



PHYSICAL EDUCATION NEW ZEALAND
TE REO KORI AOTEAROA

Submission

**To the Health Select Committee on the
The Inquiry into Obesity and Type 2 Diabetes in New Zealand**

**from
Physical Education New Zealand Te Ao Kori Aotearoa**

This submission is made on behalf of Physical Education New Zealand Te Ao Kori Aotearoa (PENZ) and has been prepared by:

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We wish would like the opportunity to speak to the Health Select Committee to support this submission. We can be contacted as follows:

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Who are we?

Physical Education New Zealand Te Ao Kori Aotearoa is New Zealand's only professional organisation explicitly focused on advancing the role of physical education in New Zealand. It aims, amongst other things, to advocate for quality physical education in relevant educational and community forums and to facilitate and stimulate the professional, academic and technical growth of physical education. These aims span contexts that include early childhood to tertiary sectors and the work of physical education in the wider community. We write this submission, drawing on a detailed understanding of physical education and its application in these educational contexts.

We are also informed by contemporary research from Australia, New Zealand, the US and UK – some of which has pointed to the potentially detrimental consequences of framing current concerns about population health as an 'obesity epidemic'.

While we are aware of the extent and nature of concerns related to people's weight, we are not convinced that the rationale and process for dealing with these concerns have been adequately addressed.

The enquiry is premised on a widespread belief that New Zealand is facing a crisis of epidemic proportions in relation to obesity. Our comments focus on the solutions that have currently been advanced and the potential these initiatives and policies have to both exacerbate and ameliorate health concerns. In so saying, we recognize the substantial critiques that have been leveled against much of the evidence supporting the idea that we

are facing an obesity epidemic and would welcome an opportunity to alert the enquiry to some of this material – research that points to the contradictions implicit in obesity research and thereby the shaky foundations upon which much of the alarm around obesity rests. We have included references to some of this material in an appendix to our submission (see Section A).

The focus of much of our work is children and young people and this submission also aims to:

- outline the *impact* of some current physical activity and food initiatives on children and young people; and
- highlight the *possibilities* health and physical education as a learning area affords for better enabling children and young people to become critical consumers of health messages and young people who can make positive decisions regarding all aspects of their health.

Our submission is organized in the following way:

- We point to some of the health and physical education practices, both within and outside of schools that have sprung up around obesity concerns, pointing to the potentially productive and limiting effects of these.
- We endeavor to provide *key messages* attached to each of the discussion points we raise.
- We then tease out the key points from this discussion in our recommendations for the committee’s consideration regarding the nature and substance of any future ‘action plans’ devised to address the ‘obesity issue’.

Introduction

Schools, and the children and young people within them, are seen as captive markets for a proliferation of programmes and initiatives that are premised on simplistic health messages. For example, the portrayal of diet as being merely an “energy in and energy out” balance; that knowledge changes attitudes and therefore behaviour.

In particular, the eating habits and physical activity practices of children have been key behaviours targeted for change. We would urge careful analysis of the potential impact these programmes have on schools, their teachers, children themselves and the health and physical education curriculum.

Physical activity, in the forms of physical education and some cases sport, has not been highly valued by schools and has led to physical education having a diminished place within the overall education of the child. This has led to physical education having a diminished place in the education of many children and young people. In response within this climate, and one where there is persistent and growing media debate targeting obesity, physical inactivity and disease, many agencies and organisations have seized this opportunity to provide product and programmes that claim to address and solve these issues for schools and for children.

Although a number of organisations and agencies have offered programmes to schools over a long period of time, Schools, and teachers within them, understand the need to work with their surrounding school community, and the importance of school – community links to support each child’s learning. However, the recent proliferation of programmes and initiatives from providers *outside* of schools threatens to swamp teachers and schools as well as curriculum programmes. (see later)

Influence of current ‘obesity prevention approaches and interventions’ on schools

Obesity prevention strategies, to date, have produced little ‘success’. Their effectiveness is very hard to measure, and indeed cannot adequately be measured when longitudinal research shows that children’s priorities, lifestyles, attitudes etc. change over time and in relation to a variety of environmental, social, cultural and economic factors (see Wright & O’Flynn 2006). The approach of many current obesity prevention initiatives uses the reduction of obesity as the defining rationale for programmes in schools. This relegates physical education to mere physical activity and completely contradicts the philosophical underpinnings of the *Health and Physical Education in the New Zealand Curriculum* document. Instead of movement, or physical activity, being seen as the essential context in the process of becoming physically educated, physical activity is captured by the notion that its primary purpose is for physical health, and the reduction of obesity. The educative value of physical activity, whether within a physical education programme or a co-curricular sport or physical activity programme, is in danger of being overlooked as of fundamental value within the holistic education of children and young people.

Schools are asked through the recent NEG and NAG changes to provide programmes that give greater focus on physical activity, both within and outside of curriculum. Many current initiatives do not sufficiently show that there is a clear understanding of the place, purpose and potential of physical education. Many schools themselves fail to recognise the way in which a quality and comprehensive physical education programme can meet the educational as well as physical activity needs of children and young people, and therefore programmes that are ‘ready made’ and provide easy uptake often replace quality physical education in schools.

Key messages:

- Schools continue to be seen as places where the ameliorative process can begin, rather than it being understood and that schools are about ‘education’ not fixing broad societal issues.
- Current programmes and approaches in schools are often defined by obesity reduction – this contradicts the key messages and concepts underpinning the *Health and Physical Education in the New Zealand Curriculum*, creating confusion, mixed messages and potentially undermining education.
- The educative value of physical activity is overlooked and undervalued, to the detriment of children’s holistic education.

Influence of current ‘obesity prevention approaches and interventions’ on individual teachers

Teachers, particularly those in primary schools, are currently not well prepared to deliver quality physical education and health programmes based on the *Health and Physical Education in the New Zealand Curriculum*. In their three years of primary teacher education, some will receive as little as 20 hours of education on the curriculum, the content and the pedagogy necessary to implement quality physical education and health programmes. This leaves many of them questioning their ability to teach physical education and to provide broad physical activity experiences for children. Alongside this, these teachers are often given subtle messages through media and other sources that they are not competent in teaching physical education.

It is little wonder then, when provided with a ready made programme, packaged for easy uptake in schools, along with considerable media representation of the issues of obesity and physical activity, that a number of teachers will utilize initiatives and programmes in place of physical education. This approach has a number of limitations such as teachers not progressing in their knowledge of curriculum and pedagogy specific to physical activity contexts, or being enabled through ongoing comprehensive professional

development to become discerning about the quality and appropriateness of such initiatives.

Some of the outcomes of this are very evident in many schools. While teachers believe they are ‘doing the right thing’, the way in which they interpret the messages, and implement programmes or parts of them, means that questionable practices are evident. For example – measuring all students BMI, displaying these on the classroom wall with the “learning” goal of reducing each child’s BMI; weighing children and encouraging blanket approaches to weight reduction; and implementing walking and jogging programmes in place of quality physical education programmes.

Key messages:

- The provision of initiatives into schools fails to recognise the environment in which teachers are operating, and why they may uptake programmes without question.
- The outcomes of many of the simplistic messages within initiatives and programmes may well have longer term negative implications for individual students, particularly in regard to physical activity uptake and views on nutrition.

Influence of current ‘obesity prevention approaches and interventions’ on children and young people

Children and young people are being encouraged to accept simple messages about nutrition and physical activity. Many of the approaches that are based on obesity as a problem teaches children that there are ‘good’ and ‘bad’ foods, and that physical activity is something one does primarily for physical health purposes. These programmes fail to invite and enable young people to become critical consumers of health and physical activity information and teach them to blindly follow ‘recipes’ that are constantly changing. (For example, the understanding around ‘how much physical activity’ is required is constantly under review as more research emerges.)

Relevance to young people's lives of current 'obesity prevention approaches and interventions'

In the past decade we have seen a range of publicly and privately-sponsored health and/or physical activity initiatives being taken up in primary and secondary schools *and* a shift in the emphasis of some health and physical education programmes towards an almost exclusive focus on healthy eating and deliberate physical exercise. Research with year 4 and year 8 New Zealand children (Burrows, Wright and Jungersen Smith, 2002; Burrows & Wright, 2004) indicates that some of these initiatives might be 'working', if a capacity to recite lists of 'good' and 'bad' foods and 'know' that running is 'good for you' is the intended learning outcome of these programmes. Many of the children in this study rehearsed the mantra 'eat more fruit, drink more water, consume less fats and run more and you'll be thin and healthy', yet we know very little about what they do in 'practice', 'why' they do it, and how what they do and think changes over time and in relation to the particular sociocultural and economic contexts they find themselves in. One of the problems with the initiatives generated to date, and our ways of 'measuring' the effectiveness of these, is that they are more often than not, premised on adult understandings of what young people need, and how 'behaviour change' takes place.

Youth researchers (e.g. Wyn & Dwyer, 1997) across a range of disciplines (e.g. education, psychology, social work, and physical education) have repeatedly asserted that policies and practices designed for young people need to be premised on an understanding of the *diverse* ways in which young people engage with (or not) dominant ideas around health, yet many of the messages provided currently assume that young people receive and respond to health messages in similar ways across time and context. They also assume that simply telling children what is 'good for them' will mean their attitudes towards potentially un-healthy practices will change and hence their behaviour (e.g. tell children fatty foods are not good for them, they will change their view of fatty foods as pleasurable things, and stop eating them). As the failure of 'just say no' programmes, in relation to smoking, drugs and sexuality, has shown, these assumptions are unfounded. Unless programmes and policies created 'on behalf of' children and

young people are informed by an understanding of how young people themselves regard and experience themselves as physically active and/or 'healthy' citizens, they risk irrelevance (at best) and potentially damaging effects (at worst).

Key messages

- Children are not a uniform or homogenous group. Generating one-size fits all solutions does not work when children are variously located in a range of different contexts characterized by *different* social, cultural, economic and gendered circumstances
- Programmes to address obesity need to be cognizant of how young people themselves think about and enact their health and wellbeing and the *contexts* within which they do this.
- Just telling young people what is 'good for them' (e.g. right foods, or correct amounts of physical activity) presumes a direct relationship between knowledge – attitude change – and behaviour change – an unrealistic expectation.
- More qualitative longitudinal research that investigates children and young people's engagement with ideas and practices around health and physical activity 'in the context of their lives' and 'over time' is needed.

Assumptions fuelling physical activity and healthy eating initiatives in schools

The claim that *declining* levels of physical activity (due to an increasingly sedentary lifestyle) and *increased* consumption of fatty foods is primarily responsible for the *expanding* waistlines of New Zealanders is a pervasive, if contestable one (see Gard & Wright, 2005 for a considered discussion of the lack of scientific evidence supporting this claim). In tandem with this claim is a widely held presumption that the advent of media technologies, computer games, x-boxes and so on have contributed to the establishment of a ‘couch potato’ culture amongst young New Zealanders. Given these two assumptions, it is no surprise that the physical activity levels and eating patterns of children have been key targets for agencies both within and outside of schools. Inactive children, it would seem, are both the cause and the potential solution to the ‘problem’ – a problem that at its most simplistic is framed in terms of an imbalance of inputs (food) and outputs (exercise or deliberate physical activity).

There are several problems with this assumption that more physical activity and less ‘bad foods’ will necessarily lead to a ‘thinner’ and ‘more ‘healthy’ population. Firstly, there is no clear empirical evidence to suggest a direct relationship between deliberate physical activity and ‘health’ per se and secondly both food intake and physical activity are responded to differently by different people, making any attempt to ‘prescribe’ correct amounts of either somewhat futile. As Gard and Wright (2005), Campos (2004) and Ross (2005) have pointed out, when the ‘evidence’ about declining physical activity levels is closely examined, the contradictions both within specific studies and across the evidence base, are readily apparent. So too, are the methodological challenges of ‘measuring’ physical activity levels in the first place and deciding what ‘counts’ as physical activity in the context of human lives.

Nevertheless, programmes and initiatives in schools and outside of them (e.g. Active Families – a current SPARC, OUSPE, Dunedin City Council initiative) continue to foreground eating and exercising as the keys to unlocking a less obese future. Further, the overwhelming interest in getting people more ‘active’ often coheres with a set of

assumptions about what kind of young person will be most likely to be active. In one initiative, for example, (Ministry of Education Primary Schools Pilot Study), children's weight, height and size is being measured, together with their levels of physical activity and their fundamental motor skill achievements. The risk inherent in bringing these aspects together is that there is an assumption made that these factors have direct impact on one another, and that there are correlations between these. Potentially this can lead to programmes that generate a narrow set of learning opportunities.

Key message:

- Solutions premised on an assumed relationship between increased physical activity, less (or better) food, a reduction in television viewing time and decreased levels of 'obesity' in the population are problematic. The 'evidence' suggesting causal relations between any and all of these things is contradictory.

Impoverishment of Health and Physical Education programmes

One of the most potentially harmful (although hopefully unintended) effects of the alignment of school-based health and physical education programmes with concerns around obesity, is the impoverishment of pedagogy and curriculum. When organisations like 'Fight the Obesity Epidemic' say, "We just need to start doing something *real* about obesity. Like schools bringing back compulsory PE until the seventh form" (FOE, 2004), the expected contribution of physical *education* to the obesity reduction enterprise is clearly revealed. Yet is ameliorating a major health issue the *role* of a physical education or a health education programme in schools?

Bombarded with health messages, it appears that some schools are trading off 'physical education', as it is conceptualised in the *Health and Physical Education in the New Zealand Curriculum* (HPE), for a version of 'physical training', reminiscent of 1940s war-time New Zealand. That is, fitness 'exercises' rather than 'activities' of an 'educative' nature are replacing quality physical education programmes in some schools. Despite the HPE curriculum encouraging a diverse range of physical activities, including those that are creative, aesthetic, performance based, functional, play-like and pleasurable, particular kinds of physical activity are prioritized because obesity reduction is the goal. It seems that just at the point when many teachers *were* moving away from the notion that physical education was about being able to 'run' and 'stay fit', the coalescing of obesity concerns with epidemiological evidence pointing to declining physical activity levels and popular concerns about the state of our environment (both physically and socially) has led us right back to where we were.

There are equally disturbing trends in of the purpose and content of nutrition education in schools. For example, instead of looking at the factors that influence people's capacity and desire to choose particular foods, lists of 'good' and 'bad' foods are trotted out and evidence of children's 'learning' is gleaned from their ability to recite these lists. This technicist, uncritical approach to education flies in the face of much current educational thinking.

The *Health and Physical Education in the New Zealand Curriculum*. envisages a physically educated person as one who can critically engage with a range of health and physical education practices, understand the importance for wellbeing and appreciate the diverse contexts within which people live their lives. In contrast, the obesity action initiatives focus on an individual who will uncritically accept and follow prescribed exercise and nutrition guidelines

Key message:

- Any initiatives derived to address a presumed ‘obesity’ epidemic need to ‘do no harm’. The alignment of health and physical education programmes in schools with the alleviation of ‘obesity’ problems impoverishes the ‘education’ of young people in this sphere.

The potential of the *Health and Physical Education in the New Zealand Curriculum*

Many current interventions reflect a lack of understanding of the nature of physical education within schools, the relationship between curriculum and co-curricular physical activity opportunities, and the very potential of physical education itself. This lack of understanding also is reflected in the undervaluing of physical education and its place in the holistic education of children and young people.

Children and young people’s physical activity experiences currently bring them in contact with a number of adults. The risk in giving children and young people mixed messages within these physical activity contexts is considerable. Within school settings, children and young people have a range of physical activity opportunities that include play, physical education, dance, unstructured physical activity, unstructured and structured sport to name a few. Some of these are implemented as curriculum programmes and some exist as co-curricular opportunities.

Teaching and learning programmes in physical education are underpinned by key concepts of the *Health and Physical Education in the New Zealand Curriculum*. These see physical activity as a context to provide diverse, meaningful, holistic learning experiences. Given appropriate support, teachers can implement quality physical education programmes that can enable young people to think critically, to take critical action, to be involved in health promotion and to value and understand health issues as a

responsible member of a democratic society. Quality physical education programmes provide learning for life, and physically educated students are more likely to engage in physical activity throughout their lives.

Without appropriate professional development, teachers can be easily seduced by the current popular messages around physical activity and obesity.

We would like to re-emphasize that the aims of the Health and Physical Education Curriculum are to enable students to:

- develop the knowledge, understandings, skills and attitudes needed to maintain and enhance personal health and physical development;
- develop motor skills through movement, acquire knowledge and understandings about movement, and develop positive attitudes towards physical activity;
- develop understandings, skills and attitudes that enhance interactions and relationships with other people; and
- participate in creating healthy communities and environments by taking responsible and critical action.

Key messages:

- Recognition of the skills, knowledge and attitudes required for young people to become thoughtful and discerning members of society, with an ability to make positive health decisions will highlight the need for comprehensive quality health and physical education programmes.
- Physically educated young people are more likely to be involved in physical activity throughout their lives.

Comparison of the kind of healthy young citizen desired in ‘*current obesity prevention approaches and interventions*’ discourse with the young person envisaged in major government documents:

- “Directions for a schooling strategy”
- “Key competencies in the New Zealand Curriculum”
- “Youth Development Strategy”

In the past decade, a range of government strategies have described the capacities a young person needs to function well in a ‘future-focused’ society. The emerging ‘key competencies’ emphasise the capacity to use and interrogate language, symbols and texts (including movement), manage self, participate and contribute, think and relate to others. These competencies are derived from a philosophical commitment to the notion that young people need to (amongst other things) be able to ‘critically engage’ with their worlds, make sense of the complexities of a ‘knowledge economy’, appreciate and value the diverse cultural, social, economic and class-based interests of ‘others’ in their environments and manage themselves in the contexts within which they function.

These imperatives bear little relation to the kinds of messages being promulgated around obesity and what one must do to alleviate this perceived problem. To encourage children and young people to unthinkingly adopt a narrow set of prescriptive practices around diet, exercise and limiting engagement with new media technologies and television does not gel with current educational, health and social development strategies. In the table below we illustrate this disjunction, using the Ministry of Education’s *Schooling Strategy* regarding ideal student ‘outcomes’. We detail some of these in the left hand column and on the right hand side, suggest some of the capacities contemporary discourse around children and obesity emphasise.

Directions for a schooling strategy**Current discourse**

<p>Deep understanding in a broad range of knowledge</p>	<p>Narrow understanding of health as ‘better’ eating, ‘more’ physical activity, and ‘less’ television watching. Understanding that ‘fat’ is always ‘bad’ and that there are norms around healthy weight and fat distribution that apply equally to all</p>
<p>High-level thinking skills, such as problem-solving, and creative and critical thinking</p>	<p>There are ‘facts’ about obesity that are uncontested ‘truths’ – follow the ‘recipe’ and balance inputs and outputs and you will be healthy</p>
<p>Effective social and co-operative skills</p>	<p>Judge ‘fat’ people, reject fat, blame families. ‘Help them’ improve their lives so they fit with your model of what a ‘healthy’ person entails.</p>
<p>The attitudes, values, and skills to pursue life-long learning</p>	<p>Know the ‘facts’ about ‘good food’ and ‘right’ levels of physical activity and stick with them, despite the fact they may not apply to you, may not gel with your life world or may change regularly.</p>
<p>A strong sense of cultural identity, belonging, contribution, and well-being</p>	<p>Know that many of the foods that are culturally valued are ‘bad’ foods and must be consumed sparingly. Ignore the contributions that food make to sense of belonging and well-being in cultural communities and concentrate on ensuring you ‘manage’ your intake, balancing inputs from correct parts of the food triangle – one premised on Western notions of what ‘good eating’ entails.</p>

Prior to presenting a short list of recommendations for the committee’s consideration we would like to draw on Evans & Davies (2004) who suggest that:

If nothing else (we need) a fundamental critique of any discourse that reduces the practice of education to the trivium of food (diet), exercise and weight, or generates social practices in which the child/young person is reduced to a 'body' rather than a person whose circumstances need to be understood if their health and educational requirements are to be met (Evans & Davies, 2004: p. 187).

We concur with the tenor of this statement, particularly in light of emerging evidence regarding the potentially debilitating consequences a focus on 'weight' and/or 'fat' can have for those for whom the loss of weight rather than its gain, is the predominant problem (see Rich etc. for the testimony of young women being treated for anorexia nervosa – their stories about the impact of school-based physical education practices based on current rhetoric on their sense of themselves as young people of an acceptable shape, weight and size).

Recommendations from Physical Education New Zealand :

Recommendations

- That an in-depth and thorough critique of current obesity prevention approaches and interventions be undertaken as soon as possible
- That any future obesity prevention initiatives centre on the needs, interests and aspirations of children and young people themselves and are cognisant of the *range* of meanings children and young people may have for their own and others' 'health' and 'wellbeing'.
- That further recognition is given to schools as being places of *education* and that the *Health and Physical Education in the New Zealand Curriculum* is seen as a key contributor in educating young people to critically engage with current trends and evidence around obesity and other health concerns. Schools should not be regarded as places where 'quick-fix' solutions to complex social problems are applied.
- That a future focused, strength-based approach be undertaken, rather than a focus on solutions based on the 'here and now' – this would give further support to and align with current Government Youth Development strategies within education and communities.

Additional reading

In an effort to offer some alternative resources for committee members to peruse – resources and texts that offer a different perspective on the nature, causes and substance of the ‘obesity’ problem we list the following:

Burrows, L., Wright, J. & Jungersen-Smith, J. (2002) “Measure your belly...” New Zealand Children’s Constructions of Health and Fitness. *Journal of Teaching Physical Education*, 22, 39-48.

Burrows, L. & Wright, J. (2004). ‘Being Healthy’: Young New Zealanders’ Ideas about Health, *Childrenz Issues* 8(1), 7-12.

Burrows, L. (2005), Do the ‘Right’ Thing: Chewing the Fat in Physical Education. *Journal of Physical Education New Zealand* 38 (1), 7-16.

Campos, P. (2004). *The Obesity Myth: Why America’s Obsession With Weight is Hazardous to your Health*. Edited extracts printed on <http://www.guardian.co.nz> – accessed 25/8/04.

Gard, M. & Wright, J. (2001) Managing uncertainty: obesity discourses and physical education in a risk society, *Studies in Philosophy and Education*, 20(6), pp. 535-549.

Gard, M. (2004). An elephant in the room and a bridge too far, or physical education and the ‘obesity epidemic’. In Evans, J., Davies, B. & Wright, J. (Eds), *Body Knowledge and Control: Studies in the Sociology of education and Physical Culture*. London: Routledge.

Gard, M. & Wright, J. (2005). *The Obesity Epidemic: Science, Morality and Ideology*. London: Routledge.

Ross, B. (2005) Fat or fiction: Weighing the ‘obesity epidemic’. In Gard, M. & Wright, J., *The Obesity Epidemic: Science, morality and ideology*. London/New York: Routledge.

Wright, J. & O’Flynn, G. (in press). Being fit and looking healthy: young women and men’s constructions of health and fitness, *Sex Roles*.