

**Toward an understanding of New Zealand children's
constructions of 'health' and 'fitness'**

Probe Study Research Report

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Lisette Burrows (School of Physical Education, University of Otago)
Jan Wright (School of Education, University of Wollongong, NSW)
Justine Jungersen-Smith (School of Physical Education, University of Otago)

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Abbreviations

NEMP	National Education Monitoring Project
HPE curriculum	Health and Physical Education in the New Zealand Curriculum
1987 Syllabus	Physical Education Syllabus for Junior Classes to Form 7
PENZ	Physical Education New Zealand
SES	Socio-economic Index of the school

Part 1: The children's constructions of 'health' and 'fitness' probe study

1.1 Introduction

In 1998 the first cycle of national monitoring for the Health and Physical Education curriculum area took place. Children's skills, knowledge, perceptions and attitudes relating to health and physical education were assessed at two class levels - year 4 and year 8, with the results published in a 1999 report, *Health & Physical Education Assessment Results 1998*. The assessment tasks addressed four spheres of the health and physical education curriculum. These were 1) Personal health and physical development; 2) Relationships with other people; 3) Movement skills and 4) Healthy communities and environments. This probe study analysed data collected from the Personal health and physical development strand of the monitoring project. Specifically, it drew on the data collated from five activities that explicitly sought students' responses to questions about 'health and 'fitness.

Results reported by Crooks and Flockton (1999) raised several issues relating to childrens knowledge, skills and understandings about health and fitness. Firstly, the report suggested that children in both year 4 and year 8 predominantly discussed health in terms of physical aspects (e.g. a healthy heart, strong muscles, or capacity to exercise). Secondly, gender differences were noted in health tasks with girls out-performing boys in tasks that required some understanding of 'relationships as integral to the achievement of 'health. Finally, responses from 'fitness tasks revealed that most students viewed health and fitness as interrelated concepts and that endurance and cardiovascular fitness were the most discussed components of 'fitness by both year 4 and year 8 children. While each of these findings rated further analysis, additional questions relating to differences between subgroups (e.g. gender, ethnicity, and socio-economic-status of school) were also raised. Do Maori students discuss health and fitness in the same way as their non-Maori counterparts? Does school index influence the nature of students conceptions of health and fitness? Do 'health and 'fitness mean different things to boys and girls? Importantly, the projects results provided the first ever

national snap-shot of young peoples understandings about 'health and 'fitness. Given that Physical Educations place as a compulsory subject in the school curriculum is frequently justified by recourse to claims about its contribution to childrens 'health and 'fitness, the project yielded an opportunity to find out what children actually think these two concepts mean and what they think they need to do to achieve 'health and/or 'fitness.

1.2 Rationale for project

Given the nation-wide concern about adolescent health currently being expressed (Ministry of Education, 1998; Public Health Commission, 1994; Tasker, 1996/97; Te Puni Kokiri, 1993) in New Zealand and internationally (e.g. A Report of the Surgeon General, 1996; OECD, 1994), it is timely to investigate young peoples conceptions of health. In New Zealand, concern about youth suicide statistics, escalating rates of sexually transmitted diseases amongst young people, teenage pregnancies and drug-abuse behaviours in youth have prompted many health and social policy officials to argue for national and community programmes targeting 'youth at risk (Education Review Office, 1997; Ministry of Health, 1997). Schools are one site where these programmes have been implemented and indeed the curriculum writers of New Zealands most recent Health and Physical Education syllabus were urged to consider these concerns in their construction of a framework for the Health and Physical Education learning area (Culpan, 1996.1997; Tasker, 1996/97).

Links between 'healthy eating and 'disease prevention have also been discussed widely in public media, by health professionals and educationists. National Heart Foundation resources are increasingly being used in primary schools to assist young people to learn about the constituents of a 'healthy diet and the 'risks associated with specific types of food (e.g. 'fatty foods). Independent youth-focused programmes such as Life Education have been increasingly engaged by schools to help teachers address nutrition issues¹.

¹ According to the Otago region's co-ordinator of Life Education, 97.5% of Otago primary and intermediate schools use the Life Education programme in conjunction with their health education work.

While not refuting the existence of these health issues, we suggest that an important precursor to implementing programmes or policies that affect young people is understanding the sense that young people themselves make of 'health and 'healthy behaviour. We would suggest a similar strategy in relation to fitness. Improving childrens fitness levels is the stated aim of many physical education programmes implemented in primary schools, yet local and international research suggests that fitness activities are often those least enjoyed by young people (Fox & Corbin, 1987). Insights about what young people believe 'fitness means and what behaviours they view as fitness enhancing may assist physical educators to design curricula and use pedagogies that do not turn young people 'off physical activity. Many policy initiatives and educational programmes are premised on adult understandings of what is 'good for children, yet as Mayall (1994, 1999), Smith (1999), Archard (1993) and Wyn and White (1997) suggest, these assumptions do not necessarily reflect the reality of young peoples lives and dispositions. It was with these principles in mind that the research strategy for data analysis was devised.

1.3 Research strategy

This research used theoretical resources drawn from poststructuralism in general and Michel Foucault in particular (Foucault, 1977, 1981; Gore, 1993; 1995; Weedon, 1987) to examine the ways in which student meanings attributed to health have been socially constructed in the specific historical, social and cultural circumstances of contemporary schooling. The poststructuralist-informed analytic approach enabled a complex picture of students constructions of health to be developed. Rather than simply coding student responses to questions about health, the grounding of the project in poststructuralist social theory meant that analysis took account of the social and cultural practices which influence the way students come to think about health issues in school. Links between student conceptions of health and fitness and wider discourses at work in the media, in the health industry, and at political and economic levels were drawn upon in an attempt to understand why certain meanings rather than others were advanced by New Zealand school children.

The study proceeded from an assumption that meanings are socially constructed phenomena rather than pre-existent or fixed, that is that the meanings attributed to 'health and to 'fitness by young people will be shaped by the contexts in which they live, by the discourses they have available to draw on, and by their location within home, school and community environments that each value particular ways of thinking about and doing 'health and 'fitness. Rather than viewing health and fitness as either individually determined or structurally determined, we take a position that a focus on individual risk factors or on social systems alone is insufficient when seeking to understand why people engage in particular health or fitness behaviours. Rather, we adopt a position that health and fitness are sociocultural products (Lupton, 1992) and that school children are both constructed by and construct notions and practices of health and fitness.

1.4 Methods

The larger project involved collecting responses from random samples of students in year 4 and year 8 of schooling. This generated a study population of 1440 year 4 children and 1440 year 8 students. The 2880 students assessed were from both rural and urban schools, and from New Zealand's North and South islands. The sources of data for the project reported in this paper were derived from students' responses to five stimuli questions appearing in the Personal health and physical development section of the broader Health and Physical Education assessment project. These were:

- *Being Healthy*: a one-to-one task which asked students to specify what things they would need to do to be really 'healthy (e.g. 'eat well'; 'drink lots of water'; 'run every day')
- *Healthy Person*: a team activity where four children worked together to identify the key components of a healthy person. In addition, children independently recorded their ideas about what comprises a healthy person
- *Its Great to be Fit*: a one-to-one task where students were required to give reasons why it is "great to be fit?"
- *How fit?*: a station task which asked 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 required students to write down a plan that would help a young boy called Patrick get fit.

A code and retrieve process was used to analyse the responses to 'health' and 'fitness' tasks. This process is discussed in detail in section 3, yet we offer a brief description of the methodology here. Relationships between codes, co-occurring codes (Kelle, 1995, p.8) and the frequency of codes were mapped with the assistance of a computer qualitative analysis package NUD*IST. The NUD*IST package was used to organise data and assist with development of conceptual themes. This technique allowed reporting of both quantitative and qualitative differences in student responses to health and fitness tasks. The NUD*IST programme also facilitated our capacity to perform 'intersect searches to explore the relationship between particular themes and variables such as gender, ethnicity and socio-economic-status. For example, when 'appearance emerged as a dominant theme linked to responses to 'fitness questions, intersect searches allowed us to link this finding with gender to gauge whether the fitness/appearance interrelationship was one specific to just girls, just boys or whether it was an association shared by both sexes.

Discourse analytic strategies derived from the theoretical framework adopted for the project (i.e. poststructuralism) were used to further interrogate the data. The work of Lupton (1997), Rawlinson (1987), Gore (1993; 1995) and Gavey (1989) informed analysis at this stage. In addition, to better understand the resources on which the students were drawing to make meaning of these concepts, several sites of meaning production were investigated. These included: contemporary media (e.g. television advertisements) and school syllabi and junior/intermediate teaching resources. An overview of these is provided in Part 2 of this report.

1.5 Research Aims

The aims of the research were:

- a) To examine the beliefs, knowledge and attitudes that year 4 and year 8 New Zealand school children hold about health and fitness;
- b) To explore the institutional and cultural discourses that contribute to childrens understanding/s of health and fitness

1.6 Report Structure

In Part 2, we describe some of the curriculum packages, syllabi and television advertisements that form part of the cadre of knowledge available for young people to draw on in their construction of meanings about health and fitness. Part 3 is devoted to explaining the process used to code and retrieve the large quantity of data used in this project. In sections 4 – 8, we provide an overview of the results of a detailed examination of student responses derived from five National Monitoring tasks in the Health and Physical Education sphere. Specifically, those tasks relating to childrens understanding of 'health and 'fitness (see above for details of specific questions analysed). Broad trends are reported here, together with examples of some of the less-frequently recorded types of responses. While some of the themes and issues raised in these sections will be the focus of detailed analysis in subsequent papers, for this report the focus is on understanding the 'breadth of childrens understandings of 'health and 'fitness. Sometimes when reporting broad trends it is easy to lose a sense of the 'diversity of responses elicited from any single question. In an effort to alleviate this possibility and alert readers to the nuances of 'individual responses, we have, where possible, drawn verbatim statements from the data to illustrate the range of responses elicited from any single task. There were many kinds of responses that were made infrequently yet nevertheless are important to include. As Gavey (1989) suggests, it is sometimes in the 'gaps' or silences, in the responses at the 'margins', that there is much to be learnt. Only one child may have made a particular sort of statement, but its very presence alerts us to the multiplicity of ways in which people make sense of and experience their worlds. In Part 8 we offer some conclusory comments together with several recommendations for future research, curriculum and professional development.

Part 2: Discourses informing health/fitness teaching in New Zealand Schools

As Foucault (1977) suggests, the discourses available for people to draw on both enable and constrain what can possibly be known and practised. If we accept this contention, then examining the political, social and economic context in which discourses about health and fitness have emerged is crucial to an understanding of how certain ideas rather than others have gained purchase with year 4 and year 8 New Zealanders. In section 2.1 we broadly outline the wider socio-political, cultural and economic context within which curriculum construction in school physical education and health education has been located. In section 2.2 we discuss some of the syllabus statements, curriculum initiatives and institutional responses to health/fitness issues that have contributed to the shape and substance of primary and intermediate school physical education and health programmes over the past two decades. In section 2.3 specific health and fitness television advertising campaigns are outlined. The syllabi, curriculum resources and advertisements described in this section do not represent all of the available sources of information students have to draw on. Rather, they are included here to provide a snap-shot of some of the most enduring and prevalent texts that young people are exposed to during their primary and intermediate years.

2.1 Contemporary discourses of health and fitness in New Zealand

As was the case in most Western countries, New Zealand in the early 1980s was participating in a nation-wide fitness and health boom which saw quality of life issues take centre-stage along with concerns over human rights, green politics and consumer interests in both commercial and state sponsored domains (Burns, 1993; Markula, 1997, 1998; Ross, 1990). Media constructions of this 'health consciousness were beamed into Kiwi homes with increased rapidity and the marketing of fashion, equipment and facilities for participation in the increasingly popular gymnasium culture reached dizzy heights. Appealing to discourses of economic rationalism, commercial health promoters were able to use medical statistics showing poor levels of cardio-vascular fitness amongst the general population to convince

politicians and the public at large of the contribution of health promotion programmes to the national economy.

'Health promotion and 'health prevention were increasingly seen as key strategies through which good citizens could be produced - citizens who could contribute to the national economy and not burden it by failing to take care of their health and thereby requiring expensive medical and hospital treatment. This was a powerful discourse and one which was instrumental in shaping the direction of arguments used by physical and health educators to legitimate the continued presence and expansion of their subject area in both schools and tertiary sectors (see for example, Russell, Isaac and Wilson, 1989; Russell and Buisson, 1989).

An example of how economic rationalist arguments and the allure of 'science as a method for studying and learning about the human body were played out in primary and intermediate schools can be seen in New Zealand's importation of the *Daily Physical Education* programme from Australia in the early 1980s. Research studies conducted in France (e.g. The Vanves Project, 1952) had previously suggested links between children's participation in daily physical education programmes and the improvement of their fitness, attitude toward school work and a reduced risk of acquiring coronary heart diseases. South Australian trials between 1978 and 1982 (for example, the Hindmarsh experiment, 1978) had supported the essence of the French findings, and as a result, a curriculum program consisting of 10-15 minutes per day of fitness work and 30-45 minutes per day of skill work was created (Tinning and Kirk, 1991). Despite a lack of localised research, New Zealand physical educators were convinced by the quantity and quality of the overseas research and the curriculum package designed in South Australia (*Daily Physical Education*) was purchased by many New Zealand physical education professionals.

A number of circumstances contributed to the willingness of New Zealand physical educators to adopt this overseas innovation. Firstly, the *Daily Physical Education* proponents claim that the programme could yield improvements in children's physical growth, muscular strength and vital capacity tapped into government fears about the alarming rate of morbidity due to coronary heart diseases in New Zealand and cohered with other state-sponsored preventative

initiatives like the New Zealand National Heart Foundations *Jump Rope for Heart* programme. Secondly, taking up an innovation with a proven track record overseas, was one way of ensuring the survival of physical education in primary schools. Armed with a clear, government-sanctioned purpose and provided with explicit guidelines on how to achieve it, primary school teachers could more vociferously argue for the viability of their subject in the schools. Thirdly, the developmental assumption that any attempt to foster change in a child must begin as early as possible, supported the efforts of teachers to get physical activity programmes like *Daily Physical Education* in to primary schools. If, it was argued, 'life-long participation in regular physical activity is the desired outcome, then the process of facilitating this must begin when children are still 'young (Silver, 1992).

Daily physical education was taken up in a variety of different ways throughout New Zealand primary schools in the 1980s. While originally designed as a programme emphasising daily fitness *and* skill learning, many of the programmes were re-fashioned to prioritise fitness as the central element of the class lesson. As Grant (1992) notes, in several instances, a five-minute run around the quadrangle before first class began, was substituted for the original intention of a dual focused programme. Pragmatic issues around timetabling, a dearth of staff expertise, lack of administrative and financial support, difficulties in assessing childrens progress and organisational hiccups contributed to the failure of the *Daily Physical Education* concept to take hold (Grant, 1992), yet arguably one of the most fundamental problems with the concept related to the umbrella assumptions which underpinned it in the first place - the notion of Health-Related Fitness and the twin discourses of healthism and individualism which permeated it.

Kirk and Colquhoun (1989) have argued that a triplex whereby exercise is equated with fitness which in-turn is equated with health underpinned most of the 'innovations promoted in school physical education, at both primary and secondary levels throughout the 1980s. The notion of 'fitness against which primary school children were measured was one which largely privileged cardiovascular aspects, but in secondary schools, muscular fitness and body composition also tended to be incorporated into the batteries of tests used. Initially, New Zealand physical educators evaluated their students health-related fitness using norms

constructed from North America (e.g. Kraus Weber test) but in the mid 1980s, a National Fitness project was established by New Zealand's Department of Education to establish norms on the health-related fitness parameters of New Zealand school students (Russell, Isaac and Wilson, 1989).

Twin discourses of individualism and healthism (Crawford, 1980) framed the adoption of health related fitness as a cornerstone of physical education practices in schools. By 'healthism we are referring to the discourse, first elaborated by Crawford (1980), which constructs health as an unproblematic 'good and by 'individualism we are referring to a set of ideas and practices which assume that individuals will always act in their own self-interest. When these two discourses work in tandem, the achievement of 'health is represented as predominantly the responsibility of the 'individual (Colquhoun and Kirk, 1987; Kirk, 1989; Sparkes, 1989). For example, the notion that health was an individual responsibility or a matter of personal choice contributed to instantiation of the idea that victims of disease were themselves culpable for their health problems in late 1980s New Zealand. As Markula (1997) describes it, "as it is our voluntary choice to be 'good, healthy citizens, by falling ill we fail to make the required commitment to health" (p.28). From such a position, social causes for ill health could be ignored and victim blaming moral judgements made about those who became sick. In the practices of *Daily Physical Education*, discourses of healthism and individualism provided teachers with a rationale for sanctioning practices which marginalised children who were resistant to school physical education. For example, a discourse of individual responsibility for health allowed teachers and/or students to attribute descriptors like 'lazy or 'morally weak to children who do not measure up to 'norms of health as defined in health related fitness test batteries or to children who do not demonstrate a 'willingness to participate in physical education classes in school.

Kirk and Colquhoun (1989), Tinning (1985) and Sparkes (1989) are among contemporary physical education theorists who have examined the implications of a discourse of healthism for physical educators work in schools. They point out the way that a healthist discourse inevitably positions the body centrally in the creation of health, linking deliberate physical exercise and a range of other bodily practices with the attainment of health. Furthermore, these

theorists have analysed how contemporary healthist culture configures body shape, size and weight as the measure of both ones well-being and health (Kirk and Colquhoun, 1989). These commentators have argued that health-based physical education programmes in schools explicitly support and invoke a healthist discourse through promoting normalised conceptions of the ideal body, (i.e. the active mesomorph) emphasising the role of vigorous physical activity in health (through health-related fitness programmes) and stressing the role of an individuals 'attitude toward physical activity as a primary predictor of 'health.

Life-long participation in regular physical activity is also one of the key tenets of the health related fitness concept. One of the key missions of programmes premised on health related fitness is to encourage children to adopt a desire to engage in physical activity not just at school, but when they leave and throughout the course of their life-span. This injunction to life-long participation is linked to shifting notions of leisure, recreation and deliberate exercise embedded within discourses of healthism and individualism at work in society at large. As Shilling (1993) and Morgan and Scott (1993) have suggested, engagement in some form of regular physical activity has become a signifier of much more than a healthy body in 1990s culture. To be 'fit or to look like you are has been linked to economic, social and personal advancement. Inscribed on the bodies of workers are the 'signs and 'symbols of prosperity. Much as particular brands of clothing signify wealth and social status, a lean, taut body (for women) is the visible adornment of the upwardly mobile in late 20th century western culture (Hesse-Biber, 1996; Shilling, 1993; Hargreaves, 1986). To work on ones body, through deliberate exercise² (gymnasium, jogging) is to work on oneself, to exercise ones free will in pursuit of a moral 'good. Furthermore, to be visibly engaged in productive leisure pursuits is yet another symbol of having achieved a particular social position. In New Zealand, throughout the 1980s, individuals were increasingly exhorted to engage in adrenaline pumping, high risk adventure activities. Intensive media campaigns aimed at encouraging consumers to purchase an ever-expanding range of outdoors equipment and fashion together with television programmes constructed to promote the 'give it a go Kiwi mentality leave New

² We are using the descriptor 'deliberate exercise' in the way Ross (1996b) does. It is a useful way of distinguishing between exercise partaken as part of daily life (e.g. washing, child transport, walking to the dairy)

Zealand citizens in no doubt as to the importance of being seen to participate in particular forms of recreative activity.

Drawing on Crawford (1980), Kirk (1990) suggests that "health has become a key category in contemporary capitalist society, a generative concept that reveals tacit assumptions about normality, well-being, and the 'quality of physical, emotional and social existence"(p.12). Increasingly, health is being portrayed as not only a medical issue, but also a signifier of an individuals capacity to exercise his/her free will in pursuit of a moral 'good. Foucaults (1977) analysis of the prison panopticon as representative of a shift from externally applied and regulated punishment to a self-imposed internalised form of control or discipline is apposite here. To use his analogy, the desire to achieve 'health has in a sense become a new form of corporeal control. Causal links drawn between ill health and moral laxity, sexual unattractiveness and emotional fragility have impelled even the most exercise-resistant of our population to action. Guilt has become intimately tied to an individuals failure to achieve desirable weight and/or shape, with the body coming to represent in its appearance to others, the health, wealth and social status of a person (Kirk, 1990; Tinning, 1985, 1990).

Developmental assumptions were clearly embodied in recommendations for teaching practice in health related fitness physical education programmes. For instance, the notion of *The Stairway to Health Related Fitness* (Corbin, Fox and Whitehead, 1987) was widely promulgated in New Zealand schools throughout the 1980s. In this model, the achievement of fitness for life was conceived as a stepwise process, characterised initially by adult guidance but later by the progressive removal of this as the child developed his/her own capacity to evaluate and monitor his/her own health and fitness status.

If we want all our students to reach the top of the stairway, we must give them the right kind of help and support. In a way, it is like holding their hand until they have taken a few steps. We must prevent

and that which is undertaken for the specific purpose of 'becoming fit' or 'healthy' or 'staying slim'. Ross (1996b) correctly we think, distinguishes between these two usages of the term 'exercise'.

them from falling back down to the bottom of the stairs as a result of failure and bad exercise experiences. (Corbin et al, 1987, p.10)

Younger children were inevitably construed as having "limited capacity to abstract the notion of future wellness" (Fox and Corbin, 1987, p.34) and thus their teachers were encouraged to emphasise "fun and enjoyment" in their programmes. Adolescents, on the other hand, were represented as "more concerned with the present than future health outlook" (Fox and Corbin, 1987, p.34) and thus the benefits of looking and feeling better were construed as important motivators for this age group.

Pervading all programmes of physical education which drew on health related fitness as an underpinning concept, was an overriding assumption that once a child is told what is 'good for him/her, he/she will behave in ways which perpetuate that 'goodness. It was an assumption that informed not only physical education discourses but also messages relating to sexual proclivity, drug use and other 'adolescent issues which were increasingly being drawn into the subject domain of physical education in schools in the 1980s and 1990s (Kelly, 1998). Despite considerable anecdotal and research evidence suggesting deterrent programmes are doomed to failure in the adolescent market (Kelly, 1998), an assumption that 'knowledge changes attitude which in turn changes behaviour remains embedded in much of the curricula content and pedagogy of school physical education. This presumption has consequences for the type of assessment practice adopted in relation to physical education and health content, and ultimately for the way children are constructed as knowing or ignorant subjects in the course of their school study of physical education and health subjects.

In school-based preventative programmes adolescent children are positioned as being 'at risk of 'falling prey to a range of 'temptations ranging from smoking, drinking and drug-taking to un-protected sex. These types of programmes often focus on providing 'the facts, letting young people question 'what they're in for if they choose to turn their backs on established knowledge about what is 'right and what is 'wrong. Graphic television advertisements depicting the grief and agony suffered by victims of drunk drivers, for example, are increasingly being used in New Zealand to deter youngsters from behaving in ways injurious to the health of themselves

and others. Pictures of blackened lungs, fat oozing out of damaged arterioles (Television One advertisement) together with lists of diseases linked to smoking are paraded in front of young would-be smokers and the dangers of fatty food consumption are shared in nutrition programmes aimed at improving the eating habits of New Zealand youth.

As Wyn and White (1997) have recently pointed out, "the positioning of young people as a threat to accepted social values, and as likely to engage in risky behaviours" (p.21) has been a predominant Western discourse since the turn of the century or even earlier. The construction of youth as a 'problem category has been solidified by media representations ranging from television soaps to documentaries on youth issues. Furthermore, as Wyn and White (1997) suggest, there is an "integral link between development of a discourse of youth as a problem, and the establishment of many levels of institutions and processes for the monitoring, processing and surveillance of young people" (p.22). Schools are among some of the most powerfully positioned institutions to engage in this 'processing and 'surveillance and within schools, physical education programmes are increasingly viewed as having a major role to play in 'risk prevention and 'risk alleviation.

While *Daily Physical Education* as a primary school based had all but disappeared in New Zealand by the end of the 1980s, the assumptions about the 'healthy child, and the sentiments about individual responsibility for health it drew on were to remain entrenched in many of the subsequent curriculum innovations and practices developed in physical education. This is not surprising given that the ideological foundations of health related fitness based physical education initiatives and government policy on health promotion were essentially mutually constitutive. In the late 1990s, for example, New Zealand's 'Education Forum was able to state with some certainty that:

the principal focus of health and physical education should be to encourage healthy lifestyles and a regimen of risk avoiding behaviours, so as to prolong life to normal term with a degree of quality.
(Education Forum, 1998, p.ix)

Support provided by scientific developments at tertiary level in the field of weight control, exercise training and body shaping (see, Russell and Buisson, 1989; Russell and Wilson, 1991) added further value to the instrumental, health related fitness view of physical education and in addition, many of the broader educational reforms mooted throughout this period embraced a language of individualism which health related fitness education proponents could draw on.

The shifting agendas of political and educational reform at national level also produced a climate receptive to the promotion of single package curriculum initiatives which were to profoundly influence the substance and character of sport and physical education in New Zealand schools in the late 1980s and early 1990s (Grant, 1992). In particular the explicit linking of sport with wider government goals of producing citizens capable of contributing to the national good, meant that state sponsored organisations such as the New Zealand sporting commission, the Hillary Commission, were able to legitimately participate in decisions about what should happen in the name of the 'physical in schools. Initially set up in 1987, The Hillary Commissions aim was "improving the physical and mental well-being of the nation by encouraging New Zealanders to lead healthy, active lifestyles" (Scott, 1990, p.2). The commission viewed sport as the penultimate vehicle for achieving its aim and set itself the task of working with sport organisations, local bodies and government departments to develop policies and programmes geared toward promoting nation-wide sports involvement. .

Several other less-overtly sport-based initiatives were also advanced by the Hillary Commission and from the late 1980s onwards, New Zealands National professional organisation for Physical Education teachers - Physical Education New Zealand (formerly New Zealand Association for Health, Physical Education and Recreation) promoted collaborated with the Hillary Commission to offer several resource packages that were widely used in primary and intermediate schools. For example, in 1992, a Hillary Commission/PENZ initiative, the *KiwiDex* programme focusing on 'fitness and 'motor skill acquisition was introduced. In this package, a renewed interest in the notion of promoting education 'of the physical rather than education 'through' the physical was evident. Drawing on research derived from epidemiological studies conducted by the university based research unit, 'Life in New

Zealand, and linking in with a scientific interest in components of motor skill acquisition permeating the academy of physical education at that time, the *KiwiDex* program provided teachers with the kind of 'expert guidance they sought to address the motor skill development and healthy lifestyle aims of the poorly resourced 1987 syllabus.

From 1993 onwards sweeping changes to curriculum development in New Zealand took place - changes which were to once again redefine the role of physical education in students lives and construct different notions of the kind of citizen state schools should be aiming to mould. Most of these changes had their origins in the 1980s curriculum reports (e.g. *Picot Report* and *Tomorrows Schools*) and evaluations and the technocratic conceptions of teaching and individualism reflected in those reports were to permeate the practices of schooling from this point onwards.

The release of a new New Zealand Curriculum Framework in 1993 hailed a shift in policy orientation for teaching, learning and assessment in schools. The curriculum for compulsory schooling in New Zealand was compartmentalised into seven essential learning areas and the skills and capacities desired in New Zealand citizens were represented in a list of eight essential skills that all children should have acquired by the end of compulsory schooling. Those skills listed were, communication skills; numeracy skills; information skills; problem-solving skills; self-management and competitive skills; social and co-operative skills; physical skills, and work and study skills (The New Zealand Curriculum Framework, 1993). Significantly, a cadre of attitudes to be inculcated in the young were also foregrounded in the document, reflecting increasing concern to promote morality and individual responsibility in New Zealand citizens. Embodied in the New Zealand Curriculum Framework (1993) were alternative assessment criteria for secondary school subjects as well. Derived from the 1986 Learning and Achieving Report, a range of school-based assessment practices was also suggested in the Framework.

From this overarching curriculum framework, statements pertaining to each of the seven essential learning areas were developed. While up to this point in time, Health Education had been a separate subject, with its own syllabus (1985 Health Education Syllabus), in the new

curriculum framework, this curriculum area was combined with physical education and aspects of home economics under one umbrella - Health and Physical Well-being. While debates over government rationale for combining three historically separate subject spheres into one area like this continue, year 2001 physical education teachers are faced with the challenges to subject integrity, pedagogy and status of their area that this combination of hitherto separate subject areas presents.

The writers of the new syllabus statement were also influenced significantly by the work of Australian and British physical education writers (e.g. Tinning, Kirk and Evans, 1993; Kirk, 1992; Evans et al, 1996) who had begun to draw on critical theory to articulate the contested nature of traditional physical education subject matter and teaching practices. The developers of the new syllabus incorporated tenets of this socially-critical theorising into their draft writing of the new Health and Physical Education Curriculum. While physical skill and biophysical knowledge about the human body was still emphasised in the new curriculum, sociological, cultural and psychological knowledge was alluded to as crucial in the attainment of a holistic understanding of health and physical education. This represented a dramatic departure from previous syllabi, where the foundational knowledge domain was human movement science.

Writers of the document also explicitly drew on the research of North American curriculum theorist, Anne Jewett, in their conceptualisation of the overarching framework for the document. In her 1994 article, *Curriculum Theory and Research in Physical Education*, Jewett delineated three potential sources of curriculum matter in physical education - the subject matter, the individual and the society. She suggested that traditionally, physical education curriculum developers had drawn almost exclusively on 'the subject matter of their discipline as the primary content for school programmes. Her argument that new curriculum developments should endeavour to draw more concertedly from the individual and society domains was taken up quite literally in the work of the New Zealand curriculum writers.

Interrelationships between individuals with self, others *and* the society within which they live were stressed rather than an exclusive focus on developing the 'physical child. Moreover a

clear mandate to not only embrace, but also critique health promotion policies and practices was provided in the Policy Specifications for the national statement for health and physical education. For example the first policy specification reads:

This essential learning area encompasses integrated learning processes, which inform, extend and *critique* practices that promote health, development and well being of individuals *and groups* who live in a changing world.

In terms of how health was defined, the new HPE curriculum represented a marked shift from the prior 1985 syllabus. The notion of well-being is central to the new curriculum. Well being is a concept derived from the World Health Organisation's 'Ottawa Charter' (1986) commitment to a holistic conception of health. In these terms, 'well-being' is viewed as encompassing not just biological aspects of health, but rather the physical, social, mental, emotional and spiritual dimensions of a person. Each of these dimensions is held to exist in an interdependent relationship with each other, and the health and physical education subject area is presented as a milieu within which each can be developed in a 'balanced' and integrated way.

Alongside the WHO concept of 'well-being', the HPE curriculum endorses a Maori philosophy of health termed 'Hauora' which comprises four mutually supporting components - Taha hinengaro (mental and emotional well-being); Taha whanau (social well-being); Taha tinana (physical well-being) and Taha wairua (Spiritual well-being).

Another key concept underpinning the HPE curriculum is the notion of 'Health Promotion' that is once again drawn from the World Health Organisation's Ottawa Charter (1986). Health promotion is viewed as a process for helping students and teachers to "make a positive contribution to their own well-being and that of their communities and environments" (HPE curriculum, 1999, p.32). Described in this way, Health Promotion differs significantly from the notion of individual health behaviour change predominating in the 1987 physical education syllabus and in the 1985 Health Education syllabus. In its foregrounding of the importance of

the 'environment' and 'context' within which health-promoting habits may be acquired, it represents a shift from the exclusive focus on the individual as solely responsible for her/his health outcomes.

A further feature worth noting is the socio-ecological perspective adopted in the new HPE curriculum. According to this perspective, individual selves do not exist in a vacuum, but rather are influenced by and influence other people and society. In terms of health or well-being what this means is that the interrelation between an individual and her/his wider sociocultural milieu is emphasised. Healthy choices are no longer viewed as individual responsibilities but rather viewed as linked to diverse needs as articulated by a range of groups, individuals and institutions within society.

2.2 Curriculum packages/syllabi/resources

There are several curriculum packages and syllabi that were introduced to New Zealand Physical Education in the 1980s that have remained integral parts of many primary and intermediate school programmes in schools. It is important to examine the key tenets of these curricula packages because they have contributed to the knowledge base available for young people to draw on when responding to each of the five tasks described in this report.

KiwiDex is a foundation level exercise programme for primary and intermediate schools that emphasises physical activity for all. The programme seeks to encourage positive attitudes amongst young children toward an active lifestyle and to positively influence children's health related fitness, skill related fitness, risk of ill health in later life, posture, sleep, diet, self-esteem, confidence, choice making and overall sense of well-being. The key feature of *KiwiDex* is its imperative to exercise daily - a suggestion linked to the 1987 Physical Education syllabus's directive that children "should participate in vigorous daily physical activity" (Physical Education Syllabus, 1987, p. 5). The programmatic elements of the *KiwiDex* programme include the use of exercise circuits, obstacle courses and a range of active games (e.g. catch the dragon's tail, cat and mouse, stuck in the mud).

Another resource produced by PENZ and supported by the Hillary Commission and Avalon Studios Health Production Unit is the *Exercise Lifestyle Awards* programme. This programme is designed to encourage students from year 7 onwards to "explore exercise options available to them, learn how to set realistic and achievable goals, and design their own exercise programme..." (in PENZ, 1996, p. 27).

Yet another PENZ/Hillary Commission initiative is that of *Jump Rope for Heart*. This programme, focusing on encouraging children to skip to keep their hearts healthy has been widely adopted in New Zealand schools and national 'jump-offs' remain an important calendar event for many primary schools.

Syllabus for Schools: Health Education in Primary and Secondary Schools (1985)

This 1985 syllabus replaced a primary school syllabus drawn up in the 1940s and represented the culmination of 12 years of intense public discussion about what and how health education should be taught in schools. In this syllabus 'health is regarded as a state of well-being related to physical, mental and social dimensions of a person's life. The syllabus rejected a medicalised notion of health where 'health is regarded as simply an 'absence of disease and instead embraced a vision of health education as the "process through which people develop the understandings, skills and motivation to act in a responsible way for their own health and the health of others" (p.4). Goal-setting, self-monitoring of progress toward health goals and development of a healthy 'attitude towards ones own health were key emphases in this syllabus. Curriculum content was organised into nine themes: Building Self-Esteem; Eating for Health; Caring for the Body; Physical Activity for Health; Staying Healthy; Keeping Safe; Relating to Others; Finding Out About Helping Agencies; and Having a Role in Community Health Issues. For each of the nine themes, Trial Units were developed to support teaching at each of the school levels. For example in relation to the 'Eating for Health theme, junior primary students used a booklet entitled 'Eating Well, middle primary schools drew on a booklet called 'Learning about Food and senior primary teachers used 'Understanding Food Needs as the resource for class activities in this sphere. Many of the imperatives contained

within these resources have clearly contributed to the ways in which the year 4 and year 8 students think about health.

1987 Syllabus of Physical Education for Junior Classes to Form 7

The 1987 Syllabus of Physical Education for Junior Classes to Form 7 replaced the 1953 Primary School Syllabus and has been the legal prescription for New Zealand teachers of physical education in primary sectors until 1999. The syllabus stressed the role physical activity can play in physical development, social and personal development. A large range of specific objectives for physical education is claimed. Included amongst these are claims that physical education programmes can help students to: learn to make informed decisions about a healthy life-style; develop and maintain physical fitness; develop self-esteem; learn to face and respond to challenges; and develop attitudes and practices for safe participation in physical activities. As Director-General of Education of the time Walter Renwick described it:

Emphasis is given to daily physical activity and the learning of motor skills that can be applied throughout life. In applying these skills, students can pursue interests in fitness, health, recreation, and sport while developing personally and socially (Renwick, 1987, p.4).

Life Education

The Life Education Trust is one of several community-based groups working with young people in the sphere of drug education. The trust's programme originated with the work of Ted Noffs in Sydney and was implemented in New Zealand in 1988. Programme leaders adopt a preventative approach to substance abuse, environmental abuse and social abuse. As southern region director of the Life Education Trust suggests:

One objective is to provide children in their formative years from five to 12 with an awareness and understanding of their wonderful bodies. They

are taught how they function, and why the body is affected by substances that upset its delicate equilibrium" (Murray, 1994, p. 13)

The Life Education Trust has extensive involvement in primary school programmes throughout New Zealand. In the Otago region alone, almost all primary school classes, from new entrants to form 2 are visited once a year by the mobile classroom³ and both children and teachers are supplied with Life Education materials and resources for on-going study. The Life Education Trust programme has tailored its teaching resources to link directly to the aims and objectives of the new Health and Physical Education in the New Zealand Curriculum syllabus. Thus, many primary school teachers find the materials both accessible and applicable to their school-based programmes. Indeed, it would appear that for some schools, Life Education visits *are* the extent of the health education programme offered. Life Education programmes include information about health aspects such as: the mechanics and physiology of the human body; 'healthy food; the brain; space; body parts; relationships; coping with stress; smoking; dealing with feelings and the development of personality. The programme is very focused on understanding the human body and its systems - an emphasis that contrasts with the 1985 Health Education syllabuss concern to focus on health in a more holistic sense.

2.3 Television advertisements

Several advertising campaigns on national television in New Zealand have focused explicitly on physical activity, weight loss and mental health in the past decade. While no causal one to one relationship between media campaigns and student views on health and fitness can be made, throughout student responses to each of the five fitness/health tasks there is evidence of the impact messages associated with these campaigns has had on young peoples understandings about what 'health and 'fitness mean. Campaigns that seem to have had a particularly profound effect on some children include the following:

Hillary Commissions Push Play Campaign: In this campaign vignettes of people of different ages, cultures, shapes and sizes are shown using their bodies in everyday ways. The message

³ In 1999, 97.5% of primary schools had been visited at least once by the Life Education truck (Nicholson, 2000).

is that exercise doesn't need to be something you have to do at a gym. Rather, everyday activities are valuable sources of physical activity that can contribute to a long and healthier life. The voiceover accompanying visual images is "Like you, exercise comes in all shapes and sizes, and if it adds up to just 30 minutes a day it can add years to your life". Pacific Island women dancing is represented as 'aerobics, a businessman following a woman in a short skirt up the stairs is doing a 'step class and a man pulling his dog on a trolley is doing 'resistance training.

Mental Health Foundation's Absolutely Nothing! Campaign: In a parody of infomercials advertising style, this campaign endeavours to sell its viewers on the notion that they should take time out to do absolutely nothing to reduce stress and improve their well-being.

Jenny Craig Weight Loss Programme: This campaign emphasises the relationship between losing weight and having a better life. 'Before and 'after photos of women who have participated in the programme are accompanied by voice text that says, "the way I felt then and the way I feel now, well there's just no comparison. It's just a wonderful, happy, shining feeling". Another advertisement for this programme states "it's not about what you eat really it's about how to live your life in a healthy way...[Jenny Craig has] taught me to like me again".

Bioslim infomercial: In this advertisement consumers explain that losing weight with the assistance of the Bioslim project makes them "feel twenty". The 'host of the infomercial asks "do you love your new body?" and the response from the consumer featured is "Bioslim changed my life". Here, as is the case with the Jenny Craig advertisements, losing weight is equated with gaining a life, with happiness and with success. Furthermore, the notion that any body is potentially mouldable is emphasised.

Fastburner infomercial. Fastburner is a "meal replacement formula". The advertisement claims that Fastburner can help consumers lose weight quickly. It also suggests that losing weight will mean consumers will "look and feel healthier, have more energy, feel stronger and

fitter". The notion that weight is a significant 'marker of health is clearly expressed in this advertisement.

Nutragrain. This commercial advertises a cereal brand. In it, an ironman works out amongst metal, fire and steam. The weight stack he is lifting turns into a dragon that he battles and the text message is "Nutragrain - ironman food".

Weetbix: Weetbix is a cereal promoted as the "official breakfast of the All Blacks". One of the key components of Weetbix focused on in the advertisement is its low sugar content and high iron content.

Torsotrack infomercial: The advertisement features a machine that "targets the hard to reach muscles". It promotes the Torsotrack machine as something that is especially useful for women who have had children to own because they will *need* to flatten their "saggy" abdominals. The Torsotrack infomercial presents an image of the body as something comprised of flabby, floppy, soft parts which each need to be "worked".

The Cotton Wool Generation: This documentary screened on television in New Zealand, November, 2000, suggests that obesity is a major problem for New Zealand young people and that the major causes of obesity are too much TV watching, too much junk food and not enough exercise. The documentary's front person argues:

Our kids eat more junk food, watch more TV and are more sedentary than any generation before them. Like the rest of the world our children are in the midst of a medical epidemic being tagged the fastest growing disease of the new millennium... That disease is obesity.

Shots of food commercials advertising food high in fat and sugar content, pictorial representations of 'obese people and 'expert opinions from medical personnel and sociologists work to transmit the message that "we are killing our children by having them sit in front of the TV and eat junk food" (Dr. Naomi Neufeld).

Part 3: The coding process

3.1 Getting started and demographic coding

Responses to the questions for analysis were copied from the National Education Monitoring Project's data and sorted into files according to question, age and sex. A format was developed to enable efficient searching and retrieval of information once the data was entered into the NUD*IST programme. Documents were entered with a main header detailing the question and the sex and age of respondents. Each response included a subheader listing the school code, the student code, the sex and ethnicity of the student, the community zone, community size and socio-economic rating of the area in which their school was located, the size and type of school and the percentage of Maori and Pacific Island students at the school.

The responses included in each new document were coded first according to the demographic data contained in the subheaders. A demographic tree was constructed out of nodes at which data was stored according to each demographic variable. The entire document was coded at the appropriate nodes for question, age and sex. Searches were then performed using the string search option of NUD*IST to locate, retrieve and store new data according to ethnicity, zone, community size, school size, school type, socio-economic rating, percentage of Maori students and percentage of Pacific Island students.

3.2 Content coding – process and emergent themes

The responses included in new documents were then coded according to content. This was a much less straightforward activity, involving trial and error. Nodes were created out of the data so that the structure of the tree would reflect the actual responses of students. As each response was read an appropriate node was created at which to store it. Often a single response was coded several times at different nodes. As themes began to develop nodes were grouped together according to a developing conceptual framework. Searches were performed to explore the relationships between nodes.

The content tree was organised through seven main organising nodes: 'Physical Activity', 'Body', 'Health', 'Risk Prevention', 'Consumption', 'Self' and 'Environment'. References from all questions were coded across the tree, although particular subnodes often coded responses from one question, such as 'Time', which consisted almost entirely of 'How Fit mentions of timing exercise or pulse rate, or 'Improvement' which consisted mainly of 'Its Great to be Fit' responses. Questions were tracked through clusters of nodes in order to analyse the different themes and nuances which emerged.

3.3 Working with both the demographic and content sections

Once all the material was entered into NUD*IST and coded according to demographic information and content themes, we were able to compare the kinds of responses made by particular demographic groupings in response to specific questions. For example, the intersect search option of NUD*IST enabled us to retrieve responses made by all year 4 non-Maori girls from a low area who responded to the 'How Fit question. We were then able to compare their responses with those made by other groupings. The intersect option also allowed us to establish how many students from particular demographic groupings mentioned particular phrases or themes, thus establishing both a qualitative and quantitative basis from which to undertake further research. Responses to each of these tasks were collected and each response recorded in a computer file.

Part 4: *Being Healthy*

4.1 The task

Students at both year 4 and year 8 were asked:

"I would like you to think about what a person needs to do to be really healthy. Tell me as many things as you can think of and I will record them for you"

The *Being Healthy* task was a one to one task where the assessor recorded student responses. Assessors encouraged students to have their ideas recorded separately even when two or more ideas were given as one. Students were permitted to have as many ideas recorded as they wished so some students mentioned one or two things while other responses comprised a list of seven or eight health-promoting behaviours. There are two important linguistic nuances to note in this question. Firstly, the emphasis on finding out what a person needs to *do* in order to be *really* healthy. In other words students are being asked what *actions* or *behaviours* could they undertake to ensure they would be not simply healthy but *really* healthy. Secondly, students are being asked to think of as *many* things as they can that a person could do to be healthy. That is, the genre of the question mirrors one that a student may experience in a 'test or an 'exam.

Responses to this question were initially analysed in relation to subgroups. The Maori responses were analysed separately from non-Maori, divided by year group and further subdivided by gender. The non-Maori responses were analysed within socio-economic-index subgroup, gender group and year level groupings. In reporting results of this question we identified the dominant themes emergent across all groups and discussed any gender, ethnicity, or year-group-specific trends where these arise.

4.2 Eating and drinking 'right

Across all year groups, gender, SES index and ethnicity groupings, 'consumption behaviours were the most prevalently recorded responses to the 'Being Healthy question. What to eat and what to drink were clearly specified in most instances (e.g. 'drink water, milk and juice" or "eat fruit and vegetables") although there was an occasional generic statement such as "eat healthy food". There was just one explicit reference to the 'food pyramid yet there was an overwhelming sense that all of the students were very familiar with the principles of the food pyramid diagram (i.e. eat plenty of fruit, bread, cereal and vegetables and very little fatty foods). There were occasional references to food-types that are traditionally linked to Maori food preferences (e.g. "eat some hangi", "eat water cress" and "have boil ups") yet in relation to this question the Maori children in the study seemed to have taken up the imperatives of the food pyramid with the same enthusiasm as their non-Maori counterparts.

Given the ready availability of resources to assist in teaching about nutrition, the predominance of 'healthy food responses is not surprising. Much of the resource material accompanying the release of the 1985 Health Education syllabus explicitly focuses on 'healthy eating. For example the Health Education Trial Unit 'Eating for Health includes sections entitled 'Eating Well, 'Learning About Food and 'Understanding Food Needs. In addition, Healthy Schools Kura Waiora: Health promotion guidelines for schools (1995) emphasises food and nutrition as a key component of health-promoting schools. Anecdotal reports from year 1 – 8 regional health and physical education advisers in the Southern region⁴ suggest that the constituents of the food pyramid are perceived as 'easy to teach to young children and that the range of posters, work booklets and video resources available to schools free of charge from institutions like the New Zealand Heart Foundation encourage teachers to emphasise this particular aspect of 'health in their classroom programmes. The plethora of advertising campaigns about 'healthy eating mounted in both written and audio-visual media also contribute to the store of 'public information that young people and teachers have to draw on when considering this health topic. Further, as Mayall (1994) suggests, food is a topic

⁴ We are referring here to conversations with Otago-region and Southland-region primary school physical education advisers who regularly visit a range of schools and teachers in the south island.

regularly discussed by parents/caregivers and children in the home environment. Everyday parental injunctions to "eat up your cereal – its good for you" or "no, you cant have any more lollies" contribute to the understandings children construct about what foods are 'good to eat and what foods are 'bad.

One feature of the 'healthy food messages reiterated in response to the *Being Healthy* question is their prescriptive nature. Particularly at year 8, particular food types and quantities of foods 'allowed were described in some detail. For example, "have 12 Weetbix per morning" or "eat 5 fruit and 5 vegetables a day". In both year groups and across all other indexes (i.e. gender, and ethnicity) fruit and vegetables were the most commonly mentioned food types and water was prescribed as the healthiest drinking fluid. In many instances, the precise amount of water to be consumed per day was specified – e.g. "drink 8 glasses of water every day". At year 8, there were more mentions of specific food groups like vitamins, protein, carbohydrates and also more frequent expressions of brand-name foods like Weetbix or Nutragrain. In the high SES groups, there were mentions of foods that children from low-income families may well not have ready access to. For example "drinking filtered water" and "eating raspberries and strawberries" yet generally the tenor of the 'good food versus 'bad food responses was similar across all groups. One student had clearly absorbed the message relayed through Heart Foundation television advertising campaigns. She equated eating well with eating "foods that have the national heart label".

Interestingly, despite the fact that this task specifically asked students to identify things they could *do* to promote health, in relation to food, many students prescribed things that people should *not* eat in order to be healthy. The list of 'do nots was almost as substantive as that of the 'dos. For example, "dont eat too much junk food, dont eat too much salt and dont eat too much fat", "dont drink heaps of coke", "dont eat heaps of meat", "dont eat too much", "dont have barbecues all the time and "dont eat sweet things..." Although these statements can be construed as fairly prescriptive, the qualifiers "too much" and "all the time" frequently appearing within such statements suggests an awareness that these substances may be alright to eat as long as they are consumed in moderation. Indeed, this language of moderation pervades responses across all groups, especially in relation to medium to high SES rated

groups where the moderation theme was expressed in instances like the following: "Eat healthy meals – fruit, vegetables, rice, not much meat – but still some, water", "Good eating – flow, sometimes spoil yourself but not too often" and sometimes in explicit statements like "take everything in moderation" or "watch what you eat – moderation". Despite the emphasis on moderating food intake, "fatty foods" were pervasively represented as 'forbidden things with the most extreme manifestation of the dangers of fatty foods being expressed in the response, "dont eat fatty foods or youll die".

One feature that distinguished year 8 from year 4 responses was that year 8 students seemed to have a much clearer notion of what the consequences of their eating behaviours might be. That is, at year 8, not only did the students think they know *what* they should eat, but they also emphasised *why* they should eat it. For example, even when not specifically asked to, a student might say "eat carrots because theyre good for your eyes" or "eat less fat because its good for your heart". That is, some notion of the long-term consequences of food choices was being expressed at year 8.

One of the consequences of eating 'junk foods that was regularly referred to across all year groups and by both girls and boys was that of 'getting fat. Furthermore, links were frequently drawn between foods that 'make you fat and sloth, as the following year 4 non-Maori low SES boys responses reveal: "Never sit on couch watch TV and eat potato chips" and "Dont eat donuts and sleep all day". The equation 'junk food consumption = laziness is repeatedly expressed and although not always explicitly stated, the implication is that eating the 'wrong' foods is indicative of 'laziness' and vice versa. That is, a person that does one 'bad' thing (e.g. eats junk food) is portrayed as someone who will tend to do another 'bad' thing like "sleep all day".

4.3 Doing deliberate exercise⁵

Doing deliberate exercise as a route toward 'being healthy featured prominently in responses across all groups. While there were relatively few direct references to 'getting fit as a way to 'be healthy, deliberate exercise in the form of running, walking, playing sports or (in the case of the boys) 'going to the gym *were* mentioned frequently. There were some clear distinctions between responses elicited at year 4 and year 8 in relation to deliberate exercise strategies. There were also differences between boys and girls responses and between low SES school students responses and medium to high SES school students comments.

Firstly, an awareness of the existence of commercial gymnasiums and the contributions such venues could make to a persons health was greater at year 8. Both boys and girls suggested that "going to the gym" could help a person get healthy in year 8, yet fewer year 4 boys or girls mentioned the gym as a place where they could go to get healthy. Very few Maori boys or girls at either year level referred to the gym in their responses. Further, recourse to commercial gymnasiums, as a health-promoting venue appears to rise exponentially with the SES level of the school attended. That is, from low SES schools, a total of 8 mentions of the 'gym were recorded but for medium SES there were 21. For high SES there were 18 gym-related responses. The relatively high financial outlay required to join a gymnasium and the costs linked to purchasing gym-related 'gear may be a factor here and there is some evidence to suggest that medium to high SES range students are more likely to have a parent who either possesses gym-related equipment or attends a gymnasium her/himself. For example, the year 8 male high SES boys mentioned specific gymnasium equipment such as "infomercial machines" "fast burners" and several used gym-speak languages such as "work out" to describe what needs to be done to be healthy. Several high SES year 8 girls referred to using their mothers gymnasium equipment, yet there are no allusions to this in any of the low SES-region responses.

⁵ Deliberate exercise is a term coined by Ross (1990) to refer to any kind of activity that has as its purpose an external aim (e.g. improving fitness; looking better etc).

Secondly, at year 8 statements about deliberate exercise were a lot more prescriptive. That is, students were specific about not only what types of exercise should be undertaken but also about how much of it should be done. For example, "run two times per day" or "get into outdoor activities like surfing, skateboarding, roller-blading". The year 4 responses, on the other hand, were characterised by statements like "do lots of exercise" or "exercise heaps" - responses that suggest exercise is good for health but don't necessarily prescribe the nature of that exercise. Year 8 students were more likely to state the principle – e.g. "do exercise" and *then* relay the specific quantity and type that is required to be 'really healthy'.

Predictably, playing specific sports was also regarded as a health-enhancing strategy across all year level and gender groups. Two girls mentioned dance as an useful activity, yet overall, girls, like the boys, were much more likely to name a sport such as 'rugby than to refer to sports or exercises traditionally conceived of as more aesthetic in nature. In the data derived from students located in high SES schools there was evidence of a greater awareness of and engagement in organised club sport and institutionalised physical activities. For example, "doing aerobics", "going to practice" and "doing gym". While engagement in sports could arguably be conceived of as a 'healthy thing to do for reasons relating to socialising, making friends and being part of a team, it was clear from the student responses, that it was the requirement to 'run or be 'energetic that sports-playing implies that was most important in relation to becoming healthy.

Amongst the plethora of responses that referred to specific sports or exercises, there *were* occasional references to 'everyday activities as health-enhancing behaviours. For example, amongst the year 4 boys data there were statements such as "dont go on elevator, use stairs" and "bike instead of riding in a car" and amongst the girls responses, "do gardening" or "run to work". Currently, television campaigns such as 'push-play (Hillary Commission) are emphasising the contribution of everyday activities to peoples fitness levels and healthy lifestyles. While there was some evidence to suggest children are cognisant of these messages, results would suggest that most young people continue to construe health-enhancing exercise to be something a person does that is separate from his/her everyday activities. In so saying, there was a surprisingly prevalence of responses naming 'walking as a healthy activity.

Another Hillary Commission initiative, the Green Prescription, is currently emphasising walking as a health-promoting behaviour, yet given this strategy is targeted primarily at adults it is unlikely young people have been significantly influenced by this (although the adults in their household may have been).

4.4 Keeping clean

Both year 4 and year 8 students of both genders also signalled hygiene practices as important. Statements like "wash your hands after you go to the toilet" and "wash your hands before you eat" were found amongst all year groups although there were more mentions of self-care activities like "clean your body with hard scrubs" and "always wash your hair" and "wash yourself" in the year 4 female high SES group than in other SES or gender groups. As Mayall (1994) suggests, self-care activities like brushing ones teeth, keeping clothes and body clean and washing ones hands are some of the first 'health lessons learned in the 'home environment with parents often viewing a child's capacity to carry out these tasks independently as a sign of his/her growing maturity and responsibility. Furthermore, one of the trial units accompanying the 1985 Health Education syllabus focuses explicitly on 'Caring for the Body with sections on 'keeping clean featuring prominently. For example, at junior primary level, students learn basic routines for cleanliness such as hand washing, bathing, and caring for teeth and nose.

4.5 Risks and dangers

The 'dont messages so prevalent in the year 4 responses were still present at year 8 but the emphasis had shifted from predominantly 'dont eat this and that messages to warnings about the dangers of drinking alcohol, smoking cigarettes and taking drugs. The Life Education programmes and Health Education Trial Units (Department of Education, 1985) that are regularly drawn on in primary schools contain a wealth of material related to risks of drug and alcohol abuse and with the recent release of OECD statistics for New Zealand youths levels of drug and alcohol abuse, government concern about this issue is intense. The Life Education programme, in particular, focuses on educating children about "what is healthy and what is

harmful" (Nicholson, 2000). Year 8 children, according to this data, did distinguish very clearly between substances they view as harmful and those that are 'good for your health.

While a language of moderation pervaded the responses that relate to food, the 'dont drink and 'don't smoke' responses were definitive. That is, frequently students said 'dont drink alcohol at all whereas the food responses often reflected an understanding that a little bit of something like chocolate is alright but "too much" of it is not.

Injunctions to 'be careful and to 'not take risks appear much more frequently in the mid and high SES groups than in responses yielded by students from low SES schools. Furthermore, while generally boys phrased their responses to the *Being Healthy* question in terms of what people should *do* - e.g. "do this, do that", girls were far more likely to say "do *not* do this..." That is, girls were more likely than boys in this group to project warnings about the 'dangers of certain behaviours.

4.6 Weight and health

There were relatively few mentions of 'getting thin or 'losing weight in the Maori responses to the *Being Healthy* question. An intersect search on 'weight linked to the *Being Healthy* question and Maori groups revealed that just one year 4 Maori girl referred to 'getting thin as a health-promoting behaviour. In so saying, over the entire non-Maori population, in relation to the *Being Healthy* question, results also indicated relatively few mentions of weight-related behaviour: Year 4 non-Maori girls (10 responses); Year 8 Girls (7 responses); Year 4 non-Maori boys (5 responses) and year 8 boys (6 responses). One year 4 low SES girl commented "Work hard and you can be skinny and healthy".

4.7 Role of health professionals

There were relatively few references to the role of doctors in contributing to a child's capacity to 'be healthy at the year 4 level (i.e. 10 mentions of the doctor in year 4 female group and 9 references to the doctor in year 4 male group). However at year 8, many more girls than boys

suggested that the doctor can help a person become healthy. That is, 21 year 8 girls referred to the doctor in statements like the following: "go to the doctor regularly for check-ups", "do what the doctor says" and "go straight to the doctors if something wrong".

The contribution of health professionals, in general, to health-enhancement, was emphasised more in responses from students in medium to high SES groups than in those from low SES groupings. Even where doctors were not mentioned specifically, there were several references to other people or places a child could go to for tips on how to get healthy. For example, one year 8 girls said that it is important to "know who to go to when you need help" while another said that you can "find knowledge about good health (from teacher, library)".

4.8 Be happy

Mid-high SES year 8 girls most pervasively expressed the notion that health may involve something other than working on the physical body. For example, references to enjoying life, being "happy on the inside" and having a "friendly – healthy mind" and to feelings (like 'joy), the importance of friends, maintaining a positive 'attitude and looking after or 'being kind to others were much more pronounced in the responses of this group than for any of the other girls or boys groups. While references to what to eat and drink were still prevalent, the older girls repertoire of health-facilitating behaviours seemed to have expanded to behaviours that were less concerned with the physical body and more focused on mental, emotional and social constituents of health. Examples of these sorts of sentiments include:

"Have healthy personality"

"Have friends around to tell nice things"

"Be friendly to others so not just healthy physically"

"Enjoy life"

"Relax – try (not) to get uptight"

"Be around friends"

"Be kind to others"

"Laugh – makes you happy"

"Positive mind – that that you are to be healthy"
"Being open – letting your feelings out"
"Think of good things not bad"
"Be happy rather than grumpy – good attitude"
"Not put too much stress on themselves"
"Dont make yourself uncomfortable to please others"
"Hanging around with friends"
"Be happy with yourself"
"Dont let stress get to you"
"Good social life"
"Take time out to avoid stress"
"Have confidence in yourself"

At year 8, in particular there *were* also boys responses that suggest an understanding of health in a more holistic sense – e.g. "go on holiday – relax" "look after themselves and other people" yet there are definitely far fewer references than in year 8 girls high SES to activities that do not directly imply physical work on the body.

4.9 Summary

Eating the correct foods, drinking the right fluids and exercising regularly were the most reported descriptions of 'healthy behaviour. Overwhelmingly, the things that a person should *do* to get healthy seemed to be things that both year 4 and year 8 students represented as behaviours that are 'up to you. That is, most of the activities suggested are ones that a person would do on their own. Very infrequently was the value of joint activity, family or community (or even walking with pets) outings specified as an important ingredient of health-forming behaviour. Given the emphasis in the new Health and Physical Education in the New Zealand Curriculum document on promoting a holistic concept of health and a socio-ecological perspective⁶ and in light of Kura Waiora's expressed commitment to supporting a range of

⁶ The Socio-ecological Perspective aims to assist students to "recognise the need for mutual care and shared responsibility between themselves, other people, and society; and 'identify and reflect on factors that influence

cultural models of health (e.g. Maori and Pacific Island models of health), recognising that many young people may still view 'health as largely an individual responsibility is crucial. In addition, understanding gendered patterns of responses in relation to this question may also be important if schools are serious about 'all children appreciating 'health and 'healthy behaviour in a holistic sense.

people's choices and behaviours relating to health and physical activity (including social, economic, environmental, cultural, and behavioural factors and their interactions" (HPE Curriculum 1999, p. 33).

Part 5: *Healthy Person*

5.1 The task

Healthy Person is a link task that required year 4 and year 8 students to "analyse a concept and identify key components" (Crooks and Flockton, 1999, 25). It will be repeated, unchanged, in 2002 as part of the second Health and Physical Education assessment cycle. The task had several components:

"In this activity your team is going to work together to decide what makes a healthy person. You need to think carefully about what a healthy person is.

Being healthy means many things to do with what is sometimes called our "total well-being". So when you think about a healthy person, you need to think of **everything** that helps make a person feel good"

Students worked in groups of four to decide what "total well-being" means. After explaining their ideas to the teacher administrator, students wrote down them down on the answer sheet provided. They were encouraged to "try to think of ideas that are very different from each other so that each idea is not like your other ideas". Students then shared their ideas with their group, working together to complete another answer sheet.

There are two important points to note about the question. The first concerns the amount of information given to students about the appropriate kind of answer. Health is clearly explained as wellbeing, and wellbeing as feeling good. Thus the *Healthy Person* question seeks to assess the extent to which students understand health as wellbeing. The structure of the answer sheet reinforces the question in producing a particular rendering of what health and wellbeing are. Space for answers is provided at six points around a 'healthy person, a structure which emphasises the already clear notion that health is a multi-faceted concept constituted by different though related parts. The prescriptive nature of the question precludes an analysis of the extent to which students engage with *different* models of health or work to resist and

challenge dominant conceptualisations of health. Because the question reflects the now well established shift from an idea of health as the absence of disease to the more holistic concept of wellbeing, analysis of responses has concentrated on the ways in which students negotiate and engage with these two different understandings of health.

5.2 Conceptualising health

Analysis of the ways in which students used the word 'health' revealed that year 8 girls made the majority of explicit mentions of 'health' and 'healthy'. 'Health' was most often used as a purely corporeal notion, although there were some mentions of "mental health", or "have a healthy mind". Responses which included 'health' or 'healthy' also mentioned visiting a doctor or dentist, taking medicine, getting sick, avoiding illness, being unwell, and avoiding germs. In this context a person was conceived of as healthy when they did not have to go to the doctor often or when they were not unwell or "diseased". Surprisingly, year 8 students mentioned illness more often than year 4 students did. This conception of health as an absence of disease can be linked to the idea that bodies are wholes made up of various parts. Students mentioned the importance of strong muscles, 'working limbs, healthy lungs, 'glowing eyes, a 'big fat brain, a 'pure heart, a 'clean mind which houses 'no nasty memories. The lists of body parts mentioned by year 4 students might also reflect the body systems teaching of packages like Life Education.

An analysis of the responses to the *Healthy Person* question identified an understanding by the students of the use of fitness as a marker of health. Fitness was mentioned by slightly more boys, year 8 students, and students who attend a school in a medium or high SES area. Unlike responses to the *How Fit* question, *Healthy Person* responses did not mention the constituents of fitness such as stamina, endurance, puffing, or being tired. Instead students emphasised 'being, 'keeping, or 'staying fit as a constituent of health. Having energy and being strong were also important, the latter mentioned by more girls, the former by more boys.

Year 8 students from high SES schools mentioned appearance more than other groupings did. In this rendering a healthy person was someone who *looks* 'healthy, 'good, or 'well. "The way

you look" included body size and shape. *Healthy Person* responses used weight or body size to measure health. One year 8 female student's answer sheet included "do you think you are fat: yes, no, just a little bit (circle one)". Students explicitly linked weight with health and wellbeing, commenting on the importance of "being a good weight" and advising "daily exercise to not get fat or sick". Interestingly, an equivalent amount of references to weight were made by female and male students, and there were clearly fewer Maori responses which mention weight and appearance than non-Maori. More year 8 students emphasised moderation when referring to weight-loss or dieting. Responses included warnings of the dangers of dieting or becoming too thin. Ideally, a healthy body seemed to be one that is *naturally* slim, shaped, neither over- nor under-weight. Mentions of weight, fat, size, shape or appearance were far fewer in number in response to the *Healthy Person* question than in response to *Its Great to be Fit* or *How Fit*. Weight, it seems, was more commonly used by students as a marker of fitness rather than of health.

The corporeal discourse described above was by no means the dominant health model used by students to describe a healthy person. A more holistic reading of the healthy self was pervasive. Students referred to "a healthy mind", "a healthy attitude towards people", a healthy family, a healthy neighbourhood and "good healthy thoughts". Having friends, being sociable, enjoying life, being 'good, having a "clear conscience", setting goals, being loving and kind, respecting others, not being "cheeky", being considerate, being fair, and being courageous were all mentioned as elements of a healthy person. Students of both year groups established a clear causality that linked morality and health. For example, good health was linked to the good feeling gained from helping others. More Maori students emphasised looking after others as an element of a healthy person than non-Maori.

Students conveyed a strong conceptualisation of selfhood in their responses. Both year groups referred to the 'self in some way, yet the idea of 'self-esteem was articulated almost entirely by year 8 students. Year 4 students were more likely to mention looking after oneself than they were thinking good thoughts about oneself. Both year groups regarded identity as integral to good health. Being healthy in this context meant being yourself, not showing off, not trying to be like other people, being self-aware or knowing whom you are.

The Year 8 students were more skilled in articulating causal pathways between healthy practices and health. For example, one student advised "try and have a high self-esteem - if you have a low self-esteem you wont care about your body". "Thinking positive", "loving yourself", "being happy" and "being proud of yourself" were both markers of good health and routes to it. Interestingly, mentions of selfhood, happiness, confidence, compassion and so on revealed minimal gender differences at both years. Girls responded only slightly more than boys. Although their responses were not qualitatively different, female responses revealed a slightly greater range of ways of describing healthy practices associated with the self. For example, while slightly more boys mentioned happiness as a marker of health, year 8 girls commonly referred to the power of affirmations in the production of health and wellbeing. For example, "love yourself", and "think positive".

5.3 Performing health

Because the *Healthy Person* question has several parts to it students could respond to the idea of 'what helps make a person feel good with verbs, as well as using attributes to describe what a healthy person *has*. Thus responses included 'having love, 'being in shape, 'being clean, 'having energy, 'getting sleep, and having a 'big brain together with 'sleeping well', 'eating healthy food', and 'doing regular exercise'. Students of both year groups were also clearly engaging with contemporary discourses of risk prevention, which emphasise individual responsibility for maintaining ones health through practising a healthy *lifestyle*. A one student commented, "someone that knows how to look after themselves is healthy". Responses often consisted of lists of practices described as healthy such as sleeping, relaxing, exercising, eating a moderate amount of healthy food, taking vitamins, drinking water, being clean, being careful and safe, laughing and smiling, being around friends, feeling good about oneself, being kind, helping others, and setting goals. Alongside commentary on such practices, attributes such as having energy, looking good, not being fat, feeling good, being fast, and being happy were often mentioned.

Hygiene practices were frequently mentioned. Keeping hair, bodies, teeth, food, and clothes clean were mentioned by more year 8 girls from high socio-economic regions, though the difference between groupings was slight. The importance of getting enough sleep was emphasised by non-Maori students from middle and high socio-economic areas and by Maori students from low and middle socio-economic areas. References to fresh air were made by non-Maori students from high socio-economic regions, particularly girls. At year 4 the importance of oxygen was emphasised. Although exercise was mentioned by an equivalent amount of girls and boys from year 4 and year 8 and from low, medium or high socio-economic areas, more year 4 boys from low or middle SES schools mentioned running. Slightly more year 8 girls mentioned incidental exercise and non-physical activities. This same demographic group referred to "being careful" as a constituent of wellbeing. According to one year 8 girl a healthy person is someone who is able to "keep yourself occupied creatively and safely". This emphasis on safety was important for a number of students, for whom "not doing anything you wouldnt normally do" provided a route to good health. Avoiding stress and relaxing were mentioned exclusively at year 8.

Year 8 students provided much more detailed prescriptive responses than year 4 students did. Diet was specifically "balanced", that is, to be healthy one must have "the *right amount* of sun", or a *good* sleep. Causality was more carefully established. For example, sleeping gives you energy, having energy feels good, feeling good is a marker of health. Both age groups were very concerned with quantity. Being healthy was often measured according to *how much* exercise one does, or healthy food one eats, or *how often* one eats "bad food. Students discussed quantity in relation to notions of moderation and balance: "eat your vegetables and treat your self at least once a week".

5.4 Summary

Both year 4 and year 8 students established linkages between bodies, health, morality and character. The idea of good health was often conveyed through notions of goodness, purity or perfection. Although physical, mental, social, spiritual and environmental elements were mentioned as constituents of 'total wellbeing, the model of health invoked by students was still

prescriptive, so that "their looks, sense of humour and personality" were yet more aspects of their lives to monitor for the presence or absence of health.

All students delineated a clear line between healthy and unhealthy practices. A healthy person was someone who doesn't smoke, drink, or take drugs, eat junk food, or too much food, "stress out", watch too much TV, be lazy, or "dance in the rain". One student explained that being healthy meant listening "to what teachers and parents say so you don't end up taking drugs or in a gang". More students mentioned not smoking in response to *Healthy Person* than they did to *Being Healthy*. Students were well versed in the ills of smoking, drinking and taking drugs. The triptych was mentioned in response to each of the five questions, including "don't drink or smoke" in response to *Its Great to be Fit*, "do not smoke, or do drugs because that will make your health and fitness deteriorate" in response to *How Fit*, a year 4 boy's advice to Patrick not to smoke if he wants to get fit in response to *Fit For Fun*, and "don't drink beer and drive" as a response to being asked to describe the components of a healthy person. It is clearly a message that students know well. One year 4 group response to *Healthy Person* was even parodic in tone: "kids, don't drink alcohol". Far more year 8 students mentioned smoking than year 4 students did, and slightly more boys than girls. More boys also mentioned laziness or watching too much television as unhealthy practices and barriers to good health, an interesting statistic when compared to the emphasis placed by girls on the power of positive thought and affirmations to produce good health. The ideal 'healthy person' which emerged from the students' responses was someone who takes personal responsibility for enacting a range of behaviours to achieve 'health'.

Part 6: *Its Great to be Fit*

6.1 The task

In this task students were shown a poster that reads "Its Great to be Fit, Its good for you to be fit". They were then asked to recite three reasons why it is good to be fit. The ideas were recorded for them by the visiting teacher. Students were offered an opportunity to change any of the ideas they originally submitted if they wished. Clearly students were already provided with a non-contestable key message – that is "it *is* great to be fit". What the monitoring process is getting at here is WHY do students (presuming they agree with the poster) think it is great to be fit?

Responses to this question yielded opportunities to examine the interface between concepts of 'health and those of 'fitness. As Kirk and Colquhoun (1989) and Tinning (1991) concur, health and fitness have traditionally been regarded, both in professional literature and lay perception, as interrelated concepts. A triplex whereby exercise is equated with fitness which in-turn is equated with health underpinned most of the 'innovations promoted in school physical education at primary level throughout the 1980s (Burrows, 1999). Finding out why students believe "its great to be fit" can assist us to understand whether these dominant discourses have purchase with young children. Furthermore, this task is the only one that specifically asked children *why* they think a particular state of being (i.e. fitness) is important.

As was the case for the other four tasks, responses to *Its Great to be Fit* were initially analysed in sub-groupings according to gender, SES-rating of the school the student attended, year group and ethnicity (i.e. Maori or Non-Maori). Where relevant, attention will be drawn to any sub-group trends in nature of responses supplied. Major themes emerging from overall results are discussed under six sub-headings.

6.2 "Its great to be fit cos then you are healthy"

Across all year groups, SES indexes and ethnicity groupings, a close relationship between 'fitness and 'health was evident in the responses of the students. Given the oft-reported relationship between health and fitness in academic and professional mediums, this result was not surprising. What was surprising, however, was the fact that this task yielded a higher proportion of statements mentioning 'health than any of the other four tasks. In fact, when responses for all five tasks were collated and searched for mentions of 'health or 'healthy, 80% of the statements about 'health were derived from the *Its Great to be Fit* question.

An intersect search between the *Its Great to be fit* question and *all* responses coded under the 'health node (e.g. responses referring to the doctor, sickness, etc. refer tree in appendix) revealed that 57% of health-related comments can be attributed to students who were responding to the *Its Great to be Fit* question. This one to one relationship between fitness and health, conceived as disease prevention, has been substantially critiqued over the past two decades, both by international researchers (Crawford, 1984; Colquhoun, 1990; Tinning, 1991) and New Zealand writers (Ross, 1990; Markula, 1997), yet by eight years of age many students already seem to have taken on board the fitness = health equation. Furthermore, the certainty with which most children emphasised this relationship points to their readiness to assume a direct and unproblematic connection between getting 'fit and 'being healthy. For example, its great to be fit "to get healthy"; "so you are healthy"; "so you dont get sick"; so "you will be healthy"; because "it makes you healthy" and most extreme, "you could die if youre not fit". There were very few responses that imply that 'being fit might be just one constituent of being healthy. One medium SES year 8 girl stated that fitness is great because "its part of being healthy" and one year 4 high SES girl qualified the link she drew between health and fitness by suggesting that "*sometimes* when you're fit you're healthy". Generally, however, the relationship posited between health and fitness was construed as a straight forward one to one link.

6.3 "Its great to be fit cos then you can do stuff"

Across all sub-groups an 'enabling motif dominated responses to the *Its Great to be Fit* question. In other words, being fit was viewed as facilitating students capacities to do other things or live a particular sort of life.

Year 4 male students from both Maori and non-Maori groups predominantly made statements that linked fitness with capacity to do something 'active like "do karate", "run fast", or "play sports". They also discussed how being fit would facilitate their capacity to do these activities 'better because fitness would provide them with the energy and/or strength to continue. Statements like "be able to do stuff – play T-ball, get goals", "it helps you work (and ride skateboard) without getting tired" or "helps you if you need to get somewhere fast" are typical of these responses.

Year 8 boys shared this understanding of fitness as something that 'enables a person to do more yet they emphasised 'endurance in their responses more so than the year 4 boys group. Comments like "run all day long" and youll "last longer" reflected their belief that being fit would enable them to "keep going" in a range of sports-related or incidental activities. Rather than "run faster" which was a typical year 4 boys response, year 8 boys were more likely to say "run for longer".

In the responses from boys who attended low SES schools, there were several references to fitness as something that can improve ones capacity to 'work' and 'get a job'. For example, "if you are fit you can get better jobs" and "so you can work", yet this was not a feature of commentary in the medium or high SES groups. On the other hand, male students from high SES schools mentioned several specific activities that were not mentioned in any of the other SES boys groups - that is, being fit for triathlons, surf life-saving or for participating within a team environment.

Girls from both year groups tended to express their reasons why it is 'great to be fit' in less definitive terms. Year 8 Maori girls, for example, still made enabling comments yet their responses were more moderated. For example, "you can do things *easier* if you are fit", "it gives you a *better* chance of winning" and "if you're fit you can do *more* things". Amongst the

year 4 girls results (both Maori and non-Maori) there were many responses that suggested that the purpose of getting fit was to enable one to do more fitness type activities or to make it "easier to exercise". Comments like 'it's great to be fit because it "makes you good at fitness" and "better at fitness" were typical here. While boys responses predominantly referred to particular sports or physical activities, in the girls results there were more comments that linked fitness to more generalised capacities. For example, "you'll be strong", "you get a lot of energy to do more things better".

6.4 Appearance

One of the key themes emerging from responses to the *It's Great to be Fit* question was a clear and unequivocal link drawn between being fit and looking good. There were more references to 'appearance in the sense of "looking good" in this task than in any of the other four tasks. 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'll look better. Equal numbers of year 4 boys and girls made statements like "cause you look good" and "you could be in magazines" while twice as many year 8 boys referred to looking good compared to year 8 girls. Year 8 Maori boys results yielded considerably more references to body appearance as compared to year 4 boys.

Present in many of the statements about appearance were direct and indirect references to weight and size. For example, comments like "look better - don't get overweight" and "doesn't make you look fat" suggested that for some students, 'looking good meant '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".

Intersect searches linking *It's Great to be Fit* respondents to comments made about being overweight, fat, thin, underweight and the right 'shape revealed, that for the majority of non-Maori students, fitness and weight were tied in an intimate relation. At both year 4 and year 8 and for both genders, the following sorts of comments were typical: 'It's great to be fit because: "you don't get fat", "it makes your tummy go smaller, "if you weren't fit you'd be all

fat", "if you are fat you may not get through the door", "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". 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 criticise you for being big" and "don't have to worry (about) people saying your fat/slow" reflect a recognition of the social isolation and intimidatory behaviours that people who are perceived as 'overweight experience.

Interestingly, the word 'thin was used far less frequently than 'fat. Girls at year 8 level seemed especially reluctant to suggest that 'getting skinny is a benefit of being fit, preferring to use the descriptor "so you don't get overweight". In many contemporary health education programmes, the dangers of under-eating or getting too thin and developing eating disorders such as anorexia nervosa and bulimia *are* emphasised. It may be that girls are getting the message that it's not alright to 'want to be thin yet results would suggest that they may be simply re-phrasing their desire to be thin in terms that avoid the words 'thin or 'skinny.

The fatness/fitness relationship so clearly enunciated by non-Maori girls and boys was not emphasised by Maori students of either gender or age group. Given that there are many television advertising campaigns and health promotion activities explicitly targeting Maori as a 'high risk for obesity group, it is interesting that weight-related issues were not so visibly of concern to young Maori in the *It's Great to be Fit* results.

6.5 Social Worlds

In the year 8 groups, in particular, there were several responses that provided insight into the social worlds of the students and how these link with their motivations to become 'fit. Amongst the year 8 Maori male group, for example, there were statements such as the following: 'it's great to be fit so that "when you are running - can be fit - don't come last - keep

up", "handy if being chased", "good muscled friends" and "get girlfriends easier". In the year 8 female Maori group, one student suggested that 'it's great to be fit "so that you are not teased" and "so when a man tries to get you, you can be faster". Several of the non-Maori medium and high SES school students of both genders also suggested that being fit will ensure greater popularity amongst peers, ease inclusion in social groups and will make one more attractive to potential friends. For example, "you get more friends the fitter you are".

6.6 Feeling Good

Across all of the sub-groups, some students equated being fit with 'feeling good. While for a few students 'feeling good was linked explicitly in their narrative to 'having energy and 'not being so tired, or 'having stronger bones and muscles, for others the links to 'physical constituents of fitness were less apparent.

In mid to high year 8 SES groups, in particular, there were many more references to enjoying life, being happy and feeling good in an emotional sense. For example, "enjoy life and the people you love", "to feel good/happy and content", "you feel happy about yourself" and "you can enjoy life properly". There were more references to this less-tangible notion of 'feeling good amongst student responses derived from mid to high SES schools than those from low SES-regions.

6.7 You'll have a better life and be a better person

At year 8 there were many more references to the role of fitness in shaping ones life chances and opportunities than there were at year 4. Longevity of life, quality of life and the kind of person you will be as you live your life were linked to the achievement of 'fitness in responses like the following; "Makes you a better person and makes you look better", "so when you're old you can walk", "it keeps you living", "not being fit can kill you" and "can do more things and live longer". Often these statements were made in an emphatic manner (e.g. you *will* live longer or you *will* be healthy) although amongst the girls responses there was some evidence of more moderated responses. For example "you'll *probably* live for a long time". The promise

of a longer life was often linked to a fit persons capacity to do things without getting tired, to ward off diseases (e.g. "no heart attacks") and in the mid-high SES girls groups in particular, to a fit persons possession of a more positive sense of self (e.g. "self-esteem"). In some responses fitness was represented as a fundamental 'need in order to live. That is, not to be fit was considered a 'handicap, as something that would constrain a persons capacity to do everyday tasks linked to 'living.

6.8 Summary

The main feature of the *It's Great to be Fit* question responses was the certainty with which most young people expressed their rationale for being fit. Fitness was represented by the majority of students as a moral imperative, as something that people should be in order to look good, gain friends, live longer and be a better person. There was little sense of ambiguity or uncertainty in the responses yielded from this task. Rather dominant discourses that link fitness to health, fitness to appearance, and fitness to weight, pervade the childrens accounts. While the injunction to be fit in order to 'look good is not surprising given the plethora of messages emphasising this relationship in visual and audio visual media, the fact that children as young as eight and nine years of age can express this link with such certainty is nevertheless concerning. Everyday assumptions that a person who is not fit is both lazy and in some sense immoral were embedded in the discourses embraced by many of the students. Statements like "if you are not fit you are lazy - a couch potato" and "makes you a better person" were indicative here. For boys most responses were 'enabling in the sense that they believed it was 'great to be fit because it means you can run further and faster, play sport and so on. For year 8 boys fitness and endurance were frequently mentioned. The older students were much more likely to link fitness more directly with health which in turn they perceived as enabling people to live longer, get better jobs, and live a 'good life.

Part 7: *Fit for Fun*

7.1 The task

Fit for Fun was a station task that required students to construct a plan to help a young boy get fit. As with the *Healthy Person* task, this one will be repeated in 2002 as part of the second cycle of monitoring for Health and Physical Education curriculum areas. Students began by viewing a video called "Fit for Fun" which featured a boy called Patrick. The task was phrased in the following manner:

"Patrick says he really wants to join the school's fun team, but he isn't anywhere near fit enough. He wants you to make up a plan for getting fit. Write down a plan that you think will help Patrick to get fit".

Two features of this task should be noted. Firstly, the task foregrounded a young boy of similar age to the students being assessed. Rather than 'abstract ideals (e.g. what is a healthy person?), this question addressed a specific scenario - that is, how to get a particular young man fit. There was a tendency for students to identify with Patrick and to address their comments directly to him. That is, responses were more personalised here than in the other tasks. Secondly, the task asked students to devise a plan for *how to get* fit. In other words, the question demanded prescriptive statements rather than vague allusions to the constituents of fitness. A thematic analysis drawing on responses across both year groups, all ethnicities and both sexes yielded several predominant themes. Each of these is described in the following section.

7.2 Eating and exercising..."you should go to the gym every day to get fit and eat healthy food not fat food"

In general, the advice to Patrick had two main features. Firstly, he was exhorted to take regular exercise and secondly, he had to eat 'healthy' food. While there were qualitative differences in girls and boys responses on some measures, generally eating and exercising were referred to in

similar ways by both sexes. That is, there were particular sorts of exercise and specific types of food that should be taken in particular doses on a regular basis.

With reference to exercise, some students expressed their advice to Patrick as a lengthy list of varied activities. For example, a year 4 low SES male suggested: "Walk around the block; don't eat junk food; walk around the park in the morning; swim; bike ride; donkey ride; skateboard ride; play soccer; play rugby; play cricket; play baseball". Others favoured particular activities such as jogging, running, walking and going to the gym as fitness promoting over others. Girls were more likely to mention walking as an activity suited to helping Patrick become fit than boys. A few students referred to everyday activities like digging the garden or walking instead of taking the car as fitness promoting. Girls especially were more likely to make comments like "you can walk around your friend's streets everyday" or "you can do heaps of things around the house". Year 4 and year 8 boys and girls in both Maori and non-Maori groups referred readily to the use of fitness machines as a technique to get fit. Comments like "buy some exercise stuff", "use uncles exercise machine often or now and then", "If he had a work out machine he could start at 6.00am and listen to music...", "he could buy a fitness rider", "at home use a treadmill" and "ride an exercycle" were regularly made. Despite the fact that no children of year 4 or year 8 age would be admitted to a commercial gymnasium, clearly the students have an awareness of the range of fitness machines available and what each of them may specifically offer a person in terms of improved fitness. The burgeoning display of television info-commercials advertising fitness products may contribute to students awareness of these machines and programmes (see Part 2). Alternatively, as was evident in the responses of some students, it may be family members who use this equipment and thus students associate the machines with fitness-enhancing practice.

The year 8 students plans for Patrick tended to be much more elaborate and well articulated than those of the year 4 students. In medium to high SES boys and girls year 8 groups, especially, students often specified extended plans, involving specific exercises like push ups, weight lifting, running laps and engagement in sports. What all of these plans shared was an injunction to perform them every day. The detail and the prescriptions for each day of the

week suggest that programmes like Life Education and goal-setting projects regularly undertaken at school may be having some impact on students conceptions of what is needed for a person to become fit. The 1987 Physical Education Syllabus certainly emphasises the need to exercise daily to achieve fitness and resources like *KiwiDex* and Exercise Lifestyle Awards also suggest that regular daily exercise is the key to developing fitness and health. The following statement is typical of the extended plans offered by many year 8 students:

Monday: Run to school bike around when you get home. DO 50 press ups and 50 sit ups.

Tuesday: Run to school, play soccer or some sport at lunchtime. Run to the swimming pool after schools. Do fifty laps. Run home.

Wednesday: Run to school and back. Play sports at lunch time. Go skipping after school.

Friday: Bike to school and back, do some boxzing.

Saturday: Go mountain biking. Weight training.

Sunday: Go to the gym for arobics.

In relation to food intake, prescriptions of what Patrick should eat were not as detailed as those offered in the other tasks. While there were occasional mentions of the food pyramid and many directives to eat 'healthy food, the constituents of that healthy food were not as precisely specified as they were in the *Being Healthy* or *Healthy Person* questions. Rather, the focus in this task seemed to be on encouraging Patrick to eat 'non-fat foods. For example: "don't have too much fating (fattening) stuff", "eat healthy food and not much fatty foods", "eat food which is not fattening".

7.3 Persevere and you'll get there...

Especially at year 8 level, many students had a clear understanding of goal setting as an important element of any fitness plan. The *KiwiDex* resource that is widely used in primary schools emphasises goal setting as a crucial skill for primary and intermediate students to learn. The 1985 health syllabus also stresses the importance of setting achievable goals with

regard to health-promoting behaviours. The emphasis on setting goals is therefore perhaps not surprising. Many of the plans students devised were incremental in nature and stressed the importance of challenging oneself and keeping at the specified programme. For example:

first he should start to train himself but only go at his own pace and then work his way to get better, quicker, faster, and less out of breath. Then he should get onto something more difficult like from walking to running and then maybe after that start weight lifting so that he can slowly build his way up to get strong enough to canoe and once he can do this he can do just about anything.

An intersect search relating responses to the *Fit for Fun* question to themes of 'pace, 'ability, 'motivation, 'effort and 'moderation for girls revealed that 18 girls out of 22 from upper SES group referred to these things; 17 out of 26 girls did so from medium SES group and 11 out of 13 for low SES group. Girls were much more likely to encourage Patrick, to advise him to do his best, put some effort into it and so on than boys were. Comments like "really put his mind to it and know he can do it", "He has always to do his very hardest and his best" and "make sure you go at your own pace, don't let anyone boss you around do it as slow as you want" reflect this concern to match any programme with Patrick's individual ability and motivation levels.

7.4 'You *will* be fit versus 'this might help

In year 4 boys responses, in particular, recommendations to Patrick regarding what to eat and what form his exercise should take were very prescriptive. That is, the plans devised were reiterated with certainty, the implication being that if Patrick does what the students suggest, he *will* get fit. Most of the boys responses imply an acceptance that there is something wrong with Patrick as he is at present and that he needs to significantly alter his behaviour. In both year 4 and year 8 girls responses answers were generally more moderated than those provided by the boys. While similar invocations to exercise by running regularly, going to the gym etc, were made, the tenor of advice was more moderated with words like 'can, 'could and 'try being

used frequently to temper the absolute imperative expressed so often in the boys recommendations. For example a year 8 female student advised Patrick: "Go to the gym if you would like or just stay at home and try some things like stepping up and down on a chair". As indicated in the aforementioned quote, girls were more likely to address Patrick directly using encouraging phrases. Even the times and distances specified as optimal for various activities by the girls appeared to be less than those stated in the boys responses.

7.5 Letters to Patrick

Particularly in the mid to high SES groups, and particularly in girls groups there were many responses that were formulated in the style of a 'letter to Patrick. Responses indicated that girls were more likely to address Patrick directly, using many conditional clauses (e.g. "if...") and employing a chatty interpersonal style of statement rather than detailing lists of things Patrick should do. The following statement is typical of the tenor and style of advice delivered to Patrick by high SES girls:

Well, everyday instead of watching TV you can do stretches and other exercises and once you have finished start running first start of with small distances and every week change it and go a little bit further., Also a balanced diet helps so try not to eat junk food and keep with the food triangel eat lots of fruit and vegetabels. Patrick, once you think your relaly super fit talk to the coach on the fun team and prove to him that you can do it. Good luck!

7.6 Expert advice

Many students, especially those who attend high SES rated schools and those in year 8 groups, referred to consulting an expert for fitness advice. Often those experts were perceived as being located in commercial gymnasiums. For girls, especially, the doctor was one source of advice on how to get fit. The school physical education programme or the school teacher were infrequently mentioned (i.e. five references to the teacher, in all the High SES year 4 and year 8 groups) as sources of professional advice. In so saying, several students do describe a series

of activities which were most likely those they would be familiar with through participation in school physical education programmes. For example: "Run around the rugby field twice; do 14 sit-ups; sit down on grass, spread your legs out and try to touch your toes with your fingers; put your fingers together, behind your back, one hand up the top and one hand down the bottom; do 10 press-ups".

7.7 Get fit not fat

In the *Fit for Fun* task, there were fewer references to weight than in the other four tasks. In so saying, despite the fact that in the video Patrick is a slim young man, many students were concerned to ensure that Patrick does not eat fatty foods and drew clear links between such foods and a lack of fitness. High sugar content foods were also prohibited by many of the students. As descriptions of cereal advertisements in Part 2 revealed, low sugar content and low fat content are the food features most pervasively cautioned against in commercial media. Life Education programmes and projects derived from the 1985 syllabus also emphasise the physiological effects of sugar and fat substances on body function.

7.8 Summary

The certainty with which students from all year groups spoke about what Patrick needs to do to be fit is interesting. At year 4, prescriptions were more extreme (e.g. do 100 sit-ups) and less refined. The year 4 students appeared to be drawing more on 'random information, perhaps derived from advertisements, from observing their parents behaviour and general imperatives from people in their lives. At year 8 students were better 'schooled or more familiar with the discourses of fitness as explicated in commercial programmes and through school physical education programmes. These discourses imply a constant need to work on the body - something that students are concerned to get Patrick to do. The instructions provided by year 8 students included not only mentions of specific activities and specific foods but also details of the organising principles behind constructing an effective plan - for example, setting short term goals, moving beyond the comfort zone, pushing oneself yet always being careful

not to overdo it. Surprisingly, despite the title of this task - *Fit for Fun* - there were few mentions of 'fun as a descriptor attached to activities Patrick is advised to engage in.

Part 8: *How Fit?*

8.1 The Task

How Fit? was a station task that required students to make a plan that showed what they could do to test their own fitness. Some students chose to write lists, others drew diagrams and still others constructed tables or pictorial illustrations of what their fitness plans would look like. This task was specifically seeking students understanding of fitness assessment measures, yet as the ensuing analysis reveals, many students have interpreted the task differently, providing lists of things they could do (e.g. running, star jumps etc) rather than lists of ways they could tell how fit they are.

8.2 Getting fit versus measuring fitness

At year 4, responses were divided between those students who directly address the 'test how fit' aspect of this task and those who were explicitly concerned with providing ways of getting fit.

Many year 4 responses to the *How Fit?* task comprised prescriptions of what to do. That is, the younger students interpreted the task as asking them to produce a plan to get fit rather than a plan to test their fitness. For example a year 4 boy suggested the following plan: "run 60 minutes, do 10 star jumps", "help carry wood with Dad", "run around Strathmore park once", and "lift the washing basket over your head when Mums doing the washing". A year 4 girl stated "you can keep fit by riding your bike, not eating loolies, eating vegetables, going to the doctor, running, playing and being happy". Most of the year 4 Maori girls also confused the notion of making a plan to test fitness with making a plan to get fit. The inference seems to be, although it was not explicitly stated as such, that if you can do the range of activities described then you are fit. While exercise was the most frequently prescribed behaviour, students also offered plenty of advice about diet, exercise machines to use and the use of scales to weigh oneself before and after exercise.

8.3 Testing fitness

Alongside these prescriptions of what to do, there were several students who specifically addressed the testing aspect of this question. The intentions of those students who were clearly endeavouring to 'test for fitness were much clearer than those who are providing lists of activities to 'do. For example, rather than "run around Strathmore park", or 'ride your bike, students wrote directives like "how many skips in 30 seconds; how long it takes me to run around the court; see how long it takes me to run up and down a hill".

At year 8 there were more students who responded directly to the testing aspect of the task, although the ambiguity over task interpretation remained. The testing procedures students suggested can be categorised into three main types: 1) testing self against self; 2) testing self against performance of others and 3) testing self against some predetermined 'norm.

Self-testing procedures included practices like setting individual targets. For example, "you could see how many sit ups, or press ups you could do in 30 seconds. You could also get someone to time you on a run e.g. 100m, 200m..." or "you could go for a run and set a speed and a distance for yourself". For the girls especially, self-testing was often related to notions of improvement and progression - e.g. "look at past times...and see what you are like now"; "I would time myself to see if I get faster - work your way up".

Comparison with performances of others was also a key testing method referred to by students of both year groups. Comments included: "I could rase him an how ever wins is the fitist or I could see who can run for the longest without stoping", or "we could go in a swim rase. We could see who could pressups for the longest". At year 8 notions of how to test oneself against others were sometimes more elaborated, as demonstrated in the following year 8 Maori boy's response: "Find a really fit person and get them to run. See how long they can run for. Then find a not so sporty or fit person and see how long they can run for. Then test yourself and see where you stand between them".

References to averages, standards and norms were far more prevalent at year 8 level than year 4. Statements like "we could check our fitness against averages", "comper weight with that of

national average" and "go for a run that a person your age should be able to do and see if you don't get tired" are examples of general appeals to normative standards, while the following quote from a year 8 girl illustrates that for some students, a detailed understanding of the 'norms for their age group was an important precursor to making an accurate assessment of fitness levels:

Well you could read some books and see what your age group can do and if you can't do some of the things you should practise and when your able to do all those things then you could go have one of those fitness tests.

8.4 Jumping, weighing, running, lifting...

While the types of tests suggested by students were divided into the above outlined three categories, the activities or behaviours used to actually facilitate the testing ranged from the performance of generalised activities like running and swimming to specific fitness tests, use of circuits and application of specialised testing procedures using equipment such as heart rate monitors. In addition, body weight measurements were identified as useful predictors of fitness by a large proportion of boys and girls at both year levels.

At year 4, tests were mostly functional ones linked to an activity rather than related to a specific component of fitness (e.g. endurance, cardiovascular fitness, flexibility etc.). For example, "run four times a week" or "you can go to the gym and see how much you can lift" or "by running on treadmills". At year 8, on the other hand, there were significantly more references made to gyms, circuits, treadmills, tummy crunches and other specific gymnasium equipment as testing apparatus. While year 4 students tended to refer to general indicators of fitness like 'puff' (e.g. "how far you can go without being puffed/tired"), at year 8 there were increasing references to heart rates, pulses and specific measuring equipment such as heart rate monitors and blood pressure cuffs. This was particularly pronounced in responses from students who are at high SES schools. By year 8, several students were also aware of or had experienced tests like the 'beep test and the '12 minute run. Many students were clearly

drawing on specific knowledge of fitness calculations and comparative measures to make their suggestions to Patrick.

8.5 Fitness and fatness

There were many references, by both boys and girls and at both year levels, to scales as useful instruments for measuring fitness in the *How Fit?* task. While scales and weight were usually mentioned alongside a range of other measures, the prevalence of scales as a testing instrument for fitness in students so young is notable.

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 testing regime. For example, "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 will facilitate weight loss and therefore improve ones fitness - e.g. "you could go for a run and get on the scale and see if you get any more fitter than before" or "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 in to particular items of clothing - e.g. "I can't fit a shots or a Pance". One of the most extreme manifestations of the fitness/fatness interface envisaged by the students was one students representation of a '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 however. Many year 8 students of both sexes 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. For example, a year 8 girl suggests 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". The equation of appearance and weight with fitness was clearly manifested in the students responses.

While there were relatively few mentions of food compared to those provided in the context of the other four tasks, when food was mentioned it was generally linked to fatness and therefore lack of fitness. For example, "I think that you shouldn't be eating fat and junk food because you will not be able to get fit..." or "take all the fat out of foods"

8.6 Get the experts in

The 1985 syllabus signals knowing the role that professionals can play in health promotion as an important aim of school-based programmes. More often than not the professionals that young people associated with body care or improvement were those located in medical establishments. A conflation of fitness with health appeared to be more prevalent in responses of year 8 students than in the plans devised by their year 4 counterparts. Boys and girls at year 8 referred to the doctor as a means of determining fitness more frequently than year 4 students. Included in the lengthy response of one year 8 girls narrative were the following injunctions: "go to a doctor (ask them how fit you are); check what sicknesss you have; are there any things you are alurjec to". In this case, not only was fitness being conflated with health but also health is being conceived of in a medicalised fashion.

8.7 Summary

For those students who responded to the 'testing aspect of this question, improvement was the key indicator for gauging ones level of fitness. Whether improvement was tied to weight loss, eating healthier food, faster times in running, capacity to do more push-ups or availability of more 'puff, whether one is better than one was before was valued as a measure of fitness. Year 8 boys and girls clearly demonstrated the effects of physical education programs that incorporate circuits and testing procedures (e.g. *KiwiDex*) with many year 8 students constructing realistic plans for assessing their fitness. The technical knowledge of both test

types (beep test) and test equipment (e.g. stop watches, monitors etc) was much more sophisticated at year 8 level. These procedures and apparatus appeared to be much less familiar to year 4 students who have fewer institutional resources to draw on and look to the home (e.g. Mum's diet and exercise regime), television (e.g. exercise machines) and their own lived experience (e.g. running faster than others) as sources for knowledge about fitness testing practices. The links students have drawn between fitness and appearance, particularly weight and size parallel messages conveyed in the plethora of advertising campaigns currently running on television (see section 2.3). They also supported the kinds of messages portrayed in many commercial fitness magazines. What is surprising is that so many young people were already cognisant of the fitness = non-fatness discourse prior to coming of an age when the products and imperatives are focused on them.

Part 9: Conclusions and recommendations

9.1 Certainty vs uncertainty

The certainty with which young New Zealanders state their understandings about health and fitness has been a key theme of this research. Whether discussing the constituents and behaviours of a healthy person, techniques for 'getting fit, a 'healthy food menu or the reasons why it is 'great to be fit, generally responses were expressed as definitive prescriptions. Basically, if a person does the right things, students believed they *will* become healthy and consequently good things will come to them (e.g. good jobs, nice friends, and better quality of life). Developmental theorists might argue that expressing ideas in very concrete terms is a function of the age and stage year 4 and year 8 students are at. While there may be some veracity to this claim, the school-based institutional and commercial resources (see section 2) available to children to help them construct meanings about health and fitness are themselves couched in regulatory language. While assisting young children to make critically informed choices about healthy food and exercise may be one of the key objectives of contemporary school health and physical education policy, many of those choices are in fact already made for students. For example, when the food pyramid is presented as 'the framework for 'healthy eating, there are limited food choices that students are able to make. What is 'good for them is already specified in often narrow, culturally-specific ways.

Knowledge about what comprises healthy eating or healthy regimes of behaviour is less certain that it would appear. As the new HPE curriculum suggests, food choices are linked to social and cultural practices and are influenced by budgetary concerns and environmental contexts. What is perceived as 'good or 'healthy food is perpetually changing, yet results of this research suggest that students are being given *and* 'receiving uncontested messages about what constitutes a healthy diet. If decision-making or ability to discern 'good choices from a range on offer is conceived of as an important skill for young people to have, then resources and pedagogies that acknowledge the complexity of options available and endeavour to link food and exercise knowledge to the context of students everyday lives will be required. While

children are being taught to value 'certainty in relation to health and fitness regimes in schools, as Kelly (1998) points out, their lives are increasingly becoming more uncertain and more unpredictable. It may be that introducing children to a perspective where uncertainty is not only 'possible but 'desirable would assist them to construct meaning out of the multiplicity of health and fitness information available in the 21st century.

9.2 Does age matter?

The research results indicated shifting conceptions of health and fitness between year 4 and year 8 group levels. Overall, at year 4, responses to both health and fitness-oriented tasks were more generalised than those expressed at year 8. Furthermore year 8 students, on the whole, demonstrated an increased understanding of the consequences of particular health or fitness behaviours or attitudes. The qualitative difference in responses elicited at the two year levels means that we must be careful about assuming that, for example, because many year 4 boys talk about fitness machines and muscles that this means they will always do so. Results show that by year 8, boys were talking about 'love, families and being nice to people who cry, as much as infomercial machines or strength.

9.3 Gender

The researchers initially assumed that clear differences between boys and girls constructions of fitness and health would emerge from this study. Feminist critiques of health promotion literature and critical analyses of health messages conveyed through physical and health education programmes would suggest that young women would be more likely to link both health and fitness with appearance and thinness than boys. Furthermore, research suggests that girls would be more likely to mention sports traditionally conceived of as girls sports in their answers and boys would refer to those popularly conceived of as 'masculine sports (in New Zealand - rugby). While there were some predictably gendered responses, overall, results were not as polarised as we expected them to be. Results of this research suggest that we should proceed with caution when making assumptions about what girls and boys might think or do in relation to health and physical fitness. Further, given the widely reported difference in boys

and girls health and fitness/related behaviour at high schools, research that focuses on the transition between primary/intermediate school to high school would be useful.

9.4 Coherence with new HPE curriculum

There is some coherence between the constructions of health and fitness suggested by the young people in this study and those proposed in the new Health and Physical Education in the New Zealand curriculum document. The new HPE curriculum embraces a holistic understanding of health, and although most students continued to forge strong links between 'health and 'fitness, health and medicine, and health and the physical body, there was some evidence that more broadly conceived understandings of the parameters of 'health were being expressed by young people. On the whole, being healthy meant being fit, eating 'right, being clean, not smoking, not being overweight (one should be in 'shape). However, it also meant having a healthy brain (by paying attention, by going outside in the fresh air) and a 'good attitude. This means 'thinking healthy, being happy, "thinking of good things not bad", "being open", treating others how you want to be treated, helping others, trying new things, having goals, having good communication skills, being motivated (be "devoted") and disciplined ("start young so you're healthy later") and "being themselves". Especially at year 8 and particularly with regard to the *Healthy Person* task, many students mentioned mental, social, spiritual and environmental constituents of 'wellbeing together with physical elements of health.

In terms of the orientation adopted toward health, however, the research results point to an individualisation of 'health amongst young people. That is, health and fitness were states of being that were very much 'up to you to achieve. The socio-ecological and 'Hauora conceptual underpinnings of the HPE curriculum seek to promote an understanding of the connections between self, others and society, yet the majority of students in this research appear to view health as an individual responsibility. Self-monitoring for the presence or absence of 'health-defining factors appeared to be an accepted practice amongst the majority of students in this study. Furthermore, strong links between achieving health and being a 'good and/or 'moral person were regularly drawn. The discourses of health and fitness expressed by year 8

students, in particular, are extraordinarily moralistic. That is, if you are not fit, you are not healthy and therefore you are lazy and/or 'weak.

The new HPE curriculum emphasises critical enquiry as both pedagogy and an outcome of health and physical education programmes in New Zealand schools. While the NEMP tasks clearly elicited responses that indicate student awareness of the messages implicit in advertising media such as television, there were no opportunities within the current task structure for students to express what sense they make of some of those media messages. With the new curriculum's emphasis on critical reflection and its recognition of the diversity of approaches to health and physical education that may have credence with particular groups of students and individuals, it would seem important to generate questions that allow assessors to tap in to those 'critical understandings.

9.5 Absence of Pleasure

The absence of references to pleasure has been a key theme of this research. Students were able to recite lists of what a person 'should do to become fit or to be healthy. Students were also able to clearly state *why* they feel it is important to be fit and/or healthy. Much of their narratives were prohibitory, however. That is, 'dont eat *any* fat, 'dont eat lollies or 'don't watch television. While with reference to food choices, students appear to divide the world into 'healthy food and 'junk food and construe the former as 'good and the latter as 'bad, many young people actually enjoy eating lollies, ice-blocks and hot chips. Many things that young people traditionally find 'pleasurable are those that are prohibited or conceived of as 'naughty if becoming healthy or fit are the aims. There is an incongruence between children's invocations *not* to eat junk food and sweets and our common-sense knowledge that many children spend a great deal of their childhood trying to gain access to these prohibited foods

9.6 Fitness/fatness

The pervasiveness of links drawn between fitness and fatness, size or weight in the research is notable. While New Zealand researchers like Markula (1994) have drawn our attention to the

ways in which fitness discourses interrelate with those of appearance, wealth and character, the emergence of these findings in students so young is disquieting. 100 out of 140 references to gaining or losing weight, size, shape, scales, clothing or appearance appeared in connection with the *Its Great to be Fit* or *How Fit?* tasks. Furthermore, contrary to popular belief that it is girls who are most concerned with their appearance and weight, our results suggest that boys are also readily drawing links between fitness and fatness.

Despite a growing awareness amongst health and physical education teachers of the dangers excessive concern with weight loss and body shape can present for young people, children as young as age 8 are already cognisant of the dominant discourse on fitness - 'if you're thin you're fit'.

9.7 Methodological issues

The fact that national monitoring took place in the school environment, that tasks were administered by adults (albeit different ones from their teachers) and that the tasks were similar in nature to 'tests that children may have experienced before must influence the kinds of responses received from the students. As Mayall (1994) suggests, children are adept at providing answers to adults questions that they think adults want to hear. In our research, there is abundant evidence that points to childrens capacity to recall and represent what they have learned at school. Many of the messages rehearsed in programmes such as Life Education and *KiwiDex* are clearly instantiated in students responses. On the other hand, whether students actually believe those messages, or practice their tenets in their everyday lives is something this research cannot address. Further studies that examine the coherence and divergence between meanings of health reiterated in a school context and those 'lived out in the daily practices of children at home and play would be a useful adjunct to this work. For example, it would be interesting to find out what students may say about their food choices, if asked by someone skilled at interviewing young people in a home or recreational context.

Smith and Taylor (2000) discuss the ways that childrens voices in research are often heard and catalogued in ways that adults allow them to be. In other words, the research methodologies,

questions we ask of children and surveys we deliver work to constrain the type, quality and nature of childrens responses (often to those responses adults want or expect to hear). The National Education Monitoring Project has made considerable effort to ensure that children were able to say what *they* thought health and fitness meant, yet the context in which study was done meant responses were elicited 'in school in 'test like conditions. Like in an exam or test, children were asked to list all the things they thought were important so the task becomes one geared toward bringing all their knowledge 'out rather than toward understanding where they get their information from or what sense they make of what they know.

In some tasks, the phrasing of questions may constrain the type of response students are able to give. For example in the *How Fit?* question, asking children to make a *plan* may mean that they are trying to think about how to design a diagram rather than really thinking about how they would know when they are fit. For example, there are several drawings of tables with cells containing *nothing* inside them. As an experiment, we asked a year 12 Australian student who had studied health and physical education at senior level to make a plan that showed us how he would measure his fitness. His response was "when I can last the whole time in an indoor cricket game...then I know Im fit". We suspect the question as it is currently phrased does not elicit the knowledge it is designed to glean. This young mans re-interpretation of our task suggests that an alternative way to ask this question might be: How would you *know* if you were fit? If the task was designed in this way, then results would likely include responses like "because I'd feel fine... I'd be able to... My body would,.. etc instead of diagrams of obstacle courses. As it stands, our research would suggest that around 95% of students have little idea about what to do to test their fitness, yet by re-phrasing the task, we may find that students are more familiar with the signs and tests of fitness than we previously imagined.

9.8 Dominant discourses and their effects

Wider discourses concerned with morality, subjectivity and corporeality are integral to the way students constructed ideas of health and fitness. As analysis has shown, particular types of bodies were inevitably viewed as more fit and healthy than others and predominantly those bodies were ones that had been 'worked on, were 'normal, regularly exercised, consumed the

'right foods and were not overweight. For the majority of students the surveillance of self and others in relation to these aspects was crucial to establishment of a meaningful conclusion about ones own state of fitness and/or health. . Fitness and health were also framed by discourses concerned with success or failure. Consumption behaviours were regarded as wholly positive (e.g. in the case of eating low fat foods) or wholly negative (e.g. junk food). To eat the latter is to fail while consuming lots of the former implies success. Overall, students classified running as *the* way to get fit and competition, speed, winning, power, energy and strength were linked closely to commentary on running. Not being fit was sometimes linked to not being healthy and thus connected to dying young, or being fat, or having a heart attack. Being fit is often linked to being fast, winning, having friends and being popular, looking good, getting a good job and having a better range of opportunities than others who are not fit.

Students clearly believe that there is a lot to lose by being unhealthy and/or unfit. Despite current government and agency concerns about young peoples poor levels of health and fitness, children themselves would appear to have a particularly firm grasp on the benefits associated with both. They may not 'practice what they preach but our research suggests that many young New Zealanders are able to articulate with some certainty and clarity the messages that comprise the dominant discourses on health and fitness in 21st century New Zealand. What is concerning about the young peoples narratives, however, is the degree to which their statements obscure alternative conceptions that regard health as an interrelated concept as much to do with community and culture as the capacity of an individual to 'work' in prescribed ways on his/her body.

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