



Institut for Pædagogik og Uddannelse

AARHUS UNIVERSITET

Views about food and health among people with low educational attainment

– implications
for Health Education

Jeanette Magne Jensen, Associate Professor
Institute of Education
University of Aarhus
May, 2014



Research objective

- › Align the views on health of people with low educational attainment to a health education scenario which makes sense in the context of their everyday lives
- › Empirical basis: healthy individuals



**What are the challenges in terms of health education?
The relevance and background of settings which
promote health (a structural approach to health promotion)**

What is health?

› *Health, that's feeling like I feel. If I want to smoke 30 cigarettes a day and don't have a problem with that, then that's healthy for me, in my opinion. If I feel like pizza for dinner, then I want pizza whether it's healthy or not. I guess... health for me is doing what I want to do, both physically and psychologically.*

(Mette, aged 37, machinist)



What is health?

> Health covers a lot of ground... because unhealthiness is situated at both ends of the scale. You might not be healthy if you have to go out on a 20 km run every day... if you need to release endorphins because you find your life unbearable.

(Ea, aged 53, care worker)



Healthy food

> *Healthy food ... when I talk about healthy food, diet books and all that ... and look at what they serve, I don't like any of it. There's always sodding piles of vegetables and I don't like that ... I like all the unhealthy food ... the stuff they call unhealthy.*

(Birgitte, aged 53, machinist)



Healthy food

- > *Well fruit, I don't like fruit. I have three apple trees, but I wouldn't dream of taking a bite. A banana now and then, and I like tinned fruit. I eat it straight from the tin without any cream.*
- > *My husband likes potatoes and gravy. I like them too, but I'm not too keen on buttery sauces and all kinds of other sauces. At home we ate a lot of rissoles, meatballs, burgers and meatloaf – a lot of minced meat. We haven't grown up with all that fatty food.*
(Hanne, aged 48, cleaner)



Healthy food

> You're always being told that now you need to eat lots of this. And then, all of a sudden, they tell you that it probably isn't such a good idea to eat it after all. Ok then, but you've been stuffing yourself full of it for a whole year, you know? How the hell does that help? I couldn't give a rat's arse about all that. Because there's always one person saying one thing and someone else saying another thing. And then there's me standing in the middle, doing whatever I want. They're researching and researching, I don't think ... they can't agree on what they're actually researching. That's how it is!

(Birgitte, aged 53, machinist)

Lifestyle and disease

> *Disease can crop up in the strangest places, we don't have a say in it. I don't think we do.*

(Birgitte, aged 53, machinist)

> *You think about it, you don't do anything about it. I also have the attitude that, if you're going to get cancer, you're going to get cancer no matter whether you smoke, drink or eat healthily. So it doesn't have anything to do with that. The signals come of their own accord if there's something wrong. Then there's something inside you that says you have to do something about it.*

(Hanne, aged 48, cleaner)

Health campaigns

› *I don't pay it much attention. It's all well and good needling people a bit. It just shouldn't be fanatical. So long as no-one comes along and tells me my life is a mess .. If I don't stop smoking, if I don't stop drinking, and if I don't eat this and that every day. I might be a bit ... like I always say, you have to have some pleasures in life. Why should you deny yourself certain things?*

(Hanne, aged 48, cleaner)



Points – health in the context of everyday life

- › Health, in the official sense, is not a principle which structures or is experienced as relevant to everyday life until a problem is encountered
- › A lack of identification with the official view of health (“Really” healthy people are *fanatics and freaks*).
- › Health is something “signalled” by the body
- › Lots of unhealthy aspects (obesity, smoking, lack of exercise, poor working conditions, poor communication in the workplace). **No one describes themselves as unhealthy.**



Points – health in the context of everyday life

- › Health/lifestyle strategies are rooted in local, experience-based and context-specific knowledge of what ‘works’ in everyday life: The local, personal experiences.
- › Attitudes regarding the future revolve around stability. Maintaining rather than change as a principle for action.
- › The conditions for everyday life, at the individual, social and societal levels, affect health



A psychological rather than a physiological view of health

- › Social relations/good friends
- › Family affairs
- › Good relationships with colleagues in the workplace
- › Joie de vivre
- › Achieving one's dreams
- › A healthy spirit is more important than a healthy body
- › Contentment ahead of healthiness

Health and satisfaction with life

- › Satisfaction with life as a prerequisite for making healthy decisions.
- › Health results in a lack of a sense of coherence in the context of everyday life. Disrupts habitual routines and patterns of behaviour.



Challenges for health education

- › Not *one everyday life* but many, not *one response pattern* to the challenges of everyday life but many, not *one view of health* but many
- › Different strategies for existence (resignation, a pro-active approach, a defensive stance, extrovert/introvert personality)
- › Social inequality in health as a conglomerate of embedded issues relating to individual and structure
- › Address matters relating to the *individual* and to the *structures*.



Shh – don't mention health!

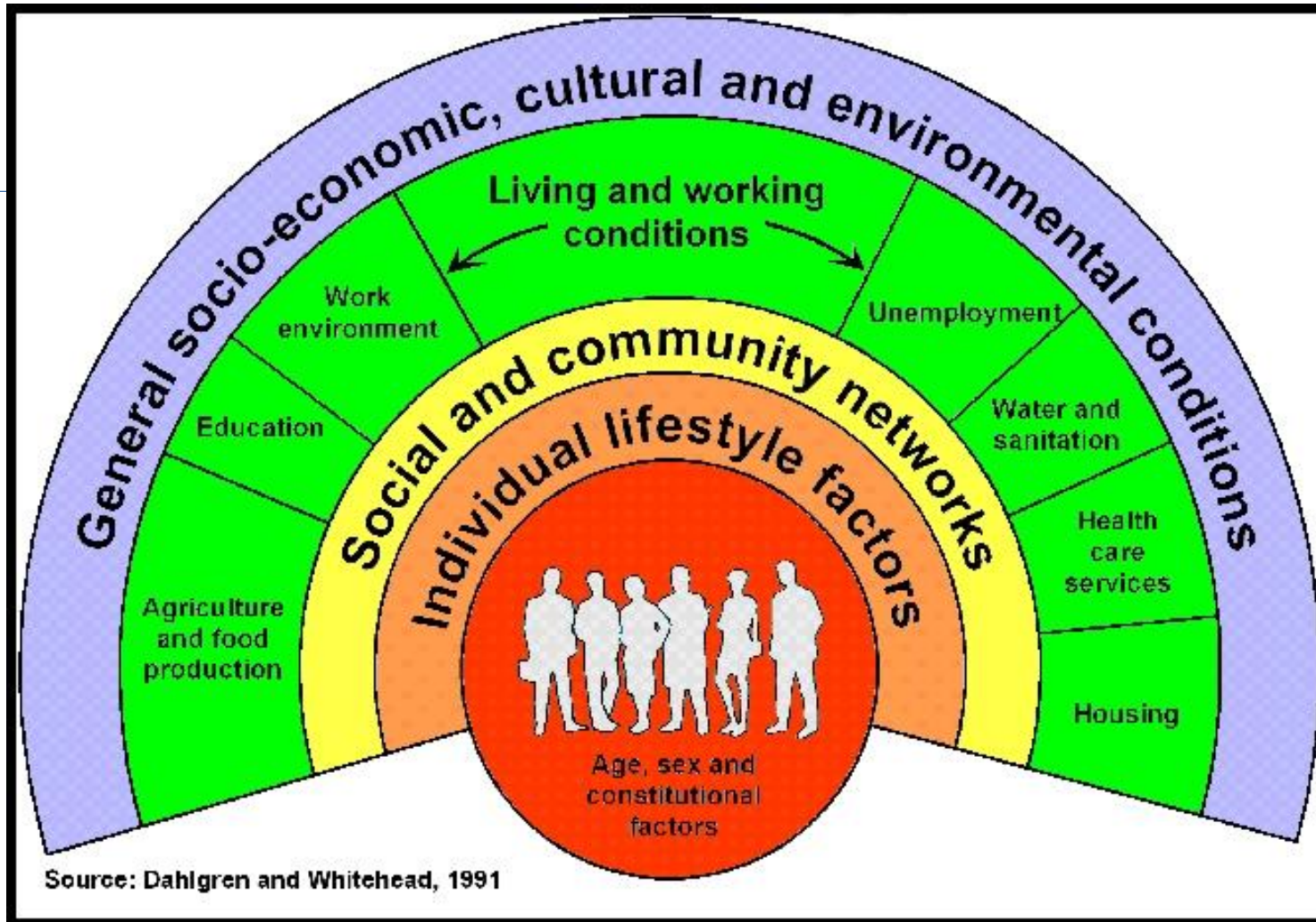
- › Avoid addressing lifestyle factors (KRAM: diet, smoking, alcohol consumption and physical activity) – drop approaches which focus on the subject matter
- › Focus on the subjective factors which add to the individual's quality of life and overall contentment
- › Base efforts around the determinants of health, upstream approach
- › **Focus on (health) professionals in relation to education and influence upon the political process.**



The pedagogy of health promotion

- › Develop empowerment/action competence (the power to affect and alter every aspect of everyday life)
- › Genuine participation, the individual/group at the centre of change-centred processes
- › Inclusive rather than invasive - ownership
- › Based on the individual's current life situation and everyday life (realistic interests and priorities for the individual/group)

Determinants of health



Source: Dahlgren and Whitehead, 1991

The conflict inherent to health work - the challenge for pedagogy



The settings perspective

- › We can't change the individual's background.
We can change the way in which places encounter and respond to health challenges.
(Prof. B. Holstein, National Institute of Public Health, University of Southern Denmark)
- › The fast track to reducing social inequality in health?



Health promotion in the workplace

- > The settings perspective with the workplace as arena – a possible pedagogical action perspective
- > Determinants of psycho-social well-being in the workplace – influence on general resistive resources
- > Time constraints, work rate, disputes with colleagues/management, lack of influence on one's own work, burnout due to the organisation of work
- > A balance between high demands (challenges) and a strong influence on one's own work as the key to health and contentment

The health potential of settings

- › WHO – the Ottawa Charter, 1986: health is created within the framework of people’s everyday lives
- › A theoretical shift in understanding in terms of the foundation for disease/health
 - › Objectives: the behaviourally-oriented health needs of target groups – biomedical approach
 - › Objectives: changes to systems (settings) based on people’s subjective, personally experienced needs
 - › Backlash: Behaviour - Environment



So what should we do now?

Conclusion

- › Avoid lifestyle factors when working with social inequality in health – the objective needs
 - › Lifestyle changes are irrelevant to the target group
 - › Lifestyle changes are not the most important tool in reducing social inequality in health – the social determinants of health
- › Health promotion work should be founded on the conditions marring the quality of life of the target group during the course of their everyday lives – the subjective needs
- › Shift focus from the target group to
 - › Health professionals in the form of education/competence development
 - › Structures preventing the well-being and quality of life (health) of those with low educational attainment



Conventional 10 Tips for Better Health (Rafhael, 2000)

1. Don't smoke. If you can, stop. If you can't, cut down
2. Stay on a balanced diet with plenty of fruits and vegetables.
3. Make sure you stay physically active and exercise at least 3 times a week.
4. Manage stress by, for example, talking things through and taking time to slow down, or planning relaxing get-aways.
5. If you drink alcohol, do so in moderation
6. Cover up in the sun, and protect children from sunburn.
7. Make sure you practice safer sex.
8. Don't forget regular check ups with your family doctor and get screenings for cancer.
9. Be safe on the roads
10. Learn the first-aid ABC



What Your Doctor Didn't Tell You (Rafhael, 2000)

1. Don't be poor. If you can, stop. If you can't, try not to be poor for long
2. Don't have poor parents
3. Own a car
4. Don't work in a stressful, low paid manual job
5. Don't live in damp, low quality housing.
6. Be able to afford to go on a foreign holiday and sunbathe.
7. Practice not losing your job and don't become unemployed
8. Take up all benefits you are entitled to, if you are unemployed, retired or sick or disabled.
9. Don't live next to a busy major road or near a polluting factory.
10. Learn how to fill in the complex housing benefit/ asylum application forms before you become homeless and destitute.