

When are we going to teach health?

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Commentary by Duncan Van Dusen and Amonje Moses Oluchiri

Duncan Van Dusen has a Master's degree in Public Health, is Chief Executive Officer and founder of CATCH Global Foundation and the author of Amazon number one bestseller, "When Are We Going to Teach Health?"

Amonje Moses Oluchiri is the Founder and Executive Director of the Kenyan non-governmental organisation, Wellness for Greatness.



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What this article is about: This article provides an extract from "When Are We Going to Teach Health?" that describes the CATCH Whole Child school wellness programme and provides a commentary on implementing youth nutrition education programming in low- and middle-income countries with a focus on Kenya.

Introduction

Coordinated Approach to Child Health (CATCH) empowers school communities to cultivate lasting 'Whole Child' health by ensuring universal access to proven, equitable and fun teaching resources. The CATCH Whole Child school wellness programmes include nutrition education, physical activity and mental health programmes. The nutrition education programme is built on three pillars:

1. Acquiring easily remembered knowledge on nutrition knowledge principles (Box 1).
2. Empowering children with positive attitudes and beliefs about choosing healthy foods.
3. Reinforcing those beliefs socially through a supportive, celebratory environment and adult role-modelling.

Pillar 1: GO-SLOW-WHOA labels to promote nutrition knowledge principles

To help simplify and memorably communicate the nutrition knowledge principles (Box 1), CATCH uses the labels GO, SLOW and WHOA to categorise foods by their relative nutritional value. Children as young as four years old can quickly learn to categorise foods accordingly with the goal of eating more GO foods than SLOW foods and more SLOW foods than WHOA foods. Because it is about choices, not absolutes, this system reduces perfectionism about food selection (there are no NO foods) and avoids shaming children about eating small amounts of less-nutritious foods on a limited basis.

Pillar 2: Empowering positive attitudes about nutrition

Effective child nutrition programmes are not just about what is on the menu. How healthy foods are promoted drives not just what kids put into their mouths but also how they feel about it. These attitudes and beliefs affect the nutritional choices they make outside of school and in the future.

There are many ways to condition children's attitudes about food and all of these are essentially

free. For example, research has demonstrated that fun and empowering names for healthy foods e.g., "night-vision carrots" increases young children's willingness to taste, consume and enjoy them (Musher-Eizenman et al, 2011).

What is even better is child-created messaging. If students make the signs and invent the food names, they develop a sense of ownership and reinforce health principles in their own minds. At all ages, the best way to learn is to teach and the best way to believe is to advocate.

Another activity that children enjoy and that fosters positive attitudes towards nutrition is creating a school garden. Children love the whole process, especially harvesting the bounty, creating an entirely different experience around eating fruit and vegetables.

Pillar 3: Social and environmental support

In developing strategies for creating a culture of optimal health, it is essential to remember that health is social. So, we need to mobilise everyone we can in the school environment, including often overlooked cafeteria workers. Educators can also communicate the importance of health by showing up to eat with children, talking to them about healthy food choices and creating fun celebrations of health. Schools often struggle to get parents involved but find that a health-themed event is one of the best ways to engage them.

Such events introduce families to the health-behaviour modelling and health-vocabulary building their children receive at school which they can then reinforce outside the classroom. The emotional high of being active together strengthens community bonds long after the school lights have been turned off.

All schools should be part of nutrition education and all school staff part of teaching health. Effective health education is not something one teacher does in one classroom. Creating a healthy school community requires including everyone in community-wide practices and celebrations, all of which can be achieved at little to no cost.

Commentary: Implementing pillars of youth nutrition education in low- and middle-income countries

Our collaborative work in Kenya has led us to several learnings about youth nutrition education in developing countries.

Youth vulnerability in the transition to "western diet"

Firstly, countries such as Kenya have dramatically shifted from seasonal, mostly plant-based, fibre-rich dishes toward energy-dense diets high in refined starches, sugar, fats, salt, processed foods, meat and other animal-source products. Consumers, particularly in metropolitan areas, increasingly rely on supermarkets, fast food outlets, street food vendors and takeaway restaurants as they spend less time making meals at home.

Youth are uniquely vulnerable to these changes because they lack the knowledge and skills of traditional food preparation and are easy targets for packaged food marketers who portray their products as modern and cool. Meanwhile, adults who did not grow up with the temptations of the "western pattern diet"¹ are unable to condition their children about its dangers.

GO-SLOW-WHOA nutrition principles are not a rigid dietary list so they can easily be applied to local traditions and food variety. This framework helps youth to adjust their eating habits to restrict the intake of highly processed foods and foods that have elevated levels of fat, sugar and/or salt.

Box 1 Nutrition knowledge principles

1. Minimising the intake of foods and beverages with extensive processing and added salt and sugar.
2. Favouring plant-based foods such as whole grains, fruits and vegetables because they contain antioxidants, immunity-boosting phytochemicals and fibre.
3. Controlling portion size.

¹ The 'Western Pattern Diet' is a modern dietary pattern that is characterised by high intakes of animal products and ultra-processed foods, often resulting in a high-fat, high-sugar, low-fibre diet.

Importance of national governments

In many developing countries, national governments can play an important role in youth nutrition education by investing in school food access and nutrition and developing policies surrounding food marketing, labelling and advertising targeting children. In Kenya, the government has recently created a competency-based curriculum (CBC) and revived the 4K clubs in schools (Box 2).

Combine preservation of cultural and food traditions

The preservation of cultural heritage and the promotion of healthy plant-based foods can be combined through social activities during traditional holidays and festivals. Food festivals can support schools and the community through local sourcing and the preparation of food while

also providing social support for healthy behaviours. In Kenya, we showcase the rich traditional cuisine including fruits, vegetables, legumes (e.g., lentils, beans), nuts, seeds and whole grains.

Conclusion

Many principles of promoting healthy food choices among youth are universal, including providing simple and memorable models for understanding nutrition, empowering positive attitudes and beliefs and creating a reinforcing social environment. Many low- and middle-income countries such as Kenya battle the double burden of malnutrition and the rising prevalence of noncommunicable disease and are working urgently to promote healthier diets and meet population food needs in an environmentally sustainable manner. Schools and governments must prioritise investing in knowledge, skills and social support for youth as a major part of these efforts.

Box 2 CBC and 4K clubs

- The CBC outlines national learning standards for all subjects and includes requirements for physical activity, nutrition and hygiene and sufficient time in the schedule to teach them.
- The 4K clubs in schools seek to create awareness and develop a positive mindset towards agriculture among youth.
- The 4K clubs align with the CBC by connecting the development of skills and knowledge to the application of those competencies.

References

Musher-Eizenman, D, Oehlhof, M, Young, K, Hauser, J, Galliger, C and Sommer, A (2011) Emerald Dragon Bites vs Veggie Beans: Fun Food Names Increase Children's Consumption of Novel Healthy Foods. *Journal of Early Childhood Research* 9(3), 191–195.
<https://doi.org/10.1177/1476718X10366729>



This is a summary of the following two reports:

- 1) Guglielmi, S, Jones, N, Muz, J, Baird, S, Mitu, K and Ala Uddin, M (2020) 'We didn't come here to eat. We came here to save our life': Health and nutrition challenges facing adolescents in Cox's Bazar, Bangladesh.' *Policy Brief*. London: Gender and Adolescence: Global Evidence.
- 2) Guglielmi, S, Seager, J, Mitu, K, Baird, S and Jones, N (2020) "'People won't die due to the disease; they will die due to hunger': Exploring the impacts of covid-19 on Rohingya and Bangladeshi adolescents in Cox's Bazar.' *Policy brief*. London: Gender and Adolescence: Global Evidence

Cox's Bazar in Bangladesh is home to over two million Bangladeshi citizens and some 860,000 Rohingya refugees. In Cox's Bazar, health services have limited capacity and unclear mandates for providing health services for Rohingya refugees. Furthermore, the COVID-19 mitigation strategies have heightened pre-existing nutrition and health challenges for both Rohingya and Bangladeshi populations, with this potentially disproportionately affecting the adolescent population.

Report one investigates the nutrition and health challenges pre-COVID-19 for Rohingya and Bangladeshi adolescents (10 to 19 years of age) in Cox's Bazar. The report is based on mixed-methods data collected between March and October 2019 as a part of the Gender and Adolescence: Global Evidence (GAGE) longitudinal study. The study surveyed 2,280 adolescents and

conducted 149 in-depth interviews or focus group discussions with adolescents, their families, community leaders and service providers.

Report two features mixed-methods data collected between March and August 2020 from a sample of the Rohingya and Bangladeshi adolescents surveyed in 2019. The research consisted of 1,761 phone surveys with adolescents 10 to 19 years of age, 30 interviews with adolescents 15 to 19 years of age and seven key informant interviews. The report investigates the impact of the COVID-19 pandemic on Rohingya and Bangladeshi adolescents in the thematic areas of education and learning, bodily integrity, economic empowerment, health and nutrition and psychosocial wellbeing.

Pre-COVID-19 adolescents living in Cox's Bazar faced many challenges including food insecurity, age- and gender-based violence, disrupted

educational prospects, widespread psychosocial distress and worry, limited health service uptake and inadequate health services for persons with disabilities. Rohingya adolescents were identified as a particularly marginalised subgroup. One of the most severe impacts of the COVID-19 pandemic was the increased levels of food insecurity faced by both Rohingya and Bangladeshi adolescents with stark gender differences – girls were 50-60% more likely to report hunger due to COVID-19 than boys. Within the camps, while accurate health information seems to have been efficiently disseminated early in the response, some adolescents have since been left without reliable and accessible information. Child marriage is still a worry among adolescents in the camps although there were reports of decreased pressure to marry at the time of the survey. Data also suggests that married girls may be at greater risk of gender-based violence than their unmarried counterparts during the pandemic. Additionally, the decision to define education as a non-essential activity and the closure of protection services exacerbated inequities in access to education in the camps and limited access to safe spaces for adolescents facing increased violence. Across Rohingya and Bangladeshi adolescents, there were reports of decreased paid employment opportunities and anxiety regarding the COVID-19 pandemic.

Due to the findings of these reports, the following recommendations have been made:

- Urgently tackle food insecurity through the scale-up of existing programmes, including in-kind food and voucher support.
- Resume education and vocational training programmes by increasing alternative remote programmes and renew efforts to initiate the Myanmar curriculum programme for grades six to nine.
- Strengthen awareness-raising, reporting and the mitigation of age- and gender-based protection risks during the COVID-19 pandemic.
- Address restrictions to digital connectivity in the camps to promote access to information and online learning.