The attitudes and experiences of primary school teachers to nutrition interventions

Background

The study was designed to explore the attitudes towards and experiences of teachers to nutrition interventions in primary schools in Cork. It was carried out in fulfilment of the requirements for a Postgraduate Diploma in Health Promotion at the University of Limerick.

Introduction

The promotion of healthy eating is paramount in the current climate of growing rates of obesity. The National Children’s Food Survey of 600 primary school children found that one in four girls and one in five boys in Ireland are overweight or obese (Irish Universities Nutrition Alliance 2005). It has been indicated that school environments that promote healthy food choices for children may protect against weight gain and obesity (World Health Organisation 2003). Indeed, of the 93 recommendations for tackling the rise in obesity made by the National Taskforce on Obesity (Department of Health and Children 2005), 22 were focused on the education setting. The school was previously identified by the Government as a key setting for health promotion in the National Health Promotion Strategy and the National Health Strategy (Department of Health and Children 2000, 2001).

Teachers play a key role in the development, implementation and evaluation of school-based initiatives (Mukoma and Flisher 2004; St. Leger and Nutbeam 2000; Buttriss et al. 2004). According to Macdonald (1997) health education and promotion in schools has to consider the school’s organisational structure; barriers and facilitators to adoption; and the time that teachers can give to the programme and their beliefs, attitudes and behaviours. Thus it is important to understand the attitudes and experiences of teachers towards such initiatives as health and education professionals can have their own ideological commitments (Tones 1996; Turunen et al. 2004). Teachers may want to teach the mandated curriculum to influence knowledge, while health professionals may focus on behaviour change. While this study focuses on teachers, it is acknowledged that they are just one of the influences on children and there are limitations as to what they and
schools can be expected to achieve (MacDonald 1997; St. Leger and Nutbeam 2000, 2000a; St. Leger 2004; Whitehead 1989).

Evidence shows that the most effective programmes are those that adopt a ‘whole school approach’, similar to the ‘Health Promoting School’, and last for several years (Boddy 2000; Lister-Sharp et al. 1999; Schuit et al. 2000; St. Leger and Nutbeam 2000a; Stewart-Brown 2006). A ‘whole school approach’ is an integrative approach, encompassing a number of areas, including the curriculum, the environment, health services, partnerships (between school, parents, health sector, local community) and school policies. Thus this study set out to explore teachers’ attitudes and experiences of these areas in relation to nutrition.

Aims and Objectives

The purpose of this study was to investigate the attitudes and experiences of primary school teachers to nutrition interventions. The specific objectives were to identify the types of nutrition interventions in primary schools; to explore the attitudes of teachers to same; and to establish the perceived barriers and facilitating factors.

Methodology

A letter including a 28-item questionnaire and stamped addressed envelope was distributed to each primary school principal in Cork City and County (n=368) in October 2006 requesting them to nominate a teacher in their school to complete the questionnaire. A follow-up letter was sent to increase the response rate. A final response rate of 59 percent was achieved. Data was analysed descriptively and inferentially using SPSS (Version 12.0). Open-ended responses were grouped into themes and reported.

Findings

The key findings from the study are as follows:

- Overall, teachers were very positive about healthy eating in schools.
- Teachers were involved in a number of initiatives relating to healthy eating. These primarily included teaching healthy eating as a topic via the curriculum, healthy eating policies and information provision to parents and guardians.
One in five teachers felt that the current curriculum did not cover nutrition education adequately. Teachers mostly taught their pupils about the benefits of healthy eating and the food pyramid. Healthy eating was integrated into the curriculum by the vast majority of teachers, with SPHE, English, Science and P.E being the most popular subject areas.

Over half of schools surveyed were ‘Health Promoting Schools’.

70% of teachers stated that there were sufficient resources available in the school to assist them in teaching healthy eating.

The main facilitating factors to healthy eating initiatives cited were parent/guardian involvement/co-operation (95%); a school environment that supports healthy eating (94%); staff involvement/co-operation (93%); healthy eating policies (93%); and student involvement and co-operation (90%).

The main barriers stated were time (61%) and lack of parent/guardian involvement/co-operation (52%).

Training was identified as a gap by participants with nearly two-thirds of teachers stating that they needed more training, particularly in relation to involving parents and the wider school community (49%); affecting behaviour change (49%) and integrating healthy eating across the curriculum (48%). Only 16% of participants stated that they had received adequate information during initial teacher training, 27% had received the necessary skills during this time, 41% had taken part in in-service training and 23% had taken part in ‘other’ training. The latter predominantly included courses delivered by the HSE.

Approximately 45% of participants were involved in the evaluation of lessons, 61.6% in the evaluation of policies, 24.1% in awards and 4.2% in other. ‘Other’ initiatives were not specified.

Most schools had a written healthy eating policy in place (83%). Compared with non-policy-holding schools, policy-holding schools tended to be more involved in healthy eating initiatives; they perceived time as less of a barrier to initiatives; they tended to use teaching resources more; and they worked more with groups such as parents/families/health professionals and community members. Disadvantaged schools tended to see policies as barriers to healthy eating in schools.
Conclusion

There are clear findings from this study in relation to healthy eating in schools. These centre on the value of healthy eating policies; and the need for partnerships between schools, parents/families and the wider community. It is of note that seven out of ten participants stated that there were sufficient resources available in the school to assist them in teaching healthy eating. Perhaps therefore there should be a shift in emphasis from investing in teaching resources to investing in initiatives that would facilitate the practical demonstration of healthy eating to students, be it food provision in the form of programmes such as ‘Food Dudes’ or the School Meals Programme, or in teaching students how to chose, prepare and cook healthy meals. Teachers are but one influence on children’s eating habits and the messages learned at school need to be reinforced outside of the school environment. This may be done by meaningful collaboration with parents, community members and other key influences on children.

Recommendations

1. There has been much debate about the requirement for healthy eating policies to be made mandatory in schools. The findings of this study demonstrate that policy-holding schools seem to have an advantage over non-policy-holding schools.

2. The barriers to teacher involvement in nutrition interventions need to be addressed.

3. The identified need for teacher training needs to be addressed in a realistic manner at a number of levels, including undergraduate and in-service. Such training should perhaps encompass healthy eating in a wider health promotion context thereby addressing issues identified by participants such as knowledge, behaviour change and working with others.

4. Further research is required to elicit the attitudes of the other key influences on children such as parents, community members, health professionals, and even children themselves to establish their attitudes to healthy eating interventions and specifically how all parties can work together and support each other in improving the healthy eating behaviours of young children. Further qualitative research should also be conducted to establish why disadvantaged schools view healthy eating policies as barriers, given their positive attributes as demonstrated in this study.
Authors

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References


Stewart-Brown, S. (2006) *What is the Evidence on School Health Promotion in Improving Health or Preventing Disease and, Specifically. What is the Effectiveness of the Health Promoting Schools Approach?*, Copenhagen: WHO Regional Office for Europe.

Nutrition interventions are defined by the World Health Organisation (WHO) (1998:2) as “policies, services, learning experiences and other actions implemented by schools, individuals or groups to make healthy nutrition a way of daily life”.

There is a limitation to these findings which must be borne in mind when interpreting the results. In terms of the survey, primary school principals were invited to ‘nominate’ a teacher in their school to complete the questionnaire, thus the results may be biased as principals may have nominated a teacher who is actively involved in healthy eating promotion, or health promotion generally, in the schools. They may also have nominated a person that has been teaching in the school for a long time period. There are a number of possibilities.

A similar figure (84%) was established in a study conducted in Kilkenny by Higgins et al. (2005).

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