Prescribing Practices: Shaping Healthy Children in Schools

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The Health Context

Shaping the attitudes and values of the young is a weighty task, arguably made more so by the sheer volume and range of perceived ‘risks’ to children’s health in contemporary times (Giddens, 1991; Leahy and Harrison, 2004; Lupton, 1995). Alcohol, drug-taking, smoking, bullying, the sun, and stranger danger are just a few of the concerns dominating public discourse, and in the past decade panics generated around ‘childhood obesity’ have created unprecedented concern over children’s eating habits and physical activity levels (Campos, 2004, Gard, 2004; Gard and Wright, 2001, 2005) together with warnings of the dangers implicit in their video game-playing and internet practices (Song and Anderson, 2003). One of the key discursive themes emerging from analysis of the reporting on children’s health is the twin positioning of young people as perennially ‘at risk’ of a range of health-inhibiting substances and behaviours but also as ‘risky’ or ‘dangerous’ because of their propensity to indulge in those very practices that threaten their own and others’ wellbeing both now and in the future (Burrows and Wright, 2004a, 2004b; Kelly, 2000; Leahy and Harrison, 2004).

One of the consequences of framing health concerns within developmental arguments that posit ‘early intervention’ as the key to healthy futures is a proliferation of agencies both within and outside of schools interested in participating in the production of healthy children. The sheer range and volume of these initiatives and the diverse philosophical orientations of groups who seek to work with school-aged children would seemingly produce confusion and uncertainty over what counts as good ‘health’ and how to go about achieving it. Diversity aside, however, our interrogation of a range of school-based and public health resources used in schools, would suggest that one thing many current initiatives share is a commitment to a neoliberal “it’s up to you” notion that positions...
individuals as primarily responsible for crafting the kinds of lives and dispositions that suit them best (Crawford, 1980).

Lupton (1995) draws on Foucault to discuss the ways in which public health discourses and practices work to both constitute and regulate understandings of ‘normality’, ‘risk’ and ‘health’. She argues that “Public health practitioners make claims of truth and use these claims for strategic purposes just as do members of the medical profession” (p. 4). In the contemporary health context these processes are readily apparent. As we argue in this paper, it would appear that eating ‘well’ and exercising daily, for example, have become something of a ‘moral responsibility’ for most adults. In the case of very young children, presumed incapable of making informed decisions about health (Mayall, 1994), parents and arguably mothers, in particular (Burman, 1991; Urwin, 1985), families and communities are increasingly drawn into the fray urged to change their own behaviours for ‘the good of the child’.

Whether children or the adults who ‘care’ for them are targeted, central to the work of both government and private agencies is a commitment to the notion of a subject who can choose—a subject who can make wise choices amid the plethora of ‘risky’ alternative open to them as members of what Giddens (1991) calls an ‘options generation’. In Foucault’s terms, individuals are encouraged to conduct “…a certain number of operations on their own bodies and souls, thoughts, conduct, and way of being . . .” (1997, p. 225) in an effort to ‘become’ the imagined healthful, agentic citizen.

The Fat Lands

In the current context (for Westernized nations at least) the obesity epidemic (or the idea of one) is disproportionately influencing the way young people are being constituted as either ‘healthy’ or ‘not healthy’ citizens and subsequently the kinds of operations they are encouraged to apply to their ‘selves’ (Gard and Wright, 2005). In 2004 Australian Prime Minister John Howard announced that the Australian government would spend $116 million over four years on addressing declining activity and poor eating habits among children (e.g. see ‘Building a Healthy Active Australia’ package and linked initiatives such as The national ‘Go for 2&5 Campaign’—http://www.healthyactive.gov.au/). The justification for this investment rests on an assumed connection between escalating rates of obesity and particular ‘lifestyle’ practices, including a decline in physical activity, over-consumption of fatty foods and too much television watching. New Zealand’s Ministries of Health, Education and Sport and Recreation are allotting similarly large amounts of money to state sponsored programmes and initiatives in the food and physical activity realm (e.g. 5 plus programme APPLE programme,