

The experiences of young people with obesity in secondary school: some implications for the healthy school agenda

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Abstract

In 1995, the World Health Organisation launched a Global School Health Initiative to reduce health risks among young people. In the UK, the National Healthy School Programme (HSP) developed as part of a wider government commitment to promoting social inclusion. One of the key issues to be tackled by the programme is childhood obesity, for obesity is widely argued to be a public health problem for which a solution needs to be found. However, the assumption that obesity is necessarily problematic and that a higher body weight leads to health problems and social exclusion, is not without challenge. Critics of anti-obesity campaigns question the significance of weight per se and highlight the potential implications of discrediting not only fatness, but also the people who are seen as fat. This paper therefore explores the experiences of young people with obesity within the secondary school environment in relation to areas of concern prioritised by the HSP. The paper draws upon data from a qualitative research study involving 18 children and young people, between the ages of 10 and 17. Data were generated in focus group discussions and individual interview with participants of a community-based obesity intervention programme in South Yorkshire, UK. Data collection took place in 2005, and thematic analysis of the data was undertaken. Findings suggest that the issues prioritised in the HSP, particularly physical exercise and healthy eating, present challenges to young people with obesity and can reinforce their vulnerability to bullying in schools and contribute to their social exclusion. It concludes that social exclusion is a process experienced by, and pertinent to, children and young people, which has meaning for their experiences of, and during, childhood and youth. The whole-school approach of the HSP may fail to adequately address the experiences of marginalised and vulnerable groups of young people within schools, challenging and undermining the social inclusion agenda in which the programme is grounded and contributing to the construction of undesirable, fat, young bodies.

Keywords: Healthy School, obesity, social exclusion, young people

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Background

In 1995, the World Health Organisation (WHO) launched a Global School Health Initiative to help prevent health risks among young people (WHO [a]). The initiative aims to encourage the development of the health-promoting

school as healthy environments providing 'nutrition and food safety programmes, opportunities for physical education and recreation, and programmes for counselling, social support and mental health promotion' (WHO [c]). This aim has been taken up, to a greater or lesser extent, in many countries around the world. The

United Kingdom is a member of the WHO's European regional network and other networks for the development of health-promoting schools exist in Latin America and the Western Pacific. Efforts to improve health through schools are therefore underway in many countries, including a range of 'mega countries' (among them China, India, Pakistan and the United States of America) supporting populations in excess of 100 million people and the largest school-age populations in the world (Birdthistle 1999). Participating nations therefore vary widely in respect of economic development, educational attainment and disease and mortality patterns.

In England, a National Healthy School Standard was first introduced in 1999, with the aim of promoting social inclusion, reducing inequalities and raising educational achievement (Schagen *et al.* 2005). All schools are expected to achieve Healthy School status by 2009 (DfES & Department of Health 2005), and to do so, they must evidence using a whole-school approach in relation to four core themes: 'personal, social and health education (PSHE); healthy eating; physical activity; and emotional health and well-being' (including efforts to reduce bullying) (DfES & Department of Health 2005, p. 4). Progress in relation to these themes is now formally assessed during statutory school inspections carried out under the auspices of the government department known as Ofsted (Ofsted 2005a,b).

Achieving Healthy School status is seen as key to the contribution that schools can make to supporting a range of national priority concerns. In common with many developed and developing nations, one explicit priority is to reduce the incidence of childhood obesity (DfES & Department of Health 2005), which has been defined as a key public health problem. Obesity rates are believed to be rising rapidly in many nations, a phenomenon characterised by the WHO as a global epidemic (WHO 1998). In Europe, being overweight has been described as the most common childhood disorder affecting around 20% of children, with one-third of these deemed to be obese (WHO European Ministerial Conference on Counteracting Obesity, Diet and Physical Activity for Health 2006). In England, government statistics record that 27% of girls aged 2–19 years were overweight in 2000, compared with 20% of boys and, in the same year, 7% of girls were obese compared with 5% of boys. There is concern that these rates are accelerating: in the 5 years between 1995 and 2000, the proportion of overweight boys in England aged 2–19 years increased by 2%, and the proportion of overweight girls by 3%, while in the same time period, the proportion of obese boys and girls increased by 1% (ONS 2004). As well as the health problems commonly reported to be associated with obesity (Seidell 2000, Deckelbaum & Williams 2001, Daniels *et al.* 2005, Daniels 2006), childhood obesity

has also been linked to a range of negative consequences and social inequalities (Brunner *et al.* 1997, Davey Smith *et al.* 2001, Armstrong *et al.* 2003, Budrys 2003, Bottero 2005): poor educational outcomes (Lawlor *et al.* 2006, Novak *et al.* 2006, Lien *et al.* 2007), low self-esteem (Strauss 2000, Warschburger 2005, O'Dea 2006) and bullying (Janssen *et al.* 2004, Wills *et al.* 2006). Within public health discourses, therefore, childhood obesity is widely understood as problematic, a construction that is largely uncontested in the health and social care arenas and accepted as commonsensical (Monaghan 2005).

However, an alternative discourse, which contests the public health definition of obesity as *necessarily* problematic, is also available. Following the work of Campos (2004), a number of critiques have emerged. Campos famously characterised public health concern in the USA as 'the obesity myth', which, he suggests, legitimates racialised, middle-class prejudices that equate fatness with 'badness and sickness' (Monaghan 2007a, p. 584). From this perspective, body weight is not seen as the necessary cause of social inequalities, rather, social inequalities are consequent upon the discursive construction of (undesirable) fat bodies (Evans 2006). As Monaghan (2007b, p. 70) argues, 'The institutionalised war on obesity, which discredits fatness also discredits the people in everyday life, who are and have bodies that are seen as fat.'

From this perspective, therefore, the stigmatization of obesity reflects the extent to which higher body weight challenges social norms about acceptable body size; individuals with higher body weight that do not conform to the norm are discredited, treated as physically deformed and subjected to discrimination (Sobal 1999).

These competing discourses are liable to be played out through the Healthy School Programme (HSP). Grounded in the dominant health-promotion assumption that excess body weight is necessarily undesirable, the programme prioritises key areas of activity which emphasise individualised responsibility for the prevention of body deviance (Monaghan 2007b). However, little is known about how young people with obesity experience the activities prioritised through the HSP: how the focus on healthy eating, physical exercise and efforts to bolster emotional health and reduce bullying, impact upon them. This paper, therefore, explores the experiences of young people with obesity within the secondary school environment (between the ages of 11 and 17) in relation to areas of concern prioritised by the HSP.

Methods

Findings were derived from a qualitative research study carried out with young people with obesity,

which explored their experiences of being obese and the effects of obesity on their social lives within particular contexts, including the school.

Despite the prevalence of childhood obesity, identifying young people with obesity is far from simple. These difficulties were overcome by accessing a community-based obesity intervention programme that was already operating in South Yorkshire, UK. The programme, which began in 2003, typically enrolls three cohorts of up to 20 young people aged between 10 and 17, in each calendar year. Located in an inner-city area of relative deprivation, the group meets in the premises of a local voluntary trust. The intervention programme is especially designed for children and young people, and includes activities to encourage healthy eating, physical activity and emotional well-being (through counselling and psychological support). The programme is therefore congruent with the guidelines issued recently by the National Institute for Health and Clinical Excellence (NICE 2006). A parallel, but separate, programme also operates for parents.

Access to the young people was managed by the programme leader who agreed to post letters to young people and their parents. Separate letters and information leaflets were provided for parents and for young people. In addition, a simplified information leaflet was made available to those children deemed, by the programme leader, to benefit from a format suitable for less advanced reading skills (including those with learning difficulties). Parents were asked to return a signed consent form agreeing to their child's participation. Young people were asked to sign a separate consent form ensuring that they understood what participation would mean for them and that they were happy to be involved. The conditions of ethical approval (from the University of Sheffield Ethics Review Panel) meant that, although a number of requests to participate were received from young people for whom parental consent was not available, it was not possible to include them in the study.

The young people were invited to take part in focus group discussions or individual interviews. Seventeen of the 18 participants chose to participate, with friends, in one of four focus groups (with between two and five young people in each): one young person who did not complete the intervention programme preferred to be interviewed individually. Focus group discussions were scheduled during the regular programme meetings which avoided the need to ask parents to make additional transport arrangements and which meant that the young people could discuss their experiences in a safe and familiar environment. The young people were accustomed to discussing sensitive subjects together within the programme. They were also accustomed to

the programme's zero tolerance approach to bullying, which was carried over into the focus groups. Counselling support was made available to all participants, although this did not prove to be needed.

The interview was arranged to suit the requirements of the individual and took place in the young person's home. All focus group discussions and the individual interview followed a similar format. The findings presented in this paper relate to responses to the first section of the interview schedule in which the following questions were asked: What are the things you like most about school?; What are the things you like least about school?; What sort of things do you do outside of school – in the evenings and weekends?; Do you feel that people around you treat you differently because of your weight?

All data were generated in 2005; the interview and discussions were audio recorded and transcribed verbatim.

Analysis

Each young person who indicated his or her interest in receiving a transcript of their discussion was given a copy, and presentations of initial analytical themes were made to young people during scheduled sessions of the intervention programme and to their parents at the end of the programme. While recipients were very excited about receiving copies of transcripts, no comments on these were returned to the researchers. However, feedback of preliminary analytical themes provoked interested discussion which helped to sensitise further analysis.

Data were imported into the qualitative data management software package, NVivo2 to facilitate coding. Intensive readings of all transcripts were first undertaken to ensure familiarity with the data and to give a sense of wholeness. Subsequent readings were undertaken to identify significant words and phrases, and to reveal concurrence and contradictions within and between narratives. Through this process, initial, descriptive codes were applied to the data. Further, literal and interpretive readings of the texts enabled the process of creating analytical categories and themes to progress. In this way, thematic analysis of the data was undertaken, following the principles of cross-sectional, categorical indexing outlined by Mason (1998).

Findings

School-based physical exercise

Physical Education (PE) classes in schools generally require young people to change into different clothing

within communal, albeit gender-segregated, changing facilities. PE lessons, therefore, necessarily, put the overweight body on display. Georgie explained that for her, 'the worst bit was getting changed and getting into the uniform for PE, which was shorts.'

Group lessons also mean that the overweight child's physical efforts are always open to scrutiny from their peers. In Angela's school, the playing field was divided into two. While the boys played football in one part, the girls played a different sport (rounders) in the other. The boys, she recalled, would taunt her with the claim that she 'couldn't run' and when she ran 'it sounded like an earthquake'. Strenuous exercise such as running, jumping and trampolining therefore emphasises the overweight child's body and bodily performance, and is liable to draw comment and censure from peers.

Jack: I get bullied, you know at school, at ... and I get bullied at PE because when I, when I didn't used to come to here (*the obesity intervention programme*), we had trampolining and I didn't want to go in then, because people would like take the mickey.

The young people described a range of strategies that enabled them to respond to and, at times, avoid situations that they found challenging and uncomfortable.

Georgie: I hate PE.

INT: What do you dislike about it?

Georgie: Everyone stares at you, you become the target when it's PE, even more so, even if you're not scared because you think that you're going to become the target, and you know that you can't do that area or whatever and you become more self-conscious at which point you get bullied more.

Alice: I would never do PE at school, I'd, I'd usually fake it, because I were too nervous to, you know.

INT: You mean fake it? Fake a note?

Alice: Yeah.

Young people often talked about avoiding PE, sometimes with the active support of parents and even some teachers.

Beckie: I found it easier to try and make excuses, like I'd hurt my ankle or you know like making up excuses and stuff.

INT: Yeah, and how did the teachers deal with that?

Beckie: Sometimes they were just like 'Oh try your best', they didn't, on sort of, on a few occasions I'm sure they didn't believe me, 'cos it cropped up a few times but.

INT: But they accepted it?

Beckie: Yeah.

Ruth: I found some games alright but when it came to doing athletics, I sort of got my mum to write me a note 'cos I knew that I wouldn't be able to do it, 'cos I'd just get people laughing at me if I failed. ... [] ... it were athletics mainly, doing long jump and.

INT: Did you know you wouldn't be able to do long jump or did you just ...?

Ruth: I tried it before and it didn't work so I knew that I wouldn't be able to do it this time.

INT: Right, okay, and was that okay, was your mum happy to write you a note?

Ruth: Yeah.

INT: To get you out of it?

Ruth: Yeah.

The requirement to participate in school-based PE can exacerbate young people's vulnerability within the school environment, a vulnerability that was marked by a heightened sensitivity to those around them. The young people with obesity, particularly girls, perceived themselves to be under constant scrutiny from their peers, a scrutiny that was experienced as highly judgemental.

Alice: This girl, I saw her looking at me like that (*sideways glance*), and you know like, you know when they're going to do something to you, but you don't know what, and she went 'Oh I'm right fat me, I need to lose some weight' and she were, all time she were looking at me, going 'Oh I'm right fat me, I need to lose some weight,' and Miss actually said to her 'You've got more fat on 'brain if you think you need to lose weight,' but ... and she were looking at me all the time, she was saying ... the girl who was saying it, she was sat there all the time, looking at me and going 'Oh I'm so fat, I need to lose some weight' and there's nothing on her, and I know that that was meant as an insult, because I thought well she thinks, if she thinks I'm fat, if she thinks she's fat, but then, what am I?

The young people in this study were acutely sensitive to any implied, or assumed, criticism relating to their body, bodily performance or social practices. Hence, Alice's description of a fellow pupil's comments on her own body, made while the class were all changing their clothes for a PE lesson, was interpreted as criticism of Alice's overweight body.

Healthy eating

This sensitivity to surveillance from peers was also evident in other areas of school life, notably when choosing and consuming foods within the school environment. As Jade notes:

Jade: ... they feel that they have to watch you eat because, 'Oh, Oh look at her stuffing her face', but then you're thinking to yourself I'm eating a sandwich, you're stuffing yourself with pizza and chips and all that, and chips and gravy and everything, they're just eating all that and you're just like having your sandwich and they're looking at you like, 'Oh look at her eating, look at her!'.

The surveillance that young people with obesity feel that they are subject to – and in which they play an

active part – is clearly illustrated in their interactions with food. Foods that are associated with dieting or ‘healthy eating’ symbolise the need for control over the body and control over eating, the control that is assumed to be lacking in the overweight young person. Eating healthy foods may be interpreted by peers as validating and justifying their difference, confirming to hostile peers that there is a problem and, moreover, reinforcing that problem as one that is understandable in terms of individual food choices and eating practices. As Georgie notes, ‘It gives them licence to pick on you, they’ve got something to aim back at you’.

This perception of surveillance from others, and the active surveillance of the self, reflects the vulnerability of young people with obesity within the school environment. Policy initiatives such as 5-a-day and the fruit in schools programme have associated particular foods, such as vegetables and fruits, with healthy eating. For young people with obesity, apples can be dangerous things:

Angela: They look at me and think how can you eat all that healthy things, when I’m eating healthy like but I still get a bit, look a bit self-conscious though when people are watching me or I have to sit with a load of people that I don’t know or, and I don’t like, because they, because sometimes it’s so jammed packed, you can’t really choose where you sit, you just, you just see a space and grab it.

Jannine: I’m more self-conscious when I’m eating healthily than when I’m not, I feel like people look at me like you know because you’re fat you’re going to eat unhealthily but if you’re eating healthy I think, I don’t know, I just, just feel it’s more of a big deal that you’re eating an apple or something, they like look and wonder why... [] ...

Lucy: It’s always apples, what is it with apples? It’s only apples, if you’ve any other fruit it’s fine, apples, you see someone eating an apple it’s like they’re on a diet, oh.

[laughs]

Lucy: They do. No seriously, if you think about it, anybody, you see someone, you see and you think ooh they’re conscious about what they’re eating.

INT: Kym, you haven’t said anything about eating. How is it for you?

Kym: I don’t eat at school.

INT: You don’t eat at school, do you go home?

Kym: I don’t eat anything, because I’m kind of, I like, I still take sandwiches, well I take like dip things, Weight Watchers I think they are, but I don’t really eat them because I’m, I don’t eat like in a cafeteria, I eat outside, and because people walk past I’m always self-conscious of the fact that they’ll see me like, eating Weight Watchers, and think, oh she’s fat, she’s on a diet, and they’ll take mickey out of me, so I just don’t eat.

Within a school environment that is perceived and experienced as hostile, overweight young people therefore

police their own food choices and eating practices in order to reduce surveillance from their peers and their perceived vulnerability to censure. Some young people avoided eating at school, while others took their food away from – excluded themselves from – the designated eating spaces. Georgie described how she managed dinner breaks during the school day:

INT: Right, right, Georgie, you were agreeing that lunchtimes are difficult?

Georgie: Yeah, I help dinner staff because I don’t really go out anymore because it’s boring, so I stay in and help dinner staff and sort of help, make sure that people don’t go out when they’re not meant to, which gets them really, to people not liking me anyway but it’s just part of the course of it (*sic*).

Avoidance strategies could also therefore emphasise and exacerbate differences between the overweight young people and their peers.

Emotional well-being and bullying

Almost all of the young people in this study had been bullied by other children, and much of this bullying took place in the school.

Eve: Day after day, walking in ... you’re that terrified that you don’t want to go school, this is what my point of view were like, three years, I did, a year, three years I tried not going to school because I used to get bullied and my mum got took to court.

Secondary schools can therefore be particularly challenging environments for young people with obesity. School-based PE and the promotion of ‘healthy eating’ can accentuate the otherness of the overweight child and create opportunities for surveillance and persecutory behaviours from peers. It is not surprising, therefore, that discussion of school PE lessons and school dinner breaks often made reference to bullying. Moreover, the potential mediating affects of social networks, which can constitute a form of social capital for young people within the school, were compromised for many of the young people with obesity, who reported that they often had rather tenuous relationships with their friendship group and felt themselves to be on the ‘outside’ of local peer culture.

Georgie: ... you were classed, if like in the first year, you were decided that you were one of the outcasts, you weren’t the same as everybody else you were pushed to the outside and you weren’t let in and then everybody on the inside looked to the people on the outside and went ‘Ha ha, you’re different, you can’t be like us, we’ve pushed you out’.

Significantly, this was the one area in which divergence was evident within the data. Two of the young people reported that they had not been bullied at school, and both were able to draw upon the support of a strong

friendship group. Jimmy, recalled that: 'I'm just about friends with everyone, so I get along with anyone, so I'm, I were alright'. Beth made a similar comment: 'I've got like good friends and no, don't get bullied and stuff, I know there are some people that do get bullied, I'm not really one of them'. (It is perhaps notable that, with a support network to draw upon outside of the obesity programme, Beth did not complete the intervention. Jimmy did complete, but did not continue onto the maintenance element.)

Those young people who did not have such social resources to draw upon responded to the challenges that they experienced in the school environment in a variety of ways. Some absented themselves from school altogether, they 'bunked off' rather than face peer harassment. Some young people, rather than withdrawing from situations in which they felt vulnerable to bullying, reacted by reciprocating the behaviour that they received from others; they responded with aggression. Graham declared that 'They're just going to get beat up if they tease me.' While David suggested that he would 'just look, I just look at them right mad' or that he would 'just run after them then they stop'. This form of aggressive response may be highly gendered; the one young woman who reported her own aggressive response to bullying had been labelled as having problematic behaviour and had been excluded on a number of occasions from her school.

Other young people described a range of behavioural responses which suggest that their emotional well-being was strongly influenced by their experiences of being obese.

Eve: But before (*the obesity intervention programme*) I used to sit in 'house and just bury my head in my school work, and just not bother going out'.

Jo: And before I started I used to, I'd come home, I'd sit there and I'd wait until my mum come home and I'd do things what she wanted me to do, and then I wouldn't go outside, I wouldn't talk to no one, I'd just be quiet, and erm, it's painful, quite painful because I'd no one to talk to.

Caution is needed in interpreting these data as all young people had been accessed through an obesity intervention programme, and they may not represent the broader population of young people with obesity; however, other studies have also demonstrated higher rates of emotional and psychological difficulties (including depression, behavioural problems and low self-esteem) among young people with obesity than their non-obese peers (Erermis *et al.* 2004, Amaral *et al.* 2006, Viner *et al.* 2006).

Discussion

Findings from this study offer some pertinent insights into the experiences of young people with obesity in

schools. However, in considering the implications of these findings for the Healthy School agenda, issues of credibility and trustworthiness need to be acknowledged. First, data were derived from an exceptional group of young people. The majority of children and young people do not have access to, and have not experienced, an obesity intervention programme. It is possible that these young people have experienced more profound difficulties, including more sustained and significant bullying than other young people with obesity. Nevertheless, they do provide important insights into a particularly vulnerable group of young people in secondary schools. Second, some young people who wished to participate in the study were unable to do so because their parents did not provide consent. We cannot know what insights their experiences might have enabled. However, feedback to the young people indicated that the findings reported in this paper did resonate strongly with their experiences and were considered to constitute a credible account. Finally, more young women than young men participated in the study. While this reflected the preponderance of girls within the intervention programme at the time, considerable care needs to be taken in attributing gender as a defining variable, for as Oakley (2000, p. 50) notes, 'The best way to derive unwarranted conclusions about one sex (or about human beings in general) is to omit the other.' It is therefore important to acknowledge that findings from the study do not enable empirical generalizations to be made to other populations or settings. However, as Mason (1998) suggests, claims to theoretical generalizability can be made. That is: 'the detailed and holistic explanation of one setting, or set of processes, [*can be used*] to frame relevant questions about others' (Mason 1998, p. 154). In this way, the findings from this study may have wider resonance as discussed in the following section.

The 'Healthy School' reconsidered

The HSP was established with the explicit aim of promoting social inclusion. However, the experiences of young people with obesity in schools suggest that the activities prioritised within the programme may contribute to the marginalization of young people with obesity and play an important part in the construction of undesirable young bodies. School-based PE can be uncomfortable for young people with obesity, confronting the overweight body and making young people vulnerable to peer censure. Yet, the pressure, in English state schools, to participate in PE is increasing. In 2003, the UK government launched a new sports strategy which aims to ensure that 85% of children between the ages of 5 and 16 years will take part in a minimum

of 2 hours of school-based PE per week and sport by the year 2008 (Teachernet [a]). Recent announcements suggest that this may be raised again in the near future (DfES 2007). Similarly, the promotion of 'healthy eating' within the HSP and an explicit focus on the individual's responsibility for ensuring healthy lifestyle choices, may also help to create and sustain a challenging environment for young people with obesity. Wills *et al.* (2006) suggest that many young people do indeed accept personal responsibility for controlling their own food consumption and body size and in this context, the food choices of young people with obesity become both value laden and imbued with moral concerns, and the young person with obesity is liable to be seen as personally culpable. Perhaps not surprisingly, therefore, the experiences of young people with obesity suggest that both PE and eating within the school can heighten their vulnerability to bullying and lead to social isolation (Strauss & Pollack 2003, Hayden-Wade *et al.* 2005, Murtagh *et al.* 2006).

The promotion of social inclusion within the HSP would therefore appear to be somewhat problematic, at least as it relates to some young people with obesity. In part, their experiences of marginalization and isolation reflect the largely future-orientated conceptualization of social exclusion that is grounded in the HSP. The concern to intercede in 'risk trajectories', in which adverse factors reinforce one another in a process which increasingly restricts outcomes in adult life (Rutter, 1990) has helped to focus concern on childhood and youth as precursory phases to adulthood. The findings of this study suggest, however, that there remains a need to acknowledge exclusion as a process experienced by, and pertinent to, children and young people, which has meaning for their experiences of, and during, childhood and youth. Furthermore, by focusing upon the processes through which social exclusion is realised, it is possible to illustrate some of the ways in which 'fatness' is often made into a problem, by and for many (young) people (Monaghan 2007a, p. 605). In order to do this, I draw upon Atkinson & Hills's (1998) theoretical framework. They suggest that the first key conceptual element of social exclusion relates to *relativity*. Whether a young person is socially excluded can only be determined by taking account of the activities of others: 'People become excluded because of events elsewhere in society' (Atkinson & Hills 1998, p. 14). Within the contemporary school, young people interact with and may reinforce broader social values. Dominant public health discourses, reflected through the HSP, reinforce an intolerance for big bodies, which is 'deemed healthful' (Monaghan 2007b, p. 70). The overweight body has come to be considered as undesirable and, indeed, abhorrent, by many non-overweight young people and adults (Wardle *et al.* 1995), and this morally laden, value

judgement sets apart young people within the school and helps to create the circumstances of their isolation.

The second element of social exclusion is that of *agency*: exclusion is the result of the actions of people. Peers participate in exclusionary practices through their interactions with young people with obesity, and these practices may be reinforced by the actions of the young people with obesity, excluding *themselves* from cultural practices and even the school itself. The HSP may, inadvertently, make it more difficult for young people with obesity to accrue the resources necessary to negotiate 'life-passages with others, such as securing validation in communities of strangers, and attaining membership in the circles and groups to which (*they*) aspire' (Côté 1996, pp. 425–426). Côté (1996) refers to such resources in terms of identity capital: resources, or 'assets', may be tangible (such as group membership or style of clothing) or intangible (psychological factors which enable individuals to negotiate opportunities and challenges that they encounter). Young people with obesity may be particularly restricted in the tangible assets that they can accrue: group memberships may be limited within the school environment and their body size can restrict the clothing choices available to them. Without such assets, young people with obesity can lack the 'passports' into other social and institutional spheres, leading to denial of access to groups by their gatekeepers (Côté 1996, p. 426) and constraints on the exercise of their agency.

The third element of exclusion outlined by Atkinson & Hills (1998) concerns its *dynamic character*. Exclusion can have a trajectory which has implications across different spheres of life. The issues prioritised in the HSP, particularly healthy eating and physical exercise, can undermine the ability of the young person with obesity to accrue 'negotiable self concepts and self-presentations' (Côté 1996, p. 426) within and beyond the school, which can influence their interactions in other domains, including the family, as well as making their exclusion from other spheres of life more likely.

Conclusion

The construction of obesity as a problem that requires a solution is firmly embedded in the Healthy School agenda. In pursuing the activities prioritised in the HSP, schools pursue 'bite-sized' solutions which 'decompose lifestyle into independent behavioural elements' (Crossley 2004, p. 206), such as physical exercise and eating. As critics have suggested, efforts to discourage heavy bodies and to encourage individuals to make correct (and inevitably moral and decomposed) lifestyle choices have direct effects upon those young people within the school 'who are and have bodies that are seen

as fat' (Monaghan 2007b, p. 70). This study therefore challenges the assumed benefits, for all members of the school community, of the HSP. Public health programmes that work at the population level (the 'whole-school' approach) can be responsible for unintended consequences for vulnerable subsections of the population, such as young people with obesity: rather than promoting social inclusion, the HSP has the potential to exacerbate their marginalization.

Proponents of the HSP need therefore to be sensitive to the growing intolerance towards heavy people within schools and the judgements made by other young people on the bodies and the social practices of those deemed to be overweight. While the HSP requires schools to consult with their communities, it is unclear what this means in practice. The active involvement of children and young people, including – and perhaps especially – those most affected by 'risk' (such as those young people with obesity), alongside the active involvement of teachers, the broader school community, family and local community, is of course to be welcomed. But, children and young people need not only to be consulted, but also to be heard, and this requires the active identification and degradation of barriers to hearing that may be prevalent in schools. Furthermore, enabling the voices of obese young people to be heard within a whole-school approach may not be possible, for the sizism (Monaghan 2007b) that is evident within schools and which is reinforced by the HSP, serves to silence and devalue them. A prior condition for opening up the space for effective consultation may be the fostering of debate, in an imaginative and locally sensitive manner, on body weight and size, and the construction of social norms, within the PSHE element of the curriculum, ironically perhaps, another core element of the Healthy School agenda (DfES & Department of Health 2005).

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