2002

"Measure your belly": New Zealand children's constructions of health and fitness

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Publication Details
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Paper resubmitted to JTP, October, 2001

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Abstract

The expansion of health as a concept, repeated expressions of nation-wide concerns about young people’s health and the accompanying information explosion about health and fitness have worked together to support versions of physical education that explicitly address health issues. The conflation of health with physical education is not however unproblematic. In this paper we explore some of the consequences of the relationship between health, fitness and physical activity through an examination of the students’ responses to questions relating to health and fitness in the New Zealand National Education Monitoring Project. We demonstrate that the children responding to the NEMP tasks were very familiar with the relationship between physical activity, fitness and health. While on one hand this seems to point to the efficacy of physical and health education programs, we also suggest that the ways that these children seem to have accepted this relationship unproblematically and with a great deal of certainty does not necessarily contribute to their health and well-being but rather suggests an acceptance of discourses which are associated with guilt, the self-monitoring of the body and which seem to deny the pleasure which can be associated with physical activity.
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Introduction

In contemporary western societies, popular media, scholarly researchers and professional agencies offer a range of ‘expert’ knowledges regarding health and fitness. A shift from an orthodox view of health as ‘absence of disease’ to a broader concept that includes social, emotional, intellectual and spiritual constituents of a person’s ‘well-being’ has widened the remit of health so that psychologists, sociologists, doctors, exercise specialists, fitness trainers and nutrition experts all have investments in ‘helping’ people to reach their health objectives. As Petersen (1996) suggests, “the promotion of health has become one of the predominant concerns of our age” (p.44).

In New Zealand, separate syllabi for health (Department of Education, 1985) and physical education (Department of Education, 1987) have until recently been taught by two distinctly different groups of teachers. In 1999 a new curriculum document was released, a document that incorporated these two traditionally distinct subject areas into a single syllabus. Writers of the *Health and Physical Education in the New Zealand Curriculum* document were urged to incorporate a broader, more holistic conceptualization of health and construct a syllabus that would address government and public concerns around ‘youth at risk’ (Culpan, 1996/1997; Tasker, 1996/97).

For schools in New Zealand, the expansion of health as a concept, repeated expressions of nation-wide concerns about young people’s health (Ministry of Education, 1998; Public Health Commission, 1994; Tasker, 1996/97; Te Puni Kokiri, 1993) and the
accompanying information explosion about health and fitness have worked together to
produce a climate ripe for the flourishing of health education and a version of physical
education that explicitly addresses health issues in schools. Schools are urged to develop
programmes to promote attitudes and behaviors leading to a ‘healthy lifestyle’. In doing
so, there is little consideration of the meanings which students already make of health and
the implications of these for their lives. As Tinning and Kirk (1991) point out, the
conflation of physical education with health is not an unproblematic notion. Indeed, the
harnessing of physical education to health agendas has frequently resulted in programs
that privilege fitness through exercise as the core business of physical education in
schools. Medical doctors, psychologists, biologists, physical educators, counselors and
even movie stars are discussing health issues, yet children’s ideas about health rarely
enter the public arena. It seems imperative that those interested in preparing teachers,
studying/teaching health or physical education in universities, and working with children
in school contexts understand what sense young people are making of ‘health’ and what
particular orientations to health and fitness they bring into school programs.

This paper explores the meanings that a group of year 4 (8-9 years) and year 8
(12-13 years) New Zealand students construct about health and fitness. We use data
derived from a large national project, The National Education Monitoring Project
(NEMP). This project was designed to assess the achievement of 2880 students in years 4
and 8 of their schooling across all subject areas (Crooks & Flockton, 1999). We focus on
responses to five stimuli tasks appearing in the Health and Physical Education component
of the broader project. The five tasks were selected because they directly explored
students’ beliefs, attitudes and behaviors in relation to ‘health’ and ‘fitness’.
In this paper, then, we ask what discourses (sets of meanings/knowledge and values) are evident in the ways in which the students respond to the NEMP tasks. What can be productively said about these discourses in terms of their consequences for the ways in which young people think about health and their relation to it? How do we make sense of the students’ responses in the context of what others have written about the discursive constructions of health and fitness and their consequences for young women and men? In answering these questions we are concerned not only with documenting the discursive resources young people draw on, but with speculating on their effect.

The Cultural Resources for Making Meaning about Health and Fitness

As Foucault (1977) suggests, the discourses available for people to draw on both enable and constrain what can possibly be known and practiced. Analyses of health promotion discourses and practices in contemporary western society point to the power of certain constructions of health over others. Deborah Lupton (1995) and others (Bunton, Nettleton et al., 1995; Naidoo, 1994; Petersen, 1996), for instance, point to the importance of “risk management” in contemporary health promotion language. Health risks identified by epidemiological and biomedical research become the primary source of valid knowledge in shaping health (and health education) policy and practice. Within the context of health, experts purport to manage the uncertainty of illness and death through the identification of risk factors – that is, factors which are deemed to be largely avoidable through the actions of individuals. One of the major “risk factors” currently receiving considerable political and media attention is obesity, construed popularly and in
the research literature as the ‘obesity epidemic’ (see Flegal, 1999; Swinburn, 1997). The failure of individuals to participate in adequate amounts and types of physical activity is uncritically linked with an increase in obesity despite challenges to the veracity of the two assumptions which underpin this relationship. These assumptions are: one, that there has been a decline in physical activity which can be associated with an increase in obesity and two, that obesity and overweight can be causally linked with population health – rather than specific illnesses (see Atrens, 2000; ##Jutel forthcoming 2001; Gard & Wright, forthcoming 2001 for further discussion of this issue).

It is clear that a popular discourse which constructs a relationship between exercise, weight and health as an individual responsibility is widely available to New Zealanders, including the many children who watch television. This discourse is complemented by slightly different but very similar messages which point to the importance of body shape and appearance in contemporary society, particularly for middle class women and men. As Featherstone (1991) and Bordo (1993) point out the body has become a major marker of identity and worth in a consumer society. A slim toned body has come to signify self-regulation and worth, the sign of moral standing. Such a relationship provides a productive environment for the promotion of products which promise the means to achieve such a body. In addition the growth of the fitness industry, in the form of commercial gyms and personal trainers, attest to the power of the link between exercise, fitness and a slim worked male or female body. At the time of the NEMP survey the Jenny Craig Weight Loss Program was receiving considerable advertising coverage, as was an advertisement for a machine called the “Torsotrack”. The latter infomercial promotes the machine as targeting those “hard to reach muscles” and as
particularly necessary for women with children and little time on their hands. It presents an image of the body as comprised of flabby, floppy, soft parts which each need to be “worked”.

In the context of education, the messages around health are broader. Strategies such as the Kiwidex program Jump Rope for Heart and the Physical Education New Zealand “Exercise Lifestyle Awards” promote exercise as contributing to health and fitness. On the other hand, the 1985 Syllabus, the Life Education Program and the new 1999 Health and Physical Education syllabus promote a much broader notion of health which encompasses emotional and social dimensions. In addition, the Life Education Program, a community based group which has an extensive involvement in the provision of health education in primary schools in NZ and Australia, has as one of its primary goals the prevention of substance abuse, environmental abuse and social abuse.

The NEMP project and Data Collection

In 1993, New Zealand’s National Education Monitoring Project (NEMP) was set up. The project was charged with the task of assessing and reporting on the achievement of New Zealand primary school children in all areas of the school curriculum over four-yearly cycles. The purpose of the national monitoring was two-fold. Firstly, “to meet public accountability and information requirements by identifying and reporting patterns and trends in educational performance”, and secondly, “to provide high quality, detailed information which policy makers, curriculum planners and educators can use to debate and review educational practices and resourcing” (Crooks & Flockton, 1999, p.6).
1998, children’s skills, knowledge, perceptions and attitudes relating to health and physical education were assessed at two class levels, year 4 and year 8, through a random sample of children throughout New Zealand. The assessment tasks addressed four components of the health and physical education curriculum: Personal health and physical development; Relationships with other people; Movement skills; and Healthy communities and environments.

The *Personal health and physical development* component of this national assessment program required students to write and speak about their understandings of health and fitness. Responses to a range of tasks were collected via four approaches: one-to-one interviews; stations (four students working independently, moving around a series of stations where tasks had been set up); team and independent tasks (students working collaboratively on a task then working individually on paper-and-pencil tasks) and; open space activities (students attempting a series of physical skill tasks).

On the basis of a general analysis of the data, the project directors reported broad trends in students’ skills, knowledge, perceptions and attitudes relating to health and physical education (see Crooks & Flockton, 1999). Student responses to each of the tasks used in the national monitoring were then tendered out to researchers, for more detailed analysis. The authors of this paper tendered for the responses to the following five tasks which related specifically to health and fitness:

- **Being Healthy**— a one-to-one task which asks students to specify what things they would need to do to be really “healthy”.
• Healthy Person - a team activity where four children work together to identify the key components of a healthy person. In addition, children independently record their ideas about what comprises a healthy person.

• It’s great to be fit – a one-to-one task where students are required to give reasons why it is “good to be fit?”

• How fit? – a station task which asks students to make a plan, in written and/or pictorial form, showing what they could do to test their own fitness.

• Fit for fun - a station task that requires students to write down a plan that would help a young boy get fit.

The responses to these tasks were typed into a database and analyzed for themes and relationships using the NUD•IST qualitative software package. Two main phenomena emerged from this analysis and these will be discussed in the remainder of the paper. The first is the ways in which the students in the study generally constructed meanings about health and fitness and the relationship between the two. The second and main focus of this paper is the relationship that emerged from the data between fitness and appearance, weight and body shape.

Relationships between Health and Fitness Constructed in Students’ Responses to the NEMP Tasks

Responses across each of the five health or fitness related tasks produced a remarkably consistent picture of what year 4 and year 8 male and female students viewed as the
constituents and behaviors associated with being a healthy person and a fit person. Being healthy, according to the majority of the students meant eating the right food, drinking lots of water, being active and keeping oneself clean. In other words health was primarily conceived as a corporeal notion. In so saying, a range of other meanings can be discerned among the often extensive lists of health-enhancing behaviors and attributes listed by students. For example, having a sound mental attitude, a family who loves them, getting enough sleep, experiencing “joy”, living a long time and possessing a healthy self-esteem were regarded as crucial components of a healthy person. Responses to the *It’s Great to be Fit* and to the *Fit for Fun* task indicated that many students regarded most of these health imperatives as integral to the concept of ‘fitness’ as well. That is, for the majority of students, health and fitness were viewed as interchangeable or at least, intimately related states of being.

One of the major differences between the groups of students who responded to the five tasks was the markedly different range of knowledge resources on which the year 8 students drew as compared to those in year 4. This of course is not surprising. The year 8 students had four additional years of life experience, and of schooling. In particular, the impact of the *Life Education Program* and Physical Education/Health classes on fitness and fitness measurement was very apparent in their responses as compared to the year 4 students. For instance, the emphasis by the *Life Education Program* on self-esteem and emotional well-being as fundamental to making healthy choices came through in many of the responses, for instance: “friendly - healthy mind”; “think of good things not bad” and “have right attitude about yourself and understanding yourself and others”. The older
students were also much more likely to provide detailed prescriptions of ways to develop
or measure fitness.

The year 4 students’ responses to the five tasks provided insights into family
preoccupations with fitness and weight-related products advertised on television. For
instance, there were references to machines such as the “Fastburner programme like on
T.V.” and, for many of the year 4 “scales” (or the mirror) were integral to determining
how fit you were. The year 4 responses often conjured up a family or parent who spent
(or talked about spending) time at the gym, and households where weighing oneself was a
frequent occupation. One year 4 student for example, in response to the Fit for Fun task
provided a detailed rehearsal of a daily diet of yogurt, fruit and carrot sticks suggesting an
extreme weight reduction regime he was likely to have witnessed in his home.

As suggested above, it was the rare student who did not mention purposive and
deliberate exercise as an indicator of health or as a way of developing or measuring
fitness. For some, this was conflated with being fit, that is, as an indicator of A Healthy
Person or a way of Being Healthy. The following responses to the Being Healthy task
have been chosen because this task allowed students to explicitly ‘define’ what it means
to be healthy. In addition, these responses are typical of the ways that students always
included a reference to fitness/exercise, generally, coupled with references to consuming
‘healthy’ foods.

By exercising keep fit.

Running or jogging - do sports.

Drink lots of water (mineral water)
1. Do not eat lots of sweet things.

2. (year 4 male)

3. Have a good diet

4. Exercise often.

5. Go to the gym.

6. Don't eat too much food.

7. Walk to work.

8. Do as much on your feet as you can.

9. Try and use your body instead of a machine

10. (year 8 male)

11. Eat healthy food.

12. Do good exercise.

13. Don’t eat junk food.

14. Drink heaps of water and milk.

15. Eat vegies. Eat fruit.

16. Don’t eat too much meat with fat on it

17. (year 4 female)

18. Don’t eat fatty food - healthy instead.

19. Do lots of sports and exercise.

20. Not to smoke and drink.
Fatness, Fitness, Appearance and Health

Whereas responses to all five tasks elicited some references to weight as linked to health and well-being, there were far fewer mentions of weight, fat, size, shape or appearance in response to the health tasks than in response to the fitness tasks, It’s Great to be Fit and How Fit?. In other words, weight was far more commonly referred to by students as a marker of fitness than of health.

How Fit?

For many of the year 4 male and female students, weighing scales or any piece of apparatus (including the eyes) that could measure weight or size were viewed as crucial pieces of equipment in any fitness testing regime. For example, students wrote phrases like: “Loke at your alfe (look at yourself)”, “weigh your self on scales”, and “use scales to see how fat you are”. In several instances, students suggested that weight measurements should be taken both prior to and after exercise, the implication being that a ‘work out’ would facilitate weight loss and therefore improve one’s fitness. For example: you could go for a run and get on the scale and see if you get any more fitter than before”; “mon. go for a run; tues, cheak if you have lost wight”; or
I would stand on a skaly before I went to do fitness and right down how much I way. After fitness I would stand a skaly againi and see how much whate I lost then I would now how fit I was.

In several cases, students directly equated their fitness with a capacity to fit into particular items of clothing, for example, “I can’t fit a shots or a Pance” (shorts or pants). One of the most extreme manifestations of the fitness/fatness interface was one student’s “tummy diagram”. In the diagram the student drew three different sized “tummies” with the smallest tummy representing the ‘fit’ person and the big tummy the ‘unfit’ person. Others added instructions like “measure your belly” to their prescriptions for fitness testing.

Weight-related responses were not the preserve of the younger students. Many female and male year 8 students continued to refer to weight or size as a predictive indicator of fitness and some of them constructed elaborate plans linked to a weighing regimen in response to the How Fit task. For example, a year 8 girl suggested the following: “Go on a scale, go to Jenny Craigs, see the doctor, go for a run then when you get home put some light clothes on but take your shoes and socks off to see how much weight you have lost”.

It’s Great to be fit

It is quite clear from the responses to this question that fitness, weight and appearance were tied in intimate relation. There were more references to appearance in the sense of ‘looking good’ in this task than in any of the other four tasks. Present in many of the
statements about appearance were direct and indirect references to weight and size. For example, comments like, “it makes your tummy go smaller”, “look better – don’t get overweight” and “doesn’t make you look fat”, suggest that for some students “looking good” means “not being fat”. One year 4 male student claimed that “it’s great to be fit” because you “don’t look ugly” while another claimed that “it’s great to be fit because you can squeeze through little gaps”. Many of the comments contained specific references to being fat and the absolute necessity of avoiding that condition: “if you weren’t fit you’d be all fat” and “cause otherwise you will turn out really fat”.

Furthermore, often within the statements about fat or weight were comments that indicated students were not only linking fitness with “non-fatness” but fatness with laziness. For example: “you don’t get fat and lazy”, “you don’t become a fat blob (couch potato)”, “people who aren’t fit aren’t in shape, can’t do lots of things, are lazy” and “better to be fit than fat or do nothing”. Poignant comments like: “so no one laughs at you because you are fat”, “people won’t tease you at school if you’re a bit chubby”, “people don’t criticize you for being big” and “don’t have to worry (about) people saying your fat/slow” reflect a recognition either through personal experience or witnessing the treatment of others of the teasing and harassment that can be part of the life of those who are perceived as ‘overweight’.

While we assumed that young women might be more inclined to equate fitness with appearance than young men, results indicated that both males and females supported the notion that being fit means you will look better. There was little difference between the kinds of statements about appearance made by female and male students. In addition the word “thin” was used far less frequently than “fat”. The negative effects of being fat
were far more likely to be emphasized than being thin or slim. On one hand, this fits with the widespread ‘panic’ that there is an ‘obesity epidemic’ (Wright & Gard, forthcoming 2001). On the other hand, it may also indicate the students’ reluctance to use terms associated with anorexia and bulimia, eating disorders discussed widely in the media and emphasized in contemporary health education programs.

Discussion

Taken together, health and fitness discourses provide strong instructions as to how individuals should think and act in relation to their bodies. Given the currency of these discourses it would be surprising if they were not found in some way in the students’ constructions of health. On one hand, this suggests the success of the knowledge promotion concerning health and fitness; on the other, it raises issues about the construction of a view of health which promotes guilt, a constant self-monitoring and the possibility of life-threatening practices for both men and women.

The children who responded to these tasks in one sense are indicative of the effectivity of the health and fitness discourses which are circulating in their society. They know them well; they can reproduce these relationships for the adults who conducted the tasks. But it has to be acknowledged that these were tests, even though the designers and administrators of the tasks worked hard for them to seem less that way. The purpose was to assess the student’s knowledge of health and fitness. In this sense they have fairly successfully reproduced the dominant sets of meaning promoted both in schools and in society around health and fitness. As far as one can judge from responses collected in
these contexts, the students seem to value exercise and good eating and see these as leading to health. They know the relationship.

However, the relationship between eating particular kinds of foods and regular exercise, particularly when taken-for-granted as promising good health, is not unproblematic. The obverse side is the construction of guilt if one does not conform to such a life – the constant guilt and self-monitoring which Atrens (2000) talks about as endemic to western society; the guilt which accompanies every experience of food for many people. Pleasure rarely features in the students’ responses. Many of the products and practices students refer to as prohibited, for example “lollies”, “junk food”, “watching TV” and “lying on the couch” are things most young people enjoy. The moralistic position which suggests that someone who cannot demonstrate a slim body shape is in some ways unworthy, undisciplined, lazy, “a couch potato” is embedded in the dominant health and fitness discourses and some of the students’ responses are already indicative of this.

In addition, the certainty with which most students advance their meanings for health and fitness is troubling given that many of the practices they speak of are far from certain. For example, the food pyramid cited by most students as the guide for good eating is subject to regular revisions by nutrition experts and, as Durie (1998) suggests, is culturally limiting. What counts as enough activity, or the ‘right’ kind of exercise regime to achieve fitness, is also constantly shifting as new ‘discoveries’ in health and human movement sciences produce new sets of prescriptions. When students are taught that if they exercise correctly and eat the ‘right’ foods they will become healthy and/or fit, they
are unprepared for the uncertainty that characterizes attempts to create or maintain a
‘healthy lifestyle’.

Feminist critiques of health promotion and critical analyses of health and fitness
messages transmitted through school-based programs would suggest that young women
and young men receive and enact health and fitness messages in very different fashions.
For example, the ways in which gender intersects with beliefs about the role of fitness in
the cultivation of the ‘ideal’ body are well documented for young women (Markula,
1997; Tinning, 1985; White et al, 1995). However, current masculinity research also
suggests that the consequences of such beliefs are problematic for boys as well as girls
but in different ways, given the differences in the socially constructed notions of the ideal
body (Gilbert & Gilbert, 1998).

In our study, a discursive relationship between health, body shape and weight
seemed to be drawn upon by both girls and boys to respond to the tasks. However as
suggested above this does not necessarily mean with the same effects. We would argue
that the requirement to demonstrate a slim body shape is still primarily an imperative for
women. Men are certainly not exempt from powerful messages via the media, fashion
and the fitness industry. The muscular toned bodies of male models and film and
television stars suggest an ideal of a worked body which is for young men perhaps as
difficult to emulate as the thin toned ideal for a young woman. For boys the dangers seem
to be taking steroids to increase muscle bulk, but we would still argue that the thin ideal
for girls requires a constant monitoring of food and body weight which few girls escape
no matter what their body shape, with anorexia and bulimia as the most tragic outcome.
Conclusion

Clearly physical activity and its relationship to health will remain central to the work of
physical educators. This being the case we want to make the following suggestions as a
means of addressing the problematic implications of this relationship, as these were
evidenced in the students’ responses to the NEMP tasks.

Firstly we would suggest that we as physical educators need to examine the ways
in which our own practices are implicated in reproducing discourses and material
experiences for students which contribute to the anxieties and damaging practices
associated with the desire to achieve a socially desirable body shape. Secondly, we would
suggest that we explicitly deal with the social constructions of health and fitness and the
ways in which these are constituted in our teaching about physical activity and health.
Thirdly, we examine, and assist our students to examine, the ways in which bodies and
bodily practices are evaluated and why this might be the case. Finally we need to prompt
questions concerning the source of prevailing beliefs and investments about health,
fitness and appearance and the consequences of these for people’s health and well-being.

It is inevitable that such questioning will produce and require us to address the
uncertainty of health knowledge. This is not an easy position from which to teach and
work, but necessary if we are to serve young people well.

References


