School meals and the start of secondary school

Julia Brannen and Pamela Storey

Abstract

The article draws on empirical data from a study of children's health in the context of children's transition to secondary school. It focuses upon the school food practices of children in the context of changes which have occurred in recent years within the UK secondary school meals service, i.e. a move from 'meal provision' via Local Education Authorities to the individualized, commercial system of 'food choice'. The study draws upon: (1) extensive data from a questionnaire survey ($N = 536$) with children which was conducted in three state secondary schools in West London containing a high proportion of ethnic minority (Asian origin) children; and (2) intensive case study data from a subsample of 31 households, drawn from the survey according to the following criteria: mothers' employment status (full-time and non-employed), sex of child, household composition (single mother and two parent households) and ethnic origin of parents (UK origin and Asian origin). The children and their mothers and fathers were separately interviewed. Drawing on both the quantitative and qualitative data, the article describes the school as a site of food consumption and identifies different kinds of food practices of children in their first year of secondary school which are mediated by a variety of factors. These include: the sex of the child, household resources via parental employment, the decisions and choices of children themselves, and the strategies that parents (mothers) employ to control their children's diet. The option available to children to make choices about food emerges as an attractive and novel feature of moving to secondary school, but one that may have consequences for children's health because of the mode of food supply and the nature of the food on offer.

Introduction

The lives of teenagers and children are influenced by the trend towards individualization; young people today are described as making their own choices and shaping their own biographies (Chisholm and Bois Reymond, 1993). At the same time, there is increased emphasis on the concept of parental responsibility, and upon the containment of children in families which has been accompanied by a marked withdrawal by the state from financial and moral support for parents (Pilcher and Wagg, 1996). Moreover, the context of children's lives is marked by greater institutionalization, e.g. the greater organization of children's time and activities (Frones, 1994). Thus while children can and do make choices, the opportunities for choice are increasingly constrained and standardized. In this paper we focus on the health aspects of children's everyday lives, in particular the issue of food practices in schools. We examine this issue from the perspective of these three trends which characterize children's lives: individualization, institutionalization and familialization. In effect this means examining children's food practices in the institutional context of the secondary school, investiga-
ting these practices from the standpoint of children’s own perspectives and agency, and locating them in the context of parental responsibility and children’s interaction with parents.

In the UK, food practices are increasingly inscribed in health debates. Dietary recommendations are regarded as central to achieving the health targets set down in *The Health of the Nation* (DoH, 1992). However the school as a site for healthy eating has been overlooked in the recent education policy changes which have transferred nutritional concerns from the Local Education Authority (LEA)-supported school meals service to a market-led system for which individual schools tender and which provide food items rather than meals. In this process, greater responsibility for children’s diet has been transferred to children, in particular to those in state secondary schools. These changes have overlooked the fact that food comes in the form of meals and is a marker of social relations (Murcott, 1983; Charles and Kerr, 1988). Thus although perceived self-efficacy, i.e. the belief that an individual can control their practice, is associated with healthy eating patterns (Gracey *et al.*, 1996), the social aspects of eating may also enhance (or adversely affect) health while at the same time constrain the ability of individuals to determine their own diet. Moreover, meals are, by their very nature, composed of different food elements which, since they provide for a dietary balance, tend to be beneficial to health.

There is evidence that children associate healthy foods with ‘proper meals’ (Ross, 1995) which are provided in the home if no longer within the school context. But many families do not eat communally. A study of 16 year olds and their parents found only two-fifths of parents and young people reporting eating together ‘most of the time’ with one-third eating together ‘rarely’ (Brannen *et al.*, 1994). While meal patterns and individual dietary habits may be changing, none the less it is important to recognize that eating practices embrace both individual choices and also group constraints embodied in the ritual of ‘the meal’.

Food issues are particularly pertinent for children starting secondary school in the UK. As the paper will show, this transition marks a significant shift in children’s dietary responsibility. Children are expected to choose and buy their own food in the school canteen or cafeteria unless they bring a packed lunch to school; even those who bring a packed lunch typically supplement it with food and drinks purchased from the canteen. At this institutional level, the cafeteria system of food ‘choice’ has replaced the traditional school meal system of food ‘provision’, although the latter is still to be found in many primary schools, albeit in the great majority of cases provided by commercial caterers (Mayall, 1996). This change has involved the devolution of power to schools away from the LEAs. Formerly, a system of set meals, provided at a set price, was supported and administered by LEAs. Currently, secondary schools put their school meals service out to tender in the private sector. In effect price is a significant factor in determining which tender schools choose but also which food items children purchase.

The 1980 Education Act ended the universal availability of school meals at fixed prices in the UK through the repeal of the 1944 legislation while continuing to provide for children from poor families (Mayall, 1996). It also ended the concept of the school meal as an integral part of the educational day which was part of the 1944 legislation to be replaced by purely economic considerations (Coles and Turner, 1992). The 1980 Act also abolished national nutritional standards which have been devolved to LEA level (Woodroffe *et al.*, 1993; Mayall, 1996). In 1986 legislation (1986 Social Security Act) further reduced entitlement to free school meals with effect from 1988 (Berger, 1980; Sharp, 1993). Unsurprisingly, government spending on school meals is said to have halved since 1980 and concern about the poor nutrition of school-age children has increased (DoH Survey reported in the *Guardian*, September 4, 1992) with a significant fall in the numbers taking school meals (Woodroffe *et al.*, 1993).

In the secondary school, the replacement of the ‘school dinner’ by individual food items, while not complete, is clearly evident. The old adage ‘Do I really have to eat that?’ no longer applies.
The old school meals service can be characterized by the following features:

- Food is provided institutionally on the basis of the 'proper meal'.
- Children are given no choice of meal or food.
- Meals are paid for on a flat rate basis.

By contrast the principles of the school cafeteria system are quite different:

- Food is provided on market-led and consumer choice criteria.
- Children select individual food items.
- Food is paid for on an itemized basis.

Most children when they start secondary school are accustomed to operating to some extent across the two systems: the group system of 'set' meal provision versus the individualized system of individual food choice. Many children have set meals prepared for them by their parents or, formerly, were in receipt of school meals in their primary schools. At the same time many children bring a packed lunch to school, a system which may involve children's participation in the choice of items which make up the packed lunch and they may be exercising choice in the family meal or in individual meals at home. Outside school and home, most children are themselves accustomed to buying individual food items or to their parents buying them on their behalf.

The trend towards individual choice of food items, as opposed to participating in the meal provision for the group, is sustained by the growing range of commercially produced food items, often specially produced for and marketed to appeal to children. Many of these fall within the category of snacks, confectionery and 'junk foods'. Schools legitimate the individual choice, market-led system of food provision with school lunch increasingly composed of these food categories rather than food which, through the process of cooking, is transformed into dishes and meals. The alternative is for children to bring a packed lunch from home. However, the packed lunch, like the school cafeteria system, is also both individualized and individualizing; unlike the meal, it is provided on an individual basis and constituted by food items which are separate and distinct. Within the secondary school the 'proper meal' has no place.

**Design and methods of the study**

The data presented in this article are drawn from a study carried out at the Thomas Coram Research Unit by the authors in 1994–1995, funded under the HEA's Family Health Research Initiative. Its main focus was the negotiation of health responsibility within the contexts of: (1) children's transfer from primary to secondary school, (2) different household contexts determined by maternal employment, ethnic origin and household composition, and (3) the gender of the child. The study (Brannen and Storey, 1996) adopted a broad concept of health, as encompassing not only illness but a wide range of health-related behaviours and social relationships. Food practices were among a number of topics covered in the research which also included smoking, alcohol and drug use, illness behaviour, and sex education. The study focused on 11–12 year olds in their first year of secondary school and was located in two settings, the school and the household. It partially replicated an earlier study of 16 year olds and their parents, drawing upon three of the same schools and a similar theoretical framework and methodology (Brannen et al., 1994).

The study involved a two-stage design. The first stage was designed to produce extensive data on children's health behaviour, and their social and demographic characteristics; it also aimed to provide a sampling frame for an intensive study of households. A self-completion questionnaire, modelled on that used in a previous study and incorporating questions from Balding's Health-related Behaviour Questionnaire (Balding, 1993), HEA's Tomorrows Young Adults (HEA, 1992) and the General Household Survey 1990, was piloted before use. The finalized questionnaire of 100 questions was administered to 536 children in Year 7 in three mixed-sex state secondary schools in West London in March 1994 during a double period of class time with extra time allowed for those requiring it. In total, 85% of the children completed the
questionnaire in full. In one school, a very small number of children with language or reading problems were removed from class and given additional assistance by a member of staff. Pupils, even those with reading and comprehension difficulties, appeared highly motivated in answering the questions. The schools were selected to provide a disproportionate number of children from minority ethnic backgrounds, especially those of Asian origin, as well as an equitable socio-economic distribution. Fifty-eight percent of the sample were classified as white, mainly UK origin; 21% of the sample were of Asian origin, although many came via East Africa. Within the Asian origin group, over half said they were of Indian origin, 15% from Pakistan and 3% from Bangladesh. Overall, 16% of the sample were classified as black: 8% of Caribbean origin and 8% of African origin. Five percent were in a miscellaneous group including those of South-East Asian and Middle East origin. Overall, 72% of the sample reported living with their mother and father, and 8% with their mother and stepfather or mother’s cohabitee; 16% lived with their lone mother and the remaining 4% were in some other household arrangement. Of those with resident fathers, 84% reported their father to be in employment, whilst over 66% of the children reported their mothers to be in paid work, equally divided between full- and part-time. Thirty-three percent of the employed resident fathers were described as having high status occupations and 53% low status; 27% of the employed mothers were described as having high status occupations and 66% as low status. (No data were available for 14% of the former and 17% of the latter.)

The second stage involving case studies of children and their mothers and fathers provided intensive data concerning the particular experiences of children in relation to different health-related issues, and the meanings they attributed to their behaviour. A sample of children was selected from the questionnaire survey sample on the basis of four criteria which were deemed to be potentially important influences upon children’s health behaviour and experience, especially in relation to the household context: sex of child, cultural group of parents (UK origin and Asian origin parents), household employment pattern (full-time and non-employed mothers) and family form [two and one parent (mother-headed) families]. Our aim was to interview two households in each of these 16 resulting categories. Given the tight timetable of the study (18 months duration), it was necessary to take those households who were immediately available for interview; in our earlier study, it was possible to stretch out the fieldwork over 15 months and to sample randomly within our categories. Within the survey sample, it was easier to identify cases in some categories than in others. There were few Asian origin, lone mother households and in only two of these mothers were working full-time. In total, 26 mothers, 13 fathers, 18 girls and 16 boys from 31 households were interviewed. The sample included three sets of twins, all of whom were interviewed. Target interviews were also easier to achieve with some categories of households than with others. Among the two parent households, Asian origin fathers were less accessible and we were unable to interview four Asian origin fathers and one UK origin father. The ‘missing’ mothers, all in two parent families, were of Asian origin; these mothers either said they were too busy or were protected from being interviewed by their partners on the grounds of language problems. Language problems did not arise in the children’s interviews.

The data analysis presented in the paper draws upon both the quantitative data (drawn from the questionnaire survey) and the qualitative, case study material (from the subset of households). It uses them in complementary fashion (Brannen, 1992). Statistical tests were applied only to the survey data and where survey results are said to be significant, this is at a 0.05 level of significance or higher, unless otherwise stated. However, the survey is not, and was not designed to be, representative of the UK population of Year 7 children.

Results

The paper discusses the school as a site of food consumption and identifies different kinds of food practices of children during their first year of
School meals and the start of secondary school

It shows that children's food practices are mediated by structural factors. Drawing upon the questionnaire data, these include the sex of the child and the resources of households as they are affected by parental employment. Evidence of an association between school food practices and the consumption of 'healthy' and 'unhealthy' foods is presented. Within the case study material, children's perspectives and their own decisions and choices emerge as important determinants of children's food practices, together with the strategies that parents (mothers) employ in order to exert influence over their children's diet.

The school as a site of food consumption

Dining facilities in each of the three schools differed. In one school the canteen opened at break time as well as lunch time while in another school, the pupils in their first year of secondary school were provided with a separate dining room which offered a limited menu of snacks with the option of going to the main cafeteria to allow these younger pupils to integrate into the wider school at their own pace. This school also allowed an ice cream van to park in the playground at lunch time, providing hot dogs as well as ice cream throughout the lunch break. A tuck shop also opened on an occasional basis. Foods banned by the school were chewing gum and drinks in glass bottles. The third school provided both a cafeteria and a tuck shop; the latter offered only a limited range of unpackaged food, e.g. cakes and fruit, in order to stem the tide of litter which engulfed the school by the end of the afternoon.

Children had opportunities in the three schools to consume food at mid-morning break as well as lunch times. In the case studies, most of the 34 children reported that they usually bought a drink or snack at breaktime; the snacks mentioned included crisps, doughnuts, iced buns and sausage rolls. Only two of the 34 children reported eating fruit at break time, in both cases brought from home.

All three schools in the study claimed to have addressed the subject of nutrition and healthy eating within the Personal and Social Education curriculum in the children's first year of secondary school; they did so in a general way rather then addressing the specific contexts of food consumption. (This data was gained from a questionnaire completed by the heads of year.) However, rather few children in the school questionnaire survey mention coverage of the topic: 12% in School 1, 14% in School 2 and 19% in School 3. Whether or not nutrition was covered in the school curriculum, any discussion of healthy eating in the school context needs to take account of the schools' policies and practices on food within the precincts of the school. We noted that in one of the schools, prohibition of certain food and drinks was introduced on safety grounds (banning drinks in glass bottles) and to alleviate litter problems. No foods or drinks were banned to encourage healthier eating practices.

That these secondary schools did not take a proactive approach by banning specific food items either available to purchase in school or brought into school from outside is probably not unusual. A survey of primary schools in England and Wales in 1993 (Mayall et al., 1996) revealed that over half restricted the content of packed lunches and 80% banned some snack items. However, the survey revealed that greater effort went into dietary influence on younger than on older children, with infant schools more likely than junior schools to ban certain foods.

Children's food practices and preferences at school

In the questionnaire survey, 57% said they had lunch in the cafeteria and 39% took a packed lunch to school on the previous school day. This compares with 43% of all children in state schools in England in 1993 and 35% taking packed lunches (CSO, 1994). The remaining 4% in our survey had either gone home for lunch, slipped out to a shop or take-away, or had gone without. There were differences by school. In two schools, around 60% had lunch in the cafeteria and 35% brought packed lunch, but in the third school 50% ate in the cafeteria and 48% brought their own food.

The food options provided in the schools' canteens tended towards the 'junk food' end of the
food continuum. When we asked the children what they bought at lunchtime from the school cafeteria the majority listed the following: ‘pizza and chips’, ‘chips and fish fingers’, ‘beans, spaghetti, pizza and chips’, ‘chips or a pizza’, ‘chips, pizza’, ‘chips, crisp, pizza’ and ‘burgers’. None mentioned fruit or vegetables. Only one boy said that he regularly chose the ‘hot dish of the day’ and three of our respondents were opting effectively for a packed lunch, choosing to buy a sandwich or roll, crisp and a drink. These findings confirm those of Gardner Merchant (1991) which showed that hamburgers topped children’s lists of school food choices, with health considerations coming seventh, well behind ‘favourite foods’, ‘appearance’ and ‘taste’. That children select school foods they like is a central criterion of choice (Ross, 1995).

On the other hand, the range of foods in packed lunches was also limited. One child described how the content of his lunch box was decided: ‘Sometimes she [mother] asks me. Sometimes she says “Like it or lump it”.’ Packed lunches described by the children and their parents were not unambiguously healthy. Only two of the 10 packed lunch interviewees mentioned fruit as a routine constituent. One father described his son’s (self-assembled) packed lunch as a packet of chocolate biscuits. However, a fairly standard account of putting together a packed lunch was given by this boy: ‘Mum does the sandwiches; I put my chocolate in and my packet of crisp and my drink’.

Factors affecting school food practices

The questionnaire data show significant differences by sex in choice of lunch type; 50% of girls and 63% of boys had lunch in the school cafeteria (Table I). Whilst girls were about equally likely to take a packed lunch or cafeteria lunch, around two-thirds of boys opted for the cafeteria and only one-third took a packed lunch. In the case studies, 13 of the 34 children ate a school lunch everyday while 10 always took a packed lunch. As in the questionnaire survey, girls were more likely to opt for packed lunches than boys (10 of 18 compared with three of 15 boys). The remainder adopted a flexible pattern.

Because of the financial resources needed to purchase a school lunch, we expected to find an association between whether children ate in the cafeteria and parental employment. We found that children whose mothers were employed were significantly more likely to take a packed lunch to school than the children of mothers who were at home; 51% of those whose mothers worked full- or part-time took cafeteria lunch compared with 67% of those whose mothers were not working. These findings are somewhat counter-intuitive since employed mothers might be expected to have less time to prepare packed lunches and more cash with which to provide their children to purchase food in the cafeteria.

On the other hand, we expected an association between household unemployment and take-up of school lunch. Low income households have a statutory entitlement to free school lunch. The voucher value is not generous (£1.10 at that time) as indicated by children’s accounts of their careful calculations of what they could afford to buy. Of those children with no parent in full-time employment, 80% were taking lunch in the cafeteria; this compares with 48% of those children who report at least one parent in full-time employment. Among children with lone mothers, 85% of those whose mothers were not employed ate in the school canteen (and 82% of those whose lone mothers worked part-time); this compares with a significantly lower proportion (68%) of children with lone mothers working full-time. However, household unemployment does not mean that children from these households always ate in the canteen; in eight case study households where neither parents was employed, only five children claimed to be eating free lunches at the time. Some children, including those normally bringing a packed lunch, adopted flexible patterns, eating in the canteen some days, taking packed lunches on others.

Taking two parent households only, the significant difference disappears with 45% of children with employed mothers eating school lunch and 51% taking packed lunch. However, social class differences according to fathers’ occupational status make a difference. The higher the occupa-
School meals and the start of secondary school

### Table I. Type of school lunch chosen by sex and ethnicity

<table>
<thead>
<tr>
<th>N</th>
<th>Type of school lunch (%)</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cafeteria</td>
<td>Packed lunch</td>
</tr>
<tr>
<td>Girls</td>
<td>249</td>
<td>50</td>
</tr>
<tr>
<td>Boys</td>
<td>283</td>
<td>63</td>
</tr>
<tr>
<td>Asian</td>
<td>110</td>
<td>50</td>
</tr>
<tr>
<td>White</td>
<td>307</td>
<td>52</td>
</tr>
<tr>
<td>Black</td>
<td>84</td>
<td>77</td>
</tr>
<tr>
<td>Other</td>
<td>25</td>
<td>84</td>
</tr>
<tr>
<td>Parent in full-time employment</td>
<td>380</td>
<td>48</td>
</tr>
<tr>
<td>No parent in full-time employment</td>
<td>152</td>
<td>80</td>
</tr>
</tbody>
</table>

### Table II. Children's reports of foods eaten in the previous week by type of school lunch and sex

<table>
<thead>
<tr>
<th>School lunch (%)</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cafeteria</td>
</tr>
<tr>
<td>Had eaten fresh fruit every day</td>
<td></td>
</tr>
<tr>
<td>girls</td>
<td>19</td>
</tr>
<tr>
<td>boys</td>
<td>25</td>
</tr>
<tr>
<td>Had eaten vegetables every day</td>
<td></td>
</tr>
<tr>
<td>girls</td>
<td>19</td>
</tr>
<tr>
<td>boys</td>
<td>16</td>
</tr>
<tr>
<td>Had eaten chips most days</td>
<td></td>
</tr>
<tr>
<td>girls</td>
<td>40</td>
</tr>
<tr>
<td>boys</td>
<td>32</td>
</tr>
<tr>
<td>Had eaten crisps most days</td>
<td></td>
</tr>
<tr>
<td>girls</td>
<td>45</td>
</tr>
<tr>
<td>boys</td>
<td>44</td>
</tr>
</tbody>
</table>

Comparing packed lunchers with those eating regularly in the school cafeteria on 'healthy' and 'unhealthy' foods consumed in the past week (both in and out of school), some differences emerged (Table II). Those who took packed lunches reported a higher consumption of fresh fruit. Thirty-nine percent of girls taking a packed lunch said they ate fruit everyday compared with 19% of those having a cafeteria lunch. (For boys, the difference was not significant.) Similarly, for fresh vegetables, 30% of girls taking a packed lunch eat vegetables everyday compared with 19% of those having a school lunch; for boys the difference is even greater—29 as against 16%. However, those having a packed lunch are more likely than those taking lunch in the cafeteria to have consumed crisps on most days (58 versus 44%); balancing this is chip consumption, at least for the girls, with 40% of girls who have a school lunch reporting that they eat chips most days compared with only 21% of the girls taking packed lunches. (About a third of boys eat chips most days regardless of what sort of lunch they have.) Cakes and biscuits are consumed most days by a greater proportion of the packed lunchers but not significantly more than those who eat in the cafeteria.

There were no significant differences by ethnic origin or by household composition. However, boys with at least one parent in full-time employment reported significantly higher consumption of fresh fruit and vegetables than those with no parent working full time. Fathers' occupational status was also significant; 40% of girls and 31% of boys with fathers in high status occupations reported eating vegetables every day compared with 20% of girls and 15% of boys with fathers in low status occupations. Similarly for chips, 16% of girls with high status fathers reported eating chips most days compared with 37% of those with fathers in low

79
status occupations. (Boys’ consumption of chips appears to be subject to no such effect.)

We did not ask children in the questionnaire survey whether they thought what they ate during the school day was healthy or not; instead we asked a general question about the overall healthiness of their diet. Less than half of children said their diet was healthy or very healthy (with no significant differences by sex). Just under half (48% of both boys and girls) said that they thought that their current diet was both healthy and unhealthy, with 8% viewing their diet as wholly unhealthy. However, when asked about their expected dietary habits in the future, children were more optimistic: 62% of girls but significantly fewer boys (51%) thought that they would be eating a healthy diet by the time they were 16. Significant differences were found by household composition with those from lone mother households seeing their diet as not very healthy or being unsure about it.

Not surprisingly, we found a close association between children’s assessments of their diet and their reports of what they currently ate. Those who reported eating wholemeal bread, fresh fruit and vegetables more frequently were significantly more likely to assess their diets as healthy compared with those who rarely ate those items. Similarly, those regularly consuming chips, crisps, cakes and biscuits, sweets, and fizzy drinks were likely to rate their diet as unhealthy.

There is some evidence therefore which suggests that packed lunch was associated with eating healthy foods and that eating healthy foods was also associated with parental employment and higher occupational status occupations. Children’s views of the healthiness of their diet did not replicate these associations, however, with under half of children reporting a mix of healthy and unhealthy aspects.

Children’s perspectives on food practices at school

When children are introduced to increased dietary responsibility at the start of secondary school, most are attracted to the freedom of choice after the more rigorously controlled world of primary school. Indeed in the case studies children commented upon the opportunity to choose food as a key benefit of the transition from primary to secondary school.

Like we couldn’t have fizzy drinks or sweets or anything like that at primary school, but we can here.

Well, we have an ice cream van which we can go to at lunch time, we didn’t have that.

A UK origin girl summed up her reasons for having school lunch in terms of being able to make food choices. However, her mother did not allow her to eat in the cafeteria everyday but let her choose which day. By implication the girl regarded eating in the school cafeteria as a ‘treat’, despite having noted earlier some of the down side of school lunch—the unhealthy food and the inconvenient cafeteria.

I take school dinners once a week. It’s my choice what day I want to have it...we’re the last to go in so there’s not a lot left but there is adequate food. (And do you like to be able to choose what you have?) Yeah. We weren’t allowed to do that in my old school. We were just given what was there. It’s much better getting to choose your own choice.

While children subscribed to the ideology of choice, many children did not exercise food choices in practice. An Asian origin boy, on free school meals, praised the range of meals available estimating that there were about 10 different foods to choose from at lunchtime. In practice he opted almost every day for two slices of pizza and a drink. Not taking advantage of the range of food on offer was not uncommon.

I eat that everyday. (Every single day you have chips and fish fingers?) Yeah. (You never get bored with it?) I like chips but sometimes fish fingers are not that good.

Some case study children applied a health perspective in making decisions about what kind of lunch to eat. Two girls said that they would like to have
school lunch but feared that they would buy chips or burgers all the time. They sought to be ‘saved from choice’ by having a packed lunch instead.

Well, like it’s good but they could do more healthy meals because it’s all burgers and chips and that... (You think it’s a bit unhealthy?) Well, it’s all right but it’s not very good if you keep on eating burgers everyday. [UK origin girl]

I prefer (packed lunch) yes, but I would like to have school dinners. But I reckon it’s healthier having a packed lunch ‘cos at school dinners I would be buying chips I would every day and hamburgers and stuff. [UK origin girl]

Another child who had a school lunch once a week as a ‘treat’, whilst perceiving the food on offer as unhealthy, made the point that this was its intrinsic appeal to young people.

The food is not very healthy but that’s good, because normally teenagers don’t want healthy food.

Girls especially linked their self-defined health status to eating unhealthily, e.g. one qualified her assessment of herself as unhealthy with: ‘because I eat too much’. Children often cited the healthy foods they ate while stressing the unhealthy ones also, as if eating the former assuaged the negative effects of the latter (Brannen et al., 1994). As several other studies have also found (Falconer et al., 1993; Brannen et al., 1994; Blisset et al., 1996), girls were particularly concerned about their body image, with only half of girls in our questionnaire survey happy with their weight, shape and height compared with two-thirds of boys. Moreover, nearly half of girls said they would like to lose weight compared with 23% of boys. In some cases girls were undergoing an adolescent growth spurt while others were still in the pre-pubescent stage. Dieting was not uncommon in this age group, with several girls mentioning that the school holidays, when interviews took place, were an easier time to slim. The implication is that the school environment is hostile to the development of a strategy to control eating since there are temptations and peer pressures to indulge in eating snacks and chips. We noted, moreover, that the importance children placed upon being slim and dieting to achieve this was underestimated by their parents who, if they were aware of the dieting of their daughters (some were not), saw it as a ‘passing phase’ in their children’s development.

Children’s own dietary preferences at home were sometimes in sharp contrast to the food they actually chose when at school. Asked about their favourite food or meal at home, a third of the UK origin children cited roast dinner as their favourite, whilst a similar proportion of the Asian origin children reported traditional curried dishes.

Vegetarian children were particularly critical of the school canteen food available, especially the limited choice of foods and the limitations of the vegetarian food provided was highlighted by several children as their reason for opting to take packed lunch. (Only 7% of the questionnaire sample were vegetarian but 25% restricted their meat consumption to white meat while 68% ate all types of meat.) Many of the Asian origin children restricted their eating outside the home to vegetarian food or chicken, eating other meats only if prepared at home: ‘Just have chips, pizza, beans, cheese pasty—everything that’s vegetarian’. One boy suggested a change in the layout of the school cafeteria:

I’d have separate areas where the meat food would be and where the vegetarian ‘cos then the vegetarians can go one side and meat people can go on the other.

Spending money in the school cafeteria

Just as children liked choosing food, most were positive about the practice of spending their money in the school cafeteria and about the food they could buy there. Deciding how to apportion money was a new experience for many of the children. Balancing the cost of the items selected was, from the descriptions given by the children, more important than balancing their diet in health terms. As this UK origin boy explains:
I spend 20p at break time and keep £1.30. Sometimes I get burger and chips or sometimes just get chips, a drink and a chocolate bar.

Several children mentioned taking money from their own spending money to buy additional snacks at breaktime or to supplement their lunches. One child, getting £1.20 a day, saw the cafeteria as expensive and planned to use her pocket money to supplement her lunch money. In only one case was spending the other way round, i.e., lunch money was circumvented to pay for other activities.

Children's accounts of eating practices in school hinged upon the attractions of choosing and buying their own food, epitomized in the notion of a school lunch as a 'special treat'. However, this essentially positive perception needs to set against the negative themes evident in children's accounts concerning the constraints on choice: the problem of special diets, the unhealthiness of many of the foods on offer in the canteen and the cost of buying a sufficient number of items including drinks.

**Mothers' influence upon children's school food practices**

In addition to providing evidence from children's perspectives, the case studies highlight a range of ways in which mothers influenced what their children ate when they were at school. In practice, the degree of responsibility which mothers allocated to their children with respect to food practices varied considerably. Three approaches were identified. In the first approach, some mothers allowed their children considerable autonomy, letting them use the school cafeteria everyday and providing them with the necessary money. Some legitimated children's treats—making food choices and spending money in the cafeteria—as an 'educational device', that is beneficial to children in developing a sense of individual responsibility. A second approach involved adopting a flexible strategy of allowing children to buy food in the cafeteria on 1–2 days a week, thereby achieving some ‘balance’ between healthy and unhealthy foods in their children's diet. A third approach adopted by other mothers involved keeping tight control over the content of the packed lunches and refusing to provide money for lunch or even additional snacks.

Many mothers, like some of the children, were critical of the health aspects of school food, although several admitted that they did not know what their children were eating at school and in some cases had difficulty finding out from them. One lone mother said that she had given up asking, another indicated that she had not really thought about it. Some mothers knew, and many suspected, that their children were eating unhealthy foods.

However, mothers often discounted the food children ate (or that they suspected they ate) at school on the grounds that they, the mothers, provided a 'proper' diet at home which would compensate for the deficiencies of school food. These mothers, therefore, saw food consumed at school as peripheral to their children's well-being. If mothers ensured that the children were eating 'proper meals' at home, a concern reported in the literature (Brannen *et al*., 1994; Blisset *et al*., 1996), they might feel reassured if their children were eating the 'wrong' food at school.

Because whatever we give her in early morning or in the evening we know that we are giving her enough, even if she didn't have enough at lunchtime. [Asian origin mother]

It was hot dogs, it was silly things, it was rubbish. Also they came in starving, but I cook properly and I give them vitamin C. [UK origin mother]

However, a minority said that children's diet at school was a crucial element of their nutrition and was for some the main or only cooked meal of the day.

As both mothers and children saw it, healthy eating counteracted unhealthy food consumption. In the following case the mother painted a positive picture of her son because he told her both the good and the bad news about his diet. Moreover, she was able to forgive her son for giving in to the temptations of the ice cream van which was parked everyday in the school playground since she perceived that he chose a 'proper' meal in the cafeteria.
School meals and the start of secondary school

He will have what they call 'the special'. It's a proper meal not chips and chips, I mean then he will go and have his ice cream. But if they have an ice cream van there at the school it's very hard for a 12 year old. [UK origin mother]

Mothers acknowledged that their children might not want to be tied to exactly the same quantity and type of food everyday. Learning to take advantage of the freedom to exert choice and to negotiate financial transactions were seen as an essential part of growing up. In this sense, giving children school lunch money was an educational device as well as a way of indulging children's preferences. The development of personal preferences and taking personal responsibility were processes which several parents sought to foster in their children by not actively discouraging use of the school cafeteria. A father said:

My wife and I have got misgivings about what it is they're eating but again it's part of growing up. Parents have to start accepting that they will eat what they want to eat. [UK origin father]

That is for her to decide... I think it's time a girl of 12 chose her own lunch, and what she likes and got some value for money. [UK origin mother]

This latter comment subscribes to the developmental paradigm, evident in the comment 'it's time a girl of 12...'. However, importance is also placed on children being socialized in market values in the reference to 'value for money'.

Mothers provided their children with packed lunches not only because they wanted their children to eat more healthily, but also in order to 'know' what their children were eating. However, these mothers frequently gave in to requests to provide money for cafeteria lunch or for spending at mid-morning break or for crisps or drinks to supplement a packed lunch. They recognized that the money went on junk food but were prepared to condone this on the grounds that unhealthy food would be offset by the healthy food provided at home. This is part of a strategy whereby mothers gave children an incentive to continue having a packed lunch.

A few mothers maintained considerable influence over their children's diet. They adopted the strategy of the packed lunch to keep reign on their daughters' food intake, especially daughters who were having weight problems. Given the opportunity to eat at school, these girls were eating what the mothers felt to be the wrong foods.

I can monitor what she eats because she's on the weighty side and that was one of the reasons she was being bullied...so I can see (our emphasis) what she is eating because I found when I was giving her money to have a school lunch she was eating all the wrong things. It was sausage rolls every day, you know...talk about high calories, so I like to, at least I know what I give her to eat. [UK origin mother]

Really and honestly the reason was because they were getting so fat cause they love school dinners and I decided no, I'll make packed lunches for them then I'd know (our emphasis) what they have and they can have a meal at nights. [UK origin mother]

**Discussion**

The market principle of choice is inscribed in today's secondary schools, offering children an apparent array of food options provided that they can pay for them. However, the foods available are problematic from a health promotion perspective: (1) they rarely amount to a 'proper meal' and the 'balance' which is constituted by the different kinds of food which make up a meal is lacking, (2) they exploit children's preferences since the foods on offer are heavily influenced by commercial interests with an emphasis on snacks and pre-prepared foods, and (3) the foods available are frequently high in fat and sugar with low availability of fresh fruit and vegetables and limited vegetarian options (Food Commission, 1991).

Choosing food and spending money in the school canteen is, however, extremely popular with children and one of the features of starting secondary school which appealed most to them. Children themselves want to make choices and to
J. Brannen and P. Storey

avail themselves of what they considered to be a new freedom of the ‘big school’. However, children also perceived the limited range of foods available, the cost issues involved and the practical limits upon freedom of choice.

Children’s assumption of personal responsibility for their diet needs to be considered as part and parcel of the allocation of greater responsibility which entry to ‘big school’ implies. It highlights one specific arena in which responsibility is transferred from the institution to the individual child. More generally children of 11–12 years expect to make choices about their lifestyles, e.g. the clothes they wear, and choices about leisure time pursuits and interests. Indeed, the trends of modern child rearing in western societies is toward the self-regulation of children although there are important variations by social class, with middle class parents more likely to adopt modes of covert rather than overt control of their children and to place more emphasis on self-regulation (Bernstein, 1971, 1975; Walkerdine and Lucey, 1989). Moreover, it also needs to be emphasized that parents of non-western origin are likely to subscribe to different values and approaches, preferring to control their children more directly, and not expecting them to have autonomy and independence to the same extent (Brannen et al., 1994).

While the emphasis upon children taking personal responsibility is dominant, so too is the notion of parental responsibility, most recently inscribed in a number of pieces of UK legislation, e.g. 1989 Children Act. For parents in western societies the dilemma is to give children sufficient autonomy to enable them to develop initiative and a sense of personal responsibility for their own actions, while also ensuring they conform to societal and familial rules. Thus some parents (mothers) were concerned to support their children in choosing and buying food in the cafeteria, seeing this as part of ‘the educational project’. On the other hand, they were concerned that the children make the ‘right’ choices especially in health terms. They might allow children to make choices in the school canteen on some occasions while encouraging them to take a packed lunch at other times.

Structural inequalities emerged with respect to household employment patterns. Those children whose economic circumstances were most advantaged (with mothers as well as fathers working full-time and fathers in high status jobs) were more likely to take the healthier option of the packed lunch which was associated with eating more fresh fruit and vegetables generally. Those whose parents were not in employment, lone mothers in particular, had less choice and were more reliant on a (free) school lunch and many had a less healthy diet generally. By children’s own calculation also, the value of the school lunch voucher met minimal requirements for the food required, especially if quality was also a consideration.

In presenting this analysis of the individualization of eating practices in schools, other positive aspects should not be neglected. As others have suggested (Morrison, 1995), institutionalized snacking may have unintended consequences, i.e. that of equalizing socio-economic differences between children by blurring the relationship between family lifestyles and experiences at school. ‘With the promise of school-based purchasing choices, the school snack counter disguises distinction and difference and makes food consumption among young people appear homogeneous’ (Morrison, 1995, p. 261). On the other hand, as the latter researcher also reminds us, school lunch boxes, when opened, reveal ‘in concrete and explicit forms aspects of family lifestyles and preferences which might otherwise remain hidden’ (Morrison, 1995, p. 261). However, on this point, mothers in our study often testified to the power of children’s, as against mothers’, preferences concerning what went into and what was omitted from the lunch box, and to children’s desire to be the same as their peers. Moreover, on a somewhat more admonishing note, Morrison (1994) also suggests that the principle of food choice in schools may hinder the recognition of culturally prescribed differences in eating patterns and the (rising) incidence of eating disorders among children.

Of course what children consume in school may not be the central determinant of the healthiness of their diets since children may not derive their
main nutritional intake in the school day. Rather, as others have suggested (Ross, 1995), children tend to associate healthy eating with 'proper meals' which are prepared at home; in the school context children’s priorities are said to be different, and to be concerned with spending breaktimes in play and sport (Ross, 1995). At home, having a meal may be valued by children for collective rather than individual reasons or it may constitute a value in itself. On the other hand, a considerable amount of eating goes on in school time together with evidence that a significant proportion of children do not eat communally or consume the ‘family meal’ on a routine basis (Brannen et al., 1994). There is also evidence that children’s diet may be important in the aetiology of lifestyle diseases in adulthood (Muir et al., 1993) and that dietary habits are established by 15 (Sweeting and Anderson, 1994), together with evidence of rising levels of obesity among British children (Woodroffe et al., 1993). On the basis of data from our study, we have already made reference to girls as young as 11 having a major preoccupation with dieting and weight reduction, while in other respects they tended to eat more healthily than boys.

On the basis of our own and other studies (Backett, 1990; Thorogood and Coutter, 1992; Young, 1993; Ross, 1995), it is clear that children are knowledgeable about 'healthy' and 'unhealthy' foods, despite changes in expert opinion in what constitutes healthy and unhealthy diets. In the course of the school day, concerns about health may not be a major determinant of eating practices, as we have indicated. Instead, issues of individual preference were influential and central to the organization of food in secondary school. Even so, less than half of children said that their diet was healthy or very healthy, perceptions which closely matched their reports of what they ate. Children’s own perspectives and preferences were significant influences on their school eating practices. However, maternal influence was also influential in shaping children’s practices. Full-time employed mothers were more likely to insist that their children have packed lunch. This was surprising given the low availability of mothers’ time and the high availability of resources in these households.

In the context of the targets set by The Health of the Nation (Department of Health, 1992), health promotion strategies need to take account of the school as a site of food consumption, the impact of parents and household factors upon children’s school food practices together with the influence and perspectives of children themselves.

Acknowledgements

We wish to acknowledge the work of Paddy Walls who conducted most of the interviews in the case studies and the helpful comments of the anonymous referees.

References


Health Education Authority (1992) Tomorrow's Young Adults: 9–16 Year Olds Look at Alcohol, Drugs, Exercise and Smoking. Health Education Authority, London.


Received October 4, 1996; accepted February 23, 1997