



JENNIFER A. O'DEA
EDITOR

CURRENT ISSUES AND
CONTROVERSIES IN
SCHOOL AND
COMMUNITY HEALTH,
SPORT AND PHYSICAL
EDUCATION

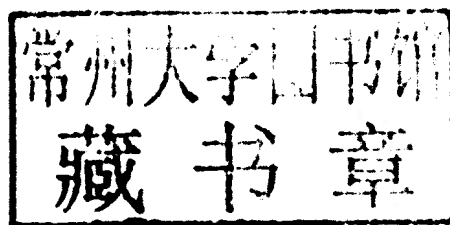
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EDUCATION IN A COMPETITIVE AND GLOBALIZING WORLD

CURRENT ISSUES AND CONTROVERSIES IN SCHOOL AND COMMUNITY HEALTH, SPORT AND PHYSICAL EDUCATION

JENNIFER A. O'DEA
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PREFACE

The fields of health education and school-based health promotion are fundamental contributors to the overall health status of children, adolescents and young people worldwide. The delivery of health education messages, programs, interventions and evaluations not only produces more well informed citizens and communities, but also contributes to the health and health literacy of future generations.

This new book provides unique and contemporary insights into the major current issues in school and community health education, including topics such as weight control, childhood obesity, body image, eating disorders, physical activity, suicide prevention and sex education. These topics are discussed in light of their application in school environments. Additionally, this new book deals with controversial and contentious issues in health education, including the decision to measure weight status; teach abstinence only sex education and whether schools should become involved in emotional training in schools.

Authors in this particular section of the book provide thought-provoking insights into these topics from experiences in the United Kingdom (Will et al); Israel and the USA (Omar & Merrick); Sweden (Kimber); the USA (Santelli et al) and Australia (Burns & Russell; Gorzanelli). The significance and consequences for current and future developments in teacher education are then discussed with unique viewpoints from New Zealand (Sinkinson); Australia (Russell; Cinelli & O'Dea) and Japan (Kawabata & Chisuwa).

The issues in community health education that are dealt with in this new volume are similarly consequential and controversial with critical discussion of current topics such as youth gambling in Canada by Derevensky; university tobacco control policy processes in Canada by Baillie and her colleagues; teachers' detecting and reporting of child abuse and neglect in Australia by Walsh and her colleagues; the relationship between schools and wider smoke free environments in New Zealand by Gifford & Thomson and how we can best utilize Internet-delivered health behavior change interventions aimed at adolescents by Crutzen from the Netherlands.

The international perspectives developed within this new book provide a truly global and comprehensive insight into these topical issues.

The next section of the book covers an array of topics under issues in school sport and physical education with a very comprehensive overview of the successful trial of activity in adolescent girls (TAAG) by Elder and his group from the USA. This chapter provides insights from theoretical perspectives to issues of implementation in middle schools. Issues of

how best to promote school PE are also presented by Mota and his colleagues from Portugal; and Peralta, Bennie and Still from Australia.

The very controversial topics of doping prevention in sports and how best to encourage sports excellence are expertly reported by international specialists in these fields - Wanjek and colleagues from Germany ; O'Connor, Orr , Morrissey, Cupples, Nash and Cotton from Australia and Schempp, McCullick & Grant from the USA.

The unique focus of this new volume is to describe current issues and controversies using international perspectives and subsequently be able to create practical strategies for health and sports promotion activities in schools, communities and teacher education.

I hope you and your colleagues enjoy reading these exceptional new contributions from international leaders in this field.

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SECTION 1: ISSUES IN HEALTH EDUCATION

SECTION 1.1: ISSUES IN SCHOOL HEALTH EDUCATION

Chapter 1

THE CHALLENGES OF CONDUCTING RESEARCH IN SCHOOLS ON OBESITY, WEIGHT, DIET AND HEALTH

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and Julia Lawton³***

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ABSTRACT

Many young people are sensitive about what they eat and their weight and yet little attention has been given to the practical and ethical issues that emerge when designing or implementing a study relating to young teenagers' diets, weight or health. This chapter draws on two research studies, which involved recruiting young teenagers aged 13-15 years through schools in Scotland. The focus of the first study was young people with low socio-economic status (SES) whilst the second study was concerned with young people from higher SES families. Seven hundred participants completed a short screening questionnaire and had their height and weight measured and their Body Mass Index (BMI) calculated. A sub-sample was then selected to take part in individual in-depth interviews. Young people from higher SES groups were less interested and harder to engage with the research. Recruitment in schools was complicated by the didactic nature of these settings, in terms of adult expectations that young people will participate in research and teenagers perceiving researchers to be in positions of authority. It proved difficult to prevent young people being coerced into revealing their measurements to their peers. Recruitment for these studies raised the question of the multiple roles of researchers. Researchers must take account of the nuances of implementing health promotion research in schools. The paper concludes with recommendations for research involving weighing young teenagers and recruitment for research in schools.

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INTRODUCTION

Undertaking research with children and young people requires careful attention to ethics (Morrow, 1996). Many teenagers are sensitive about what they eat and their body size or shape, yet little coverage has been given to the practical and ethical issues researchers face when designing or implementing a study relating to young peoples' diet or weight. Schools are often considered an ideal setting for recruiting young people because the majority of young people attend them (David, Edwards, & Alldred, 2001; Testa & Coleman, 2006). Issues of passive versus active parental consent for school-based recruitment for research on weight has received some attention in the literature (Mellor, Rapoport & Maliniak, 2008), but there is a large 'black hole' in relation to other factors which might influence recruitment for research on diet and weight conducted with a school-aged population. This chapter reflects on the practicalities and ethical issues, which arose when recruiting young teenagers (aged 13-15 years) in schools, for two qualitative studies on perceptions and experiences of diet, weight and health. Our substantive focus was the influence of social class, or socio-economic status (SES). Study one focused on young people from lower SES families whilst study two was concerned with young teenagers from higher SES backgrounds. This led us to reflect on our recruitment procedures and the way that SES impacted on the research process. We also reflect on our experiences of weighing and measuring young teenagers in school during the recruitment process and conclude by offering practical recommendations to researchers for similar work on diet, weight and health, involving a school-aged population of young people. Both studies aimed to explore the experiences and perceptions of young teenagers with regard to diet, weight and health (Wills, Backett-Milburn, Gregory, & Lawton, 2005, 2006, 2008). The focus of study one was on young people from lower SES families because of their poorer diet and greater risk of obesity. We wanted to explore the perceptions of young people who were defined by their (BMI) as being obese, overweight or a 'healthy' weight for their age and gender.

Whilst the main method of data collection for study one was qualitative in-depth interviews with teenagers from lower SES backgrounds and their parents (Backett-Milburn, Wills, Gregory, & Lawton, 2006), we needed to generate a pool of young people from which to draw our qualitative sample. We therefore developed a screening questionnaire designed to collect young people's socio-demographic information which included: parent/s' occupation; home postcode; access to a car; household composition; details of their physical activity; and favourite/regularly consumed foods. We wanted half the interview sample to be obese or overweight and half to be a 'healthy' weight and this necessitated weighing and measuring young people so that their BMI could be calculated. (This is discussed in detail later in this paper). Over 300 young teenagers completed the screening questionnaire and had their height/weight measurements taken for study one.

The second study mirrored the first in terms of design, but the focus was young teenagers from higher SES families to enable an analysis of classed practices and perceptions to be made across the datasets. Almost 400 young people completed the screening questionnaire and had their height/weight measurements taken for study two.

RECRUITMENT FOR RESEARCH IN SCHOOLS

A number of schools classified as being socio-economically disadvantaged were contacted in central and Eastern parts of Scotland for the first study. The percentage of students eligible for free school meals was used as a proxy indicator of socio-economic disadvantage, in each school catchment area. Whilst adult gate-keepers can sometimes determine whether young people in schools are given the opportunity to take part in research (David et al., 2001), as they have the capacity to block access, we did not encounter resistance from any of the schools with regard to allowing us to recruit participants. Using schools meant that large numbers of young people could be informed about the research and this strategy represented an efficient use of time and other resources. Local authority education departments were asked to approve the research protocol before the studies commenced and University ethics approval was also sought. Recruitment in schools was not unproblematic.

Our initial contact for both studies was with head teachers and school-based nurses. They were informed that the research we wished to conduct focused on teenagers' experiences and perceptions in relation to diet, weight and health. We highlighted that we were interested in recruiting young people with a range of heights and weights. Teachers and school-based nurses were often quite vocal regarding the young people they thought needed intervention for their (over) weight which reflected the different agendas that schools had, compared with the research team (National Teacher Research Panel, 2008).

OBTAINING 'INFORMED CONSENT' TO PARTICIPATE

Whilst it was appropriate to ask young people aged 13-15 years to give their own consent to participate in the research, we also wanted to inform parents that their children were being asked to take part. Passive parental consent methods are suggested as maximising the numbers of young people available to participate in research on weight, compared with using active parental consent procedures (Mellor et al., 2008). Schools were keen for us to adopt passive parental consent procedures, as this was their usual procedure for contacting parents. Letters and information sheets were therefore sent out on behalf of the research team asking parents to contact the school if they did not want their child to participate in the research. Very few parents 'opted out' during either study.

Educational settings are often didactic in terms of the provision/transfer of information in the classroom and unequal power relationships often exist between teachers and students (David et al., 2001). This often means that teachers expect young people to participate in all classroom activities without questioning their purpose. One head teacher commented that she encouraged young people to question what is being asked of them by adults and we would certainly concur with this sentiment (Wills, Appleton, Magnusson, & Brooks, 2008), although only a minority of young people did so during our school visits. We wanted to ensure that young people were provided with adequate information about the study to ensure they felt able to refuse to consent or to make their own decision to participate in whatever aspects of the research they felt comfortable taking part in.

During the study involving two schools in socio-economically disadvantaged areas, two or three members of the research team visited schools during Personal and Social Education