

Dr Louise Croft is an Associate Lecturer and Dr Luis Gracia-Marco is a Lecturer at Sport & Health Sciences, University of Exeter. Dr Richard Winsley is Director of Education and Associate Director of the Children's Health and Exercise Research Centre, Sport & Health Sciences, University of Exeter.  
For communication please email: [R.J.Winsley@exeter.ac.uk](mailto:R.J.Winsley@exeter.ac.uk)

## Louise Croft, Luis Gracia-Marco and Richard Winsley

### Should we be giving children choices about their health: Engaging University students in complex health questions?

In our previous article (Croft et al., 2012) we described the work of the Children's Food Trust and the complexities/challenges they encountered with trying to achieve meaningful and permanent change in the dietary behaviours of school children. This case study was used as an example of the multiple agencies, their interrelationships, the vested interests and resistance to change that must be considered when dealing with health behaviours. It is exactly this complexity that we wished to challenge university undergraduate students to grapple with during the Grand Challenges project that ran over an 11-day period at the University of Exeter this summer. The Grand Challenges project was designed to be a novel learning experience for the students, allowing them to hear from a multidisciplinary range of experts and to work successfully towards achieving an outcome related to the key question at the end of the project.

#### Organisation

The specific question the students were challenged to find an answer to was - 'should children be given the freedom of choice about their diet and how physically active they are?'. The students were drawn from across the university, studying subjects as diverse as law, psychology, sport science, classics and modern languages for example. As the students were working with their contemporaries in an environment outside of their own degree disciplines, this provided a mixed pot of backgrounds, interests and opinions that offered richness to the debate.

The participants were divided into sub-groups each with a specific focus to answering the overarching question. Each of these groups had

post-graduate facilitators to help catalyse the ideas into reality and ensure the teams worked together towards meeting the final outcome.

**Drama and engagement** - This group worked with a professional drama company to use this medium as a vehicle to illustrate how children engage with good practice and change negative lifestyle choices. Actors played different characters that have a lifestyle issue that needs addressing and the audience are asked to relate to one of the characters. The actors performed unhealthy lifestyle scenarios and the children were able to stop and start the performance by suggesting which path the actor should take when confronted with a health choice. This audience involvement within the performance directs the narrative (Forum theatre). The drama group worked with the university students to help them develop the scripts and the characters in regard to the key question on diet and physical activity. Through bringing these individuals to life, this forced the students to understand the positions their characters were taking as they constructed the role that they would ultimately perform. This culminated in a final 10-minute performance of street forum-theatre in the main University precinct to passers-by, who could influence the narrative as explained above.

**Diet, physical activity and social marketing** - Students in these groups were challenged with putting together a 2-hour healthy lifestyle session for primary-school-aged children. During the preparation phase, the students had to come to a consensus about the question - no freedom of choice; complete freedom of choice or, as developed during the debate, an informed freedom of choice. Having taken the latter as the group position, they created an informative and fun session that was appropriate for the primary

school children. One hundred and fifty children were invited to the University to participate in a sport skill development day, and during the day the students were given time to host the session dealing with healthy eating and being physically active. The students worked in pairs at health stations. These stations provided a fun activity for the children to complete, developed around the areas of: awareness of sugar content of commonly eaten foods; food groups; water and hydration; breakfast cereals and portion sizes; creative thinking for improvement or maintenance of a healthy lifestyle; physical activity and exercise intensities. Each child was also given an age-appropriate information pack, which was prepared by students who had looked at the key question from a social marketing of health promotion angle to remind them of the key messages and how to make informed lifestyle choices.

**Debate** - The students in this group were asked to host a debate for fifty Year 10 schoolchildren at a local secondary school. The schoolchildren were divided into two groups - one group arguing that children should be given the freedom to choose how active they are and what they eat and vice versa. The students acted as helpers, getting the pupils to draw together their group's arguments to support or refute the motion and construct the final position statement, all within a 60-minute time window. The pupils finally gave a 5-minute oral presentation followed by a vote as to whether the motion was accepted or rejected. During the preparation weeks, the student group received tuition on debating skills and practised the debate amongst themselves so they could be an informed advocate of both sides of the argument. As a consequence of participating in the debate the school pupils had a novel learning experience, dealt with unfamiliar material and asked them to show skills of negotiation, team working, time management and presentation to meet the challenge successfully.

### Expert involvement

All the students attended lectures from a multidisciplinary range of experts from the University of Exeter and the University of Zaragoza, each giving an alternative perspective to the question. Dr Michael Sanderson outlined

the rights that children have enshrined in law and particularly the UN Convention on the Rights of the Child, of which the UK is a signatory, which states that every child has:

- The right to a childhood (including protection from harm)
- The right to be educated
- The right to be healthy (including having clean water, nutritious food and medical care)
- The right to be treated fairly
- The right to be heard

The right to be heard states that children's views should be sought and considered, which clearly has particular resonance in relation to the key question. Professors Melvyn Hillsdon and Craig Williams spoke about the current physical activity patterns of children and the relationship with health and the constraints that the built environment can have on activity levels in children. Professor Katrina Wyatt described the intervention strategies that have been used to tackle childhood obesity and the role that drama can play in achieving engagement by young children towards taking responsibility for health decisions. Professor Luis Moreno, talked about the dietary behaviours of children, their relationship with obesity and the results of the HELENA (Healthy Lifestyle in Europe by Nutrition in Adolescence) EU-funded project to deliver an integrated community based intervention to improve the lifestyle habits of adolescents in Europe. Dr Lamprini Psychogiou explained about the developmental psychology of children through to adulthood, addressing the key milestones in their cognitive abilities which impact on their suitability to make informed choices. Finally, Samantha Parnell introduced social marketing campaigns surrounding health promotion and health activities of children and families and explained their importance in shaping the social acceptability of healthy lifestyle choices.

### Action learning

The structure of the Grand Challenges programme engaged the student in the action learning cycle, which is based on the experiential learning cycle described by Kolb (1984): concrete experience - reflective observation - abstract conceptualisation - active experimentation. Lead lectures were complemented by follow-up

seminars and practical workshops with the facilitators, all building towards the main outcome and the student refining their thoughts on the key question. The contact with the group was spread over a number of days allowing the student to experience each part of the cycle, as they reflected on what they had heard or done and planned ahead. In so doing, this developed their learning skills as activists, reflectors, theorists and pragmatists (Honey & Mumford, 1982), thus helping to develop a multi-modal, and arguably a more flexible learning approach.

### Student view

At the end of the Grand Challenges the students were invited to write an opinion paper summarising their thoughts on the key question in response to all they had heard and done during the previous weeks. An example student viewpoint paper is provided below:

“The Government has a vital role to play in influencing children in regards to decisions about their health, yet the current shocking statistic that 1/3 of children are overweight or obese suggests not enough is being done, despite intervention through school programmes and social marketing campaigns. However, these methods have had limited success and even the *Change 4 Life* campaign has struggled to make a lasting impact on health behaviours and outcomes.

I would advocate that the Government should be more forceful in its approach such as banning junk food outlets around schools, as recently proposed in Salford, or increasing the variety of activities available to youngsters who might not be interested in our ‘traditional’ competitive sports. Furthermore, the Government could restrict the influence that producers have over children’s lifestyle choices by limiting the advertising of certain foods or toys which promote sedentary behaviours such as computer games. Although these interventions would undoubtedly carry a cost, and arguably be seen as anti-business, it would appear a wise investment when seen against the inevitable health service bill that caring for a generation of overweight and sedentary people will result in.

Governments should harness the power of social marketing to change health behaviours, but as was seen in the VERB\* campaign in North America, it raised awareness of health issues but did little to change behaviours - there are after all huge difficulties in marketing products without brands, for

example fruit and vegetables, in comparison to well-known confectionary brands.

We have also seen this week that schools are important agencies for introducing children to health messages but how they are ultimately limited in how far this message reverberates through a child’s life as it can be easily undone by an unsupportive home environment.

Thus the challenge facing parents is to help children implement a healthy lifestyle in the long term. Currently there is a huge variation in parents’ success in doing this, which sadly correlates with household income. The desire shown by parents to see their child making healthy decisions is outweighed by the lower financial cost, ease of obtainment and the false gloss surrounding unhealthy lifestyles.

Unhealthy lifestyles are, at the moment, more enjoyable and cheaper and thus consumers will continue to make the rational short-term decision of favouring these unhealthy choices.

Throughout Grand Challenges, various speakers have highlighted the difficulty of engaging parents in health choices of their children, and perhaps this is an area for the government to target, yet arguably as a society we need to shift the responsibility for influencing children back to parents, which in turn is reinforced by the messages learnt at school, rather than vice versa as is happening at present. Either way there needs to be a coherent effort in order to influence children to make wise health choices.

The question still remains as to what age children should be engaged in these choices. Who actually holds the power and are children cognitively and emotionally ready to be asked to make such choices?

Research suggests that nine to ten-year-olds are the most receptive, yet questions have been raised as to whether early intervention actually impacts long-term behaviours, when additional factors such as peer pressure to be “cool” help to explain the drop-off in the number of teenage girls playing sports for example.

There are also factors ingrained into society which affect children’s decisions about their health, such as the concept of ‘treats’. Often an unhealthy reward is given for doing a perceived good act, thus ‘treats’ give an acceptable context for unhealthy foods or activities enforcing positive messages about them.

At some age, children must make take responsibility for their health choices, after all they will be asked to make these same decisions over and over again throughout their lives – Should I eat this? Should I exercise today? Should I smoke? -

\* The VERB campaign was a national, multicultural, social marketing campaign coordinated by the U.S. Department of Health and Human Services’ Centers for Disease Control and Prevention (CDC) to increase and maintain physical activity among tweens (youth age 9-13). Further details can be found in a special edition of the American Journal of Preventative Medicine, 2008, Vol34 (6), S171-S280.

So rather than 'should we be giving children choices about their health', the question I would pose to governments, parents and children themselves is how can we make a healthy lifestyle the more desirable and attainable choice for children?"

(1st Year Undergraduate Student, University of Exeter)

The above paper illustrates quite nicely the confusion that remains in the student mind about the question, but with an appreciation of the competing interests at work and most importantly, how there is no simple and agreed solution to the dilemma - which after all was exactly what the Grand Challenges was designed to do.

#### References

Croft, L., Gracia-Marco, L., Hargadon, J. & Winsley, R. (2012). Should we be giving children choices about their health? *Education and Health*, 30 (4), 113-115. Available at <http://sheu.org.uk/x/eh304rw.pdf> [accessed 28/08/2013].

Honey, P. & Mumford, A. (1982). *Manual of Learning Styles*, London: P Honey.

Kolb D.A. (1984). *Experiential Learning experience as a source of learning and development*, New Jersey: Prentice Hall.

# Education and Health

The journal, published by SHEU since 1983, is aimed at those involved with education and health who are concerned with the health and wellbeing of young people. Readership is worldwide and in the UK include: primary; secondary and further education teachers; university staff and health-care professionals working in education and health settings. The journal is online and open access, continues the proud tradition of independent publishing and offers an eclectic mix of articles.

**Contributors** ([see a recent list](#)) - Do you have up to 3000 words about a relevant issue that you would like to see published? Please [contact the Editor](#)

**Archive** - The archive of Education and Health articles is online. Please visit this weblink: <http://sheu.org.uk/content/page/eh>

## SHEU

Schools and Students Health Education Unit

The specialist provider of reliable local survey data for schools and colleges and recognised nationally since 1977.

*"The survey reports have been used to inform commissioning at specific commissioning groups. They are also being used within our Extended Schools Clusters and to inform The Annual Public Health and the Joint Strategic Needs Assessment."*

Programme Manager - Young People

For more details please visit <http://sheu.org.uk>

TO SUPPORT YOUR WORK WITH YOUNG PEOPLE TRY [SHEU'S FREE RESOURCES](#)