

Keeping Healthy Eating on the Menu? Primary-School Teachers' Experiences of Teaching Healthy Eating in the Classroom on the Island of Ireland

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Abstract

In primary schools throughout the island of Ireland (Iol), the study of food, nutrition and healthy eating is an obligatory part of the curriculum, albeit that, in neither jurisdiction does it occupy a discrete space. Our previously published SCoTENS-funded Iol study (Mooney et al., 2011) sought to elicit the views of primary-school teachers on the status of this area within the curriculum and their experiences of teaching the subject area. Questionnaires (n = 162) were completed by teachers and ten follow-up semi-structured teacher interviews were conducted. Results indicated that 75% of teachers rated the work on food education as very relevant to pupils' lives. Most teachers (70%) employed a variety of active learning methodologies but fewer than half (48%) undertook practical food sessions due to a lack of resources. Only 8% of schools did not have a healthy-eating policy; teachers in other schools, however, highlighted that having such a policy served to consolidate learning on healthy eating in the classroom. The current paper considers findings from this study ten years on and highlights why the results from the 2011 study are as pertinent today as they were then.

Keywords: healthy eating, food education, children's wellbeing, primary curriculum, primary-school teachers

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The rapid increase in childhood obesity is one of the most serious public health obstacles of the 21st century (World Health Organisation [WHO], 2020). Jennings (2018) outlines that excess weight in childhood is associated with increased risk of developing certain health conditions, such as asthma, hypertension and blood cholesterol levels in childhood itself, but also increases the possibility of adult hypertension, type 2 diabetes,

heart disease, stroke, and a range of cancers. Smith et al. (2022) note that childhood is a crucial stage for establishing healthy-eating practices in later years.

The eating habits of children on the island of Ireland (IoI) are less than desirable, with many children not meeting the current dietary recommendations for fruit and vegetables or for saturated fat and sugar (SafeFood, 2019). It is widely recognised that schools are considered the best setting for food education (Smith et al., 2022; Follong et al., 2021) partly due to the amount of time children spend there during the day. Worldwide, school-based food and nutrition education is acknowledged as a key strategy for improving the diets and wellbeing of school children (Food and Agriculture Organisation of the United Nations [FAO], 2019). Food education in the primary-school curriculum (ages 4-12 years) is taught as an element of Social, Personal and Health Education (SPHE) in Ireland, and as a component of Personal Development and Mutual Understanding (PDMU) in Northern Ireland (NI).

Social, Personal and Health Education (Ireland)

In Ireland, the revised primary-school curriculum was published in 1999 (DoE, 1999a). SPHE is one of six curriculum areas. The SPHE curriculum document lists six aims of the SPHE programme, and two of these pertain specifically to nutrition education and healthy eating:

- To promote the personal development and wellbeing of the child
- To promote the health of the child and provide a foundation for healthy living in all its aspects (DoE, 1999b, p.9).

The curriculum aims are broken down to 15 broad objectives, and include development of “an understanding of healthy living, an ability to implement healthy behaviour and a willingness to participate in activities that promote and sustain health” (DoE, 1999b, p.10). The SPHE primary curriculum spans an eight-year period and introduces children to the principles of nutrition, food choice, healthy eating, and hygiene. The curriculum document notably specifies that learning opportunities for SPHE must not be restricted to the dedicated timetabled class period time but rather provided through a combination of three ways. The first of these refers to a “whole school” approach “in the context of a positive school climate and atmosphere”; the second specifies dedicated classroom time; while the third refers to an “integrated approach” (DoE, 1999b, p.1). For all year groups, the recommended minimum weekly time to be reserved for teaching SPHE is 30 minutes (DoE, 1999a), which could be considered insufficient given the breadth of the subject matter to be taught and the fact that food and healthy eating are only one component of SPHE. However, it is also difficult to benchmark against practice elsewhere, given the limited research on food education in the primary curriculum, as noted by Smith et al. (2022).

Personal Development and Mutual Understanding (NI)

The primary curriculum in NI was revised by the NI Council for Curriculum Examinations and Assessment (CCEA) in 2007, and includes PDMU as one of six curriculum areas (CCEA, 2007).

The PDMU curriculum document specifies the overall aim for the seven-year curriculum as follows: “the Northern Ireland curriculum aims to empower young people to develop their potential and to make informed and responsible choices and decisions throughout their lives” (CCEA, 2007, p. 2). The PDMU primary curriculum deals with content pertaining to food, nutrition and healthy eating from the Foundation Stage (from age 3) through to Key Stage 2 (up to age 11). Upon reviewing both syllabi, there is noticeably less detail in the NI curriculum document than the corresponding SPHE curriculum document in Ireland. It has been noted elsewhere that the NI curriculum in general takes a less prescriptive approach in outlining content (Waldron et al., 2009). However, some commonalities exist between the two syllabi, mainly in the methodological approaches to teaching and learning detailed in both the SPHE and PDMU curriculum documents.

Study Background and Methodology

Mooney et al. (2011) published a SCoTENS-funded report that investigated primary-school teachers’ experiences of teaching healthy eating within the curriculum. Ethical approval was granted by the University of Ulster Ethics Committee. A two-phase mixed-method exploratory design was utilised.

In the first phase, a quantitative non-random approach was employed, encompassing a questionnaire designed by the research team and administered to primary-school teachers ($n = 162$) across the *Isle of Man* ($n = 81$ in each jurisdiction). Originally, it was planned to administer the questionnaires to primary-school teachers at in-career development cluster-group meetings. Due to low attendance at these meetings, however, an alternative method of distribution was used, whereby the questionnaires were dispersed via initial teacher-education students of Home Economics at St. Angela’s College, Sligo and the University of Ulster, Coleraine during their respective teaching practice school placements. Consequently, this purposive sampling resulted in a wide geographical spread. The aim of the questionnaire was to investigate teachers’ perceptions, knowledge, attitudes, and experiences of teaching of healthy eating and food education. Quantitative results were analysed using SPSS Version 17, while the open-ended questions were analysed using a qualitative thematic approach.

For the second phase, the qualitative data collection consisted of ten face-to-face interviews with primary-school teachers in NI ($n = 5$) and Ireland ($n = 5$). The aim of the interviews was to gain additional in-depth insight into the strengths and limitations of the teaching of healthy-eating curriculum material and of the school settings in which the lessons were conducted. All interview transcripts were separately read by two members

of the research team. Each transcript was read once initially to isolate emerging themes. A meeting of the research team discussed the emerging themes, and ratified a final set of complete themes, sub-themes, and associated classifications. All transcripts were then re-read and the data categorised under the agreed list of themes. Both questionnaires and transcripts of teacher interviews were coded, Ireland or NI, as appropriate, followed by a number (allocated chronologically). Similarly, in the presentation of findings that follows, quotations from teachers in each jurisdiction presented are identified as Ireland or NI, and x, xx, or xxx.

Summary of Findings

Knowledge, Attitudes, and Experiences

There were several commonalities in the reported experiences of teachers across both jurisdictions. We found that many of the teachers (41%) depended on their initial teacher education for their knowledge of nutrition and healthy eating, a finding that was of concern as nearly half of the teachers (49%) had between 11 and 35 years' teaching service and had therefore completed their initial education several years previously. The qualitative data revealed that teachers in both jurisdictions rated the work carried out on food, health, and nutrition within the curriculum as being "very relevant" to pupils' lives. They were also affirmative of the healthy-eating policy in their own schools and rated it as having an "excellent" or "very good" impact on pupils' eating behaviour and health attitudes. Regardless of their concerns about curriculum overload and time limitations, the teachers enjoyed teaching the subject matter.

Across NI and Ireland, a large majority of teachers (93%) stated that their schools employed a whole-school approach to food, health, and nutrition issues, while only 8% reported not having a healthy-eating policy. The qualitative data demonstrated that teachers viewed the policy as crucial for consolidating classroom learning on healthy eating. For example, one teacher stated:

So we needed to get this [healthy-eating policy] written up and then we thought, hold on, that actually is a massive job...be better to get our programmes really embedded and then sit back and say...ok how do we best describe this? (NI 1).

Another teacher explained how having a formalised focus on healthy eating, health, and wellbeing within PDMU had brought a renewed emphasis on these issues throughout the school:

I mean, when I was trained these sorts of things were called the hidden curriculum, which...and yet they were the glue which held everything together and a good primary school I feel needed to be proactive in these things, so I love the way it has brought all of that to the fore and made it curricula, and statutory, I think that's really important (NI 1).

Few of the teachers' schools (25%) had, however, received financial support for the operationalising of the policy in the school. In both jurisdictions, 98% of teachers indicated that their school had strong parental backing for the execution of the healthy-eating policy.

Food-Education Interventions

The majority of teachers (76%) had participated in a health-promotion initiative or nutrition intervention programme that was not part of the formal curriculum. The most common nutrition intervention was *Food Dudes* in Ireland and *Bright Bites* in NI. Other key initiatives outlined by teachers were *Healthy Break*; *Boost Better Breaks*; *Munch and Crunch*; and *Incredible Edibles*. Most (70%) used active-learning methodologies in implementing these initiatives.

Teachers believed *Food Dudes* to be advantageous as it "got children to eat healthily" (Ireland 42) and the "general opinion is that it was very successful" (Ireland 46). Furthermore, teachers stated that being involved allowed them to:

- put what you teach into practice (Ireland 12)
- encourage children to eat well [using a] helpful resource for lessons (NI 105)
- focus on nutrition and healthy eating which can otherwise get pushed aside in a very busy curriculum (NI 117).

One teacher (Ireland 43) identified that it is "very important [that] skills and knowledge are taught in a fun way with positive incentives", while another reported "it is an interesting subject/topic to teach, children love tasting different foods and learning about them, I enjoy teaching these topics" (Ireland 44).

Resources

A variety of approaches to conducting practical food lessons were employed by teachers, including:

- school-gardening project, growing vegetables and herbs (Ireland 2)
- cookery competitions (Ireland 7, Ireland 8)
- one day a month we make/cook something healthy, e.g., smoothie (NI 108)
- healthy-eating week – local country shop sponsors fresh fruit for all children during the week (Ireland 52)
- after school cookery club – only make healthy snacks/meals (NI 127).

A lack of facilities and equipment, both in NI and Ireland, for teachers to use when

carrying out practical food sessions was evident, however. Teachers in both jurisdictions reported that no facilities were available to them (Ireland 7, 9, 27, 31 and NI 109, 153). Teachers in Ireland stated that:

- resources are basic so the opportunities are limited (Ireland 2)
- facilities [are] a problem for 31 children and a small kitchen that can accommodate about six safely at a time (Ireland 16)
- it is difficult to get children involved when there is not enough equipment; it really is only a cookery demonstration (Ireland 25)
- [facilities are] quite unsatisfactory as cooking sessions take place in a small staffroom with a ratio of 30:1 (Ireland 14)
- [there is] no funding, it's up to the teacher (Ireland 50).

Similar sentiments were reiterated by teachers in NI:

- small room, limited equipment, health and safety issues are multiplied (NI 94)
- had to do without proper food preparation area (NI 109)
- lack of resources to allow adequate pupil participation (NI 114)
- cost of ingredients, support needed, time-consuming (NI 120)
- facilities required are not available (NI 129).

Teachers in both jurisdictions identified the necessity for extra finances to support the implementation of practical food sessions. Teachers in Ireland emphasised a need for both physical resources and finance:

- if there was a kitchen in every school it would aid the teaching – but in reality most schools don't even have a fully-equipped kitchen (Ireland 25)
- more facilities for practical tasks so that the children will be able to put theory into practice (Ireland 15)
- facilities for practical food preparation (Ireland 20)
- money and funds to promote health and nutrition (Ireland 65).

Teachers in NI also outlined a need for resources and basic facilities:

- basic food equipment for classroom such as chopping boards, safe cutlery, plates etc., and a central cooker would be beneficial (NI 90)
- a petty-cash allowance for buying ingredients for practical sessions...often I buy at my own expense (NI 142)

- cooking equipment; an area allocated within the school (NI 151)
- I supply my pupils with the utensils and equipment for cooking. I also supply the ingredients; it would be good if the school could supply these (NI 141).

The majority of teachers (76%) did not have a specific textbook, or coherent set of resources for the delivery of food, healthy eating, and nutrition material. Qualitative data in both jurisdictions identified several additional resources to support the teaching of this topic, for example:

- [a] booklet/book containing recipes that can be made within the confines of the school (Ireland 10)
- a specific textbook or teaching pack for teaching of food, healthy eating, nutrition issues (Ireland 28)
- food-based games, jigsaws, matching games, songs based on food and nutrition (Ireland 73)
- food pyramid game where children place correct food portions on each section thus making children aware of daily requirements (Ireland 58)
- any resources would be a help, ideas for lessons would be great, I tend to do the same few things each year (Ireland 26).

Teachers stressed the importance of such resources being age-appropriate:

- age-appropriate interactive games (Ireland 3)
- specific age-appropriate textbook with activities for children (Ireland 24).

Reflections on the Past Decade

Reviewing our findings ten years on, and reflecting on these in light of both contemporaneous research on food education in schools (Smith et al., 2022) and recent research on childhood obesity (WHO, 2022), serves to highlight that the issues raised by the teachers in our study are still relevant. Overweight and obesity prevalence continues to cause concern. The latest trend data regarding overweight and obesity in primary-school children in Ireland, using the *WHO Childhood Obesity Surveillance Initiative* (COSI) measuring parameters, reveal that rates are stabilising. The COSI results state that one in five children surveyed are overweight or obese, both of which are more prevalent in girls in disadvantaged schools and in older primary-school children (Mitchell et al., 2020).

The COSI results also show that almost all schools in Ireland (97%) included nutrition education in their curriculum, while nine out of ten schools had no sugar-sweetened beverages or sweet and savoury snacks available. However, children were not meeting

the recommended dietary guidelines for fruit and vegetables, with only three in five children eating fruit daily and only two in five consuming any vegetables daily. Furthermore, three-quarters of children in Ireland consumed meat on most, if not all, days of the week and fish consumption was low (Mitchell et al., 2020). In NI, the situation is very similar, with childhood obesity rates stabilising, but with higher rates evident in girls and amongst the socially disadvantaged (Safefood, 2021).

Given the fact that children, especially girls and those in disadvantaged schools, have higher rates of overweight and obesity, the argument still exists in 2023 for increasing the focus on healthy eating and food education in the curriculum and for including practical food skills in the classroom. We appreciate that obesity and overweight rates will not be resolved by food education alone, and accept that a whole-systems approach is urgently needed. It is also clear, however, that food education has an important part to play.

Ensuring that nutrition and food topics taught to children are current and evidence-based should be a priority for teachers and school leaders. It is a cause of concern to the authors that our 2011 study (Mooney et al., 2011) showed that many of the teachers relied solely on their initial teacher education to inform their teaching of this area. This, coupled with the limited resources available to schools as described above, is likely to result in discrepancies across schools in the quality of food education provided. Indeed, findings from a large-scale survey in England (Jamie Oliver Food Foundation, 2017) demonstrated significant divergence in the quality of food education among schools, with resources and lack of support cited as challenges. Additionally, Ballam (2017), in a separate large-scale survey (n = 5,040), identified that pupils struggled with basic concepts related to knowing the origins of food. For example, they found that 18% of children surveyed thought that fish fingers came from chicken, and the internet was cited as the source of most nutritional knowledge for children. Although not an Irish-based study, it does demonstrate a clear need for evidence-based food education that is accessible to all children in school.

In Ireland, Mitchell et al. (2020) state that implementation of the Department of Education and Skill's *Wellbeing policy statement and framework for practice* (2019), in all schools, offers the potential for schools to place a greater emphasis on health and wellbeing. They believe that this will provide a focus on the environmental, cultural, and curriculum elements within the school that may impact students' growth. However, we believe that having food education with practical food skills on the curriculum is a prerequisite for achieving good health, and that healthy eating should have been addressed more explicitly in the 2019 wellbeing framework.

Currently, the curricular approach employed in both Ireland and NI in addressing healthy eating and food education can be characterised as having a "health" focus rather than a "practical" focus, a distinction which Smith et al. (2022) point to as being important for achieving the learning outcomes pertaining to food and healthy-eating

curricular content. Their study highlights that both practical food skills and nutritional knowledge are required for people to eat well. However, they note that in many countries the priority is to teach knowledge-based content over practical skills such as actual food preparation, budgeting, and shopping.

Evidence-based research illustrates that the inclusion of practical food skills serves to reinforce and support the teaching of food education. Such a comprehensive approach to teaching food education, integrating both theoretical and practical food education, is considered best practice in curriculum policy (Condrasky et al., 2011; McGowan et al., 2015; Lavelle et al., 2016). The absence of any practical food preparation in the Irish primary-school curriculum was highlighted by Smith et al. (2022) as being an exception in an 11-country study (notably, NI was not part of the research study). It is welcome to see that one of the recommendations of the Safefood (2022) report *Public acceptability of policies to address obesity* is that all children should have the opportunity to develop practical food skills and knowledge on healthy eating during their education. The Safefood (2022) report clearly states that, in order to achieve this goal, the provision of the required facilities to support education on eating healthily and learning essential cooking skills should be available in all schools.

Conclusions

In 2011, we (Mooney et al., 2011) concluded that due to overweight and obesity levels of children across the Iol, it was important for the departments of education in both jurisdictions to execute periodic reviews of curricular content pertaining to food education and healthy eating in both PDMU and SPHE at primary level. In coming to this conclusion, we were mindful of the role of early intervention, regarding healthy eating in the school setting. Furthermore, we suggested that other stakeholders such as the health-promotion agencies in each jurisdiction needed to be involved in these periodic reviews in order to ensure a holistic approach to the teaching of healthy eating and food education in the classroom. At the time, we noted that it was essential that any review would consider the benefits of including practical culinary skills as a compulsory component of both curricula. As demonstrated above, these conclusions are still valid more than ten years later. We now repeat our call for the departments of education in Ireland and NI to improve and support food education and the practical teaching of healthy eating in primary schools as a matter of urgency.

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