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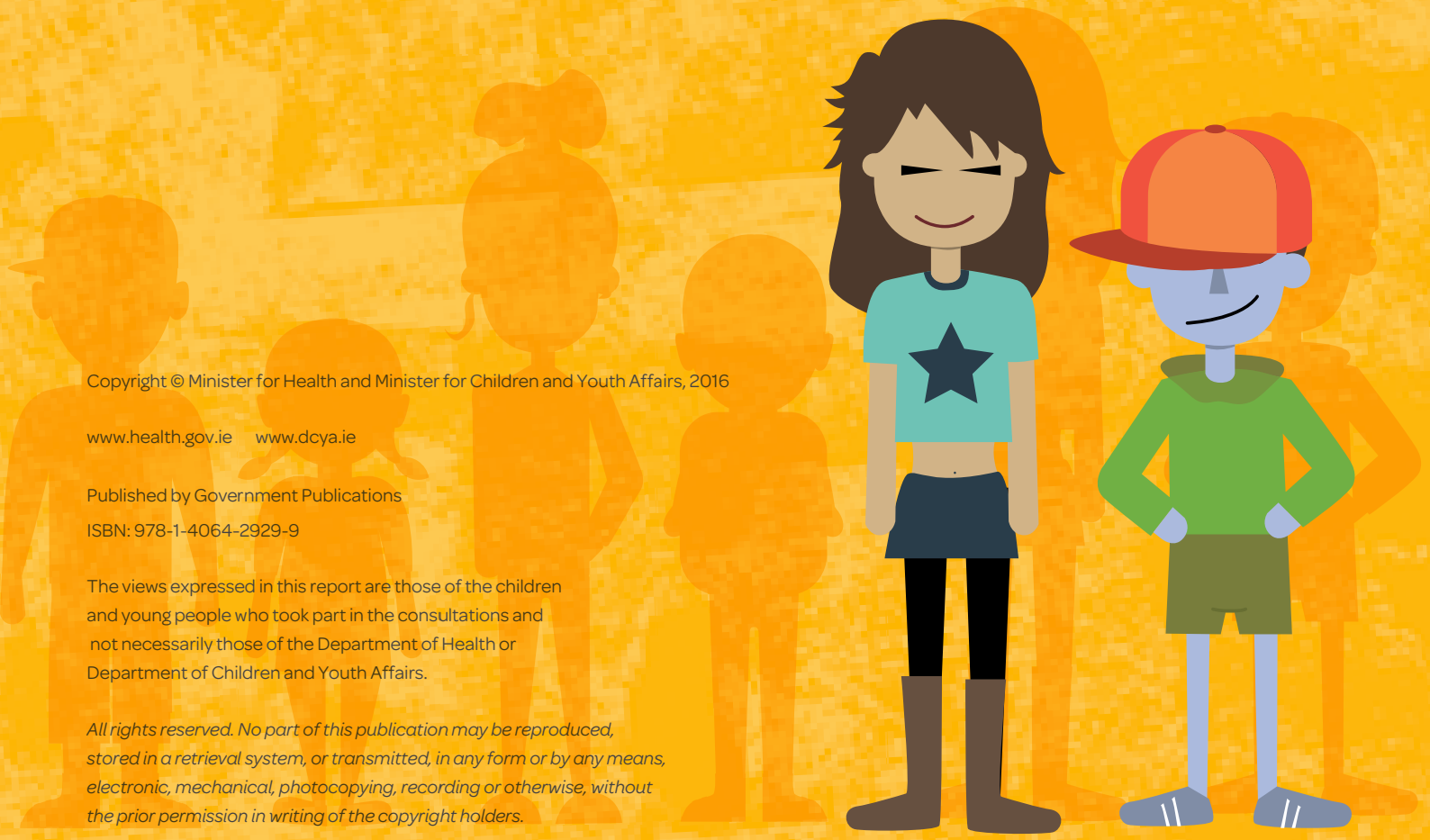


HAVE your SAY

HEALTHY LIFESTYLES

A CONSULTATION WITH CHILDREN AND YOUNG PEOPLE

Shirley Martin, **Deirdre Horgan**
and **Margaret Scanlon**
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University College Cork
2016



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HEALTHY LIFESTYLES HAVE your SAY
A CONSULTATION WITH CHILDREN AND YOUNG PEOPLE

ACRONYMS

DCYA	Department of Children and Family Affairs
GUI	Growing Up in Ireland
IPPN	Irish Primary Principals' Network
PE	Physical education
SPHE	Social, personal and health education
WHO	World Health Organization

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FOREWORD

I am pleased to publish Healthy Lifestyles Have Your Say: A Consultation with Children and Young People. This report outlines the views of children and young people on factors that help and hinder them in having a healthy lifestyle.

The Department of Health approached my Department to seek support in getting the views of children and young people to inform the forthcoming national policy, A Healthy Weight for Ireland. This led to the Citizen Participation Unit of my Department conducting consultations with children aged 8–12 years and young people aged 13–17 years, in partnership with the Department of Health.

The main themes that emerged from children aged 8–12 years include their recognition of the importance of eating more healthy foods and less "junk food", getting enough sleep and physical exercise, playing outdoors and using "your imagination to make up active games". The children strongly identified smoking (including passive smoking) as a potential threat to health. Home was identified as a source of love and support and a place where children receive guidance about healthy lifestyles, particularly in relation to food choice and exercise. Schools were also seen as playing an important role in providing information and guidance on healthy lifestyles.

Body image and media influences were identified as the main barriers to a healthy lifestyle among teenagers aged 13–17 years. These issues included the pressure to conform to a particular body image. Young people felt that the stigma attached to eating disorders made it difficult for them to discuss this problem. Exam stress and heavy study workloads were identified as contributing to sedentary and unhealthy lifestyles. Other school-related issues identified by young people include their criticisms of the teaching of social, personal and health education (SPHE) and the lack of choice in physical education, with the few alternatives to team sports it offers and its failure to cater for different interests.

My Department is strongly committed to the participation of children and young people in decision making, which is one of the general principles of the UN Convention on the Rights of the Child. We are proud to be the first country in Europe to have developed and published a National Strategy on Children and Young People's Participation in Decision-Making (2015–2020). However, considerable cultural change is needed in this area. We often think of children only in their future capacity, as adults, with less regard for the contribution they can make to our world during childhood. I strongly believe that children and young people are not "beings in becoming", but rather are "citizens of today" with the right to be respected and heard during childhood, their teenage years and in their transition to adulthood.

There is a growing body of evidence on the benefits of giving children and young people a voice in decisions that affect their lives, including the fact that it leads to more effective polices and services. Participation by children in decision making requires a cross-government response and the publication of this report is evidence of the value of such collaboration.

Dr Katherine Zappone, TD
Minister for Children and Youth Affairs

HEALTHY LIFESTYLES

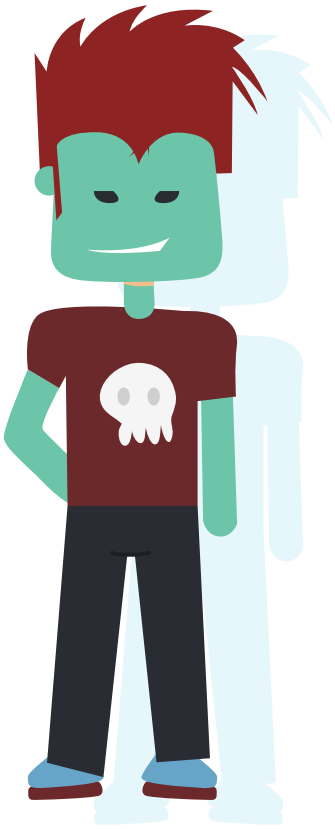
HAVE your SAY

A CONSULTATION WITH CHILDREN AND YOUNG PEOPLE



1 INTRODUCTION

1.1 BACKGROUND



This consultation process with children and young people formed part of the national consultation process with stakeholders for the National Obesity Policy. It was commissioned by the Department of Health and conducted by the Citizen Participation Unit, Department of Children and Youth Affairs (DCYA). This report presents the findings from consultations with children from primary schools and teenagers from Comhairle na nÓg (child and youth councils across local authorities in Ireland). Two consultations were held – one with 34 young people aged 13 to 17 years, from 11 of the 31 Comhairle na nÓg, and one with 48 primary school children between the ages of eight and 12 years. The children and young people were from counties Cavan, Clare, Cork, Donegal, Dublin, Dundalk, Louth, Mayo, Meath, Monaghan, Kerry, Tipperary and Wicklow. In total, 82 children and young people were involved in this consultation process.

A team from University College Cork (UCC) worked closely with the Citizen Participation Unit of the DCYA, who conducted the consultations. The UCC researcher's role involved:

- observing the consultations and recording all consultation materials;
- analysing consultation data/results; and
- preparing this report, which documents and analyses the process and findings of consultations with children and young people to inform the National Obesity Strategy.

An **oversight committee** was established and chaired by the Department of Health to advise on the consultations with children and young people. This committee was comprised of paediatric, medical and other experts in the area of childhood obesity, as well as staff from the Citizen Participation Unit, DCYA. This committee reviewed and gave feedback on the draft methodology. It also considered ethical issues and how they might be addressed.

1.2 CONSULTATION METHODS

Pilot: A pilot consultation was conducted with a group of young people from Dublin City Comhairle na nÓg in July 2015. The pilot used a draft version of the research tools; the lifelines, the placemats and the guiding questions were all piloted. Through this process, the DCYA learned that the lifeline session worked well but that the placemat session would benefit from adjustments, which were subsequently made before the consultation process began. During the pilot discussion, the participating young people strongly recommended naming the consultation "Healthy Lifestyles – Have Your Say", and not mentioning obesity in the title, which they felt would turn young people against participating in it. They also felt that the topic of "healthy lifestyles" was more relevant to all young people.

Recruitment of children and young people for consultation: Children and young people were recruited by the DCYA. The children (8–12 years) were recruited from primary schools through the Irish Primary Principals' Network (IPPN), while the young people (13–17 years) were recruited from the 31 Comhairle na nÓg throughout the country. Considerable focus was placed on ensuring that good representation was achieved among participants regarding socio-economic status, gender, ethnicity and geography.

Contact: Following initial contact by phone, an information sheet, letter of invitation, parental consent form and child/young person assent form were sent to all prospective participants three weeks before the event, with a stamped envelope for return of consent and assent forms. The information leaflet outlined, in child/young person friendly language, the aims of the study and the uses to which the data would be put (see Appendix 1). A closing date for receipt of signed consent and assent forms was included in the letter.

1.2.1 The consultations

The DCYA regularly conduct consultations with children and young people on a variety of aspects of public policy. During these consultations, methods used were innovative, age-appropriate and strengths-based. They included the use of warm-up exercises, lifelines, body mapping, floor mats, consensus workshops and voting (see Appendix 2 for further detail).

The **consultation with children** began with some warm-up games and group formation exercises, followed by participants completing a **lifeline** divided into two life stages (0–5 years and 6–12 years), in which they reflected on their life experience to date regarding supports and obstacles to a healthy lifestyle. The lifeline session was followed by a group discussion and sticky dot voting on two key topics emerging from the exercise. The next session involved **body mapping.** A volunteer in each group had the outline of their body drawn onto a large sheet of paper. Once the body shape was drawn, the children were asked: "What are the things that make this child healthy?" The final session involved the use of a floor placemat to elicit more detail on the topics identified in the body mapping exercise. The placemat was divided into three sections: "at home", "at school" and "in your area". The children were asked to think about what can make a child healthier in each of these contexts.

The **consultation with young people** involved three sessions. The first one began with some warm-up games and fun group formation exercises. As with the consultation with children, it involved a **lifeline** session to elicit views and/or experiences of factors that contribute to and inhibit a healthy lifestyle, at different stages of childhood. In their case the lifeline was divided into three stages (0–5 years, 6–12 years and 13–17 years) to reflect their experience of all three age cohorts. Young people used sticky dot voting to identify the most important topics. Facilitators used the top two issues identified within each group in drawing up a list of five topics for more in-depth discussion at session 2.

Session 2 was a **World Café workshop**, which aimed to obtain more detail on the key topics identified in session 1. Five topic zones were created, and a group was assigned to each topic. A large square placemat was placed on each table and participants were asked to start working from the inner circle; they were guided to give more details regarding an individual case and to highlight "what's working" (with a blue marker) and "what's not working" (with a red marker). Then they were asked to move to the outer circle to consider the question, "Why are these things working/not working?" Finally, participants moved to the circles at the edge of the placemat to consider another question: "What other ideas do you have that might help to improve healthy lifestyles?" Each group was given the opportunity to engage with all five topics.



Session 3 involved **sticky dot voting.** Young people had an opportunity to cast two votes on "what is working" and two votes on "what is not working" with regard to healthy living for children, as identified on each placemat. After this, a **ballot box vote** was held. The facilitators presented the young people with two lists, which had been identified through session 3: one of the top 10 issues that were working and one of the top 10 issues that were not working. Ten green cards and ten red cards were placed on a wall and each young person was given three voting cards to vote on what they thought were the three most important issues. This consultation closed with a brief evaluation of the day.



1.2.2 Ethical considerations

The consultations were all subject to standard ethical guidance and procedures for consultation and research with children. Ethical approval was obtained from the Social Research Ethics Committee at University College Cork (UCC). The project methodology was guided by *National Guidance for Developing Ethical Research Projects Involving Children* (DCYA, 2011). Informed assent forms were obtained from the children and informed consent forms were obtained from their parents/guardians. Potential participants were informed that they could inform the DCYA that they wished to withdraw at any time before the final report was completed.

The key ethical issue for this study was ensuring that any sensitive issues relating to individual children and family circumstances were anonymised. A strict policy of confidentiality and anonymity was adhered to throughout the consultation process. Because this involved group-based data gathering, all participants undertook to preserve the confidentiality of others. In the findings and discussion sections of this report, quotes or other representation of data are only categorised by group (child or young person).

The facilitators were mindful of the sensitive nature of the topic itself. Throughout the consultations they were alert to any negative reactions the children and young people may experience. None of the materials given to children or young people included the term 'obesity'; instead the focus of the information and consultation process was on healthy lifestyles. This approach had been discussed in detail by the project's advisory committee and, as mentioned above, was also discussed with young people during the pilot process.

A strategy was in place for addressing any sensitive issues arising for children and young people during the consultations. If any participant experienced difficulties or problems, a number of contact points were available to help, including the DCYA and the advisory committee.

Child protection issues were fully addressed prior to, during and after the consultation process. The assent forms completed by children and young people included the following tick-box statement: 'I understand that all information gathered will be kept private unless I am in danger'. All facilitators were briefed on the need to be aware of any child protection concerns that may present during the discussions with children and young people. At the end of each consultation, once the children and young people had left, all facilitators took part in a debriefing meeting, at which any child protection issues could be raised. None arose.[1]

Finally, all the DCYA facilitators are very skilled and experienced in participatory work with children and young people and are Garda vetted.

1.2.3 Summary of methodology

Two consultation processes were held: one with children (8–12 years) and one with young people (13–17 years). A variety of methods were used, as deemed appropriate to their age and understanding. The emphasis was on creating a fun, relaxed environment where participants could feel comfortable discussing issues related to healthy lifestyles. The emphasis was firmly on healthy lifestyle as opposed to obesity, following discussions with the advisory committee. Consultation methods included: warm-up games, lifelines, body mapping, floor mats, consensus workshops and voting. The consultation exercises were all subject to standard ethical guidance and procedures for research with children.



1.3 REPORT OUTLINE

Chapters 2 and 3 set out the findings of this consultation exercise with children and young people. Chapter 2 begins with a summary of the main themes that emerged from the consultation with children (8–12 years), followed by a more detailed breakdown of findings from the individual sessions with children. Chapter 3 provides a summary of the main themes emerging from the consultation exercise with young people (13–17 years), followed by a tabulated breakdown of findings from those individual sessions. Chapter 4 presents a discussion of the findings from the consultation exercises with both children and young people, highlighting their views on a healthy lifestyle, including perceived barriers to and facilitators of healthy living. Chapter 5 presents a review of the relevant research literature on children's perceptions around healthy living.

[1] Any references made by young people during the consultations that related to the issue of abuse were general observations, and not reports of personal experience.



HEALTHY LIFESTYLES

HAVE your SAY

A CONSULTATION WITH CHILDREN AND YOUNG PEOPLE

2 CONSULTATION WITH CHILDREN (8–12 YEARS)

A total of 48 children, from third, fourth, fifth and sixth classes in primary schools around the country, participated in this consultation process. Each session began with warm-up games and group formation exercises. The children were divided into six groups. In these groups, they engaged in a range of discussion-based activities, including a ballot box vote on the issues they felt were most important to having a healthy lifestyle. These themes are presented below, in order of popularity (determined through the voting exercise). (Tables 8 and 9 in Appendix 3 set out the raw data on the children's views on contributing factors to a healthy lifestyle.)

2.1 KEY THEMES FROM CONSULTATION WITH CHILDREN

2.1.1 Food choice and healthy eating

A number of themes emerged related to both healthy and unhealthy eating; the topic of food was the most commonly mentioned issue during the consultation with this group. The majority of comments concerned the importance of consuming more of certain, healthier foods – particularly fruit, vegetables, water and milk – and of eating less of other, less healthy foods, such as sweets, fizzy drinks, takeaways and "junk" food. They also mentioned the significance of specific meals, like having a "good breakfast", and of choosing "healthy restaurants" when eating outside the home.

2.1.2 Sleep

The importance of getting sufficient sleep was a recurring theme. Participants identified specific sleep habits and recommendations such as getting 10–12 hours of sleep per night, going to bed early and not watching TV or playing video games before going to bed. By contrast, getting too much sleep, sleeping during the day, or staying in bed late were all viewed negatively, possibly because they contribute to a sedentary lifestyle.

2.1.3 Physical exercise and activities

The importance of physical exercise, playing outdoors and using "your imagination to make up active games" was highlighted by participants. They suggested that young people need regular exercise and should be exposed to different types of sports and activities. Some participants felt that access to specific facilities (like a playground) facilitated healthy lifestyles. Obstacles to a healthy lifestyle included not participating in a sport, being "lazy" and using technology (such as Xbox and Nintendo DS computer games) for leisure. Participants mentioned the perceived link between screen time (the amount of time spent using a device like a computer) and unhealthy lifestyles; they suggested limiting access to technology as a means of promoting health and wellbeing.



2.1.4 Smoking

In the course of the consultation, smoking was repeatedly identified as a potential threat to health. Participants mentioned the risks associated with having parents who smoked. This seems to suggest awareness of the dangers of passive smoking, or a perception that children may follow their parents' example. In addition, children mentioned drinking beer, smoking "weed" and taking other drugs as having a negative impact on healthy lifestyles.

2.1.5 Home and family

The positive influence of the family in promoting a healthy lifestyle was another important theme. Home was identified as a source of love and support and a place where children received guidance about healthy lifestyles, particularly in relation to food choice and exercise. While most of the children's comments related to their parents, the role of siblings and grandparents in relation to healthy lifestyles was also acknowledged. In addition, pets were seen as a positive influence. Negative aspects of home life that presented obstacles to a healthy lifestyle included: parents giving children unhealthy foods, an unsafe home environment and children being left at home alone.

2.1.6 Other issues

The following points were not raised in the ballot box vote but they were mentioned in the course of the other sessions (body maps, placemats and lifeline).

School

School was seen as important in providing information and guidance on healthy lifestyles. However, participants also identified a number of ways in which school can inhibit healthy lifestyles. Examples included too much homework, which limits time available to play outside; not enough teachers or facilities for physical education (PE); rules that prohibit running or playing in the yard; and vending machines on the school grounds.

Local area and community

Participants highlighted a number of aspects of their local area that could facilitate a healthy lifestyle, including access to parks and other facilities. In relation to negative influences, they noted hazards related to walking and cycling, such as cars parking on cycle paths, and traffic near where children are playing. Other negative factors were highlighted: littering, noise and environmental pollution, smoking, damaged playgrounds and no other children in the area to play with.

Hygiene and healthcare

Regarding hygiene, the children highlighted the importance of regular washing, brushing teeth daily and good skincare. In addition, they noted a number of issues related to medical care and healthcare that could influence a healthy lifestyle, including the need for access to doctors and nurses, regular health check-ups and having vaccine shots.

2.2 FINDINGS FROM INDIVIDUAL SESSIONS WITH CHILDREN

2.2.1 Lifelines (session 1)

The first session involved participants completing a lifeline, in which they identified supports and obstacles to a healthy lifestyle.[2] For this exercise, a long rectangular mat with a river depicted on it was divided into two life stages (0–5 years and 6–12 years). Children were asked to use green markers to note supporting factors and red markers to note barriers to a healthy lifestyle, for the two life stages. Their responses are set out in Tables 8 and 9 in Appendix 3.

2.2.2 Ballot box voting (session 2)

The lifeline session was followed by a group discussion and sticky dot voting on two key topics emerging from the lifeline exercise. The top two topics from each table were written onto cards and displayed on a wall at the voting station. The children at each table were brought up to the wall by their facilitator to view the cards and vote for the issues they felt were most important.



[2] The lifeline method has been used in research with children aimed at gathering information on the child's life history, in particular important transitions and events in the child's life. It enables the incorporation of some of the advantages of a qualitative longitudinal study in a research setting where it is not possible to follow children's lives for a longer period of time (Pirskanen *et al*, 2015).

Table 1: Results of ballot box voting with 8–12 year olds

TOPIC	TOTAL
» Eat more fruit and vegetable and drink more milk and water every day. » Nutritious food and drinks; eat fruit and vegetables every day.	33
» Sleep: not playing video games too close to bed; getting eight hours plus sleep a night; reading books; soft music; getting right amount of sleep.	32
» Exercise and sport. » More physical activities inside and outside school.	23
» No smoking in front of children, at home, in public places, in the car.	16
» Use your imagination to make-up active games to include exercises.	13
» Getting your vitamins and nutrients.	12
» Supporting parents to make [a] healthier life for children.	8
» Go to healthy restaurants.	7

The voting results are explored in chapter 4 (Discussion of findings).



2.2.3 Body map (session 3)

The next session involved body mapping, whereby one child in each group lay on large sheets of Fabriano paper, while the other children drew the outline of their body.[3] There were lots of volunteers and plenty of fun involved in this activity. Once the body shape was drawn, the children were asked: "What are the things that make this child healthy?"

The outcomes are set out in Table 2 below.

[3] Typically, body maps have been used in relation to AIDs and HIV related health education projects and are "life-size paintings that begin with a traced outline of the body, and explore the social, emotional, and physical aspects of living with HIV" (Wienand, 2006). Their use has not yet been explored as a tool for researching children's experiences of and attitudes to health and healthy living. It was felt that representing this information visually could provide a shared reference point for the children and facilitator in the healthy lifestyles consultations. By using children's own visual representations of their bodies as a starting point from which to explore particular healthy lifestyle issues, body mapping facilitated a less directive interviewing style than would have otherwise been possible.

Table 2: Results of body mapping with 8–12 year olds

TOPIC	TOTAL
» Healthy food and balanced diet such as fruit, vegetables; no junk food, no sweets; [importance of] dairy, water, vitamins and nutrients.	85
» Exercise, sport and PE	91
» Work	4
» Sleep and rest	15
» Fresh air	6
» Pets	7
» School, learning, education	10
» Less time watching TV, on computer or video games	8
» Family, grannies, parents	8
» Friends	8
» Happiness, love	14
» No smoking	2

2.2.4 Placemat (session 4)

The final session involved the use of a placemat to elicit more detail on the topics identified in the body mapping exercise. The body map completed by the group was hung on the wall for reference purposes and the children began working on a floor placemat, which was divided into three sections: at home; at school; and in your area. The children were asked to think about the question, "How can we make this child healthier?" The outcomes are presented in Tables 3–5 below.

Table 3: Making a child healthier at home (8–12 year olds)

TOPIC	TOTAL
» Healthy food and balanced diet such as eating fruit and vegetables; not too many sugary drinks or sweets and less junk food.	46
» Sports and exercise	16
» Playing outside	11
» No to Xbox, video games etc.	7
» Reading	2
» Sleep	4
» Eating and exercising with family	5
» Love	3
» Friends	3

Table 4: Making a child healthier at school (8–12 year olds)

TOPIC	TOTAL
Sports and exercise – more gym or PE in school	36
Proper facilities in school for sport and exercise	5
Fruit and vegetables available in school	8
Healthy eating lunches, canteen, policy	15
Friends	5
No sports drinks; drink milk and water	5

Table 5: Making a child healthier in the community (8–12 year olds)

TOPIC	TOTAL
» Sports facilities	24
» Parks nearby	5
» Playgrounds	3
» Cycling lanes, bicycle racks, paths	4
» Do more exercise, sports	27
» Play, go outside more	14
» Clear food labelling	1
» No littering	2
» Grass, trees, biodiversity	3
» Shopping with parents	5





HEALTHY LIFESTYLES

HAVE your SAY

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3 CONSULTATION WITH YOUNG PEOPLE (13–17 YEARS)

A total of 34 young people from Comhairle na nÓg between the ages of 13 and 17 years participated in the consultation process. The first session with this age group began with warm-up exercises, after which they were divided into five groups. Each group then engaged in a series of discussion-focused activities and exercises, concluding with a vote on a number of barriers and contributors to a healthy lifestyle (see Table 6 in section 3.2.3 for further detail). The themes that emerged from these exercises are presented below, in order of popularity (determined through the ballot box vote). This analysis is based on data from all stages of the consultation process with young people. (Tables 10 and 11 in Appendix 3 set out the raw data on the young people's views on contributing factors to a healthy lifestyle.)

3.1 KEY THEMES FROM CONSULTATION WITH YOUNG PEOPLE

3.1.1 Barriers to a healthy lifestyle

Body image and media influences

Findings suggest that young people feel that they are being judged on the basis of "how they look" and are under pressure to conform to a particular body image – to be "skinnier" or, in the case of boys, "bulkier". Perceptions of the ideal body were influenced by celebrities, models and sports figures, with further pressure coming from clothes retailers, social media and peer groups. In order to achieve a particular body image, some young people described how they engaged in unhealthy practices, including taking steroids, using lip pumps (for fuller lips), smoking for weight loss, and crash diets.

Self-harm and eating disorders

Participants perceived a stigma attached to eating disorders and felt that it is difficult for young people to discuss this problem. They emphasised the need for greater openness on this issue and the need to raise awareness of it within schools; and the importance of confidence-building through membership of youth organisations, access to support groups and mental health services (like Mindspace or Jigsaw), and talking to a counsellor or friends and family. Notably while young people identified eating disorders such as bulimia and anorexia as a significant problem, the issue of obesity was rarely mentioned.

Home and families

Parents and families were consistently identified as a source of support and positive reinforcement. However, young people also raised issues about some parents not having enough time to spend with their children, due to work commitments or, in some cases, separation and divorce. Young people may also feel under pressure to meet parental expectations or worry that they are a disappointment to their parents. Of particular concern, participants spoke of how some young people suffer emotional abuse: "being put down – treated like they are not good enough".

Stress related to school exams

Another key barrier to healthy lifestyles identified by the young people was that of stress, caused by exams, heavy study workloads and the pressure to achieve sufficient entry points for college. Young people discussed how stress and lack of time due to excessive school work and homework can in turn contribute to sedentary and unhealthy lifestyles. While some comments indicated that teachers were "too demanding", others made it clear that teachers could also be helpful and supportive.



No one listening to children

Findings suggest that families can be a source of stress and anxiety for children and young people. Lack of communication with parents was seen as a central issue and many young people felt that, at home, they were not being heard or that their opinions were not valued there.

SPHE classes do not teach healthy living

Social, personal and health education (SPHE) was identified as a barrier to healthy living and suggestions were made about how it might be developed. Young people were critical of how the subject was taught and claimed that SPHE teachers were not adequately trained for their role. They also suggested that there should be more SPHE classes and that certain issues be included or covered more comprehensively in them, including nutrition, healthy living and eating disorders.

Negative peer pressure

Findings indicate that negative peer pressure can be a source of stress and anxiety for young people. At school, some young people struggle to "fit in" and make friends. They may experience peer pressure or bullying, which leads to feelings of isolation and low self-esteem.

3.1.2 Factors contributing to a healthy lifestyle

Magazines, body image and media

Most of the young people felt that responsible journalism can contribute to a healthy lifestyle. This includes magazines that identify images that are Photoshopped (altered digitally). Young people made a number of suggestions on addressing problems associated with body image, including: raising awareness through schools and promoting greater acceptance of people "the way they are"; building self-confidence through workshops, youth groups and other activities; restricting the use of Photoshopped images in the media; and using models and mannequins "of all shapes and sizes".

Acceptance of who you are – mental health and emotional support

Participants' understanding of health was not limited to physical aspects but included mental and emotional health as well. In fact, the findings suggest that young people are very concerned with issues relating to mental health and emotional wellbeing. Healthy lifestyles are associated with having supportive families and friends, who provide encouragement, companionship, understanding and a positive influence.

Nutrition clinics and better information around healthy eating

Educating young people on "healthy eating and nutrition" was seen as a key contributory factor for a healthy lifestyle. One suggestion was the establishment of a "nutrition clinic", which could help young people make better choices in seeking to maintain a healthier lifestyle, or lose weight safely in a fun way. Other suggestions included more counsellors in schools, better supports generally, and improved websites and advertising campaigns.

PE that suits everyone's needs

Young people identified school PE as "helping with a healthy lifestyle". However, they were generally critical of the options available to them in this class. Several participants clearly objected to being "forced" to do PE in school, feeling that it should not be a compulsory subject within the school curriculum. Some felt self-conscious or embarrassed about their appearance while changing clothes and while taking part. They noted the lack of choice in PE, with few alternatives to team sports, and the failure to cater for other interests.

Healthy options from the school canteen

Participants felt that a positive attitude towards food should also be promoted in schools through the sale of healthy foods in canteens and extending campaigns such as Bord Bia's healthy eating programme, Food Dudes.

Parents providing healthy foods for their children

Parents were seen as having an important impact on a healthy lifestyle because of their central role – in buying and preparing food, and in facilitating children's access to parks, playgrounds and clubs. In addition, parents can set an example for their children through their own behaviour.

Listening to children and young people

Participants voted for "listening to children" as a factor that contributes to a healthy lifestyle: "children should be able to express their feelings and thoughts openly". They recognised the importance of voice and of being listened to for their wellbeing.

Good teachers who guide students and relieve stress

Young people identified the value of "good teachers who guide students and relieve stress". They recommended training for teachers on "how to treat students" and identifying types of bullying.



Youth groups

Youth groups such as Foróige and the No Name Club were identified as playing a positive role in enabling young people to maintain a healthy lifestyle. In particular, participants emphasised the social and non-competitive aspects of these activities. They recommended more funding for youth clubs.



3.2 FINDINGS FROM INDIVIDUAL SESSIONS WITH YOUNG PEOPLE

3.2.1 Lifeline (session 1)

As with the consultation with children, a lifeline session was conducted with the young people to elicit their views on and experiences of factors that contribute to and inhibit a healthy lifestyle, across different stages of childhood. In their case the lifeline was divided into three stages (0–5 years, 6–12 years; 13–17 years) to reflect their experience of all three age cohorts. (Their full responses are set out in Tables 10 and 11 in Appendix 3.)

Following completion of the timeline, young people used sticky dot voting to identify the most important topics. The top two issues from each group were used by the facilitators to draw up a list of the most common ones. There was quite a degree of overlap arising from the lifelines, which enabled facilitators to identify five topics for more in-depth discussion at the next session – the **World Café**.

3.2.2 The World Café (session 2)

The World Café workshop sought to obtain more detail on the following key topics, which were identified through the timeline exercise:

1. Parents and family;
2. Bullying;
3. Stress, society and peer pressure;
4. Media pressure (including magazines, social media, and Photoshopping of models and celebrities); and
5. Eating disorders.

These themes are explored below.

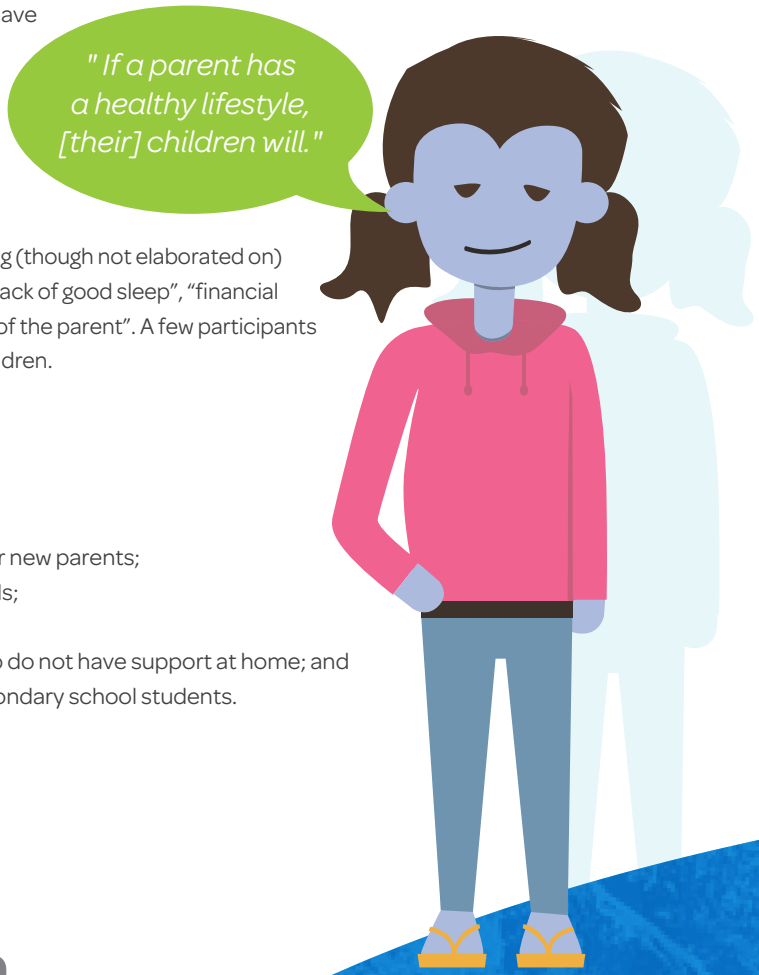
Parents and family

Positive comments – factors that are working

- Healthy lifestyles: Parents providing healthy food and encouraging children to get involved in sport; parents' important influence on children – "if a parent has a healthy lifestyle, [their] children will".
- Communication: Parents "open to talk", who "want to help"; children should be able to "express feelings and thoughts".
- Parents and education: Parents encouraging children to attend school and "to work harder in school".
- Family relationships: The importance of spending time with children and "treating all siblings equally".

Concerns – factors that are *not* working or helping

- Relationship problems, arguments and an "unstable" home life make children feel "unwanted" and may lead to them having "an unstable life when they leave home". Separation of parents can lead to "divided time with parents, moving house".
- Neglect and abuse: Parents "not looking after the child properly"; "abusing the child", "foster parents not treating you properly".
- Parents not spending time with children: "Parents not being there – don't know them [their children] as much as [they] should"; "No bond with parents because [of] work or family problems".
- Lack of communication/children's voice not being heard: "Parents not listening to the child", "opinions being discarded".
- Unhealthy eating habits: Parents may not "have time to feed kid"; "Parents/grandparents should not give into young children asking for 'treats' (junk food) – bad habit".
- Parental pressures can lead to feelings of stress: "Feeling sense of stress to please parents as the perfect student."
- Various other points raised under this heading (though not elaborated on) included "mental problems", "depression", "lack of good sleep", "financial position", "smoke", "drink", "activities/habits of the parent". A few participants noted that parental behaviour influences children.



What else would help?

Participants also suggested:

- parenting courses;
- an awareness campaign and information for new parents;
- counselling or advice from family and friends;
- not allowing abuse or corporal punishment;
- support in school for people who those who do not have support at home; and
- a "buddy programme" to help first year secondary school students.

Bullying

Positive comments – factors that are working

- Teachers supervising in yard; zero tolerance bullying policy in schools.
- Greater awareness about bullying, for example through the school chaplain, school talks, "bully workshops", "talks on self-acceptance and acceptance of others", self-help websites, and talks in schools involving teenage speakers, which can be "more relatable".
- Joining groups, making friends, youth clubs, mentoring programmes, "buddy bench" in primary school to make new friends.
- Support groups and Childline.
- Taking up activities (like boxing); changes to PE in school.
- Culture week in school to create "more diversity and understanding".

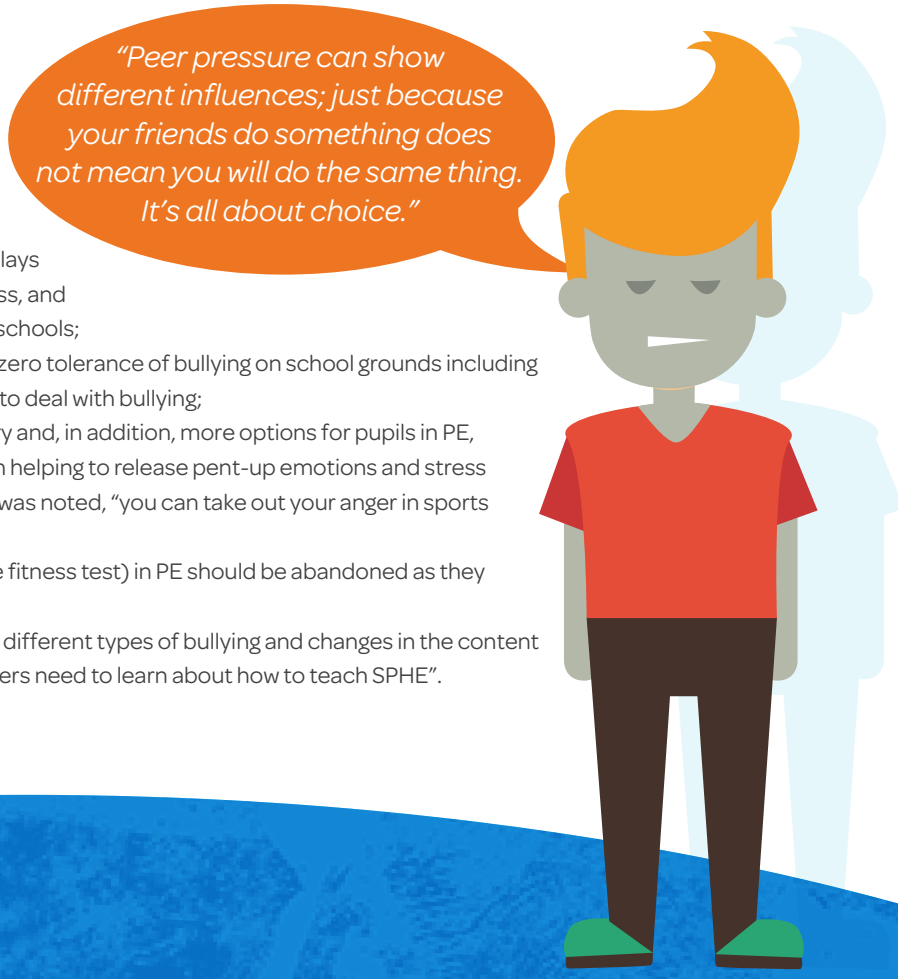
Concerns – factors that are *not* working

- Bullying can "come in many different ways" (like being excluded or being laughed at) and can affect a person's mental and physical health. It leads to feelings of loneliness, unhappiness, worthlessness and low self-esteem. Those who are bullied may become isolated and have "no friends".
- Bullying can be associated with body image and size; coming from another culture; and performance in PE or participating in sports that are not seen as "cool".
- Bullying can lead to self-harm and eating disorders.
- Bullying goes on outside of school but school policy on bullying is only enforced "until uniform is off".

What else would help?

Participants also suggested:

- having councillors in schools and talking about other mental health problems;
- use of presentations, such as plays or storytelling to raise awareness, and having an anti-bullying week in schools;
- enforcing bullying policy, with "zero tolerance of bullying on school grounds including bus", using different strategies to deal with bullying;
- making PE class not compulsory and, in addition, more options for pupils in PE, as the role of physical activity in helping to release pent-up emotions and stress was recognised, for example it was noted, "you can take out your anger in sports and arts";
- that "beep tests" (a multi-stage fitness test) in PE should be abandoned as they encourage competitiveness;
- training for teachers to identify different types of bullying and changes in the content and teaching of SPHE – "Teachers need to learn about how to teach SPHE".



Stress, society and peer pressure

Positive comments – factors that are working

- Positive aspects of stress and peer pressure – it "makes you more motivated", "can give you a "push" to try something new".
- Young people can resist peer pressure.

Concerns – factors that are *not* working

- Stress can be caused by a number of factors, including pressure of exams and homework, the need to get a certain number of points for college; concerns over body image and the need to "look a certain way".
- Family and peers can be a source of stress, for example the issue of "fitting in" in classes and peer groups, or pressure to match previous family members' school results. Social media can be conducive to bullying.
- Participants identified a range of negative outcomes of stress and peer pressure, including anxiety, low self-esteem, unhealthy lifestyles, comfort eating and anorexia.
- Exams pressure and homework are not conducive to healthy lifestyles.

What else would help?

Participants also suggested:

- more activities in school such as drama;
- more SPHE classes and changes to the content and teaching of SPHE ("Have more experienced adults to teach the class");
- talks for teachers on how to treat students;
- more guidance councillors, with weekly talks in school and classes to deal with stress;
- changes to PE class ("PE class – [should be] more about relieving stress").
- encouraging young people to join youth groups and more funding for youth clubs;
- services like Jigsaw and Mindspace should have Facebook pages on healthy living.



Media pressure

Positive comments – factors that are working

- A positive trend was observed, towards a better level of acceptance of all body types.
- Changes to the display of clothes in shops, so that manikins better reflect real figures ("Not having all skinny window manikins so people that don't have perfect figure don't think they're not the right shape or size").
- Better advertisements to make people more aware of healthy weights.
- Talks on the practice of Photoshopped images and its negative impacts "e.g. how models change appearance".

Concerns – factors that are *not* working

- People are judged by the way they look.
- People want the perfect body but it is unrealistic.
- Participants spoke of a number of unhealthy practices which are used to achieve a certain image and body size, for example using lip pumps to achieve fuller lips, taking steroids and protein shakes "to be bulky", "starving oneself to be skinny". This can lead to eating disorders including anorexia and bulimia.
- Young people are influenced by models and media celebrities, who often project an unrealistic, unobtainable body image, particularly if their image is Photoshopped, e.g. "Skinny people being shown downsized further – Be aware it's not real".
- Social media creates further pressure to look a certain way and could also be used to project an unreal image.
- "Skinny mannequins" are used in shop displays and clothes that are described as large "can be very small".
- Young people may also experience peer pressure in relation to body image, e.g. "Pressure of wanting to have the same figure as all of your friends".

What else would help?

Participants also suggested:

- greater acceptance of people the way they are by teaching children in schools, "that it is okay to look different than other people," and "that just because you don't have a skinny body doesn't mean you shouldn't try to be healthy";
- but at the same time, "be careful as this can go the opposite way and normalise obesity";
- using youth groups "to help boost confidence" – "being a part of something to showcase your skills e.g. Comhairle";
- confidence-building workshops and talking to people;
- magazines to use models representing different cultures, races and sizes;
- restricting or disallowing Photoshopping and specifying if an image has been digitally altered;
- in shops, use of manikin of all sizes; and
- TV programmes showing people "with more than one body shape".



Eating disorders

Positive comments – factors things that are working

- Sports clubs and youth groups boost young people's confidence and mental health.
- Information on healthy lifestyles – "Getting someone to talk to schools about proper foods" and "start[ing] with a positive attitude to food".
- Support services, including counsellors, mental health services, support groups, Childline.
- Friends and a good support system.
- School canteens selling healthy options, thus encouraging healthy diets among students. Healthy eating initiative such as Food Dudes.
- Greater awareness of eating disorders and acceptance of people with eating disorders.

Concerns – factors that are *not* working

- Teachers are not trained in SPHE. SPHE classes do not teach healthy living; students need to be educated around this area, especially around eating disorders.
- There is a need to raise awareness and remove the stigma around eating disorders and mental health disorders. People can be made feel as though it is their own fault for having an eating disorder.
- Media, models, sports stars and celebrities make people feel they should "look a certain way"; they project an unrealistic body image to which young people aspire: "Media has the power to reinforce a healthy body image. But instead chooses to distort it".
- Unhealthy practices can be used to achieve a desired body image, like "crash diets" and smoking for weight loss.
- School canteens sometimes sell fizzy drinks and chips.
- People judge other people on the way they look, which can cause an eating disorder.

What else would help?

Participants also suggested:

- the establishment of "nutrition clinics" to show young people "healthier examples on how to maintain a healthier lifestyle or how to safely lose weight";
- having a mental health counsellor in schools, making it easier for people to get help;
- greater awareness of and better support for people with eating disorders, an issue that should be addressed in school, for example in SPHE class;
- training for SPHE teachers: "SPHE teachers should be trained and have a module to follow on healthy living and these disorders";
- not judging people who are suffering from an eating disorder;
- educating people around healthy living and nutrition.



3.2.3 Ballot box voting (session 3)

Session 3 involved sticky dot voting. Young people had an opportunity to cast two votes on solutions, or factors that are working, and two votes on concerns, or factors that are not working, with regard to children's healthy living, as identified on each placemat. The facilitators brought the top 10 issues in each category (solutions and concerns) to the final session, which involved a ballot box vote. Ten green cards and 10 red cards were placed on a wall and each young person was given three voting cards to vote on the three most important issues. The result of the vote was then announced to the group.

Table 6: Results of voting exercise with 13–17 year olds

BARRIERS TO A HEALTHY LIFESTYLE	VOTES
Unrealistic body image: Models in magazine having perfect skin, which is intimidating for teens that may have spots and blemishes.	20
Parents "not being there", who don't know their children as well as they should.	17
Self-harm and eating disorders related to bullying.	13
Exams causing stress.	10
No one listening to the child's opinion.	8
SPHE classes not teaching healthy living and the need for students to be educated around this area – especially eating disorders. This issue not being raised in schools and a strong stigma around it.	8
Negative peer pressure, which can cause negative reactions – anxiety, anorexia nervosa, comfort eating, substance abuse.	7
Trying to get healthy in an unhealthy way.	5
Young people can be made to feel like it's their own fault for having an eating disorder – this will lead to worse mental health.	5
CONTRIBUTING TO A HEALTHY LIFESTYLE	**VOTES**
Magazines that identify images that have been Photoshopped.	16
Acceptance of who you are.	14
Establishment of a "nutrition clinic" to show young people and students better alternatives and healthy examples on how to maintain a healthier lifestyle or to safely lose weight in a fun, non-typical way (like eating salad and cutting down calories).	13
A PE class that suits everyone's needs (especially those who are not sporty).	11
School canteens selling healthy options, thus encouraging healthy diets, and not selling fizzy drinks or chips every day.	9
Parents providing healthy foods for their children.	8
Children being able to express their feelings and thoughts openly.	7
Rather than there just being "plus size models" there should be all women of all shapes and sizes, as everyone perceives beauty differently.	5
Good teachers who guide students and relieve stress.	5
Encouraging young people to join youth groups, which increases confidence and increases social interaction.	3

The voting results are explored in chapter 4 (Discussion of findings).



HEALTHY LIFESTYLES

HAVE your SAY

A CONSULTATION WITH CHILDREN AND YOUNG PEOPLE

4 DISCUSSION OF FINDINGS

4.1 CHILDREN'S VIEWS ON A HEALTHY LIFESTYLE

Children voted on the issues they felt were most important to a healthy lifestyle (see Table 1 in section 2.2.2). The following themes were identified, in this order of popularity:

- choice of food, in particular eating more fruit and vegetables, drinking milk and water, getting enough vitamins and going to healthy restaurants;
- getting sufficient sleep;
- exercise and activity;
- not smoking; and
- supporting parents in enabling their children to be healthier.

Each of these issues is discussed below. (See chapter 2 for further detail on the ballot vote.)

4.1.1 Food choice and healthy eating

The most popular topics in the primary school ballot box voting related to food choice and healthy eating: "eat more fruit and vegetable and drink more milk and water every day" and "nutritious food and drinks/ eat fruit and veg every day" (33 votes).

Positive aspects of food choice and healthy eating

In the timelines, body map and placemat sessions, children identified a range of fruits and vegetables (including carrots, potatoes, avocado, apples, bananas, grapes, spinach and cabbage) and fruit-based drinks (fresh juice and smoothies) that promoted health. This is consistent with previous research, which shows that healthy eating is often associated with fruit and vegetables (McKindley *et al*, 2005; Fitzgerald *et al*, 2010; Croll *et al*, 2001) though it is interesting to note the importance this cohort also attributed to drinking water and milk. Connected to food choice and healthy eating, the children also voted for "getting your vitamins and nutrients" (12 votes) and "going to healthy restaurants" (seven votes).

Throughout the consultation process, children identified a number of other issues related to food choices (see Tables 1–2 in chapter 2 and Tables 8–9 in Appendix 3 for full detail). In addition to fruit and vegetables, they identified a range of other foods as being particularly healthy, including rice, pasta, porridge, nuts, meat, ham, fish, chicken, duck, turkey, eggs, cheese and honey, as well as drinks such as green tea and breast milk for infants. They also mentioned the properties of various foods (like protein in meat, calcium in cheese and milk) and had some awareness of the differences between nutritious and non-nutritious foods. Some participants referred to home-grown, non-processed foods and organic foods as being healthier. Some cited health messages, such as "five a day", eating "your greens", the food pyramid and drinking two litres of water a day. They also spoke about the importance of certain meals, like having a good breakfast and a healthy lunch. Energy drinks were identified as being healthy, which might suggest confusion regarding the messages in advertisements for such products. Previous research suggests that while children may be able to distinguish between healthy and unhealthy foods, some confusion and "myths" still exist about the nutritional value of certain foods, which can be partly attributed to advertising and partly to inconsistent health messages (Hesketh *et al*, 2005).



Negative aspects of food choice and healthy eating

Participants cited unhealthy foods and eating behaviours: too much junk food, fast food, salty food, too much red meat and processed foods and too much of the same food. They also mentioned the negative health impacts of too many sweets, high sugar bars, chocolate, ice-cream and fizzy drinks. In relation to eating out, they shared negative associations with fast food, like Chinese food, "chipper" foods, McDonald's and Kentucky Fried Chicken; descriptions of typical fast food included greasy food, fatty foods, sausages, pizza and chips. After-church bake sales were also cited as a place selling unhealthy foods.

Participants also spoke about calories – the consumption of too many or too few of them. One group mentioned the negative impact of late-night snacking and eating sweets without parental permission.

Some of the children were critical of the perceived higher costs of healthy foods and the low cost of "ready meals". They felt that supermarkets should sell fresh fruit and vegetables more cheaply than "ready meals". One group discussed how certain foods labelled as "fat free" or "sugar free" might yet be unhealthy, as they may contain additives or be highly processed. Similarly, participants in a study by McKinley *et al* (2005) reported that unhealthy foods are packaged and advertised to make them appear more appealing.

Our findings reflect those of a number of national and international studies that indicate children are generally well informed about the health value of different foods, can identify healthy and unhealthy foods and have some awareness of the nutrients contributing to foods being more or less healthy (Hesketh *et al*, 2005; McKindley *et al*, 2005; Fitzgerald *et al*, 2010).

4.1.2 Getting sufficient sleep

Getting enough sleep was the second most popular issue, as voted by the children (32 votes). Sleep was mentioned frequently during the consultation and there was a general belief that sleep contributes to overall health. Some pointed to specific sleep habits and recommendations such as getting 10–12 hours per night, going to bed early, making a bedtime schedule and not watching TV before going to bed. On the other hand, sleeping *too much*, sleeping at particular times of the day (like "during the day" or "in the middle of the day") and staying in bed were identified as being problematic.

Chen *et al* (2008) in a meta-analysis of research found that sleep plays an important role in children's health and short sleep duration can increase the risk of childhood obesity. The all-island Irish body, *safe*food, are currently running a public information campaign on the importance of sleep for children's health.[4]

4.1.3 Physical exercise and activities

The third most popular issue related to physical exercise; 23 votes related to "exercise and sport" and "more physical activities inside and outside school". Throughout the consultation, the children identified a high number of physical activities that they associated with a healthy lifestyle (see Table 7 below).

They also highlighted the importance of fresh air, outdoor play and access to playgrounds for children.

[4] For further information, see http://www.safefood.eu/Childhood-Obesity/It-s-Bedtime/Get-started.aspx.

In addition, they mentioned a number of other issues that positively impacted on a healthy lifestyle, including role models in the field of sports, such as Usain Bolt, "because he's super-fast", or the footballer Messi, "because he's fast and skilful".

Participants suggested that children need regular exercise and that they should be exposed to different types of sports and a variety of activities. Some also highlighted the importance to a healthy lifestyle of access to specific facilities, such as swimming pools, playgrounds, pitches, gyms, bike parks, cycle lanes and skate parks. Perceived obstacles to a healthy lifestyle that related to exercise included not participating in a sport, "staying in your pyjamas", being lazy and using technology for leisure. Participants mentioned the perceived link between screen time (the amount of time spent using a device like a computer) and unhealthy lifestyles. This reflects the Layte and McCrory (2011) study, which, using data from the Growing Up in Ireland (GUI) study, found a significant relationship between levels of physical exercise and sedentarism and the risk of developing childhood obesity.

Other identified obstacles include not learning how to cycle, not getting outside, bad weather, staying in your room all day and "getting lifts everywhere".

Table 7: Exercise and activities identified by children

Cycling	Gymnastics	Baby gym
Riding scooters	Horse riding	Ballet
Playing games	Skipping	Baton twirling
Running	Jumping	Football
Playing with toys	Trampoline	Hockey
Going to the park	Dancing	Rugby
Walking to school	Hopscotch skipping	Basketball
Climbing	Workouts Tennis/badminton	GAA
Swimming	Catch games	Soccer
Karate	Hopscotch	
Skating	Boxing	

4.1.4 Not smoking

Sixteen children voted that "no smoking in front of children, at home, in public places, in the car" is a key issue for a healthy lifestyle. Throughout the consultation, smoking was repeatedly identified as a potential threat to health. For example, during the timeline session, participants mentioned the risks of "being around smoking adults" and having a "smoking parent", which seems to suggest that children are aware of the dangers of passive smoking or that children may follow their parents' example and start smoking themselves. In addition, children mentioned drinking beer, smoking "weed" and taking other drugs as having a negative health impact.

4.1.5 Using your imagination

Thirteen children voted for "us[ing] [their] imagination to make up active games to include exercises". The role of imagination was brought up a number of other times during the consultation session. For example, in the timelines session, children mentioned that "reading gives imagination" and suggested that children should "use your [their] imagination". Linked to this topic, the children discussed the importance of having fun as an important part of a healthy lifestyle. They also identified play in general, playing with others and playing outside as important factors for healthy lifestyles.

Participants perceived a negative health impact of too much screen time and lack of exercise. They suggested limiting access to technological products such as Xbox, PlayStation, Nintendo, YouTube, iPads and phones, and recommended that children should not spend too much time on such electronic devices or watching TV.

4.1.6 Home and family

Eight children voted for "supporting parents to make healthier lives for children". The influence of home was frequently mentioned in relation to healthy lifestyles. Home was identified as a source of love and affection and a place where children receive guidance, praise and support, as well as encouragement about leading a healthy lifestyle. Healthy parents were seen as providing positive examples. Specifically, children spoke about parents who provided healthy food and made homemade meals together as a family, had rules and guidance on food and eating and reminded their children to exercise. Children also said that family time could help them lead a healthy lifestyle. Parents were identified most frequently in this regard, but siblings and grandparents were also mentioned.

Pets were also noted as a positive influence, especially dogs. One of the body maps contains numerous drawings of cats and dogs, which may signify their importance to children.

The home environment was also identified as being important; positive factors included homes being warm and clean. For younger children, in particular, parents and families were seen as playing a key role in either promoting or limiting access to healthy foods. Previous research with children and young people also suggests that parents play a key role in determining the types of food that children eat (Fitzgerald *et al*, 2010). Healthy eating is often associated with parents and the home, while "fast food" is associated with eating out with friends and other social situations (Shepherd *et al*, 2006; Croll *et al*, 2001: 195).

Negative aspects of home life, which presented obstacles to a healthy lifestyle, were also identified. These included: parents giving children unhealthy foods; parents being irresponsible and smoking cigarettes or "weed" in front of children; and an unsafe home environment. Children mentioned some issues related to care, such as children being left alone and unsupervised, parents keeping their children inside while they are at work, parents hitting their children, and parents not listening to their children. Siblings were also mentioned as having a possibly negative influence on a healthy lifestyle. Children associated being unhappy at home as an obstacle to a healthy lifestyle.

Becoming homeless was also identified as an obstacle to a healthy lifestyle.

4.1.7 Other issues addressed by children

School

School was cited as an important part of a healthy lifestyle. The children mentioned a number of key issues, including the importance of schools providing lessons and information on healthy living. One group suggested that children should be taught in schools how to make healthy decisions. One participant mentioned the benefits of growing vegetables in school. The children felt that school was positive because it was where they learned to read and write, which helped them develop a "healthy brain".

School factors seen as having a negative impact on a healthy lifestyle included too much homework, which restricted time for play outside, a heavy school bag, which made walking to school difficult, not enough teachers or facilities for physical education (PE) in school, rules against running and playing strict rules, and vending machines in schools. Children suggested PE should take place every day in school and that there should be PE options for rainy days. It was suggested that each school should have facilities such as football pitches with "proper nets", a playground, a gym, swimming pool, as well as a longer school playtime period and after-school activities. Children also mentioned the value of walking to school and physical activities they could do at break time, like "playing on the yard", "sports out at yard" and "exercise on the yard".

In relation to food provided in schools, children highlighted the important of healthy lunches: "fruit and veg in lunch". Suggestions here were similar to those made under the theme of food (see above). The healthy eating programme Food Dudes was also mentioned by some of participants as a positive school experience. One participant referred to "a healthy foods policy in school", with "students involved", but there was little mention otherwise of a student voice in school on the topic of healthy living. Children highlighted how schools could facilitate poor food practices and cultures.

Local area and community

Participants' local area was seen as relevant to maintaining a healthy lifestyle. Positive aspects included: the physical environment including access to trees, wildlife and biodiversity; and having local places to visit with friends such as a library and park. Negative factors included hazards related to walking and cycling, such as cars always parking on cycle paths, traffic and speeding cars near where children are playing. Other factors included not wanting to walk to school and an overreliance on being driven to destinations instead of walking. Participants also highlighted problems like littering, noise and environmental pollution, smoking, teenagers lighting fires in parks, making it difficult for children to play there, damaged playgrounds, sports centres having vending machines selling unhealthy food and lack of other children to play with in the local area. Similarly, previous research indicates that aspects of the local environment (such as a lack of variety between different playgrounds, uninteresting playground equipment and concerns about safety) can discourage physical activity among children (Hesketh *et al*, 2005; Veitch *et al*, 2007: 414). Some children in the current study felt they would benefit from campaigns that focused on behaviour and attitudes to your locality, with messages such as "love your area" and "have fun and play".

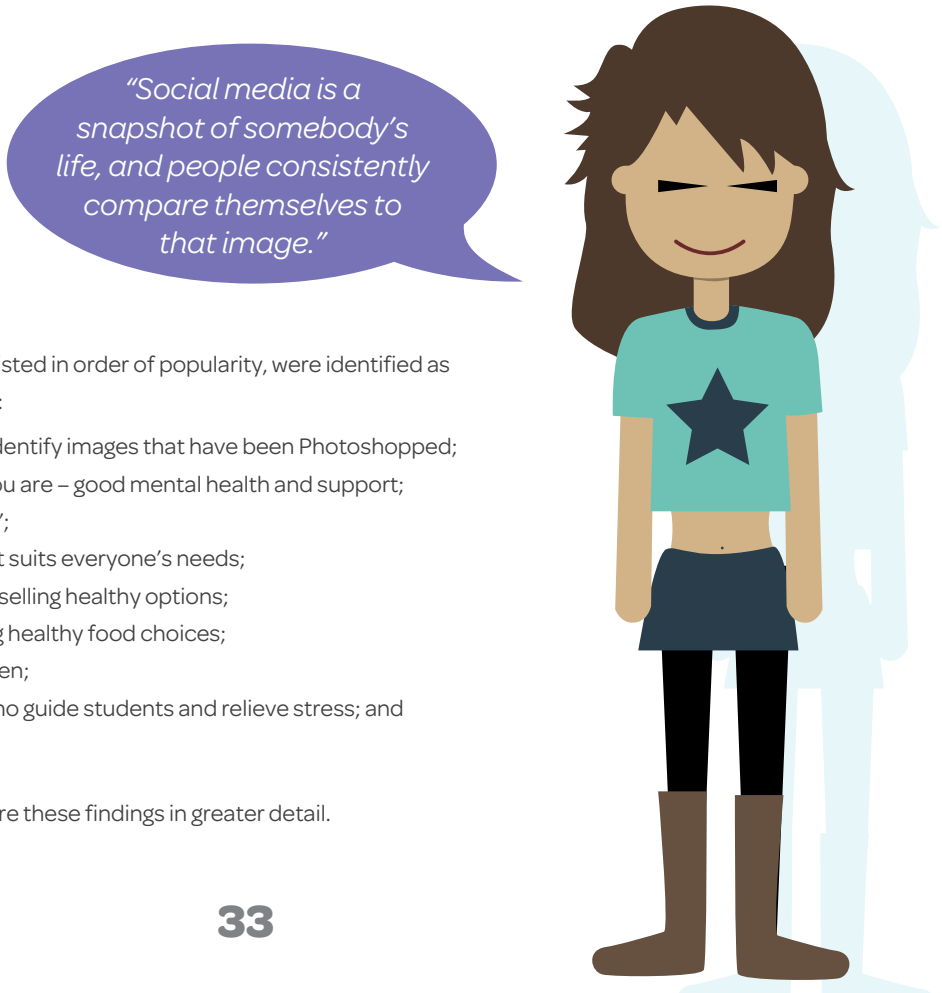
Hygiene and healthcare

A number of issues related to hygiene were seen to influence a healthy lifestyle. These included being clean; good practice identified here included showering, brushing teeth every day, good skin care and washing hands. Participants noted a number of medical and health issues that could influence a healthy lifestyle, including access to doctors and nurses, regular health check-ups and vaccine shots. Becoming sick or ill was viewed as an obstacle to a healthy lifestyle. When asked to identify what makes a child healthy the children mentioned different areas of the body including the heart, the brain, lungs, nose, intestines, kidney and the immune system.

4.2 YOUNG PEOPLE'S VIEWS ON A HEALTHY LIFESTYLE

The young people voted on a number of barriers and contributors to healthy lifestyles (see Table 6 in chapter 3 for a full list). The following barriers to a healthy lifestyle were identified, in order of popularity:

- unrealistic body expectations, caused by models in magazines having perfect skin for example, which can be intimidating for teens;
- self-harm and eating disorders related to bullying and mental health issues;
- parents "not being there", not knowing their children as well as they should;
- exams causing stress;
- no one listening;
- classes on social, personal and health education (SPHE) not teaching healthy living;
- negative peer pressure; and
- trying to get healthy in an unhealthy way.



The following factors, again listed in order of popularity, were identified as facilitating a healthy lifestyle:

- magazines that identify images that have been Photoshopped;
- accepting who you are – good mental health and support;
- a "nutrition clinic";
- PE in schools that suits everyone's needs;
- school canteens selling healthy options;
- parents providing healthy food choices;
- listening to children;
- good teachers who guide students and relieve stress; and
- youth clubs.

The following sections explore these findings in greater detail.

4.2.1 Barriers to a healthy lifestyle

Body image and media influences

Among young people, the most commonly voted barrier to a healthy lifestyle was that of "unrealistic body image: Models in magazines having perfect skin. Intimidating for teens that may have spots and blemishes" (20 votes). Findings from the consultation suggest that young people feel that they are being judged by "how they look" and are under pressure to conform to a particular body image – to be "skinnier" or (in the case of boys) "bulkier". In order to achieve a particular body image, participants spoke about how some young people engage in unhealthy practices, including taking steroids, using lip pumps (for fuller lips), smoking for weight loss, crash diets and "starving oneself". The pressure to lose weight may result in eating disorders such as anorexia nervosa and bulimia.

Young people's perceptions of the ideal body were influenced by celebrities, models and sports figures; comments included, "people want to look like their idols", "people watch famous people [models] and want to become them", "celebrities also influence people especially teenagers to look like them". However, celebrity images may undermine young people's confidence in their *own* appearance, as one participant pointed out: "models in magazines have perfect skin – intimidating for teens that may have spots and blemishes". The media is implicated in its projection of an unrealistic and (for most people) unobtainable body image, particularly where images of celebrities and models are Photoshopped to alter their body size:

"Models/celebrities [are] Photoshopped – people want the 'perfect' body, but it is unrealistic."

"Skinny people being shown downsized – Be aware it's not real!"

"Media has the power to reinforce a healthy body image. But instead [it] chooses to distort it."

Social media creates further pressure to look a certain way and can also be used to project an unrealistic image:

"Social media is allowing people to alter their images without doing actual work. We compare ourselves to these images and push ourselves to do harmful things – anorexia, bulimia – in order to get this unrealistic goal – it's all an illusion."

"Social media is a snapshot of somebody's life, and people consistently compare themselves to that image."

Clothes retailers contribute to stereotypes of the ideal body size by using "skinny mannequins" in shop displays. Within their own peer groups, young people described how they also compare themselves to friends and classmates, which can lead to dissatisfaction with their own appearance.

The findings of this consultation are similar to those of an earlier Dáil na nÓg survey of over 2,000 children and young people, which highlighted the importance of body image for young people and the factors that influence body image (O'Connell and Martin, 2012). While a majority of those surveyed said that they were satisfied with their body image, almost two in three felt pressurised to look good for other people, and more than half said that comparing themselves with others impacts negatively on their body image. Other negative influences on body image included bullying, weight, media and celebrities, while activity and sport, confidence, friends and family were the most important *positive* influences. Gender and age emerged as highly significant factors influencing body image. For girls, body image satisfaction is lower, while feeling pressured to look good for other people was found to be far higher. In relation to age, the younger participants were more satisfied with their body image but from the mid-teens onwards a marked decline in body image satisfaction begins to appear. The survey also found that dissatisfaction with body image deterred some young people from taking part in sports, swimming and leisure activities, while some young people resorted to unhealthy practices to achieve their goals, for example smoking to lose weight and (in the case of boys) taking supplements and exercising too much, in order to achieve a particular "masculinised" body type (O'Connell and Martin, 2012).

Trying to get healthy in an unhealthy way

Five votes were given by young people to the issue of "trying to get healthy in an unhealthy way". This issue was linked to the previous theme of body image and the impact of trying to attain an ideal body. Participants described the frustration and disappointment associated with trying to alter their appearance or body size, and how this can lead to extreme measures:

> *"People's impatience leads them to pushing their bodies to the extremes and expecting immediate results and get really upset when they don't see the results they want."*

Some examples of this mentioned during the consultation by the young people included taking steroids and protein shakes to be bulkier and to achieve a certain body shape, or starving oneself to be thinner. They also discussed this issue in relation to eating disorders and highlighted the negative impact of crash diets and smoking to lose weight.

Self-harm and eating disorders

The third most commonly voted barrier by the young people was "self-harm and eating disorders related to bullying" (13 votes). In addition, five votes were for this statement: "Young people can be made to feel like it's their own fault for having an eating disorder – this will lead to worse mental health". Eating disorders were identified as a challenge to a healthy lifestyle for young people. The possible causes of eating disorders were discussed, including media representation of celebrities and models, and people's tendency to judge others on the basis of appearance. The means of addressing eating disorders were also identified. Examples include: building confidence through membership of youth organisations;

accessing support groups and mental health services (such as Mindspace and Jigsaw); and talking to a counsellor or to friends and family. Participants felt that there was currently a stigma attached to eating disorders and that it was difficult for young people to discuss this problem. They emphasised the need for greater openness and the importance of raising awareness of this issue, particularly within schools (for example through SPHE).

One of the notable findings of the research is that while young people identified eating disorders, such as bulimia and anorexia, as a significant problem, the issue of obesity was mentioned only a few times in the course of the consultation. Linked to this, young people mentioned that judging people can lead to eating disorders: "people judge other people on the way they look, which causes eating disorders".

Home and families

The second most popular issue identified by the young people in the ballot box voting was that of "parents 'not being there', who don't know their children as well as they should" (17 votes). The impact of home and family on a healthy lifestyle was an important theme emerging from the consultation with young people. During the lifelines session, parents and families were consistently identified as a source of support and positive reinforcement. Participants mentioned various forms of emotional support, for example, "a good upbringing – caring parents and family", "motherly nurture" and "encouragement". Parents also have an important role in early education, for example by reading to their children. However, the young people also raised issues about some parents not having enough time to spend with their children, due to work commitments or, in some cases, separation and divorce. Busy lifestyles and lack of family time may undermine the parent/child relationship.

"Parents not being there – don't know them as much as you should."

"No bond with parents because [of] work or family problems."

"Parents not having enough time to bring you places – or make healthy food."

Young people may also feel under pressure to meet parental expectations or worry that they are a disappointment to their parents; comments here included, "feeling sense of stress to please parents as the perfect student"; "pressure of previous family members' school results". Of particular concern is the fact that some young people may be afraid of their parents or suffer emotional abuse: "being put down – treated like they are not good enough".

Stress related to school exams

The fourth most commonly voted barrier was "exams causing stress" (10 votes). Junior and Leaving Certificate examinations, heavy workloads and the pressure to achieve a certain number of entry points for college were identified as major causes of stress among young people, as the following comments illustrate.

"Irish [exam] system is more like a points race and teachers aren't aware of people's mental state due to stress."

"Too much pressure to get points to fulfil the career you want and Leaving Cert is a big reason for stress, young people are depressed, stressed and under way too much pressure."

Stress and lack of time due to excessive school work or homework can contribute to a sedentary and unhealthy lifestyle.

"Schoolwork takes up time, [you're] not able to find time for sports clubs or to make healthy food for yourself."

"Time organisation (management) – it might be hard to find time for healthy lifestyles when you have tons of homework."

"Pressure from teachers for exams and homework is not for your healthy lifestyle – might start eating more and overthink everything."

Although the stress associated with school work is generally perceived to have a negative impact on physical and mental wellbeing, one of the discussion groups also acknowledged that a certain amount of stress can be beneficial, for example in motivating young people to work harder and do well in school. In addition, while some comments indicated that teachers were "too demanding", others made clear that teachers could also be helpful and supportive, as illustrated by this comment.

"Teachers who are good at guiding students through exams give students reassurance and relieve stress."

No one listening to children

The fifth most commonly identified barrier by young people was that of "no one listening to children's opinion", which received eight votes. Findings from the lifelines session and group discussion suggest that while families can be supportive, they can also be a source of stress and anxiety for children and young people. Lack of communication was seen as a central issue. Young people felt that they were not being listened to, as the following comments illustrate.

"Parents not listening to the child."

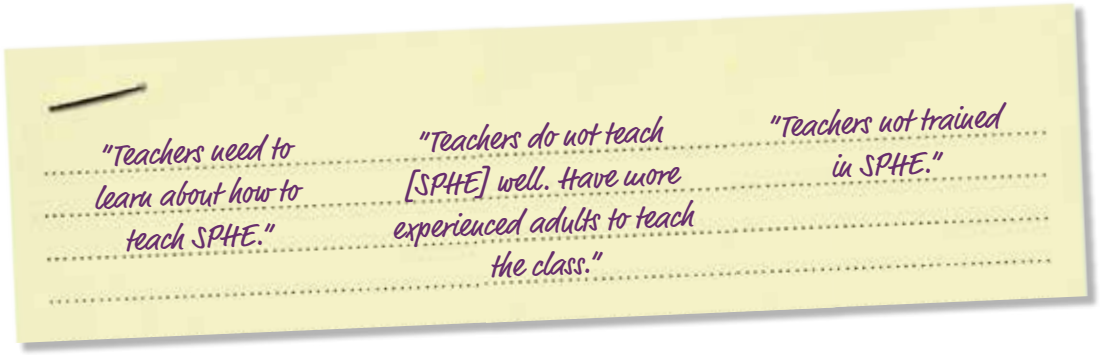
"Parents stereotype teenagers, parents might disregard their children's opinions based on this."

"Child is scared to voice out his/her opinion to parents – feeling sense of fear."

The young people recognised the importance of having a voice and of being listened to for the holistic wellbeing of children and young people. This reflects the findings in the research literature that children become frustrated when they are not listened to by adults, including parents and teachers (Kirby *et al*, 2003). Recent research in Ireland by Horgan *et al* (2015) found that although home was most facilitative of voice for children and young people, across the spaces of home, school and community, nonetheless children and young people expressed frustration at parents not listening to them and cited examples of tokenistic practices related to their participation at home.

SPHE classes do not teach healthy living

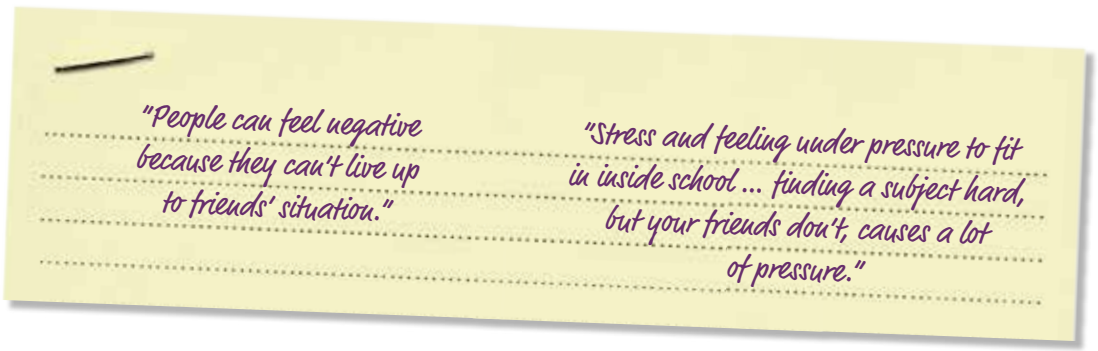
The sixth most commonly identified barrier related to SPHE classes in school; eight votes were for the statement, "SPHE classes do not teach healthy living, students need to be educated around this area – especially eating disorders. No talk of this in schools and a strong stigma around it". A number of criticisms were made of SPHE, as well as suggestions for how it might be developed in the future. Two separate discussion groups were critical of how the subject was taught and claimed that SPHE teachers were not adequately trained for their role.



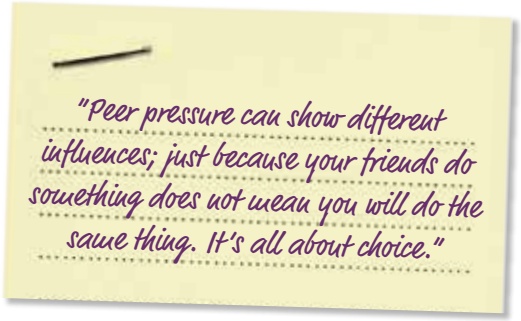
Participants also suggested that there should be more SPHE classes and that certain issues be included or covered more comprehensively in this class, including nutrition, healthy living, and eating disorders. It was also suggested, during the lifelines session, that there could be more practical education regarding factors enabling a healthy lifestyle, like cooking and walking, as well as education about obesity.

Negative peer pressure

Seven votes were for "negative peer pressure" as an obstacle to a healthy lifestyle. Participants shared how young people compare themselves to their friends, leading in some cases to negative self-perceptions.



The impact of "peer pressure" (both positive and negative) was explored in one of the discussion groups. Negative peer pressure can be a source of stress and anxiety for young people. It is also associated with bullying. At school, some young people struggle to "fit in" and make friends. They may experience peer pressure or bullying, which lead to feelings of isolation and low self-esteem. Finally, one participant in this discussion group noted that young people can resist peer pressure.



4.2.2 Contributors to a healthy lifestyle

Magazines, body image and media

The most commonly voted factor contributing to a healthy lifestyle was "magazines that identify images that are Photoshopped" (16 votes). Related to this issue was the statement: "It shouldn't just be plus-size models, it should be all women of all shapes and sizes as everyone perceives beauty differently" (five votes). Young people made a number of suggestions on how to address problems associated with body image, such as raising awareness through schools and promoting greater acceptance of people "the way they are"; restricting the use of Photoshopped images in the media and including models "of all shapes and sizes"; building self-confidence through workshops, youth groups and other activities; and use of mannequins of varying sizes in shop displays.

The 2011 report of the Dáil na nÓg survey on body image recommended that a logo be placed on airbrushed images. However, it was not possible to add such a symbol to airbrushed images across all advertisements in the Irish media as the vast majority of them are produced outside of Ireland (O'Connell and Martin, 2012). Participants of that survey also made a range of suggestions for raising awareness about the importance of a healthy body image, including: awareness-raising campaigns, personal development programmes to develop confidence and wellbeing, more information on healthy lifestyles and the harm associated with eating disorders, and promoting sports and exercise (O'Connell and Martin, 2012: 26–27).

Acceptance of who you are – mental health and emotional support

"Acceptance of who you are" the was second most voted on factor contributing to a healthy lifestyle (14 votes). The findings from the consultation suggest that young people, when asked about healthy lifestyle, are concerned with issues relating to mental health and emotional wellbeing. As shown earlier, a healthy lifestyle is often associated with having a supportive family and friendship groups that provide encouragement, companionship, understanding and a positive influence. Dissatisfaction over own appearance and body size can lead to low self-esteem, unhealthy lifestyle choices and eating disorders. Similar to other consultations with children and young people, the young people's understanding of health was not limited to physical aspects but included mental and emotional health (Wetton and McWhirter, 1998: 246).

Nutrition clinic

Thirteen young people voted that a "nutritional clinic – to show young people and students better alternatives and healthy examples on how to maintain a healthier lifestyle or to safely lose weight in a fun and non-typical way (e.g. eating salad and cutting down calories)" could contribute to a healthy lifestyle. This issue was identified during a discussion on eating disorders; participants commented that people should be "educated around healthy eating and nutrition". Other suggestions included: having more counsellors in school; better supports; websites and advertising campaigns that promote awareness; and creating an environment in which people can "talk more openly about eating disorders".

In previous research with children and young people, participants suggested the need for better food labelling in general (Shepard *et al*, 2006) and teaching children good eating habits at early ages (Neumark-Sztainer *et al*, 1999).

PE that meets everyone's needs

Eleven young people voted that "PE should suit everyone's needs (especially if you are not sporty)". In the lifelines session, young people identified PE as something that "help[s] with a healthy lifestyle". However, the discussion groups were generally more critical and several participants clearly objected to being "forced" to do sports or PE in school. They noted the lack of choice and failure to cater for different interests; for example, it was noted there is "nothing to do if you are not into team sports". In addition, some young people felt self-conscious or embarrassed about their appearance while changing and participating. Others felt that PE should not be a compulsory subject within the school curriculum. In particular, it was noted by young people that few alternatives to team sports were offered during PE classes. Relevant to this, data from the Health Behaviour in School-Aged Children survey indicate that physical activity levels decrease with age from middle school years onwards (Obesity Taskforce, 2005: 45).

Competitiveness in PE can also be a source of peer pressure and bullying; as one participant pointed out, "people make fun of you for not being as good as others". Comments suggest the need for greater variety within PE so that it is "enjoyable for all types". It was also suggested that beep tests should be abandoned as they are too competitive. Research by Curtis (2008) found that school-based PE may be challenging for children who are over-weight, who can feel they are under surveillance and who may be teased or bullied. This study also found that the requirement to participate in school-based PE can exacerbate young people's vulnerability within the school environment (Curtis, 2008: 413).

School canteen selling healthy options

Nine votes supported the idea of the "school canteen selling healthy options e.g. encouraging healthy diets, not selling fizzy drinks in canteen or serving chips every day". Participants felt that a positive attitude towards food should also be promoted in schools through the sale of healthy foods in canteens and campaigns such as Food Dudes. Previous research has revealed the high number of unhealthy food options on school canteen menus and has highlighted the need for healthier options (Hesketh *et al*, 2005; McKindley *et al*, 2005).

Parents providing healthy foods for their children

Eight votes supported "parents providing healthy foods for their children". As noted above, parents are seen as having an important impact on healthy lifestyles because of their central role in buying and preparing food, and in facilitating children's access to parks, playgrounds and clubs. In addition, parents can set an example for their children through their own behaviour; for example, choosing to smoke "sets a bad example for future years".



It was recommended that there should be restrictions on the amount of junk food and sweets given to children by their parents and grandparents. A previous review of international research literature on healthy eating reported that children and young people predominately associate healthy eating with the home environment, also identifying the use of snack food as treats by parents and grandparents as problematic (Stevenson *et al*, 2007).

Listening to children and young people

Seven young people voted that, "children should be able to express their feelings and thoughts openly". A recurring theme is that young people feel that their voice is not being heard or their opinions valued at home. Theis (2010) discusses the involvement of children in the home and school as a civil right, one that has an immediate impact on children, and argues that adults listening to children is a central aspect of the expression of this civil right. Participation of children and young people in everyday life contributes to their wellbeing (The Children's Society, 2013) and fosters a sense of value and self-worth (Davey *et al*, 2010).

Good teachers who guide students and relieve stress

"Good teachers who guide students and relieve stress" received five votes. The young people recommended talks for teachers on "how to treat students". The young people discussed the negative impact of exam stress and homework on a healthy lifestyle. The young people also suggested that teachers should be educated to identify different types of bullying. Horgan *et al* (2015) identified the importance for young people of good relationships with their teachers.

Join youth groups

Finally, three votes supported "encourag[ing] young people to join youth groups, [which] increases confidence and increases social interaction". Youth groups such as Foróige and the No Name Club were identified by young people as playing a positive role in maintaining a healthy lifestyle. They particularly emphasised the social and non-competitive aspects of activities within such youth groups. In relation to this, they recommended more funding for youth clubs. This reflects the findings of a study on participation in decision-making, in which young people highlighted the value of local youth projects or groups, detailing the important relationships developed with youth workers, the identification of the venue as their space and the sense of control and voice they gained from being involved (Horgan *et al*, 2015).

4.2.3 Other issues addressed by young people

Peers and friendships

Friends and other peers can also have a positive impact in relation to healthy lifestyle; for example, children go to the park and play outdoors with friends, and young people may emulate their friends' healthy eating habits: "If they lead a healthy lifestyle you would be more inclined to lead one too". Findings from the consultation suggest that friendship groups are an important source of companionship and support for children and young people. Participants noted, for example, that friends provide "counselling/advice" and that "true friends ... help you through bad times". In relation to friends and food, some of the young people felt that it was cheaper to get fast food with friends rather than healthy food and there was a tendency for teenagers to socialise in fast food restaurants. Similarly, Shepherd *et al* (2006), in a review of international literature on healthy eating, reported that healthy foods were predominantly associated with parents/adults and the home, while "fast food" was associated with "pleasure, friendship and social environments" (2006: 248).

Physical exercise and activities

Going to parks and playgrounds, participating in sports, playing outdoors and joining clubs and gyms were all identified as important aspects of a healthy lifestyle. Young people felt that, for younger children in particular, parents played a key role in promoting exercise; as one participant pointed out, "Parents should bring children outdoors for fresh air/to play (need supervision due to age)". Location was seen as a significant variable when considering young people's level of engagement. It was noted that while a "wide range of sports [are] available in big towns/cities", fewer facilities are available in rural areas. It was also noted that young people tend to lose interest in sports as they get older or that they may have less time to participate due to the pressures of school work and competing interests (such as computer games and social media).

Engagement with technology

The use of technology – phones, computers and iPads for example – for leisure was generally perceived negatively. The following main points were raised by participants.

- Use of technology leads to **sedentary lifestyles**, as children and teenagers spend more time indoors rather than engaging in activities outside. Typical comments included: "You use technology at a young age – do not get a chance to play outside"; "use technology (phones, iPod etc.) instead of playing outside and being active"; "video games and social media keeping teens indoors".
- The use of technology for leisure can be **socially isolating.** As one young person pointed out, "video games making teens unsocial and sitting at home all the time, while social people would be around with people playing soccer/rugby in the park". According to another participant, children are now using their iPads in restaurants, which can also be construed as a form of unsocial behaviour.
- Use of technology may lead to a **loss of sleep**, as young people are "staying up late on iPads, phones and not getting enough sleep". There may also be implications for **mental health and wellbeing**, particularly for younger children. One participant noted that, "technology available to young kids affects their minds in a very negative way – [their] mental health ...".
- **Cyberbullying** can be perpetrated through social networking sites, such as Facebook.
- Finally, several comments suggest that the use of technology for leisure may be **addictive**.

4.3 CONCLUSION

Children and young people who were involved in the consultation appear to be well informed as to the general factors that contribute to healthy and unhealthy lifestyles. Their multi-faceted understanding of health was not limited to physical aspects but also included mental and emotional health.

Children and young people appear well informed about **key health messages** such as "eating five a day"; drinking water; avoiding junk food and getting sufficient sleep and exercise. The importance of **healthy eating** was a recurring theme. Both children and young people demonstrated knowledge about healthy food; they identified the importance of fruit and vegetables, drinking water and having a balanced diet, as well as properties of healthy food – such as vitamins, calcium and iron. In relation to what might help with healthy lifestyles, participants identified "easy access to health food stores", fewer fast food restaurants, and healthier foods in school canteens. Children and young people identified junk food and fast food as barriers to a healthy lifestyle. Some of the participants were also critical of the perceived higher costs of

healthy foods and the low cost of readymade meals, as well as the lack of education about healthy eating. They felt that supermarkets should sell fresh fruit and vegetables more cheaply than readymade meals. For younger children, in particular, parents and families were seen as playing a key role in either promoting or limiting access to healthy foods. While this was the case for young people, they also highlighted the role of schools in facilitating poor food practices and cultures.

The children and young people identified a range of **physical activities** that they associated with a healthy lifestyle. Specifically, they suggested that children need regular and daily exercise and that children should be exposed to different types of sports and a variety of activities. Children and young people mentioned specific facilities that are important for a healthy lifestyle, such as a swimming pool, playground, pitches, Astroturf, gym, bike parks and cycle lanes, skate parks and grass to play on. Location was seen as a significant variable when considering young people's level of engagement; restricted access to facilities in rural areas was another issue raised.

The findings from these consultation exercises suggest that young people, when asked about healthy living, are very concerned with issues relating to **mental health and emotional wellbeing**. A healthy lifestyle is often associated with having supportive families and friendship groups, a good balance between school work and leisure, and positive personal attributes (self-esteem, confidence and motivation). In relation to **body image**, young people seem to feel under pressure to conform to a particular body image: to be "skinnier" or (in the case of boys) "bulkier". This can lead to unhealthy practices.

The influence of home (both positive and negative) on a healthy lifestyle was frequently mentioned by both the children and young people. Parents are seen as having an important influence on healthy living because of their central role in buying and preparing food, and in facilitating children's access to parks, playgrounds and clubs. Healthy parents were seen as providing a positive example for their children.

School emerged as an important site for promoting as well as inhibiting a healthy lifestyle, particularly for children and young people. The importance of "healthy school lunches" and "healthy school canteens" was acknowledged. Participants mentioned a number of key issues, including the importance of receiving lessons and information from school on healthy living. Negatives issues associated with school and access to a healthy lifestyle included too much homework, which restricted time for play outside, a heavy school bag, which made walking to school difficult, not enough teachers or facilities for PE class in school, strict rules against running or playing on school grounds, and vending machines in schools. PE was mentioned by several participants as something that promoted a healthy lifestyle, although it was also criticised for its limited range of activities and for potentially leading to bullying. In particular, it was noted by young people that few alternatives to team sports were offered during PE classes. In order to facilitate greater engagement in sport and other forms of exercise, some young people recommended that gym facilities be made available to young people for free or at a reduced rate.

The children and young people who took part in this consultation process appear to be well informed regarding the general factors that contribute – negatively and positively – to healthy living.


"A wide range of sports [are] available in big towns/ cities, but fewer facilities are available in rural areas."
HEALTHY LIFESTYLES
HAVE your SAY
A CONSULTATION WITH CHILDREN AND YOUNG PEOPLE

5 LITERATURE ON CHILDREN'S PERCEPTIONS OF HEALTHY LIVING

5.1 INTRODUCTION

The findings of this consultation process with children and young people are in are in line with those of international studies, which indicate that children's constructions of health, and their understandings of the factors that impact on health, are complex (Reeve and Bell, 2009; Oakley *et al*, 1995) and often go beyond "narrow, adult, medical constructions of the meaning of health" (Wetton and McWhirter, 1998: 246). There is a growing body of national and international research on children's perspectives on health and healthy living. This is partly a response to concerns about childhood obesity levels (WHO, 2015). The field of personal health carries great social and economic significance, particularly as the cost of treating obesity and related conditions continues to rise (Reeve and Bell, 2009). Moreover, young people are now exposed to multiple and sometimes conflicting health messages – from the internet, TV, schools and health professionals. It is therefore important to understand how they interpret and apply these messages to their own lives. Recent research also recognises the importance of consulting young people themselves in the development of health policies and initiatives that affect them (Ott *et al*, 2011).

This review focuses on three areas of the research literature that are particularly relevant to these consultations with children and young people on healthy living: children's perceptions on health and healthy lifestyles; healthy eating; and exercise.

5.2 CHILDREN'S PERCEPTIONS OF HEALTH AND HEALTHY LIFESTYLES

International studies suggest that children's constructions of health, and their understandings of the factors that impact on health, are multifaceted. In one US-based study, for example, researchers found that the range of definitions of "healthy" and "unhealthy" invoked by children was "surprisingly broad", encompassing not only illness and proper nutrition, but also environmental health, mental health, cleanliness and other meanings (Reeve and Bell, 2009: 1953). Earlier UK-based research (Oakley *et al*, 1995), which looked at the views of nine and 10 year old children on factors that influence health, reported that the two largest categories of factors implicated in health were diet and exercise/ sport, followed by hygiene, not smoking and getting enough sleep. A wide range of other health factors were mentioned, including personal/family resources (for example, having a nice home), community resources (hospitals), environmental factors (like sun and trees) and accessing healthcare services (going to the dentist). Factors seen as contributing to *ill-health* included smoking, diet (such as eating fast foods), environmental problems and violence. Similarly, research by Wetton and McWhirter (1998) on primary school children's views on health found that while food and exercise were the largest categories of response, children also stressed the social aspects of being healthy – "having a home, having a family and friends, playing and working hard, as well as environmental health" (1998: 246). Moreover, children's understanding of health was not limited to physical aspects but included mental and emotional health. The authors note that the children's words and images revealed "the wealth of children's knowledge", which often "matched and went beyond narrow, adult, medical constructions of the meaning of health" (Wetton and McWhirter, 1998: 246). Similarly research with Hungarian children aged eight to 11 years found that most participants expressed a complex definition of health, encompassing biomedical and holistic health concepts. The social dimension of health was evident in some responses, for example those that included going to school and enjoying the company of friends and classmates. Children emphasised healthy lifestyles (including playing sports, nutrition and avoidance of harmful habits) as a means of promoting health and preventing illness.

While much of the research outlined above was conducted with children aged up to 12 years, a number of studies have also looked at adolescents' views on health and health problems. As part of the development of an Indiana state plan for adolescent health, Ott *et al* (2011) conducted focus groups with adolescents to elicit their views on health and the implications for policy. They identified three consistent aspects of discussion about health.

i. At the ***individual level***, participants identified a range of "common morbidities" and risk behaviours including (1) obesity, (2) stress and fatigue, (3) alcohol, tobacco, and substance use, (4) sexual behaviours, sexually transmitted infections, HIV, and adolescent pregnancy, and (5) violence and personal safety.
ii. At the ***relationship level***, supportive relationships within family, schools and community members were considered necessary "to initiate and maintain healthy behaviours, and to create a healthy environment" (2011: 400). All participants spoke of the importance of feeling valued, having adults encourage their self-worth and having their voice heard.
iii. At the ***contextual level***, participants identified their physical environment (neighbourhoods, access to green space); financial/resources environment (family income, access to health care) and informational environment (availability of health information through schools) as impacting on healthy behaviour.

The findings that emerged from this study illustrate the importance of consulting young people in the formation of policies that concern them, particularly as certain policy approaches appear to be at odds with adolescents' experiences. The authors note, for example, that while policymakers focus on depression and anxiety as individual pathologies, requiring greater access to treatment, young people see mental health issues in terms of an interaction between the individual and his or her environment (for example, stress caused by juggling school and work). According to the authors, "From this perspective, prevention and treatment need to go beyond individual engagement in mental health services, and include a focus on healthier environments" (Ott *et al*, 2011: 402).

Another US-based research study mapped the views of adolescents, parents and healthcare workers regarding what they considered to be the most important health problems affecting adolescents and how these might be addressed (Ewan *et al*, 2016). Sexually transmitted infections (STIs) and obesity were identified as being most important, concerns that were also raised by Ott *et al* (2011). Although obesity and STIs are distinct clinical diagnoses, there appeared to be a significant overlap in the ways in which stakeholders perceived that the two issues could be addressed, for example through education, support systems and community involvement.

5.3 CHILDREN AND YOUNG PEOPLE'S PERSPECTIVES ON HEALTHY EATING

A number of studies have explored young people's views on what constitutes healthy eating, factors that influence their choice of food, and the barriers and facilitators to healthy eating.

5.3.1 Perceptions of what constitutes healthy eating

International research suggests that children and young people are generally well informed about the health value of different foods, though they are less aware of the importance of having a balanced diet. Research carried out by McKindley *et al* (2005) with 106 children in Northern Ireland and England found that the term "healthy eating" was almost invariably associated with fruit, vegetables and salads, while a minority mentioned milk and brown bread. Virtually all the focus group participants felt that they could improve their eating habits and were able to make a number of suggestions on how to achieve this, including changing cooking methods; cutting down on sweets, takeaway foods and fatty foods; and eating more fruit and vegetables. There was also some mention of balance and variety, though in the main children had a tendency to categories foods as being either "good" or "bad", "healthy" or "unhealthy". Stevenson *et al*'s (2007) research with young people attending second-level schools in Ireland found a similar dichotomy between "good" and "bad" foods – there appeared to be a limited understanding of the range of nutritional benefits of different food types.[5]

More recent research with Irish children and adolescents (Fitzgerald *et al*, 2010) also found that young people generally associate "healthy eating" with "fruit" and "vegetables", though they also mentioned "organic food", "carbohydrates", "vitamins" and, to a lesser extent, "water", "wholegrain cereals" and "the right amount of carbohydrates and fat". Fruits and vegetables were the most commonly mentioned healthy foods in focus groups with American adolescents (Croll *et al*, 2001: 195). Other foods considered healthy were salad; carbohydrate-rich foods (especially rice, pasta and bread); lean meats (particularly baked chicken and turkey); and tofu. The authors note that almost no one included milk in their description of healthy foods, and low-fat and fat-free foods were mentioned infrequently. By contrast, research carried out with parents and children in three Australian schools (Hesketh *et al*, 2005) found that while children were generally able to identify healthy and unhealthy foods, there were also some confusion and "myths" about the nutritional value of certain foods. For example, some children believed that products labelled "diet" were healthy, and that foods derived from natural products were healthy regardless of the content of the final product. The authors attribute this to a number of contradictions in the messages children are receiving, which create confusion and may hinder children's ability to make healthy lifestyle decisions. The authors conclude that there is a need for consistency in both explicit and implicit healthy lifestyle messages children receive with regards to food and activity choice.

5.3.2 Importance of healthy eating

A number of international studies indicate that young people, particularly adolescents, are aware of the benefits of healthy eating. In the Fitzgerald *et al* (2010) study, for example, children and adolescents discussed the short-term consequences of healthy eating and included reasons such as "good for energy", "strength", "it's good for your skin" and "helps you move quicker". Specific benefits mentioned by American teenagers were healthy growth and energy, with a few mentioning long-term benefits such as the prevention of heart disease (Croll *et al*, 2001). Young people's understanding of the connection between diet and heart problems is also evident in research by Dixey *et al* (2001) with nine to 11 year olds in England. However, research also suggests that young people do not necessarily see healthy eating as being a priority in their *own* lives. The majority of students in Croll *et al*'s (2001) study, for example, indicated that healthy eating was not important to them; this was "summarized as 'I don't really care

[5] This was an all-island study, encompassing Northern Ireland and the Republic of Ireland.

what I eat right now'" (cited in Croll *et al*, 2001: 196). Similarly, two of the key messages to emerge from a systematic review of the international literature on healthy eating were that "children do not see it as their role to be interested in health" and that "children do not see messages about future health as personally relevant or credible" (Thomas *et al*, 2003). The authors conclude that promoting fruits and vegetables on health grounds alone may have little currency among children (Thomas *et al*, 2003).

Children's lack of engagement with healthy eating is also evident in research on children's food choices, discussed below.

5.3.3 Factors that influence food choice

Studies on eating behaviour consistently show that knowledge about nutrition and healthy eating does not always translate into healthy eating behaviour (Brown, McIlveen and Strugnell, 2000; Fitzgerald *et al*, 2010; Hesketh *et al*, 2005; Shepherd *et al*, 2006; Stevenson *et al*, 2007; Trew *et al*, 2005). Personal preference is a far more powerful determinant of food choice. In focus groups conducted with young people in Ireland, for example, Stevenson *et al* (2007: 422) found that while participants had a good knowledge of what is healthy, knowledge of nutrition was not the central motivation for food choice. Other research with Irish children and adolescents also found that food preferences (as opposed to perceived nutritional value) were consistently identified as a major influence on food choices (Fitzgerald, 2010). Taste, texture and appearance were the three main factors when making decisions. Most young people reported a marked preference for unhealthy food, despite demonstrating a clear understanding of what it means to eat healthily (Fitzgerald, 2010: 293).

Parents are another important influence on food choices and eating habits. Many of the young people in the Fitzgerald *et al* study (2010), for example, reported that their food choices were limited during family mealtimes, as the food that was made available at meals was what they ate. It also appeared from the data that teenagers consumed less healthy foods outside of the home, when eating with peers or at school – situations in which they clearly had greater autonomy over food choice. Similarly, Shepherd *et al* (2006), in a review of international literature on healthy eating, reported that healthy foods were predominantly associated with parent/adults and the home, while "fast food" was associated with "pleasure, friendship and social environments" (2006: 248). The young people in Croll *et al*'s study also tended to discuss foods in situational terms – healthy eating and foods were often mentioned "in connection with family members, especially parents or older relatives, and less with friends and other social situations" (2001: 195).

While personal preference and parents/family are consistently identified in the research as key determinants of food choice, a range of other personal and socio-environmental factors have also been reported. In one US-based study, for example, teenagers discussed a variety of influences on food choice including: appeal of food, time considerations of adolescents and parents, parental influence on eating behaviours (including the culture or religion of the family), convenience of food, food availability, benefits of foods (including health), mood, body image, habit, cost and media influences (Neumark-Sztainer *et al*, 1999). Another study with young people (12–17 years) across Ireland found that, while food preference was a primary determinant of food choice, perceived body image and weight concerns also influenced choice, particularly among girls and respondents who identified as overweight (Trew *et al*, 2005).[6]

[6] This was an all-island study, encompassing Northern Ireland and the Republic of Ireland.

McKindley *et al* (2005) also found that the deep concern that some young people had about weight control led them to make unhealthy choices, including throwing away or giving away their school lunches.

Reflecting this wide range of influences on food choice, Story and Neumark-Sztainer (2002) developed a conceptual model in which adolescent eating behaviour is understood as a function of individual and environmental factors. Four levels of influence on food choice are identified:

i. individual or intrapersonal influences (such as psychosocial, biological);
ii. social environmental or interpersonal (such as family and peers);
iii. physical environmental or community settings (such as school food environment); and
iv. macrosystem or societal (such as mass media, marketing and advertising, social norms).

The multiplicity of factors influencing eating behaviours suggests that health promotion interventions need to go beyond the personal level to address these wider influences.

5.3.4 Barriers and facilitators to healthy eating

The barriers to healthy eating identified in various studies with young people were notably consistent. They included: a lack of choice and poor availability of healthy meals at school (Hesketh *et al*, 2005; McKindley *et al*, 2005; Shepherd *et al*, 2006); healthy foods sometimes being more expensive (McKindley *et al*; Shepherd *et al*, 2006); wide availability of fast foods (Shepherd *et al*, 2006); taste preferences for fast foods (Fitzgerald, 2010; Stevenson *et al*, 2007); unhealthy food being well packaged and promoted (Hesketh *et al*, 2005; McKindley *et al*, 2005); perceived blandness or unpleasant taste of healthy foods (Stevenson *et al*, 2007); the use of snacks and fast foods as "treats" by parents, teachers and other adults (Stevenson *et al*, 2007); a lack of sense of urgency about personal health in relation to other concerns (Neumark-Sztainer *et al*, 1999); and contradictory and inconsistent messages and social pressures (Hesketh *et al*, 2005; Stevenson *et al*, 2007). In light of these findings, health promotion specialists appear to have "a major challenge ahead in order to encourage this age group to view healthy eating as an attractive and achievable behaviour" (McKindley *et al*, 2005: 542).

Changes that young people have suggested would facilitate healthy eating include reducing the price of healthy snacks, better availability of healthy foods at school, at takeaways and in vending machines, the provision of information on the nutritional content of school meals and better food labelling in general (Shepherd *et al*, 2006). In the same study, willpower and encouragement from the family were commonly mentioned support mechanisms for healthy eating, while teachers and peers were the least commonly cited sources of information on nutrition. The authors conclude that increasing the provision and range of healthy, affordable snacks and meals in schools and social spaces will facilitate the choice of "healthier, tasty options" (Shepherd *et al*, 2006: 255). Similarly, in a study by Neumark-Sztainer *et al* (1999: 937), young people's suggestions for promoting healthy eating included "making healthful food taste and look better, limiting the availability of unhealthy options, making healthful food more available and convenient, teaching children good eating habits at an early age, and changing social norms to make it 'cool' to eat healthily".

5.4 CHILDREN'S ATTITUDES TO EXERCISE

Aspects of the local environment can discourage children's physical activity. Research conducted by Hesketh *et al* (2005) found that safety concerns and the increasing distances between children's homes and schools were significant barriers to physical activity. Other obstacles included "distractions" within the home (such as televisions and computers), small backyards and reduced time for physical activity at school. Young people also find aspects of public open spaces to be off-putting, including the presence of groups of teenagers in parks, a lack of variety between different playgrounds, and playground equipment that is "uninteresting, not challenging enough, and primarily designed for younger children" (Veitch *et al*, 2007: 414).

Research on the relationship between playground characteristics and child activity levels within a school setting suggests that changes such as the provision of loose equipment, painting of court and play-line markings, as well as increased teacher presence on the playground, are likely to provide opportunities for increased physical activity (Willenberg *et al*, 2010). On the other hand, school-based physical education (PE) classes may be experienced as challenging for children who are overweight as they feel they are under surveillance and may be teased or bullied (Curtis, 2008: 413).

5.5 KEY MESSAGES FROM THE LITERATURE

- Children's constructions of health are multifaceted and encompass not only physical aspects but also mental and emotional health.
- Children and young people are generally well informed about the health value of different foods, though they are less familiar with the concept of a *balanced* diet. Fruits and vegetables were the most commonly mentioned healthy foods in the literature reviewed.
- Knowledge about health and nutrition does not always translate into healthy eating; therefore, promoting foods on health grounds alone may have limited effect.
- The multiplicity of factors influencing eating behaviours (including personal preference, family, peers, availability, cost, convenience and advertising) suggests that health promotion interventions need to go beyond the personal level, where they are often focused, to address wider influences on food choice and eating behaviour.
- Key barriers to healthy eating include lack of choice and poor availability of healthy meals; prohibitive costs of healthy food, wide availability of and taste preference for fast foods; adults' use of snacks and fast foods as "treats"; and a lack of a sense of urgency among young people about their personal health.
- Healthy eating should be promoted by making healthy foods more affordable, appealing and accessible, particularly in schools and social spaces where young people meet.
- Increased physical activity should be encouraged by addressing barriers to participation in the local environment and by providing more varied and appealing playgrounds for children.
- It is important to consult young people in the formation of health policies that concern them, particularly as certain policy approaches appear to be at odds with young people's own experiences.



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"Schoolwork takes up time, [you're] not able to find time for sports clubs or to make healthy food for yourself."



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APPENDICES

HEALTHY LIFESTYLES HAVE your SAY
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APPENDIX 1: ASSENT FORM AND CONSENT FORM

ASSENT FORM

For participation in the Healthy Lifestyles Consultation

An Roinn Leanaí agus Gnóthaí Óige
Department of Children and Youth Affairs

This assent form covers the consultation being held on: _____

About the consultation: This consultation is one of a number of consultations with children and young people from all around Ireland on the theme of 'healthy lifestyles'. The purpose of this consultation is to get your views about the types of things that help to have a healthy lifestyle, the obstacles to having a healthy lifestyle and the solutions to these obstacles.

What will happen to the views of participants? The consultation will contribute to the National Obesity Strategy, which is the responsibility of the Department of Health under the Healthy Ireland framework. Healthy Ireland is our national framework for action to improve the health and wellbeing of the people of Ireland.

Please read the enclosed information sheet about this consultation.

DETAILS OF CHILD/YOUNG PERSON

Name of child/young person: _____

Address of child/young person: _____

_____

_____

Date of birth of child/young person: _____ Age: _____

Contact phone number for child/young person: _____

☐ Girl ☐ Boy (tick as appropriate)

Other relevant information (*please mention any medical conditions, special needs or dietary requirements*):

_____

Please read and tick the following:

☐ I agree or assent to take part in the Healthy Lifestyle Consultation.

☐ I agree that photographs, digital images and/or video recordings of me can be used in news releases and/or educational materials as follows: printed publications or materials, posters, brochures, electronic publications or websites.

☐ I have read and understand the information sheet.

☐ I agree that my name and identity may be used in media image(s).

☐ I understand that all information gathered will be kept private unless I am in danger.

Signed: _____ Date: _____

CONSENT FORM

For participation in the Healthy Lifestyles Consultation

An Roinn Leanaí agus Gnóthaí Óige
Department of Children and Youth Affairs

This assent form covers the consultation being held on: _____

About the consultation: This consultation is one of a number of consultations with children and young people from all around Ireland on the theme of 'healthy lifestyles'. The purpose of this consultation is to get the views of children and young people about the types of things that help to have a healthy lifestyle, the obstacles to having a healthy lifestyle and the solutions to these obstacles.

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DETAILS OF CHILD/YOUNG PERSON

Name of child/young person: _____

Address of child/young person: _____

Date of birth of child/young person: _____ Age: _____

Contact phone number for child/young person: _____

☐ Girl ☐ Boy (tick as appropriate)

Other relevant information (*please mention any medical conditions, special needs or dietary requirements*):

DETAILS OF PARENT/GUARDIAN/CARE WORKER

Name of parent/Guardian/Care Worker: _____

Relationship to young person: _____

Address: _____

Contact phone number for child/young person: _____

In case of emergency, please contact (if different from above): _____

If the child or young person is being collected by somebody different than above, please give details:

Name, address and phone number for young person's doctor: _____

Please read and tick the following:

☐ I give permission for the young person named above to travel to and attend the **Healthy Lifestyle Consultation** on the above date. I understand that there will be suitable supervision for the event and that those attending will not have permission to leave the premises during the event, without prior arrangement.

☐ I understand that the DCYA will only take responsibility for the young person named above from the time of arrival at the meeting, up to the time of departure from the meeting. No responsibility will be taken during the process of travelling to and from meetings, or outside of meetings/events.

☐ I understand that all information gathered will be kept private unless I am in danger.

☐ I give permission for the young person to be contacted by the Participation Team via mobile phone, text and/or email.

☐ I have read and understand the information sheet about the consultation.

Signed: _____ (parent/guardian/care worker)

Signed: _____ (child/young person)

Date: _____

HEALTHY LIFESTYLES HAVE your SAY
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APPENDIX 2: GUIDANCE FOR FACILITATORS

Primary school children consultation

This consultation took place in Woodquay centre, Dublin on 11th November 2015, beginning at 11am and concluding at 2.30pm. The children were accompanied by a teacher from their primary school.

SESSION 1 – RIVER/LIFELINE

Participants can write or draw anywhere, using relevant coloured marker.

- Divided into two sections for those under 13 years (0–5 and 6–12 years)
  - What helps with a healthy lifestyle? (Green marker)
  - What are the obstacles to a healthy lifestyle? (Red marker)
- When lifeline/river is completed, have group discussion on the main topics/themes.
- Sticky dot vote on lifelines (both the 'what helps' and 'obstacles') – six sticky dots per person.
- Write up the top two topics/themes onto A4 cards – make sure to give a clear indication of the point being made by young people (i.e. exactly what aspect the topic/theme refers to from the discussion at that lifeline).
- VOTING Cards are displayed on a wall at the voting station.
- Each table is brought up to the wall to view the cards and vote – each child gets three orange voting cards.



SESSION 2 – BODYMAP

- Work at table or on the floor for this session.
- Each table gets Fabriano paper.
- Ask group for one volunteer from the group to help make outline of a child on Fabriano paper.
- Q: What are the things that make this child healthy?



SESSION 3 – PLACEMAT

- Hang the bodymap from the previous section on the flipchart stand at your table.
- Q. How can we make this child healthier?
- Placemat is divided into three sections – answer above question in relation to each section:
  - At home
  - At school
  - In your area.
- Sticky dot vote
- Each child gets three sticky dots per section.
- Remind children to vote for the most important things that are written in each section.
- Evaluation

Consultation with young people from Comhairle na nÓg

This consultation took place in Dublin on 29th October 2015, beginning at 11.30am and concluding at 3pm.



SESSION 1 – RIVER / LIFELINE:

Participants can write or draw anywhere, using relevant coloured marker.

- What helps with a healthy lifestyle? (Green marker)
- What are the obstacles to a healthy lifestyle? (Red marker)
- Divided into two sections for those under 13 years (0–5 and 6–12 years)
- Divided into three sections for 13–17 year olds (0–5, 6–12 and 13–17 years)
- When lifeline/river is completed, have a group discussion on the main topics/themes.
- Sticky dot vote – three sticky dots per person per section.

Write up the top two topics/themes onto A4 cards – make sure to give a clear indication of the point being made by young people (i.e. exactly what aspect the topic/theme refers to from the discussion at that lifeline).

Cards are displayed on a wall – group identify any duplication of themes.

For the next session, groups work on a topic they identified in their own lifeline.



SESSION 2 – WORLD CAFÉ WORKSHOPS

Five Topic Zones (may need to combine topics): Each group works on a different topic to begin with (but ensuring that they work on a topic they identified in the first session).

- **Step one: Participants start from inner circle.**
  - » Q1: Give more details about X?
- **Step two: Circle 'What's working' in blue marker.**
  - » Circle 'What's not working?' in red marker (number them).
- **Step three: Participants move to the outer circle**
  - » Q2: Why are these things not working/working? (Link with numbers from Q1 and colours)
- **Step four: Participants move to the circles at the edge:**
  - » Q3: What other ideas do you have that might help to improve healthy lifestyles?
    - 30 minutes at first topic zone
    - 10–15 minutes at each additional topic zone.

SESSION 3– STICKY DOT VOTING

- Top two topics on why it is working
- All participants vote on their original placemat
- All participants vote on next two placemats.

SESSION 4 – BALLOT BOX VOTING

- Ballot box voting on 10 – 'why it is working' (three votes)
- Vote on new ideas – if enough are suggested (three votes)
- Evaluation

APPENDIX 3: TABULATED RAW DATA FROM THE CONSULTATIONS

Table 8: What contributes to a healthy lifestyle? Views of children (8–12 years)

	0–5 YEARS	COUNT	6–12 YEARS	COUNT
FOOD AND EATING	Healthy diet; eat less junk food, sweets, fizzy drinks and processed food. Eat fruit and vegetables; "five a day"; water and dairy products.	106	Healthy diet; eat less junk food, sweets, fizzy drinks and processed food. Eat fruit and vegetables; water and dairy products.	116
EXERCISE, SPORT, PLAYING	Exercise, activity, sports – walking, running, cycling, playground or park.	55	Exercise, activity, sports – swimming; running; football, playing outside.	134
OTHER ACTIVITIES	Reading, colouring or drawing, having fun, music.	10	Reading; listening to music; puzzles for mental development; after-school activities.	8
SLEEP		20		8
RELATIONSHIPS/ CARE/LOVE/PEERS	Family, parents, siblings, cousin; friends; love and care.	17	Family, parents, siblings; friends; Love, encouragement, someone to talk to.	15
SCHOOL	Going to school; playschool; crèche; longer school playtime good environment in school; PE.	8	School, teachers, learning; more and longer PE in school.	8
SCREEN TIME			Less TV, don't stay inside, [less] screen time.	7
SAFETY	Keeping children safe, feeling safe.	7	Feeling safe.	2
HEALTHCARE	Doctors; nurses; vaccination.	4		0
EDUCATIONAL TOYS		4		0
PERSONAL ATTRIBUTES/ MENTAL HEALTH	Confidence; imagination; having fun; relaxing; treat yourself.	7	Positive thinking; confidence; good mental health; being calm, relaxed and well centred, stress free.	10
PERSONAL HYGIENE	Staying clean, brushing teeth.	4	Washing, brushing teeth etc.	7
OUTDOOR ENVIRONMENT	Fresh air; outdoors.	4	Outdoors, fresh air; healthy environment.	4
MONEY		0	Money.	2
LEARNING TO WALK/CRAWL		6		0
MISCELLANEOUS	Cartoons; energy; healthy skin; healthy hair; good people; shops; "small independence".	10	Cartoons.	2

Table 9: What are obstacles to a healthy lifestyle? Views of children (8–12 years)

	0–5 YEARS	COUNT	6–12 YEARS	COUNT
FOOD AND EATING	Eating junk food, sweets, fizzy drinks; eating too much; not eating enough; not having a balanced diet.	92	Unhealthy diet; dieting; not eating breakfast.	88
SCREEN TIME AND SEDENTARY LIFESTYLES	Not doing sports or exercise; watching television, video games, computers, phones, iPad; staying indoors.	54	Not doing sports or exercise; television, video games, computers, phones; staying indoors.	66
SLEEP	Not getting enough sleep; sleeping late; sleeping during day.	14	Not getting enough sleep, staying up late; sleeping late; sleeping during the day.	12
SCHOOL	Not going to school; heavy bag; too much homework.	8	Homework; not enough teachers or facilities.	8
HYGIENE	Not washing teeth, keeping clean.	3	Not washing teeth.	1
RELATIONSHIPS/ LACK OF CARE AND LOVE/PEERS	Parents not caring, not listening, giving unhealthy foods; siblings bad influence; not meeting other children.	17	No friends; friends are unhealthy; not being happy at home; no one listening to the child if they have a problem or are worried.	7
EMOTIONAL WELLBEING	Not being happy.	5	Sad; lonely; not having fun; discouragement; stress.	5
SMOKING AND DRUGS	Smoking; smoking parent; weed; drugs.	8	Smoking; being around smoking adults; drinking; drugs.	15
ENVIRONMENT AND WEATHER	Noise; littering; where you live; no facilities; unhealthy environment; bad weather; not getting outside.	13	Noise pollution; cars always park up on cycle paths; playgrounds being destroyed; not allowed to play; bad environment; littering; bad weather; not getting outside.	12
BULLYING		1		7
LACK OF ESSENTIALS			Homelessness; no money; no food.	4

Table 10: What helps with a healthy lifestyle? Views of young people (13–17 years)

TOPICS	0–5 YEARS	COUNT	6–12 YEARS	COUNT	13–17 YEARS	COUNT
PARENTS, FAMILY	Caring and nurturing parents; parents choosing food for you; copying siblings; pets.	17	Parents choosing food; family support; encouragement and motivation.	6	Family influence, family support.	5
SCHOOL	School and playschool; learning to read and write; PE.	5	Healthy lunch; Food Dudes; ban sweets and fizzy drinks in school; make PE enjoyable; supportive teachers; SPHE.	12	School talk, teachers; Healthy school canteens; varied PE classes – enjoyable for all types of people.	8
FOOD	Calcium, milk, water, fruit; less access to junk food; Food Dudes.	7	Being less preoccupied with weight and the way you eat.	1	Easy access to health food stores.	1
SLEEP		1		0	Getting enough sleep.	2
SAFETY	Protected; away from violence.	3	Being safe from strangers.	1		0
NON-SPORT CLUBS AND ACTIVITIES	Join clubs and fun activities.	2	Social clubs like Scouts and Foróige; music.	4	Social clubs and hobbies; Foróige, disco/dancing; keeping active.	7
TECHNOLOGY	Less access to electronic devices and TV at this age.	3	Lack of social media – parents should control that.	1		0
OUTDOOR PLAY/ ENVIRONMENT	Play outside more at this age.	6	Road safety; playgrounds and parks.	3	Environment; active community.	2
PEERS/FRIENDS		1	Positive peer pressure from friends.	3	Peer influence (if they lead a healthy lifestyle); cheaper to get junk food with friends.	5
BODY IMAGE			Promoting healthy, realistic bodies, not airbrushed, "fake" ones.	1	Keep healthy to look and feel better; status and social expectation.	4
HYGIENE		0	Hygiene.	1		
MEDIA/ TELLY / INTERNET		0	Media, TV, internet. Advertising targeted at children; usually [involving] sugary foods.	2	Social media, internet, TV.	2
SPORTS AND CLUBS		0	Getting involved in sports and clubs.	6	Sport clubs – need to eat healthy [food] and keep fit to be on team or pursue a sports career.	6
PRACTICAL EDUCATION		0	Practical education on healthy eating and exercise such as how to choose healthy options for food.	8	Practical education on more than just sport – cooking, walking; education about obesity.	2
GYMS		0			Cheap/free gyms.	4
POSITIVE MENTAL HEALTH		0		0	Laughter and jokes; encouragement, confidence and happiness.	5

Table 11: What are the obstacles to a healthy lifestyle? Views of young people (13–17 years)

TOPICS	0–5 YEARS	COUNT	6–12 YEARS	COUNT	13–17 YEARS	COUNT
FOOD	Parents choose what kids eat. Refuse to eat vegetables. Spoiled at parties. No proper food, water and shelter.	6	Unhealthy diet: Junk food and sweets, fizzy drinks. Healthy food is more expensive.	5	Fast food/More choices of junk food available/binge eating/craving, binge eating. Your choice to spend your money on food/sweets. Healthy food is more expensive.	7
SLEEP		0		0	Sleep and technology – staying up late on iPad or phone.	1
SAFETY	Bad environment/Unsafe surrounding.	2		0		0
TECHNOLOGY	You use technology at a young age – do not get a chance to play outside.	5	Technology/ TV available to young kids affects their minds in a very negative way – mental health and they aren't as active. Cyber bullying. Inhibit exercise – instead of playing outside and being active.	8	Addiction to technology/ Video games and social media keeping teens indoors. Video games making teens unsocial, sitting at home all the time, while social people would be around with people playing soccer/rugby in the park.	
PEERS/FRIENDS	Peers/Not mixing with others to build social skills.	2	Friends influence/peer pressure – drinking culture.	7	Peer pressure/gossip.	6
BODY IMAGE		0	Body image (bullying) – leading to unsafe dieting.	3	Body image – starving themselves making them extremely unhealthy. Magazines/social media/ models/celebrities (Photoshopped)/people want the "perfect" body but it is unrealistic (taking protein shakes to become bulky). Expectations of society – image of being skinny.	10
EATING DISORDERS		0		0	Dieting and excessive dieting, crash diets, bulimia, anorexia.	2
BECOMING RESPONSIBLE FOR OWN CARE		0		0	Expected to take care of themselves; no routine on school holidays.	3
MEDIA/TELLY/ INTERNET	Advertising.	1	Media and advertising.	2	Social networks like Facebook.	2
SPORTS AND CLUBS	Can't join sports clubs.	1	Forced to do sport and then dropout due to lack of interest.	1	Forced to do sport; nothing to do if you are not into team sports; finding sports boring – same routine.	3
PRACTICAL EDUCATION		0	Not being very educated about obesity. "You have a stigma against healthy food."	2	Not being educated on healthy eating; exercise being done but no healthy eating being addressed.	3

continued

TOPICS	0–5 YEARS	COUNT	6–12 YEARS	COUNT	13–17 YEARS	COUNT
MENTAL HEALTH	Your parents do not treat you well; affects mental health.	1			Depression, being mentally un-stabilised (due to stress, school or home), leading to substance abuse or suicidal thoughts.	3
SMOKING/ ALCOHOL AND DRUGS	Parents smoking and drinking; mother abusing substances during pregnancy.	2	Parents smoking or drinking excessively – bad example.	2	Friends' influence, peer pressure and a drinking culture. Binge drinking affects physical and mental health. Exposure to smoking and drugs	5
TOYS	Lack of money to buy educational toys.	1		0		0
BULLYING		0	Bullying affects mental and physical health; feeling worthless.	4	Bullying in sports clubs and PE class; bullying decreases confidence.	5
ACCESS TO FACILITIES / GYMS		0	Rural area – access to facilities.	1	Having to pay to exercise (e.g. gym membership); lack of nearby facilities available.	3
PHYSICAL HEALTH AND DISABILITIES		0	Physical health; for example, illness, physical disabilities, mobility issues – obesity.	2		0



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