

## Articles

# Preventing Eating and Body Image Problems in Children and Adolescents Using the Health Promoting Schools Framework

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**ABSTRACT:** This paper outlines the Health Promoting Schools Framework and how it may be implemented in schools for preventing eating and body image problems. Discussion focuses on the efficacy of preventive school-based strategies, and on the safest and most successful interventions. The Framework encompasses three major areas of intervention in the school and community: 1) School curriculum, teaching, and learning; 2) School ethos, environment, and organization; and 3) School-community partnerships and services. Suggested strategies for implementing the Framework are outlined. A case study of how a girls high school adapted the new approach for dealing with the problem of eating and body image problems is presented. (J Sch Health. 2000;70(1):18-21)

Several authors worldwide have called for preventing eating disturbances and body image problems among children and adolescents using school-based programs.<sup>1-7</sup> Various preventive and educational approaches have been suggested. Several authors recommended use of self-esteem building strategies.<sup>8-10</sup> Others suggest activities such as peer involvement,<sup>11</sup> parental involvement,<sup>12</sup> a focus on sport activities,<sup>13</sup> and addressing feminist issues such as cultural stereotypes and empowerment of women.<sup>14,15</sup> Identifying adolescents at greatest risk for eating problems, such as ballet students and athletes and overweight students, also has been suggested.<sup>16,17</sup> Other potential approaches include teaching students to analyze and deconstruct social body image ideals and media messages,<sup>18</sup> and implementing screening programs for high-risk students.<sup>19</sup>

Four large, randomized and controlled trials have examined whether school-based programs could prevent disturbed and unhealthy eating and body dissatisfaction among adolescents.<sup>20-23</sup> Paxton<sup>20</sup> reported no improvement in adolescent girls' body image and no reduction in disturbed eating, weight loss behaviors, or body dissatisfaction. Killen et al<sup>21</sup> and Neumark-Sztainer et al<sup>22</sup> demonstrated statistically significant improvements in adolescent girls' knowledge of nutrition, growth and development, and dangers of fad weight loss methods and eating disorders. In the latter study, girls in the intervention group and those who were overweight, reported less binge eating.

A recent study by O'Dea and Abraham<sup>23</sup> reported encouraging findings in using a new self-esteem approach for improving body image, eating attitudes, and behaviors among 470 male and female adolescents. The study found significant and lasting improvements in students' body satisfaction and physical self-concept as well as reductions in the importance of peer group acceptability, physical

appearance, and athletic competence. Dieting and weight loss were prevented among females. Among students considered at greatest risk for eating disorders (those with high Trait anxiety and low self-esteem) similar improvements were established and generally maintained during a 12-month follow up. Results demonstrated that school-based health education programs, when properly planned and evaluated, can have a positive and lasting impact on body image, eating behaviors, attitudes, and self-image of adolescents.

To develop effective and sustainable strategies to prevent eating and body image problems in schools, professionals must first exclude approaches and practices proven ineffective or harmful. The potential exists for certain educational approaches to do more harm than good.<sup>24</sup> School and college-based education programs that provide information about eating disorders, particularly activities led by recovered eating disorder patients, may inadvertently increase student knowledge and symptoms of eating disorders such as dieting, vomiting, and laxative abuse.<sup>25,26</sup> School-based programs also may inadvertently create potentially harmful outcomes by providing direct instruction and information about disordered eating behaviors and may introduce students to beliefs, attitudes, and behaviors known to precede eating problems. Instruction about eating disorders also may glamorize<sup>24</sup> and normalize<sup>26</sup> disordered eating behaviors, thereby creating the belief that these activities are common and "normal." In addition, school-based programs may treat food and nutrition issues negatively by referring to "good" foods, "bad" foods, and "junk foods."<sup>27</sup> The negative focus contributes to an underlying fear of food, dietary fat, and weight gain which precipitate eating problems.

School-based programs also may unintentionally create harmful effects if teachers and school staff transfer negative beliefs and attitudes to students including poor body image; prejudices about body weight; and bias toward students, as in prejudice toward overweight students. In addition, teachers may be poor role models for students. Those implementing school-based programs should examine potentially harmful outcomes before beginning school activities. The

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previously mentioned suggestions for effective and safe school-based preventive strategies may prove most effective when coordinated and encompassed within the Health Promoting Schools Framework.

## THE HEALTH PROMOTING SCHOOLS FRAMEWORK

The World Health Organization (WHO) Health Promoting Schools Framework<sup>28,29</sup> outlines a holistic approach to foster health within a school and its local community by engaging health and education officials, teachers, students, parents, and community leaders in making common efforts to promote health. A health promoting school has an organized set of policies, procedures, activities, and structures designed to protect and promote the health and well-being of students, staff, and wider school community members.<sup>30</sup> The Health Promoting Schools concept is based on the premise that education and health are inseparable and that health supports successful learning, and successful learning supports health.

The ideology of the Health Promoting Schools Framework states that the school and its surrounding community must implement policies, practices, and other measures that respect individual self-esteem, provide multiple opportunities for success, and acknowledge good efforts and intentions as well as personal achievements. A Health Promoting School also strives to improve the health of school personnel, families, and community members as well as students, and it works with community leaders to help them understand how the community is influential in affecting health and education.

Table 1 contains guiding principles for developing health promoting schools.<sup>31</sup> Important features include the holistic nature of health, gender equity, involvement and ownership of the whole school community, participatory decision making, sustainability, cultural appropriateness, and inclusion of measures to increase health literacy. WHO defines health literacy as the cognitive and social skills that determine the motivation and ability of individuals to gain access to, understand, and use information in ways that promote and maintain health.<sup>32</sup> Thus, the Health Promoting School promotes empowerment of students, teachers, parents, school staff, and community members because they learn to obtain and use health information. The Framework focuses on three areas of intervention within the school and its local community: 1) School curriculum, teaching, and learning; 2) School ethos, environment, and organization; 3) School-community partnerships and services.

### School Curriculum, Teaching, and Learning

The Framework outlines requirements for a planned and sequential health education curriculum across all age groups and the need for intersectoral and cross-curricula. An example of this concept includes focusing on dieting prevention in Health Education classes (skill development to reduce the influence of peer group pressure), English classes (the impact of persuasive advertising), and Science (normal composition of fat in the human body). The cross-curricular approach ensures health messages remain consistent across subject areas. In addition, the Framework emphasizes teacher training in specific areas and the opportunity for teachers to reflect on their own values, beliefs,

and life experiences to be effective role models. In terms of preventing eating and body image problems, teachers and other school and community personnel may require training to understand eating problems, training in effective and safe preventive strategies, and access to counseling and referral services.

### School Ethos, Environment, and Organization

This section of the Framework includes beliefs, attitudes, and norms within the school and local community that form the overall "ethos" of the school environment. The area includes school structures, policies, and practices that contribute to a healthful environment. To foster a healthful school environment, health promotion policies of the school must be examined. For example, the school may need to examine its school meal policy (for-profit or not-for-profit basis) and may need to introduce policies about teasing, bullying, dress codes, prejudice, and the need for special programs such as school sport programs specifically suited to the needs of overweight students.

### School-Community Partnerships and Services

Part of the Health Promoting Schools holistic approach involves developing collaborative relationships with students' families, school and community health workers, youth and educational services, and nongovernment agencies. Resources in school and the community can comple-

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Table 1  
Guiding Principles for Future  
Development of Health Promoting Schools

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- Good health supports lifelong learning, living, and well being.
- Students grow and learn in a safe, caring, responsive, and empowering environment.
- Health promoting schools view health holistically, addressing the physical, social, mental, intellectual, and spiritual dimensions of health through comprehensive programs.
- Equal access to educational opportunities by male and female students from all population groups is essential for promoting quality of life.
- Health promoting schools ensure a coordinated, comprehensive approach to health and learning by linking curriculum with the school ethos/environment and the community.
- Health promoting schools are inclusive - the whole community of students, parents, staff, and local agencies are engaged in school activities.
- Active participation is based on respecting skills, values, and experiences of parents, students, and staff.
- Collaborative, participatory decision making and personal action provide the conditions for the empowerment of individuals and the school community.
- Staff and parent well being is an integral part of health promoting school activity.
- Partnerships result in action which is more effective, efficient and sustainable.
- Addressing health literacy is an important component of a health promoting school.
- The contribution of diverse cultures and groups is supported and valued.

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ment healthy attitudes and activities promoted in school to be reinforced in the community. In regard to preventing eating and body image problems, examples of exchanging resources between school and community include providing health services for students, teachers, school nurses, and families such as mental and allied health services. Complementary educational activities such as training programs for preventing eating and body image problems for parents, school nurses, youth workers, coaches, dance teachers, journalists, and health workers may be designed to maximize the impact of school-based curricula. A comprehensive collaborative approach between the school and community will enable implementation of policies, procedures, activities, and structures required to promote a healthy body image and healthy eating behaviors in children, teachers, parents, and community members.

## APPLYING THE HEALTH PROMOTING SCHOOLS FRAMEWORK

### A Case Study

McKillop's Girls High School experienced a problem of laxative abuse among 20-30 students. School staff contacted a local physician and requested that she address the students about harmful effects from abusing laxatives. Asking medical experts to "come and do the scare talk" is common in schools where eating disorders are identified as a problem. Fortunately, the physician sought advice from local health educators and, through the team at the community health center, the school addressed the problem in a comprehensive and effective manner. Using principles of Health Promoting Schools and facilitation by a local health educator, the teachers, students, and parents identified three key questions to address: 1) What were they teaching in the curriculum? 2) Did the school environment promote a slim ideal body image? 3) What did they know about the issue and where to get help for eating problems?

### Curriculum

Previously, the school curriculum focused on presenting case studies of eating disorders. They used a worksheet with a picture of a young female with anorexia nervosa that included a list of symptoms of eating disorders. They used this worksheet in a class discussion to encourage girls not to diet and not to use other eating-disordered behaviors. A new curriculum was developed using ideas from students, teachers, parents, school staff, and community leaders to focus on body image issues. To reduce the stigma attached to eating disorders, and to avoid possible glamorization of eating problems, the curriculum did not focus on eating disorders. Rather, the new curriculum explored societal expectations of females, the media and its influence on the ideal body image, people's internal messages about their body image, coping mechanisms for problems, and the responsibility of individuals as advocates of change toward a more realistic body image. Students, teachers, parents, school staff, and community leaders brainstormed ways to influence others to accept a more healthy attitude toward their bodies and dieting. Similar complementary activities occurred in English and Media Studies classes.

### School Ethos

A critical analysis of values and attitudes toward body image by teachers and other school staff occurred at a full

staff meeting. Staff discussed the influence of their own attitudes about the slim ideal, and they critically analyzed their practices in terms of encouraging students to participate in physical activity. Physical education teachers in particular examined whether they were unnecessarily focusing on the larger girls and whether they might inadvertently be projecting a slim ideal onto students.

It was important to look across the curriculum into areas such as Home Economics as well as Health classes to ensure that consistent messages about nutrition were delivered. Again, teachers, school staff, and parents discussed whether they were portraying sensible messages about food. Teachers reconsidered their use of the phrases "junk food" and "bad foods," and they took a more positive approach to nutrition focusing on positive language rather than "scare tactics."

### Community

Teachers and other school staff participated in training about eating and body image problems, referral systems, and treatment. Links were established with local resources including health care and clinical services, and this approach helped facilitate access to help for some students. Two students were referred into clinical treatment from the process.

Students, teachers, staff, parents, and community members also were asked to act as advocates to change the slim ideal. They wrote letters for the school newsletter and actively advocated for changes to the canteen to improve food selection. A more balanced approach to food and eating is currently reflected in the school canteen. The school continues to implement Health Promoting Schools activities.

## CONCLUSION

Research reinforces the suggestion that educators need preventive strategies for eating and body image problems and that school-based programs may provide an efficient and effective way to approach these problems. The Health Promoting Schools Framework offers a suitable approach because it encompasses a range of influences internal and external to the school environment. The holistic focus of the Framework targets numerous aspects of eating and body image problems, including school curricula, policies, and attitudes as well as the local environment and community activities, services, and resources. Collaboration among school, home, and community, which is central to implementing the Framework, enables a shared language and a shared way of working and understanding each other.<sup>30</sup>

This new approach provides a structure that offers the flexibility required to suit individual school needs and a diversity of problems. Implementing the Health Promoting Schools Framework for preventing eating and body image problems may provide schools and local communities with a safe, effective, and long-term solution to these pernicious and burgeoning community problems. ■

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