Citizenship, Health Education and the Obesity 'Crisis'

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Abstract

This paper considers how conceptions of citizenship in Britain are linked to the notion of being a healthy citizen. In light of the current childhood obesity 'crisis' the delivery of health education messages is seen to be extremely important. In particular, the implicit theme of these messages is that being a 'good' citizen means making the 'right' choices when it comes to lifestyle decisions such as eating and physical activity practices. This study focuses on how these messages are delivered in school, and crucially how these messages are interpreted and followed (or not) by pupils. The research involved work in a secondary school in a northern city in the UK, in addition to in depth research carried out with eight families. The findings suggest that the influences on children's lifestyle choices vary across the key spaces of childhood: the home, the school and the peer/community spaces (Holloway and Valentine, 2000). The paper concludes by highlighting the weaknesses of current health education messages that are aimed at the individual. These messages do not consider the interspatial nature of eating and physical activity practices and will not be as effective as those aimed at the family, school and wider community.

Introduction

As part of his 2006 lecture series "Our Nation's Future", UK Prime Minister Tony Blair focussed upon the health of British citizens, stating that "we all pay a collective price for the failure to take shared responsibility" (2006, 5). This sense of shared responsibility amongst the citizenry is part of New Labour's conception of an "Enabling State" (Blair, 2006, 1). Through a combination of education, focussed health campaigns and partnerships with industry, New Labour ostensibly aims to enable individuals to make informed choices about, and therefore take responsibility for, their own lives. This sense of collective responsibility stems from the claim that "Government can't be the only one with the responsibility if it's not the only one with the power. The responsibility must be shared and the individual helped but with an obligation also to help themselves" (Blair, 2006, 2). The emphasis on a government/individual binary is rather reminiscent of former Conservative Prime Minister Margaret Thatcher's statement:

> there is no such thing as society. There is [a] living tapestry of men and women and people and the beauty of that tapestry and the quality of our lives will depend upon how much each of us is prepared to take responsibility for ourselves and each of us prepared to turn around and help by our own efforts those who are unfortunate (Thatcher, 1987, 8-10).

What both Thatcher and Blair are missing is the fact that the emphasis on such a binary ignores the myriad of relationships that mediate the interactions between the individual and the state, such as family, community, and civil society (Herbert, 2005), and how these could impact on an individual's choices.

Currently there is a great deal of concern over the health of the British population, prompting Blair (2006, 4) himself to state that issues such as the so called obesity 'epidemic' are not "epidemics in the epidemiological sense. They are the result of millions of individual decisions, at millions of points in time". This is particularly pertinent when considering the issue of childhood obesity. Current figures suggest that fourteen percent of boys and seventeen percent of girls are overweight; whilst a further eighteen percent of girls and nineteen percent of boys aged two to fifteen are obese (The Information Centre for Health and Social Care, 2006). While these figures in themselves can be seen as part of the government's biopolitical project to classify and control bodies (Guthman and DuPuis, 2006), the corresponding understanding of childhood obesity is often rather limited. An understanding of a combination of factors including genetics, cultural background and associated beliefs and practices, physical activity, family demographics and eating habits (Gable and Lutz, 2000) in addition to more overtly state related factors such as corporate food practices (including school meals) and access issues (e.g., "food deserts"; see Smith *et al*., 2006) is required to begin to comprehend how an individual negotiates their "millions of individual decisions"

(Blair, 2006, 4). While genetics are something that cannot be altered it is important to understand the ways in which the family and cultural background may affect the eating habits and physical activity choices of children today since this allows the possibility of change. As Charles and Kerr (1988, 6) state:

> In order to change people's food habits, if they are perceived as the problem, it is also necessary to understand why certain foods are eaten rather than others and what cultural pressures produce change. If change is desirable, then it is important to understand the forces which shape and maintain the status quo.

A consideration of various choices, in addition to the enabling and disabling factors associated with both eating and physical activity, will also allow a greater understanding of individuals' behaviour. Young *et al.* (1996, 2) write:

> Children's food choices are based on a complex set of factors ranging from what is appropriate in the culture, what is available to the child in that society, what foods are offered to the child by parents, peers and institutions, and what the child herself brings to the eating episode.

The motivations behind various practices are not, therefore, as individualised as Blair would have us believe, so an approach that considers the various influences on young people's decision making will allow a greater understanding of their everyday practices. By considering how the individual relates to societal practices and its mediators (the family, the school, etc.), this notion of "structured individualisation" (Roberts, 1997; Valentine and Skelton, 2003) will allow us to better understand the contention that eating practices are fundamentally socio-spatial in nature (Valentine, 1999).

The aim of this paper, therefore, is to consider children's knowledge of what constitutes an (un)healthy lifestyle and how the delivery of health education messages can be linked to narratives of citizenship. This paper will also consider the difference between children's understanding of lifestyle choices and their everyday practices, as well as what or who influences these choices and practices.

The material presented in this paper is based on the findings of research conducted in a mixed comprehensive school 'Brierley' in the north of England, working with eleven and twelve year olds (Year Seven) on lifestyle diaries, detailing the who, what, when, why and where of children's eating and physical activity habits (180 of these were completed), in addition to four focus groups and several periods of observation. A more family focused aspect of the research was also carried out with the families of eight of the school participants. This involved eighteen children aged from six to fourteen taking photographs and then explaining the pictures in individual interviews. The parents were also interviewed, giving a

total of 26 interviews. This paper focuses on eating practices but is part of a wider project that also considers physical activity practices. Although the context for this paper is the UK, the broader issues around discourses of health education and what constitutes a 'healthy' citizen have implications for many other countries.

The emphasis on individual choice could be perceived as a welcome shift away from what is commonly known as "nanny statism" (see, for example Davies, 1991, cited in Lupton, 1995), however the ways in which individuals are educated as to their choices and responsibilities implies that 'good' citizens will control their bodies according to 'The Good' choices promoted by the government. Those managing their own lifestyles also reduce the pressure placed on an 'overburdened' health service, whilst those who do not 'conform' are subjected to an increased level of surveillance (Clarke, 2005). The notion of those who do not maintain their health becoming a burden on the health service can, however, be seen one of the ways in which government rhetoric can conceal the severe mismanagement of grossly under funded hospitals. As a result of this growing blame culture there have been calls for those deemed 'too fat' to be denied National Health Service (NHS) operations (www.bbc.co.uk, 2005). This position continues the body fascism that is responsible for perpetuating fat discrimination as an 'acceptable' form of discrimination in an effort to ration resources and save cash with the NHS.

In order to consider how contemporary public health narratives are negotiated by individuals it is useful to also consider how an embodied identity can be generated through narratives. Our sense of self is intimately bound up with the physicality of our body and as Hendry (2007, 495) comments "stories are what make us human […] we are our narratives". By gaining an understanding of these narratives, we can begin to understand the construction of an embodied self identity. A narrative approach also allows a flexible approach to the construction of the self since "all of us come to *be* who we *are* (however ephemeral, multiple, and changing) by being located or locating ourselves (usually unconsciously) in social narratives *rarely of our own making*" (Somers, 1994, 606, emphasis in original). By understanding how individuals generate 'biographical competencies', that is how individuals understand the relationship between narratives of the self and wider societal narratives (ETGACE, 2003; Jansen *et al.*, 2006), through a process of "transforming experiences into motivations, affinities and commitments that link narratives of the self meaningfully to social causes and practices" (Jansen *et al.*, 2006, 200), it is possible to understand individuals' reactions and resistances to government messages relating to health and citizenship.

'Bananas are Ace': The School Delivery of Health Education Messages

The role of the school in delivering health education messages, such as the importance of a healthy diet and regular exercise, has its roots in the nineteenth

century (Lupton, 1995). What it means to be healthy has changed over time and although it has often been considered healthy and desirable to have a fuller figure (Klein, 2001), the current discourses around health understand the ideal body size/shape to be thin (Herndon, 2005). The constructed nature of these discourses also includes contemporary notions of what constitutes a healthy diet and in turn what is taught and encouraged during school health education. Changes in the teaching of these messages can be directly linked to wider government thinking around conceptions of citizenship and what makes a good, that is, a 'healthy' citizen. What being a healthy citizen means and how this is approached through health education has changed in line with the contemporary political climate. In the nineteenth century health education centred around compulsory exercise, the strict regulation of the body and even eugenics with a view to creating not only a healthy workforce but a healthy army (Foucault, 1991; Lupton, 1995). Today, however, the focus is on enabling individuals to make their own choices despite the fact that it is still expected that this will create a healthier workforce. Eugenics, also a form of population control in the nineteenth and early twentieth centuries, has long since ceased to be credible, however, the recent debate surrounding the removal of *in vitro* fertilisation funding for severely overweight women (British Fertility Society, 2006) can be seen as state control over individual reproduction rights with no room for choice or individual rights at all. As the title of a recent article stated, is the population becoming "Too fat for a family?" (Cochrane, 2006).

Current neoliberal policies are constructed in such a way as to imply that it is not possible for an individual simply to know how to make choices until they have been educated to do so (Dean, 1999; Guthman and DuPuis, 2006). Therefore, in order to prevent the majority of future populations becoming so overweight that they are not 'allowed' to reproduce, the government made both Personal and Social Health Education (PSHE) and Citizenship Education compulsory parts of the National Curriculum for secondary school education. The two are often conflated into Citizenship and Personal and Social Education (CPSHE) which is often viewed as being to the detriment of both subjects, suggesting the low status of both subjects in the curriculum (Faulks, 2006). This interpretation, however, does not take into account the fact that Citizenship Education was deemed important enough to be made a subject at all, whilst the creation of CPSHE is consistent with New Labour's rhetoric relating to the maintenance of a healthy body with notions of being a 'good' citizen. The importance of teaching citizenship has been promoted heavily by New Labour. As former Secretary of State for Education and Employment David Blunkett (1998, cited in Faulks, 2006, 60) stated, "education for citizenship is vital to revive and sustain an active democratic society in the new century. We cannot leave it to chance…Linking rights and responsibilities and emphasizing socially acceptable behaviour to others, underpins the development of active citizenship".

At Brierley, as in many other schools, Citizenship Education highlights three important factors: social and moral responsibility, community involvement and political literacy. The aim of the course is to teach these skills by helping students to develop an understanding of how they can become informed citizens. The course also involves developing communication and enquiry skills that will allow the students to participate responsibly in everyday life (Department for Education and Skills, 2006). These skills are reinforced in other areas such as teaching about lifestyle choices. The lifestyle choices theme was delivered to Year Sevens through Physical Education, PSHE, Food Technology and Science lessons. During a period of observation in Food Technology the lesson focussed on healthy eating. The announcement that this was to be the topic for the day was greeted with a less than enthusiastic response from the students including boos from some of the boys. The students, however, were all keen to demonstrate their knowledge of healthy eating to the teacher when asked why they should eat certain foods and not others. After sorting through a series of different foods to design a healthy meal one girl commented that "all the cool food is bad for you" to which the teacher replied "I think fruit is pretty cool. Bananas are ace". Despite the effort made by the teacher, the girl did not appear to be impressed by this. She had, however, demonstrated a point that has been made clear throughout the research, namely that these students know of the advice given in government health messages but do not always choose to follow them.

Figure 1 Focus Group Exercise, Boys aged 11 and 12.

The students taking part in the research often repeated current 'healthy lifestyle' messages including "eat five portions of fruit and vegetables per day" and "eat no more than six grams of salt per day," and were able to show a more sophisticated understanding of eating practices. Teaching around 'healthy lifestyles,' however, often focuses around a simple good/bad dualism and the board shown in Figure 1 was designed to see if the students would engage critically with these terms and demonstrate a greater understanding of the issues. The students did in fact place certain foods along the boundaries between the categories in order to show that the issue was more complicated than the good/bad binary would allow and that food could be healthy or unhealthy depending on how it was prepared.

As the members of the focus group that created the board explained:

> Steven: […] The boiled egg is in the centre cos half of them like it, half of them don't like it and it's basically healthy and unhealthy as well
>
> Joe: Yeah but I don't know why you put that [the picture of fried eggs] in healthy cos, fried eggs if you eat too much of them it's bad for your heart
>
> […]
>
> Emma: Why do you think it's bad for you?
>
> Chorus: Cos it's fried!
>
> (Focus group: boys aged 11 and 12)

As a consequence, the fried eggs were moved onto the line between healthy and unhealthy. These children were reinforcing their knowledge of health education narratives. It is understandable that they are able to repeat these messages since the issues are highlighted in several lessons such as Food Technology, Physical Education and Science and are supported as part of the whole school approach to healthy lifestyles promoted through the Department of Health's National Healthy Schools Scheme (NHSS). The aim of the NHSS is to make all schools a 'Healthy School' that "promotes the health and wellbeing of its pupils and staff through a well planned, taught curriculum in a physical and emotional environment that promotes learning and healthy lifestyle choices" (Department of Health, 2005, 1). This whole school approach also encourages links between the school and home, and the school and the community (Department of Health, 2005), which could potentially enable a more coherent set of messages across the main spaces of childhood.

The need for a more coherent set of messages stems from the ambiguous nature of children as citizens. Children are educated in order to understand the "rights and responsibilities" (Such and Walker, 2005) of being a citizen in the UK, however, their position within contemporary policy highlights that the "Government is not clear as to what extent children and young people can be responsible for themselves and others" (Such and Walker, 2005, 40). Children and young people are simultaneously constructed as both independent agents capable of making their own choices and as dependent upon the guidance of adults and parents in particular (McDowell 2007; Such and Walker, 2005). By being simultaneously cast as independent and dependent it is difficult for children and young people to see exactly how, when and where they can make choices in their own lives.

Influences on Children's Food Choices

The knowledge about lifestyle choices is in theory, therefore, taught to students in order to enable them to make the 'right decisions.' Whether or not this information is even considered is another matter. Some policy makers believe that whilst individuals should be given the knowledge to make their own choices about their health "exceptions must be made for children, who are too young to make informed decisions, and to prevent people from making choices that put the health of others at risk" (Department of Health, 2004). The notion that children are not competent enough to deal with such choices is an over simplification of an extremely complex situation, based on the assumption that there are distinct 'right' and 'wrong' choices to be made. This also seems somewhat disingenuous in the context of New Labour's central theme of enabling decision making rather than forcing individuals to follow certain lifestyle practices. The rhetoric surrounding healthy lifestyles and making the 'right choice' is, for parents, also related to their parenting skills. For example, 'good' parents would not let their children eat junk food for fear of being judged by others. The family then is seen as a mediator in the relationship between the state and the individual. The various consumption habits within the household (good or bad) affect the myriad of choices made by individuals everyday (Bell and Valentine, 1997), not only within the family, but in other spaces as well. In order to consider why children make certain lifestyle choices it is important to focus on the gap between children and young people's knowledge of lifestyle choices and the reality of their everyday lived practices. An understanding of the spatiality of these practices is also extremely important since this will allow a better understanding of the various narratives encountered on a daily basis.

The influences on young people's lifestyle habits are highly individualised and subject to change through space and time. One of the main influences for all children, however, is that of parental and familial choices and practices. In fact the practices surrounding food and eating are integral not only to one's sense of self

(Lupton, 1996) but also to the notion of 'family' (Charles and Kerr, 1988). As Grieshaber (1997, 665) notes:

> By examining the routines and rituals of everyday life, it is possible to see how adult rules are received, mediated and resisted. The very processes by which identities (such as mother, father, daughter, son, sister, brother etc.) are constructed in daily domesticity are made visible by examining ways in which techniques of normalization regulated and controlled these families' lives.

The choices and decisions made by individuals are, however, fluid and changing and reveal ways in which young people engage with various narratives at a variety of scales from government led initiatives (both school and non school based) to the rules and practices of the home space, and beyond this to the personal, intimate regulations of one's own body. That is not to say that these spaces are mutually exclusive, bounded entities since the body space is always within another space, or moving between spaces. The practices and narratives of different spaces are, therefore, not only *in* the key spaces of childhood – the home, the school and the peer/ community space (Holloway and Valentine, 2000) – but we must also consider that "bodies are always located within multiple psychoanalytic, discursive and material spaces" (Longhurst, 2005, 249).

These narratives and their associated practices in turn may reinforce or generate limitations on leading a more 'healthy' lifestyle. The cost of school meals and 'healthier' products were often mentioned as a barrier to eating more healthily and as Sara (mother of four) stated, the influences of school health education and the practicalities of the home finances may not be compatible:

> The kids actually push me sometimes to healthy eat. We decided we were going to have healthy eating week and we did it and we were gonna try and continue it but I tell you, I couldn't even afford to do it, I know that sounds strange, but I went *shopping,* normally ma [my] bill, ma, ma shopping came to about fifty pounds, this week it came to about eighty pound I thought 'how can I be paying thirty pound more cos I want to eat healthier?'

Other limitations included a perceived lack of time to prepare healthy meals and even the parents' attitude to healthy lifestyles. As Lisa (mother of three) commented, when asked what would encourage her to lead a healthier lifestyle, "a fitness test […] or somebody stood at the back of me with a twelve bore shotgun". The health attitudes of the home are likely, to an extent, to be carried by the young people into other eating spaces and this may lead to a direct contradiction of the current discourses surrounding healthy eating. One example of this was demonstrated by two of the girls in a focus group, who stated that junk food could never be banned in schools, because:

> Haleema: then all the kids will just leave
>
> Viviyane: the parents will come in and say 'Why take away junk food?'
>
> (Focus group, Girls, aged 11 and 12)

This was in fact a point proved in the Channel Four TV programme 'Jamie's school dinners'[2]- when Chef Jamie Oliver attempted to change the eating habits of children in a school in London. The students were not willing to try the new choices and complaints from parents began – mainly over concerns that their children were not getting proper meals, and that for those on free school meals this could be a real problem. Those on free school meals are often already receiving social security payments and are believed to be least likely to be able to afford or have fresh foods available locally (Cummins and Macintyre, 2006). Historically, school meals were introduced in order to ensure that children were receiving at least one nutritious meal per day (Valentine, 2000). Schools could, therefore, actually be compounding the problem by continually serving poor quality, frozen meals such as pizza, chips, and burgers.

The fact that children do choose 'junk' food at school, however, can also be related to the influence of peers and food availability. Whilst the choice from a variety of meals served in schools can mean that children are "conceptualised as *individual agents in* [their] *own lives, competent* to make their own food *choices*, individual choices which reflect their ability to pick and choose between different lifestyles and identities and to resist those thrust upon them by adults" (Valentine, 2000, 260), it is important to go beyond this. Some of the participants were pleased to be able to eat junk food, perhaps because they were not allowed to at home, or simply because they enjoy it. As the following extract reveals many also wanted to have healthier options:

> Emma: Alright, ok, so shall we talk first about school dinners?
>
> Susan: They're, they're not very good Miss. They say that they're gonna make it healthier but they put vegetables out and that's it. They have like chips everyday and pizzas.

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[2] This programme followed TV Chef Jamie Oliver attempting to change the way school meals are prepared. His shock at the appalling school meals in State run schools led to the founding of a campaign at www.feedmebetter.com. A petition containing over 260,000 signatures was presented at Downing Street in 2005. Whether this will have any real impact on the state of school meals is debateable.

> Milly: Well I don't exactly get why the government are so bothered about kids getting obese but then like here they have chips almost everyday, fried potatoes almost everyday, and chocolate muffins and doughnuts and everything almost every day.
>
> (Focus group, Girls aged 11 and 12)

Despite the fact that some of the participants can make certain food choices that reflect a stereotypical child's choice of junk food, for those who want something different to the options determined by the catering staff, there is no real choice available that they feel reflects their lifestyle choices within the school space.

When asked who decided what children should eat, the answers from the participants varied wildly from the Dinner Ladies and the Head Teacher through to the 'Head of Health', the Prime Minister and UK TV Celebrity Chef Jamie Oliver. Interestingly none of the participants stated that they should be the ones to decide what they should eat. When asked if the government should be allowed to decide what they eat, many of the children displayed a response worthy of the most compliant citizen. As Theo (aged 12), explained:

> Theo: Er, yeah, I think, I think they have the right to cos like they're the people that run our country and erm, like, we don't want to get like the Americans, the American children like cos er, I saw that on, er, on er, I can't remember what it's called that guy that ate McDonalds for thirty days straight?
>
> […]
>
> Emma: Super Size Me
>
> Theo: Super Size Me, yeah, and then they had these pictures of all these children and they were like really, really fat and had like fifty chins.

One aspect that affected the children's choice of meals was the rumours surrounding the meals themselves. The power of dining room rumours within the school environment was powerful enough to stop students eating certain products. Rumours about bugs in the salad, hairs in the food and the free water having been spat in were only present when discussing healthy options. Whether these events actually occurred is immaterial; these three rumours at least were enough to stop some of the students from choosing healthier options from the canteen.

One further explanation as to why some children choose 'unhealthy' options was given by Viviyane (aged 12) when she commented that young people shouldn't pay too much attention to their diet, as:

> childhood would be destroyed […] You know like childhood is eating like junk food and having fun but if you're gonna be bored [….] having to always know [about what one is eating].

This idealised notion of childhood as being a time free from the worries and responsibilities of adulthood is one that is often cited in the contemporary press as the "disappearance of childhood" (Postman, 1983). This also contradicts the expectations of policy makers who wish to educate children as to their rights and responsibilities as a 'good' citizen and particularly concerning maintaining their health and looking after their body. In fact, many of the participants mentioned how they get around the eating rules imposed on them at school and home, and as a result could be seen as directly contradicting the notion of a 'good' citizen. As Milly (aged 12) explained:

> The thing is Miss, it's a really funny thing cos I've been banned from eating it [chocolate cake] by Mum but I can sometimes persuade my Gran to […] Because she spoils me because she feels sorry for me at the minute because my Mum's got divorced […] with my stepdad. So we're like, so she sometimes, she's, she always buys me loads of treats and stuff and goes 'You're my most *spoilt* grandchild' and I'm like 'I know! Let's keep it that way please!

In this example, Milly is drawing on these popular notions of an idealised childhood with her grandmother in order to bend the rules and get treats that she is usually not allowed by her mother. This case emphasises one of the ways in which the participants can avoid the rules and regulations imposed on them by adults by choosing to draw on other popular contemporary narratives. It also demonstrates a sophisticated ability to manipulate parents and other family members to their own advantage (Valentine, 1997). This highlights that young people are agents in their own right, able to make decisions about their own lives to a certain point. The children may be restricted in certain aspects of their lives but enabled in others depending upon the nature of the mediator (family, school, etc.) and the narratives and practices found within the related spaces. By considering the multiple eating and physical activity practices that exist within various spaces it is possible to better understand the difference between knowledge and practice, and how this can explain why health education messages may not be followed.

Conclusion

This paper has considered how health education messages are often tied up with notions of being a 'good citizen'. New Labour's conception of a good citizen is an individual who looks after their own body not merely for their own sake but for the good of the nation as a whole. However, the blame culture that is beginning

to form around the 'legitimised' fat discrimination in the UK is part of a more widespread aim of rationing health care provision on the NHS. This will impact most on those who are least able to access the networks of economic, social and cultural capital in order to maintain their health. This is implicit in the notion of being a good, active citizen, meaning that the individual is faced with "millions of individual decisions, at millions of points in time" (Blair, 2006, 4). This is far from a simple process, however, since every single one of these decisions is influenced by a myriad of different facets ranging from friends and peers through to the family, the school and state delivered health messages. With such a multitude of possibilities the UK Government has felt it necessary to introduce Citizenship Education and health education in schools to enable individuals to make the 'right' choice (limited as that may be). The empirical material in this study has revealed that children still often choose not to follow this advice and often resist and subvert health education messages. The relationship between individuals and the state, although mediated through institutional spaces such as the family home, the school and the community, still allows for the agency of the individual in making certain decisions. Understanding how individuals negotiate this process of "structured individualisation" (Roberts, 1997; Valentine and Skelton, 2003) is the key to understanding why children do not always follow the advice given in state health messages.

The influences that lead to certain lifestyle choices are interspatial in nature; that is to say that the spatialities of various influences are not bounded and in fact the most intimate space of all, the body, is always present within or moving between spaces. In this way the influences of the home space often impact upon the decisions made not only within the home space but also within the school and peer spaces. By carrying out research with the family, at school with peers, as well with the individual, one can better understand the motivation behind these practices. The implications of this for policy makers point to the fact that health education focuses on individual choices whereas the process that leads to such decision making is profoundly social, implying that a more effective route would be to address the responsibilities of a number of individuals and institutions including the State's handling of school catering, health care provision and health campaigns.

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