

# HEALTH, WHAT IS HEALTH?

## Conceptions of health for children

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### Part 1: Practical Guidance and Didactical Approach

#### Background and keywords:

There is little doubt about the value of health. However, there is much controversy about the actual meaning of this value. The individual conception of health is very important because it will affect daily practices and their consideration as either beneficial or not for ourselves and for others. Therefore, healthy practices will differ according to the individual conception of health.

In a very basic categorisation of health-related conceptions, we can distinguish two types, i.e. *negative* and *positive* conceptions.

Keywords: Health, healthy practices, health conceptions.

#### Similar topics:

See key words

#### Materials:

- Computers with internet access. Alternatively, magazines and supermarket leaflets can substitute;
- A watch;
- Magazines and supermarket leaflets.

#### Duration:

- 3 one-hour class sessions.
- One hour of practice of physical activity.

#### Number of participants:

- Five or more.
- The ideal size for a group would be 20 to 25 boys and girls divided in groups of 5.

#### Age:

10 to 11 year old boys and girls (11 y.o. for section B)

#### Aims:

- To understand the meaning of health;
- To learn about healthy practices;
- To be able to hold class discussions about health.

#### (Short) Explanation:

These are examples of activities addressed to provide information and suggest practices related to diet and exercise in order to promote healthy life styles among students.

Guidance for the game or exercise:

We have included two sections with activities:

The first activity in section A is designed to teach students what a healthy diet should look like and to help them prepare healthy food by themselves. Students have to look up the internet or the library for information about the Food Pyramid and answer some questions. They are encouraged to reflect on the importance of food and diet for their health. We also include an activity to teach students how to keep their heart rate within the aerobic zone.

In section B, we suggest activities and questions in order to reflect about the problematic meanings of health. Students are asked to draw a picture of a healthy and unhealthy person, compare them with their mates and describe similarities and differences. There is also a reading activity for discussion of eating disorders.

## **Section A: Activities to promote healthy habits**

### **1. The Food Pyramid**

Check the previous module for information on the Food Pyramid<sup>1</sup>. You can also find out extra information in the library or in this website:  
([http://teamnutrition.usda.gov/Resources/mpk\\_poster.pdf](http://teamnutrition.usda.gov/Resources/mpk_poster.pdf))

Answer the following questions:

- Which nutrients does each group provide you with? Why are they important for your health?
- How many times a day do you eat products from each group? Do you match recommended servings?

Now you will get your hands on a sheet of paper to have a real food pyramid.

- Fold a piece a paper and draw on one side the Food Pyramid and on the other your *actual* Food Pyramid. Do they match? Which food group should you increase? And which one should you reduce?

Are you ready for a game? Play *Pyramid Go Fish*

Students play *Pyramid Go Fish* with food cards they make with supermarket leaflets cut outs. This activity will give students additional practice in sorting foods into groups.

Getting Started:

- Duplicate food illustrations from supermarket leaflets and cut into cards.
- Put students into groups of four and distribute 30 cards to each group.
- Now play Pyramid Go Fish. The dealer deals out four cards to each student, and places the rest in the middle. The first student (let's call him Michael) asks the student sitting to his left, "Kayla, do you have a fruit?" If Kayla has a fruit she

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<sup>1</sup> Food Pyramid is an outline of what to eat each day. Food is grouped in five nutritional categories with recommended servings a day: Group 1 includes bread, cereal, rice, and pasta (6 to 11 servings); Group 2 refer to vegetables (3 to 5 servings); fruits belong to group 3 (2 to 4 servings); group 4 includes yoghurt, milk, cheese (2 to 4 servings); and group 5 which includes meat, poultry, fish, dry beans, eggs, and nuts (2 to 3 servings). It is not a rigid prescription, but a general guide that let you choose a healthful diet that is right for you. The Pyramid calls for eating a variety of foods to get the nutrients you need and at the same time the right amount of calories to maintain or improve your weight.

says, "Yes, I do," and hands her card to Michael, who then places his pair of cards on the table. Michael is then able to ask the next student a question.

- If Kayla doesn't have a fruit, she replies, "No I don't have a fruit. Go fish," and Michael can take a card from the pile in the middle. It is then Kayla's turn to ask the student on her left for a card. The students continue to ask questions and find cards until all the pairs are found. The student with the most pairs wins.

Now you will get your hands on in the kitchen to have real food cooked for a party.

- Ask your relatives or look up for recipes made out of food belonging to the groups you need to increase. You can check these links to locate recipes for kids:

[http://healthymeals.nal.usda.gov/nal\\_display/index.php?info\\_center=14&tax\\_level=2&tax\\_subject=230&topic\\_id=1189](http://healthymeals.nal.usda.gov/nal_display/index.php?info_center=14&tax_level=2&tax_subject=230&topic_id=1189)

[http://www.wicworks.ca.gov/education/nutrition/kidsRecipes/cooking\\_w\\_index.htm](http://www.wicworks.ca.gov/education/nutrition/kidsRecipes/cooking_w_index.htm)

<http://www.kidsacookin.ksu.edu/Welcome.aspx>

In the following link you have recipes from the American Heart Association Kids' Cookbook:

<http://www.healthyfridge.org/kidsrec.html>

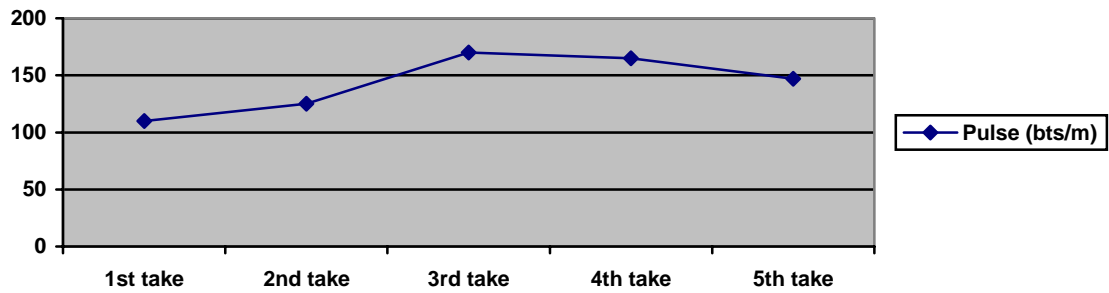
- Try to cook them (ask for help if you need it). Then organize a "Food Pyramid Party" and share the dishes you have cooked with your friends.

## 2. Aerobics can be fun –if we know how to do them!

We call aerobics to those exercises that increase the need of oxygen. An aerobic exercise is any repetitive activity that you do long enough and hard enough to challenge your heart rate, in order to provide oxygen to the muscles. In this practice we are going to learn how to control the intensity of our aerobics. There is a relation between the heart rate and the intensity of aerobics. The more intense the work, the more oxygen we need and the faster our heart must work to send it to our muscles. The *aerobic heart rate* helps us to adapt the intensity of the exercise to our actual fitness. The aerobic heart rate is considered to be between 80% (upper limit) and 60% (lower limit) of your maximum heart rate (220-your age). For example, if you are 16 your maximum heart rate would be 204 (220-16). Then the upper limit of your aerobic zone would be 163 beats per minute (80% of 204) and the lower limit 122 (60% of 204). In order to control intensity you can take your pulse during exercise and compare it with the upper and lower limits of the aerobic zone. If it is near or above the upper limit (for example 165 beats per minute), that means that you should reduce the intensity (e.g. run slower or even walk); and if it is near or below the lower limit (for example 120 beats per minute), that means that you should strengthen the intensity a little!

- For this practice you will need a pen, a piece of paper and a watch. First, calculate your aerobic heart rate and then go with a colleague for a run. You can choose the time, the speed and the kind of aerobic activity you want to do (e.g. jogging, dancing, skipping, skating, bike riding, ... there are plenty!). The challenge is not to do a lot, but to do it well! For that you must try to keep your heart rate between the upper and the lower limit of the aerobic heart rate throughout the practice.

- Take your pulse every 3 minutes (you can count beats in 15 seconds and then



multiply them by 4). After the run, make a graphic of the results similar to this: Did you keep your heart rate within the aerobic zone? If you did not, what should you do, increase or decrease the intensity of exercise?

**Section B: Reflecting on the notion of health**

- Draw a picture of a healthy person and another of an unhealthy person. Compare them with your mates´ and describe similarities and differences. Which one do you identify yourself with?
- Collect advertisements from journals and magazines that include references to health. What do they sell? Who are those products addressed to? Do they include rigorous information?
- Collect pictures from journals and magazines that, according to you, represent healthy bodies. Categorize them according to the sex (male, female), age (children/adolescent, young, old), race (white, black, Asian, others) and social class (low, middle, upper) represented and analyze the features. See the following as an example:

	Sex		Age			Race				Class		
	M	F	C	Y	O	W	B	A	O	L	M	U
	X	X		X		X						X

- Do the same with unhealthy bodies. What are your conclusions about the way that health and healthy bodies are represented?
- Stick all the ads and the pictures and make the “Poster of the Social Ideas of Health”. What are the concepts and ideas that prevail?
- What do you think are the main health problems in your country? What should be done to solve them? Now look up the internet about the health problems in undeveloped countries. Are they similar or different to yours? What should be done to improve health around the world?
- Read and discuss this article<sup>2</sup>:

<sup>2</sup> From [http://edstrong.blog-city.com/obesity\\_and\\_anorexia\\_a\\_culture\\_of\\_eating\\_extremes.htm](http://edstrong.blog-city.com/obesity_and_anorexia_a_culture_of_eating_extremes.htm)

"We are what we eat - or indeed what we don't."

Last week two apparently contradictory but equally important health issues have been at the forefront of the news agenda, both underlining the importance of healthy and sensible eating. On the one hand the government had its bony knuckles rapped by an influential committee of MPs for its slowness to tackle the obesity epidemic in children, with efforts hampered by ministers' attempts to stay friendly with the powerful - not to mention rich - food industry. And at the same time, the debate about the use of stick-like models and body image was reignited in the run-up to London Fashion Week next month. As revealed by The Guardian, the British Fashion Council, which owns and runs the annual event, has stopped short of demanding that designers do not use extremely thin models bordering on the anorexic. Instead it has recommended that designers use "healthy-looking" models (whatever that means) and agreed to set up a taskforce to draw up a voluntary code of practice.

Experts in eating disorders expressed their disappointment that tougher measures had not been adopted, and the council was accused of kow-towing to the rich and influential (sounds familiar?) designers.

It seems staggering in this day and age that at one end of the scale we have the problem of girls not eating enough - in some cases, indeed, starving themselves to death in order to look attractive. At the other end an entire generation of youngsters who are eating so much that they may die before their parents. We live in an information-rich age where we have more facts and figures about nutrition and healthy eating than ever before. What a contrast to the experience of previous generations, like my grandmother - forced to eat bread and dripping when there was nothing else in the house.

But that in itself has brought its pressures - we are bombarded with TV advertising and marketing aimed specifically at children, with parents the victims of "pester power". It is not surprising that young girls aspire to be thin when stick-thin models dominate the pages of magazines and advertising hoardings. Depressingly, bad habits start early and British youngsters as young as five are revealed as the biggest consumers in Europe of unhealthy sweets and fizzy drinks, skipping up to a quarter of their daily breakfasts - arguably the most important meal of the day.

MPs on the Commons public accounts committee called for the appointment of an "obesity tsar" to galvanise a public health drive and say parents must be given clearer guidelines about encouraging their children to eat more healthily. The fact is that it is not fair to blame the government alone for our bad eating habits - whichever end of the spectrum they fall. It is down to parents and families to use their instincts and to educate their children about healthy eating in the home. The external pressures and influences are powerful, which is why setting up taskforces and appointing "tsars" will, at the end of the day, only have a limited impact"

- Which are the main ideas discussed in the article?
- Do you think that obesity and anorexia are the two sides of the same coin?
- What can "external pressures" do to cope with eating disorders and obesity?

### **Variations (Continuation):**

In case there is no computer access, magazines and supermarket leaflets can be used for cutting outs in order to make a Food Pyramid. The same materials can be used to cut out body images.

### **Reflection:**

Promoting health in school must combine information and activities to enhance healthy life-styles with a critical reflection on the meanings of health. After the activities in this module, you can ask your students the following questions:

- Ask your parents, relatives and friends whether they consider themselves to be healthy and what they do to achieve health. Write their answers and try to identify features of the positive and negative conceptions of health. Which ones prevail?
- Make a list of five practices that you consider healthy. Do you normally practice them? In case you do not, what would you need in order to do them?

## Part 2: Theoretical Background and Further Information

*Health* seems to be a simple concept and, intuitively, we know how being healthy feels. However, trying to define *health* is much more complex, as there is a great diversity of biological, psychological and social meanings involved in the conception of health. In a very basic categorisation of health-related conceptions, we can distinguish two types, i.e. *negative* and *positive* conceptions.

### Negative conceptions of health

Negative conceptions of health are linked to the notion of illness. Simply, health is what illness is not. This implies that the fewer illnesses we have, the healthier we are. This is a typically medical conception of health, because it links the definition of health and the practices to achieve it with the prevention and cure of illnesses. The concern is to identify the physical and psychological factors related with illness and determine procedures to cope with them.

This negative conception of health is quite extended. Most social concerns about health are related to illness. Hospitals and health care institutions, industry of pharmacy, research, prevention campaigns ... all these mean a considerable effort to identify the causes of illnesses and to provide efficient cure. However, negative notions of health have two main limitations. First, they reduce health to a biological and individual basis. Health and illness occur within the individual's body and, therefore, it is the biological body that is to be treated and cured. The influence of environmental factors in the health of individuals and groups are minimized. However, epidemiological studies have proven that social and political measures, such as improvement of hygiene, disposal of clean water, or has had a deeper impact on reducing mortality than important medical advances, such as the invention of penicillin.

The second limitation has to do with the consideration of health as an objective state. It is not always clear what an illness is. Illness is usually defined as a deviance from a normal state or function. But, what is normal? And, who determines what normal is? Obviously, syndromes that severely affect body functions or threaten life seriously are to be considered illnesses and are to be submitted to medical care. But, what about states *just* differing from the average? Are they to be considered illnesses? Up to which stage?

Let us consider, for instance, the case of obesity. Obese people, specially those which morbid obesity (persons with an Body Mass Index –relation between weight and size– over 40) may suffer of a cohort of health problems that persons with overweight (BMI over 25) are not so exposed to. Overweight may be considered as a deviance of the norm or an aesthetic concern, but not a medical problem. There is no medical reason to feel obliged to loose weight just because you do not fit with a norm –which is very discussed, anyway! And, obviously, nothing justify that people can be excluded or held up to ridicule just because they do not fit the norm.

## Positive conceptions of health

Positive conceptions of health try to cope with the limitations of negative conceptions. An example of positive conception is the definition of health provided by the World Health Organization (WHO) in 1948, saying that health as *a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity*. In 1986 the WHO updated the definition saying that health is *a positive concept emphasizing social and personal resources, as well as physical capacities. Health is a resource for everyday life, not the objective of living*.

According to these definitions, health is the search of a positive state, and not just the avoidance of a negative one. This positive state is named *well-being*. Well-being has a biological and objective dimension, but also a subjective and personal one. The first includes the protection against pain and disease. The second component is social in origin and psychological in nature. This aspect includes such things as stress, worry, pleasure and other positive or negative emotional states generated in part by social conditions, such as freedoms and rights of the general population.

Another feature of positive conceptions is to consider health as a means. Health allows us to have a good life, although it is not the purpose of life in itself. That is important to be considered in order to avoid an obsession for health and healthy practices. Especially in western developed countries, there are more and more people that live to be healthy instead of be healthy for living! For instance, diet and exercise are to be considered healthy practices because they can provide us well-being. However, they can also become an obsession when we link our self-esteem to the size and functioning of our body. Then we identify a perfect life with a perfect body, that is, a body that looks perfect according with beauty standards mainly constructed by media. It is important to note that media usually distort information in order to fulfil commercial or political interests, and not just to help people's well-being. On the contrary, social obsessions for body size and functioning may become serious health problems, such as anorexia, bulimia or muscle dysmorphia.

Positive notions of health also emphasize that everybody has their own level of health (Devís, 2000; Pérez Samaniego, 2000). That brings into account the relation of health with social conceptions of gender, age, ethnicity or social class. Sometimes health is unconsciously associated with an ideal of perfect functioning of the body characterized by a white, youth, upper class, and slender –in the case of women- or muscular –in the case of man- stereotype. As there is not a perfect health, there are not perfect healthy bodies! All of us, no matter our personal or social characteristics, can do something to improve our well-being. In terms of exercise, for instance, that means that everybody can do some kind of physical activity that may be suitable and enjoyable for them, regardless of certain quantities of practices considered healthy according to medical prescriptions –that is, amounts of physical activity that may prevent illnesses. We do not have to be ill, or in risk to be ill, to care about health!

There are also limitations in positive conceptions of health. First, the subjective conception of well-being must not be considered as an “all goes”. Positive emotions, such as immediate pleasure, may have negative effects in the middle or long term. Second, the social concern must not be taken as an alibi to avoid personal commitment towards health. Some healthy practices need of perseverance and effort, especially when they are related with changes in the life style. Social dimension of health deals with the assessment of actual meaning of health and the opportunities provided to adopt healthy habits. But the ultimate responsibility relies on the individual's attitudes and practices.

## Why is it important to consider conceptions of health at the school?

School has a commitment with children's health. Therefore, a reflection on the notion of health is necessary to correctly establish objectives and design curricula.

First thing to bear in mind is that negative and positive notions of health are connected. The less ill we are, the more chances we have for well-being. And the better we feel, the more chances we have to prevent or cure illness. However, nowadays it seems that the role of schools in promoting health is identified just with the negative conceptions of health. Let's consider for example the case of children obesity, which is considered for some experts a pandemic syndrome that seriously challenges life expectancy in adulthood for next generations (Cheung, Dart, Kalin & Gortmaker, 2007). It is clear that the school have a responsibility to detect a cope with children obese by promoting healthy diet and exercise in order to prevent future health problems. But the school has also a responsibility with the self-esteem of all children, even of those that are obese or, simply, overweighted. And, sometimes, an excessive concern about *potential* health problems related with obesity may cause and *actual* problems of low self-esteem in children.

Besides, cultural and social roots of the lack of exercise and inappropriate diet should not be ignored. We cannot simply change children habits by telling them what is good or bad. They already know it! Schools should work to provide real, attractive and effective alternatives to promote healthy life-styles. Those alternatives should involve the whole educative community (teachers, staff, parent, relatives and local representatives) and be designed in both short and long term (Puza, 2008).

It is also essential to critically consider the importance of health as a means to live, and not as a goal in itself. Children's health problems are not just connected with the lack of exercise and the excess of calories, but also with the excess if exercise and the lack of calories. Teachers must also be aware about problems related with embodied obsessions and compulsive practices sometimes disguised as healthy. This is especially important in adolescents, whose bodies change as fast as it grows their concern about their appearance.

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