The Problem with Middle School "Health" Class

Behavioral Health

Date Posted:

Sep 25, 2019

It is back to school time, and for the majority of sixth graders that means the start of middle school. Middle school is frequently acknowledged as a time of change for tweens and teens. Puberty hits, social groups change and academic pressures increase. It is also the first time many students encounter “health class.”

We all remember middle school health class. It’s where most of us learned about the food pyramid, puberty and, yes, sex. Ideally, health class introduces middle schoolers to a number of important topics. When it comes to nutrition and food, however, health class can do more harm than good.

What? How could a class designed to introduce our children to “healthy eating” be bad? Well, there is the problem. Some curricula will identify certain foods as “healthy” or “good” for you and others as “unhealthy” or “bad” for you. Children are often encouraged to reduce their intake of “unhealthy” foods and focus on increasing “healthy” ones. Categorizing foods in this way attaches moral value to food and can shame people who eat foods that many may perceive as “unhealthy.” Additionally, sending the message that we should avoid or fear some foods leads to restrictive eating or dieting, which increases the risk of developing an eating disorder. Dieting can also lead to lower self-esteem and poor body image.

It is important to remember that tweens and teens are in a period of growth and development, and middle schoolers should be gaining weight not losing it—no matter what their size body. All bodies need a variety of foods. Teaching middle schoolers that they can trust their own hunger and fullness signals and eat what they are in the mood for rather than turning to outside sources when deciding what to eat sets them up to be intuitive eaters and to get the variety of foods their bodies want.

Middle school health class is also where youth are taught about Body Mass Index (or BMI). BMI is essentially your weight to height ratio and is a standard way of comparing weight across groups. The problem? An astronomer created BMI in the 1800s. Its original purpose was to examine population statistics, not describe individuals. BMI does not take into consideration the age or sex of teenagers; it also does not take into account muscle mass, genetics or any other unique feature of a child. Teaching middle schoolers about BMI and equating certain BMI ranges with “healthy” is, at the least, inaccurate and, at the worst, harmful.

BMI comparisons can contribute to weight bias—when we make assumptions about people based on their weight—and weight stigma, when those assumptions lead to actions or policies that treat people in certain bodies different than others. Because individuals have used words such as “obesity” and “overweight” to stigmatize higher weight people, we would recommend avoiding these terms so as not to perpetuate the stigma. Instead, use words such as “higher weight,” “larger body,” and “higher end of the weight spectrum,” which are descriptors of size that don’t further pathologize individuals.

When children in a higher weight body are told that their weight is not ok, we are telling them that there is something wrong with them and their body. Higher weight kids are more likely to be bullied in school and more likely to be seen as “less than” their thinner peers. Middle school health class could be extremely valuable if the focus was on educating kids that bodies are meant to come in a variety of shapes and sizes.

Finally, while eating disorder prevention is part of the curriculum in some schools, the materials often focus on youth who identify as female and exclude those who identify as male, trans and non-binary. The information provided to teachers is frequently outdated and reinforces the myth that only very thin people have eating disorders. In reality, eating disorders occur in people across the weight spectrum and present in people across socioeconomic status, ethnicities, sexual orientation, gender identity, religions, etc. The stereotype that eating disorders only occur in thin, white, female-identified people leads to delaying diagnosis and treatment in those who do not fit the stereotype.

Middle school health class has the power to do good *and* we need to acknowledge that it also has the power to do significant harm. Educating youth about weight bias and stigma, teaching them to identify it and speak up against it, and letting them know that weight-based bullying can have life-long impacts are ways we can adapt middle school health class so it is extremely beneficial for middle schoolers. We believe that by pediatric physicians, psychologists with expertise in this area, and school officials collaborating to change the curriculum of middle school health class to an evidence-based one that 1) teaches kids about the nourishment and energy properties of all foods, 2) eliminates a focus on BMI and instead focuses on reducing weight stigma, and 3) improves our education around eating disorders, we can have a tremendous impact on the long-term well-being of our most impressionable kids.

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