

Influences on adolescent eating patterns

NCEA Level 1 Health Education material in this chapter is for Achievement Standard 90972 (Health 1.2) ‘Demonstrate understanding of influences on adolescent eating patterns to make health-enhancing recommendations’, and includes:

- Introduction to AS 90972.
- A Health Education approach to food and nutrition.
- Personal influences on adolescent eating patterns.
- Interpersonal influences on adolescent eating patterns.
- Societal influences on adolescent eating patterns.

Introduction

Requirements for Achievement Standard 90972 (Health 1.2) *Demonstrate understanding of influences on adolescent eating patterns to make health-enhancing recommendations* are covered in Chapters 6 to 8. This is an external assessment.

Overall, students will demonstrate the following knowledge, skills and understandings about adolescent food choices:

- Influences on adolescent food choices are considered at a basic level for each of personal, interpersonal and societal levels.
- The impact of these influences on adolescent well-being is described in relation to the concept of hauora.
- The strategies included among the recommendations for health-enhancing food choices include actions that apply at personal, interpersonal and societal levels. These health-promoting strategies include actions involving advocacy skills that have the potential to bring about change by supporting, promoting or encouraging adolescents to make health-enhancing changes to their eating patterns. These recommendations will commonly (but not only) be presented in an action plan that a group of people could implement.

A student who achieves with excellence is one who can explain the influences on adolescent eating patterns and the impact of these on well-being. These explanations need to show insight, which means that the connections between the influences, or between the impacts, are considered. A student achieving with excellence can also explain health-enhancing recommendations clearly related to the influences.

Note: In this Achievement Standard, ‘*eating patterns*’ refers to ‘*all behaviours and practices related to adolescent food consumption and may apply to individuals or adolescents as a group*’.

Learning about food and nutrition in Health Education

- Foods are substances people consume (or eat) which are mostly plant or animal in origin.
- Nutrition is the process of being nourished, which refers to how food is used in the body to make new cells and tissue for growth, or to produce energy for sustaining life.

A number of school subjects include learning around food and nutrition in their programmes, so it is important to identify the focus for Health Education.

Science, for example, might emphasise how the body digests food and what happens to food once it is broken down and the cells convert it to energy or build new cells. Science might also carry out chemical tests to decide what substances foods actually contain.

Physical Education might reinforce the importance of a balanced diet so that the types of food needed for energy production, muscular action and growth are included in the daily diet.

Technology might focus more on a problem-solving exercise of how a food product needs to be designed and packaged in order to meet particular dietary and consumer needs.

Social Studies might look at how food resources are used and managed, what decisions people make about the use of food resources and why they make such decisions.

Home Economics, too, might consider many of the ideas already listed, along with how much of each food group is recommended for healthy living as related to developmental age and lifestyle needs, or how to safely and economically prepare healthy food.

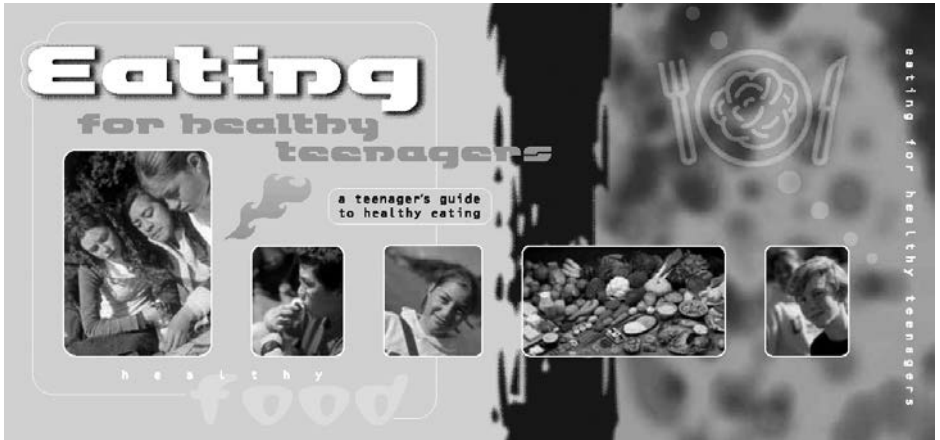
Health Education is more interested in the personal, interpersonal and societal influences on people's food choices, the consequences of these choices for well-being and the sorts of action that could be taken individually and collectively to maintain or enhance well-being because of these influences.

Assumed prior knowledge about food and nutrition

By the time a student has reached NCEA Level 1, it is expected they will already have a substantial amount of food and nutrition-related knowledge. For example, students will already know:

- that food provides people with nutrients for cell growth and maintenance, and 'fuel' for energy production
- the basic purpose and importance of each of the main food groups – carbohydrates, proteins and fats – and the major nutrients, i.e. minerals like iron and calcium, and some of the main vitamins
- how to access and use information from the latest Ministry of Health guidelines for healthy adolescent eating which list the recommended number of daily servings of each food group.

► **More Online at ESA** A link to the Ministry of Health website provides useful information.



Source: Courtesy of Ministry of Health.

Guidelines for healthy eating

Influences on adolescent eating patterns

As discussed in Chapter 3, influences on well-being seldom operate by themselves and influences on adolescent eating patterns are usually a combination of personal, interpersonal and societal factors. Sometimes influences (like some of those listed below) are partly personal, partly interpersonal and/or partly societal, so they can be hard to categorise under just one heading.

Personal influences

Personal factors include an individual adolescent's attitudes, values and beliefs that influence their nutritional behaviours or practices. These factors could, for example, include the following.

- What an adolescent believes is healthy or less healthy for them to be eating, *although it is important to note that sometimes what a person believes about food is not always based on sound factual knowledge.*
- What an adolescent actually knows about having a healthy balanced diet.

Note: The term 'diet' is used here to refer to everything a person eats. This is not the same as 'going on a diet' which refers to a person changing their eating patterns for a period of time, in the belief or understanding that it will increase or decrease their weight.

- How an adolescent thinks and feels about the way they look and therefore which foods they choose to eat to maintain or possibly change their appearance (these thoughts and feelings about appearance are called a person's 'body image').
- What an adolescent's attitude is toward food, e.g. Do adolescents think about what they are eating and why? Do they care how much they consume? Do they care what is actually in the food? Do they care what it cost them or someone else to buy? Do they care where it came from?
- How self-confident an adolescent is, or how positively they think about themselves, and how able they are to resist pressure from others in food-related situations.

- Where food fits into their daily life such as everyday family traditions or rituals.
- What foods the adolescent actually likes the taste of.
- Whether there are health reasons for eating particular foods (e.g. allergies or illness).
- What foods the adolescent needs to meet the energy requirements for sporting or other physical activity.
- What foods an adolescent knows how to prepare for him- or herself.
- How an adolescent is feeling – some teenagers eat when they are bored or depressed, or they may not eat for the same reasons.



Less healthy snack choices



Healthy snack choices

Interpersonal influences

Interpersonal factors include the influences that friends, family/whanau and peers have on adolescent nutritional behaviours or practices. These factors could, for example, include the following.

• **Parents' own food beliefs and behaviours**

Parents are also influenced at a personal level and what they think and do in relation to food can have a major influence on adolescent food choices. What parents can afford to buy, what they know to buy (for health reasons), or what they choose to buy for the household, whether they teach their children to prepare or even grow their own food, what traditions and cultural practices they observe around food, and so on, all influence the adolescent's food patterns.

• **Friends' and other peers' beliefs about food and their own eating patterns**

If a group of friends always go to the same place for food after school, there may be some members of the group who feel they have to eat the same thing as their friends in order to fit in and stay with the group.

In another situation, if most members of the group thought another person was too thin or too big, they could, by name calling or by making reference to other skinny or

large people, give the message that that person didn't fit in and that he or she should eat different foods or a different amount of food.

On a more positive note, friends can influence others by challenging the ways they put themselves down. Friends can also challenge any unhelpful sources of information or eating behaviours they have knowledge of. Note that challenging attitudes and behaviours is also a strategy for bringing about change, as the action is being taken to influence the eating beliefs and behaviours of others.

Societal influences

Societal factors include influences on adolescent nutrition that are the result of, for example, cultural attitudes and values and other social norms, political changes, economic circumstances, media pressures, and globalisation. Many of these societal factors have at some point influenced the personal and interpersonal factors listed above. There are many, many different ways in which societal beliefs and practices influence adolescent eating patterns. The following examples briefly illustrate some of the more common influences discussed in Health Education. This section will also be referred to in later chapters that consider societal influences.



Personal, interpersonal and societal influences on adolescent nutrition

Issues relating to drug use

NCEA Level 1 Health Education material in this chapter is for Achievement Standard 90975 (Health 1.6) ‘Demonstrate understanding of issues to make health-enhancing decisions in drug-related situations’, and includes:

- Introduction to AS 90975.
- What is a drug?
- Which drugs are causing the most concern?
- What are drug-related issues?
- The Health Education position on drug use.
- Drug-related issues
 - personal, interpersonal and societal influences on an individual’s drug use
 - the effects of drugs on an individual’s well-being
 - the effects of an individual’s drug use on others
 - the effects of the use of drugs on society
 - legal issues related to alcohol, tobacco or cannabis use
 - advertising issues related to drug use.

Introduction

Requirements for AS 90975 (Health 1.6) *Demonstrate understanding of issues to make health-enhancing decisions in drug-related situations* are covered in Chapters 17–18.

This is an external assessment.

Students will be able to demonstrate knowledge and understanding of each of the following three (broadly focused) drug situations.

1. Personal, interpersonal and/or societal influences on an individual’s drug use.
2. The effects of drugs on dimensions of an individual’s well-being and/or the effects of an individual’s drug use on others and/or the effects of the use of drugs on society.
3. Legal issues related to alcohol, tobacco or cannabis use by adolescents in New Zealand and/or advertising issues related to drug use.

Related to at least one of these situations, students will need to demonstrate understanding of a decision-making process to make health-enhancing choices in drug-related situations. It is important to realise that decision-making questions will be presented in different formats, from filling in the familiar decision-making grid to answering a series of questions written on lines in the exam paper. Depending on the situation selected for the decision-making process, students will need to complete some or all of the following:

- recognising what the problem or dilemma is and what decision needs to be made
- possible choices that could be taken in response to the situation
- possible consequences of each choice
- identification of feelings about each choice and consequence
- making a health-enhancing decision
- evaluating why the decision is a health-enhancing one, which means that the decision must reflect attitudes and values of the curriculum.

A student who achieves with excellence can critically explain the drug-related issues, and can make and justify, with insight, a health-enhancing decision in a drug-related situation.

1. A critical explanation will include a combination of the following as relevant to the questions in the exam: the ways in which the impacts of drug use on all aspects of well-being are interconnected; how one person's drug use impacts on many others; the way combinations of personal, interpersonal and/or societal factors influence drug use; how drug-related laws, policies, practices or standards impact on particular groups in society.
2. Insightful decision making needs to include the various possibilities presented by a drug-related situation and a sound reason for the final decision based on weighing up all these possibilities. The decision also shows respect for the individual in the situation, for others and also for the wider society.

What is a drug?

The Ministry of Health uses the definition that a drug is *tobacco, alcohol, illegal drugs, volatile substances* (such as petrol, solvents and inhalants) and other substances used for psycho-active effects, recreation or enhancement, as well as *prescription and pharmacy-only* drugs used outside medical or pharmaceutical advice.

In other words, drugs are substances that change the intended functioning of the mind and/or body and that are being used for reasons other than the treatment of a medical condition.

Which drugs are causing the most concern?

In Health Education, the focus is on those drugs that are currently of greatest concern for young people. This means the emphasis for assessment purposes is on tobacco and alcohol – the two 'legal' drugs that cause the most harm and ill-health effects of all drugs across the population (including the most deaths) – and cannabis.

While drugs like 'P' (pure methamphetamine), ecstasy and other party pills such as herbal highs continue to receive a lot of media attention, valid information (resulting from sound scientific research) about such drugs is limited and is often not easily accessed or understood by students. Attention to these drugs occurs more at NCEA Level 3.

It is important for students to realise that there is a lot of misinformation about drugs in the wider community. This misinformation can come from people trying to sell the drugs who make all sorts of inaccurate and unproven claims about their safety, through to people who try to put young people off drugs by using fear and scare tactics and exaggerating or misrepresenting 'factual' information.

Consequently, it is important for students seeking factual information about drugs to use credible sources such as national drug foundation websites. [▶ More Online at ESA](#) Access the New Zealand and Australian Drug Foundation websites to source more detailed, valid and factual information.

What are 'drug-related issues'?

This achievement standard identifies three main drug-related issues, as shown in the left-hand column of the table on p. 123. An assessment question could link any one of these issues (or a combination of these issues) with any of the drugs listed. An exam will not cover all of these issues in any one year but it is expected that an aspect of each of issues 1, 2 and 3 will be included in an exam. However, it is also expected students that will

have developed understanding about each of the issues in relation to alcohol, tobacco OR cannabis use so they can apply their ideas to the questions and situations in the exam.

<i>Issues relating to drug use will be selected from:</i>	Drugs focused on in this achievement standard are those widely recognised to be of societal concern (especially for young people)
Issue 1: personal, interpersonal and societal influences on an individual's drug use	<ul style="list-style-type: none"> • Alcohol • Tobacco • Cannabis
Issue 2a: the effects of drugs on an individual's well-being	
Issue 2b: the effects of an individual's drug use on others	
Issue 2c: the effects of the use of drugs on society	
Issue 3a: legal issues related to alcohol, tobacco or cannabis use	
Issue 3b: advertising issues related to drug use	

The text below illustrates a range of possible drug-related issues that could be explored in an assessment. The activities following each section show how these issues could be reapplied, focusing on a different drug or a different situation. Students can, and will need to, use ideas from other sections (and even from other achievement standards) to help them answer some of the questions in these activities.

The Health Education position on drug use

Alcohol

Alcohol use is an integral part of New Zealand society. People can choose whether or not they want to drink alcohol. If people do choose to drink alcohol, the 'drink in moderation' message is the one promoted. For health reasons, it is also recommended for health reasons that young people who choose to drink alcohol strictly limit or delay its use until they are older. Current laws about the purchase and consumption of alcohol need to be adhered to.

Tobacco

New Zealand has a health goal that seeks to reduce the harm caused by cigarette smoking. While people can choose to smoke, the message promoted in Health Education is that choosing not to smoke is the healthiest choice.

Cannabis

Cannabis remains an illegal drug and the laws surrounding its use need to be adhered to. The growing body of research evidence and recurrent public debate about cannabis use means students are able to explore the advantages and disadvantages of cannabis use as part of their Health Education lessons. However, it is important that any 'factual' evidence about its effects is based on recent and scientifically sound research. Among this recent research is evidence suggesting that use of cannabis by young people (particularly heavy use) could be causing negative effects to the maturing mind and body in a way that is not seen in adults.

Introduction to Answers

Please read this information. It applies to all Achievement Standards.

NCEA assessment tasks are marked or assessed 'holistically'. In other words, a teacher will make an overall judgement based on the *quality* of all the assessment work submitted by the student in an assessment task or examination. Consequently, it is most important that students attempt all tasks or questions in an assessment as it is difficult to make a holistic judgement if there is nothing to mark for some tasks.

It is also important that students express their ideas in full sentences. A question that asks students to 'describe' or 'explain' cannot be answered with one or two-word answers.

Most schools will require students to provide written responses to assessment tasks (except, for example, where the task is to perform, demonstrate a skill or make something). Refer to Chapter 1 which states what words like 'describe' and 'explain' mean. In some situations, students may have the opportunity to present their ideas orally, which will be recorded. Oral presentations require the same level of detail as required for a written assessment.

The activities for each Achievement Standard are grouped under a heading which summarise what a teacher is looking for to make a holistic judgement and decide on a student's level of achievement.

It is important to realise that the answers provided in this section are only examples. The nature of health education can mean that any one task will have many possible answers. Please understand that some of the answers in the answers section of the Study Guide are only an outline or a framework of an answer that students will need to develop into full sentences.

AS 90971 (1.1) Take action to enhance an aspect of personal well-being

The overall requirements for AS 90971 are provided at the start of Chapter 4.

Achievement

Take action to enhance an aspect of personal well-being means students need to provide a plan that can be followed – in other words it is 'workable' (although it might not contain particularly important steps or the steps might not connect very well), and this plan needs to be related to the health goal in some way. A workable goal is also a SMART goal and it is also linked in an obvious way to well-being. The student provides evidence (e.g. in a logbook) that they have implemented the various steps of the plan. The evaluation of the implementation of the plan contains more reflective-type comments about what worked and what didn't.

Achievement with Merit

Take detailed action to enhance an aspect of personal well-being means students provide a plan that is logical, meaningful and well connected. The steps in the plan are clearly related to the health goal. Evidence of implementation of the plan is clearly presented and in some detail. The evaluation of the implementation is clearly linked to the plan; in other words, comments include ideas about how well things worked in relation to what was planned, why the student thinks this was so and what could have been done differently.

Achievement with Excellence

Take comprehensive action to enhance an aspect of personal well-being means that the plan that students provide is logical and well-connected and it includes critical steps for achieving the health goal. *Critical* steps refer to those really important or essential actions needed to meet the well-being goal. They are the steps that will have the most impact on well-being.

The evidence of implementation provided in the logbook is very thorough and covers all aspects of the plan. The evaluation of the implementation shows 'critical insight', which means to weigh up the situation beyond the immediate outcomes of the actions (i.e. to look beyond what worked and what didn't work). This could include looking at the actual impact on well-being, suggesting future goals for things that didn't work, and how to maintain what did, or identifying new goals for the future.

Activities 4A, 4B, 4C: Action planning, implementation and evaluation (pages 27–28)

Answers to these activities depend upon individual student responses. Use examples in the text as a guide.

Activity 5A: Managing success and failure (page 31)

1. Sione's success – for example:

a. *Sione himself*

He could accept the compliments of others and personally acknowledge his very elated (high) feelings, and enjoy how good it feels to be popular and successful. Then he could use these positive feelings to keep himself motivated and stay involved in student/school politics, i.e. carry the enthusiasm gained from receiving such an extensive level of support from his peers on into the job he has been elected to do.

b. *Sione's best friend*

He could compliment Sione on his success so that Sione knows how pleased his friend is feeling about the result, and he could ask Sione if there is anything he can do to help him manage his new role.

c. *Sione's parents*

Sione's parents might celebrate his success by having a dinner for the whole family, so that they can all share in his success and have a focus for their family gathering.

d. *Other members of the Board of Trustees*

They could congratulate Sione on his success and acknowledge that being the only student working with a group of adults can be quite daunting. They could tell him not to feel intimidated or shy about asking questions. They could nominate one

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