select three subjects randomly from the six presented to them. Richie, Sarah and Tara were thus selected as in-depth participants (one boy and two girls). The majority of this class stayed together over the two year period, however, they had four different teachers over that time. At the completion of the HH programme, during the first eight weeks of year one, there was a continued focus on health education across the whole school. The focus for the first year was 'Being Healthy', with a specific topic allocated for each term. The second year focus was 'Being Human', again with a different topic taught each term. Health education was taught in a variety of ways, either through specific lessons or integrated in other subject areas such as literacy. The whole school adopted the same topic each term, with each year level developing their own lessons. For example, in the second year of my study, the focus was 'Being Human', and the term three topic for whole school was 'human attributes'. A point of difference in this Doctoral study was the move away from a quantitative data gathering study of predominantly physical evidence (biomedical) to the gathering of children's voice data about how they feel about their bodies (perfection - shape, weight, size) and what they share about what their bodies can do (competency and performance). Importantly, young people's voices are rarely heard in educational research even though they are important to the education process and directly affect it (MacPhail, Kirk & Eley, 2007). Hence the research question, *"What are the children's perceptions and experiences of their bodies and their selves within the micro-culture of a school during and after a Healthy Homework (HH) intervention?"*

The study adopted an interpretivist methodology, with the researcher engaged as a participant observer within the class and school for one day per week over a two year period. Ethnographic research was chosen because in education it enlightens the social worlds that contribute to understanding behaviour, values and meanings of children within their cultural context (Walford, 2007). Undertaking an ethnographic study was preferable because of the gradual enculturation process that ethnography entails. This setting provided a rich environment to interpret and understand how children see their bodies and their selves. Field notes were collected as the primary data source and were analysed using thematic analysis (Miles & Huberman, 1994). NVivo software was used for coding with codes generated inductively. Pseudonyms were allocated to all the participants (including in-depth students, class participants and teachers). As a participant observer, the researcher adopted the position of a 'teacher aide'² in the classroom. Field notes acknowledge the complexity of this role, early in the study.

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1. Decile ranking is used by the New Zealand Ministry of Education to determine the school community's socio-economic status. This then influences funding from the government. The lower the decile, the more government funding is available, since it is deemed that the local community would not be able to contribute as much money in areas like student fees and financial support (donations) for the school.
 2. A 'teacher aide' is an adult who supports the teacher, focusing on children's learning in the classroom. This is different to a 'parent helper' who undertakes administration tasks in the classroom.

I found it was not easy assimilating into their world in the classroom. I had to work hard at it in the first few months, but I was rewarded when one of the in-depth participants -Tara (early in my study) forgot that I was a researcher and thought of me as a 'teacher' helping out in the classroom. (Atkins, March, 2012)

This acceptance demonstrated that I (the researcher) was able to gain the children's trust and enabled me to witness first-hand through observation, the subjective reality of the lived experience (Walford, 2008).

Findings

Drawing on data gathered through being a participant observer, the findings of this Doctoral study presented a focus on the following themes: a culture of health; the productive and destructive discourses that influence understanding of health and the body; message systems, and the social construction of the body. In addition, findings revealed the subtle and complex ways in which schools and schooling shape children's understandings about health, food, activity, and their own and others' bodies and behaviours. Discourses of healthism and obesity were clearly associated with and embedded in children's thinking, understanding, actions and language. The concept of being 'healthy' was seldom espoused with any critical thought, suggesting that children were not exposed consistently enough to sociocultural pedagogy, nor did they apply critical thinking often within their school environment, despite this being an intention of the New Zealand Curriculum (Ministry of Education, 2007). A sociocultural pedagogy in this context is defined as being the process of knowledge reconstruction that interacts with the social and cultural interface between students and teachers (Murphy & Ivinson, 2003). This paper will draw on message systems as a theme which influences, reinforces and re-contextualises messages about health and the reproduction of these by children.

Discussion

Health discourses in education - productive and destructive?

Health discourses are constituted as regimes of truth and can impact on the identities of students and their understandings of health, their bodies and their selves (Atkins, 2015). Children in New Zealand schools primarily learn about the physical health of the body; its structure; its needs; and how to care and look after it, so as not to become ill or unwell (Burrows, 2008). This type of knowledge, which relies on a medicalised understanding of health, is what Tasker (2004) and Culpan (2004), the principal writers of Health and Physical Education in The New Zealand Curriculum (Ministry of Education, 1999), would suggest is a biomedicalised view of health that is often embedded in traditional health and physical education (HPE) pedagogy (Drummond & Pill, 2011; Jess, Keay & Carse, 2014). Shilling (2008) suggests knowledge about body management and health practices in schools is framed against the backdrop of a normative and highly partial vision of corporeal perfection. In New Zealand schools, health education programmes are designed to meet the needs of students and are expected to be guided by The New Zealand Curriculum (Ministry of Education, 2007). However, some curriculum programmes and interventions adopt health policy and 'health practices' where particular lives are portrayed that are repeatedly constructed as both healthy and desirable for all. A snapshot of some these health practices and discourses, and the understanding of these by children, along with the use of one resource *Mum's Diet*, will be discussed in this paper.

Healthism and obesity discourse

Obesity discourse is based on the assumption that overweight bodies are unhealthy and in need of weight loss (Campos, 2004; Gard, 2011; Gard & Wright, 2005). Healthism is a set of assumptions based on the belief that health is solely an individual responsibility. Kirk (1992, 2006) suggests when considering obesity and other dominant biomedical discourses that are restrictive and sometimes harmful, that unintended outcomes for learners can result. This can occur through not examining the context in which these are prevalent and through the uncritical ideological assumptions made by proponents of obesity prevention policy and practices. The impact of such discourses was evident when children in this study relayed messages about having responsibility for the size, weight and shape of their bodies. For example:

A girl student says “I am skinny.” I respond with, “Why did you say that?” Another student (boy) said to the girl “It is not good and you are not supposed to say that.” This was followed by yet another student (girl) adding “It is not right to say that.” (Field notes, June, 2013)

As Rich and Evans (2005) suggest, obesity and healthism discourses are interrelated. It includes the predominant concept that the body is a machine and is influenced only by physical factors (Kirk & Colquhoun, 1989). Healthism fails to recognise the social, political, historical, economic, environmental and cultural influences and effects on one's personal health (Lee & MacDonald, 2010). Both discourses (obesity and healthism) individualise responsibility for one's own health (and body shape/size) and characterise the overweight or obese as lazy, self-indulgent and greedy. As Lee and Macdonald (2010) argue, it is therefore difficult to separate the discourses of obesity from healthism. Echoing previous research conducted in New Zealand schools by Burrows (2008, 2010), and more recently by Powell and Fitzpatrick (2015), the students in Room 22 frequently used words like 'skinny', 'strong' and 'fat' in describing bodies in relation to health.

Public predisposition and promotion around an 'obesity crisis' is justified within the healthism discourse as “individuals are deemed largely responsible for their own health and for making healthy choices” (Rich & Evans, 2005, p. 352). Body Mass Index (BMI), lauded by government ministers and obesity spokespeople is used as a key to monitoring a population's health status. In children it is an insufficient means to monitor weight as symptomatic of current or potential 'health' (Evans et al., 2008). Gard (2011) suggests that BMI makes no concessions for things like bone density or muscularity. He notes that BMI classifications perpetuate biomedical perceptions for children and older people, and are culturally skewed. Children in this study were influenced by a biomedical focus on health as they were tested and measured as part of the HH programme. Subsequently, they reiterated messages about the impact that obesity and fatness can have on their families. For instance, Tara's mother in an interview stated what Tara had said regarding her father:

“I think that you could live longer, not be obese. She has said that about her dad, saying dad should not drink so much beer and eat more vegetables and he won't have such a big guts. She's quite funny.” (Interview, Tara's parent)

In addition, Room 22 students reiterated the sentiments expressed by Burrows (2008), in relation to children relaying obesity discourse to their parents. One teacher made the following comment:

I had heard some comments from a couple of parents that said "oh we were in the supermarket and Kelly goes no you can't, don't buy that Mum, buy this one" and you know just little things and that's from the parents. (Interview, Teacher LL)

Parents, as well as children, viewed health from a corporeal perspective, with understandings based on an obesity discourse. The Principal stated:

I have heard through parents of some body and size issues that are just making their children a bit sad. Umm, and wanting to have something done about it. Umm, the parents want to help them to change their body shape. Not necessarily how they are thinking, but that they have moved straight to the physical. Oh well let's do something about that, you know. (Interview, Principal)

Synthesis

Message systems

Schools are a reflection of society. Bernstein (2000) states that there are three message systems that influence a school culture and shape children's learning - curriculum, pedagogy and assessment. These message systems reproduce knowledge and influence health outcomes for children. Indeed, Bernstein (1986, cited in Kirk & Colquhoun, 1989) desired researchers to find out how institutions (in particular schools) articulate a variety of discourses through meaningful production and as selective agencies of reproduction. This construction and reproduction of social identities and cultural categories of embodiment was reflected through curricula in the name of 'health education' in the research undertaken at Tuihana School.

Discourses of healthism and obesity were associated with and embedded in children's thinking, understanding, actions and language. In this study the concept of being 'healthy' was seldom espoused with any critical thought, suggesting that children were not exposed consistently enough to sociocultural and critical pedagogy within their school environment. This was in contrast to the intention of the New Zealand Curriculum (Ministry of Education, 2007). Indeed, teachers with the best intentions promulgated popular beliefs about health, linking fitness, fatness and food as indicators of well-being. This research found that teachers continue to uncritically accept the dominant obesity and healthism discourses. This is despite findings by academics who challenge and call for teachers (such as health and physical educators) to examine their practices and curricula that reproduce social meanings for students that in turn perpetuate such negative body discourses (Alfrey & Brown, 2013; Burrows, Wright & McCormack, 2009; Cliff & Wright, 2010; Evans et al., 2008; Lee & Macdonald, 2010; McCuaig & Tinning, 2010; Quennerstedt & Ohman, 2014).

Messages about health and the body have been included in school health education and intervention programmes like HH for decades (Kirk, 2006; Tasker, 2004). Powell and Fitzpatrick (2015) suggest, however, that only in the last decade have such school interventions been so explicitly focused on children's body size and weight, using food and nutrition as their medium. Wright (2004) suggests that children connect the three "f's (fitness, fatness and food) with society's expectation on what health and body image should be. Findings in this study illustrated that Tuihana students reinforced the connections between these 'f's' and equated them to health. They did not appear to challenge assumptions about health, nor were they actively encouraged to do so by their teacher, or parents. Children participated in discussions, but in doing so they often reiterated what they thought the adults around them wanted to hear. For instance, even though children did not always like cross country running (as observed from

their body language when the teachers talked about cross country), they overtly indicated that they did like cross country running because somehow they have got the message that it is supposed to be 'good' for them.

This study found at times that this limited understanding of what it is to be healthy and what constitutes a healthy body were prevalent, with the dominant discourse of obesity and healthism being the main influence on children's learning. This learning overtly and covertly limits children's understanding and illustrates messages that are reinforced and often re-contextualised within the classroom and in the school environment. For example, when asked about being 'healthy' children responded:

Never eat sweets and do not take drugs, eat veges (sic) and exercise, do not share food. (Richie)

Sarah responded with "Drinks milk, makes us strong, strong bones, not smoking, drinking water."

Others in the group added "Getting fit, Fitness, Reading using your brain. (Field notes, April, 2013).

Children's voice

Children's involvement in social research can be valuable in informing policy and practice. In this study, children's voice was often a reproduction of the cultural norms afforded them. These usually came from their peers, school and home environments. Researchers explain that messages that influence our understanding of the body, food and fatness are often promulgated in the popular media (Azzarito, 2009; Evans et al., 2008; Rich, 2010). It was therefore not surprising to find the children in Room 22 espousing a 'truth' that eating good 'healthy food' and doing regular exercise will keep you healthy (free from illness) and prevent you from becoming fat. Fitness as exercise, and fitness for physical activity, were prominent in the actions of students and teachers at Tuihana School, in both structured and unstructured play. A group of students were discussing fitness:

Richie said, "For fitness we run around the field and do star jumps." I then said "really – why?" One student responded "Because it helps your blood. It gets blood around your body to get your heart going." From this discussion Richie then said "Fitness is good and healthy. You need to stay fit". I asked "What do fit people look like?" He responds with "skinny" and another student adds to this saying "they look strong." (Field notes, June, 2013)

This objectifying of the body as skinny or strong as Richie described above, is a corporeal entity associated with 'being healthy' and is an image that is suggested as being prevalent amongst children (Burrows, 2010; Quennerstedt, Burrows & Maivorsdotter, 2010; Wright, Burrows & Rich, 2012).

Corporeal perfection and body-centred modalities

Corporeal perfection refers to the 'ideal body', an image that is often cultivated as acceptable with children. Keeping messages about health simple is symptomatic of a number of health interventions that have been examined in primary schools both in New Zealand and in other Western countries such as Denmark, Sweden, Australia and the United Kingdom (Quennerstedt

et al., 2010; Svendsen, 2014; Webb, Quennerstedt & Ohman, 2008; Wright et al., 2012). Such interventions that use the energy-in, energy-out balance and the good-food, bad-food messages exemplify limited understanding of the discourse on obesity and childhood health. An example from one teacher (in a classroom of 7-9 year old children), while working on abstract nouns in an English lesson, said:

“Who looks after their health in this room?” (I noted that only eight students put up their hands.) She went on to ask “Who eats lots of fish and chips for health?” (No one put up their hands.) She then responded with “Oh, I am pleased you know that!” The class continued to work and one student then said “That means lots of calories.” Another responded with “That is not good for your health.” (Field notes, 2013)

Whilst the children were taking ownership for their understanding of health, as highlighted above, this example indicates that there is a lack of justification for making an argument for or against the judgements, either from the teacher or from the students. The subject of health education on the other hand affords one to challenge assumptions and consider social and cultural norms. In this example above, the teacher did not take up the opportunity to probe deeper or open up the conversation for further critical discussion.

Surveillance, popular statements about obesity and health and the reinforcement of repressive actions as demonstrated through some health practices, programmes and resources, reinforce the power that regulates and controls school populations (Bernstein, 2000). The reading book *Mum's Diet* (Cowley, 1987) was one such resource used in the classroom during this study. This school reader is as problematic as it sounds. It is full of weight obsession, crash dieting and body shaming. It is written by a prominent New Zealand children's author and promoted as a reader suitable for use in the junior to middle primary levels of school (6-9 year olds) in Australasia and the United States of America. Further examination of this and the children's understanding of the messages it entails, are discussed below.

Reproducing cultural norms – Mum's Diet

Children are expected to use critical thinking to view issues from perspectives outside of their own social construct (Ministry of Education, 1999, 2007). However, this requires teachers to use strategies that model, encourage and address health issues within their classroom programmes in order to develop critical thinking skills. The reading book *Mum's Diet* (Cowley, 1987) was used during the second year of the study. It was read to the children by the teacher whilst they sat on the mat, as part of a literacy lesson. The book tells the story of a family whose parents are separated (Mum, Dad and three children) and the angst that the children go through because their mother goes on a diet and has different food in her home compared to their father's home. The mother in the story states that she is too heavy and puts herself and her children on a diet of tomatoes and lettuce one day and parsley, carrots and broiled fish the next. The children would rather have their favourite meal, spaghetti. The book shows a fridge full of food at their father's house and when they tell their Dad what they have been having for dinner the previous days, he mocks the children's mother for dieting yet again. The story continues with the mother getting on the scales each morning and feeling despondent. Finally, the children come home from school to their mother's house and Mum has stopped her diet and cooked spaghetti for everyone. The children are happy and hug their 'cuddly' Mum. This book promulgates messages about weight obsession, crash dieting, body shaming and 'good' and 'bad' food. The story normalises dieting and uses language that reinforces society's obsession with body weight. For example:

Every morning Mum got on the scales. "I'm still too fat!" she would say. "And we would always say, "No you are not, Mum. You're just right." (Cowley, 1987, p. 12).

The storyline portrays an unhappy atmosphere when the children are at Mum's house eating healthy food, compared to Dad's where the pictures in the book depict happy faces looking at a range of food in the fridge. At the end of the book, Mum decides to ditch (stop) the diet and reverts back to normal food, making herself and everyone else, happy.

In Room 22 the focus of this literacy lesson was for the children to summarise the plot, in their own words. Interestingly almost all of the children reiterated the actions of the characters and the storyline of the book. At no stage did the teacher explore any of the health issues or concepts underpinning the storyline. When the researcher discussed the book with one of the study's in-depth participants (Richie), he failed to think critically about the messages the book was portraying, shrugging his shoulders when asked what the story was saying about food and why did he think the mother was unhappy. He did not register that there could be an expectation for mothers to have an ideal body size, nor did he comment on the types of food mentioned; instead he made reference to the actual story itself and relayed the plot as stated in the book. It was surprising that Richie had not reacted to the messages about food or diet, as over the year he had demonstrated an interest in what he was eating and in bodily awareness. For example, in one health lesson one group (that included Richie) were asked to depict a 'healthy person'. Richie and some of the other Room 22 boys reinforced strong messages about corporeality and bodily perfection by creating a picture of a male robotic body with six pack abdominals and defined muscles. In the lesson using the reader *Mum's Diet*, the teacher did not explore any of the underlying health messages inherent in the book, reinforcing to the researcher that both the teacher and Richie (and possibly other children) were accepting of the social constructs and cultural norms afforded them.

Summary

The cultural production and reproduction of health discourses in school classrooms are a reflection of societal norms (Bernstein, 2000). At Tuihana School there was evidence through curricula, pedagogy and assessment of the normalising and accepting of social constructs of health that foster regimes of obesity and healthism. A focus on the body was reinforced when the book *Mum's Diet* (Cowley, 1987) was used in the Room 22 classroom. Invariably this and other health messages espoused by the children reinforced the concept of corporeality. Research suggests that it was difficult and complex for some of the primary generalist teachers in the study to grasp and implement multiple health concepts and broader educational policies and initiatives simultaneously (Atkins, 2015; Penney, Petrie & Fellows, 2015; Petrie, 2012). Instead, a simplistic popular health discourse such as obesity was replicated and a pedagogy of healthism was adopted. When health was integrated into other subjects, a degree of criticality was lost on some teachers. The discourses they mobilised were a result of the influence of obesity discourse, thereby providing potentially dangerous messages and repercussions for young people. Corporeal perfection and the 'ideal body' were concepts that were cultivated as being acceptable.

Learning in health related contexts enables children to develop their understanding of the factors that influence the health of individuals, groups and society (Ministry of Education, 2007). However, as discussed in this paper, children in Room 22 often just reproduced societal health messages – mainly corporeal in nature, and their teachers did not challenge the assumptions that went with some of the discourse around health. Instead, attributes of healthism and other discourses like obesity pervaded the classroom and school community, providing a reminder

that education systems need to encourage young people to adopt a critical pedagogy when considering their health and their bodies. Furthermore, by encouraging children to think critically through disrupting and dissecting the values and social connotations of traditional norms of body size, weight and scale, health education classrooms could be transformed to better reflect realistic bodies. In particular, there is a need to recognise the over-generalisation of blame on bad food, bad parenting and the responsibility on individuals for healthy living, which the obesity discourse and books like *Mum's Diet* project.

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