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Between Urgent and Lifelong Matters: Overweight Children's Voices on Health Promotion Pedagogies

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Abstract: This article addresses the learner perspective on doing overweight by listening to 39 Danish overweight children aged 8 to 13 years old. In accordance with the existing critique of the 'obesity epidemic' and medico-scientific discourses around food and exercise, this article explores how new health imperatives shape overweight children's self-narratives. Health pedagogical activities in Denmark are between urgent and lifelong approaches to achieving health, and the article presents overweight children's voices on having to learn new health behaviour in between these two schisms. From a social constructionist and post-structuralist perspective, the analysis demonstrates how the children both subscribe to discourses of discipline and control over health actions, as well as legitimate narratives of having to adjust, accommodate and negotiate health challenges to everyday life practices. The article addresses what can be learnt from listening to overweight children's voices in the context of performing meaningful health pedagogies.

Keywords: health pedagogy; health behaviour; obesity epidemic; children; pedagogical urgency; lifelong learning.

Introduction

In Denmark, as well as in many other European countries, the notion of increasing childhood obesity has caused great public concern (Danish Nutrition Council/Ernæringsrådet, 2003; Danish Public Health Report/Folkesundhedsrapporten, 2007; Stockmarr et al., 2015; Hills, King & Byrne, 2008). It is estimated that 10-13% of the Danish population are obese, and that the number of obese children will dramatically increase (Danish Health Authority/Sundhedsstyrelsen, 2013; Matthiessen et al., 2014a; Rasmussen, Pedersen & Due, 2015). Corresponding to biomedical efforts to combat the 'obesity epidemic' in postmodern societies, prevention and health promotion activities are employed to create new health behaviour. The objective is to direct health educational initiatives towards improved dietary

habits and physical activity, thus identifying and rectifying negative lifestyle-induced health effects (Bonsmann, 2014; Pigeot et al. 2015; Temple & Robinson, 2014). Along with socio-economic concerns about both long-term and short-term effects of obesity, children's everyday lives and bodies have, as a consequence, increasingly become regarded as a biomedical issue with high societal relevance, which must be monitored, regulated, and controlled to minimize risks (Rich, 2012; Conrad, 1992; Lupton, 1995; Wright & Harwood, 2009; Welch, McMahon & Wright, 2012; Harwood, 2012; De Pian, 2012; From, 2012). Predominant approaches to obesity prevention and views of bodies as in need of control and regulation have, along with epidemiological studies on risks related to childhood obesity (e.g. Bell et al., 2013; Belsky et al., 2012; Burniat et al., 2002), created a range of new health imperatives (Evans et al., 2011; Wright et al., 2012; Rich, 2012; Burrows, 2011; Lupton, 1995; Fitzpatrick, 2014; Wright & Harwood, 2015). These new health imperatives lead to health educational spaces, in and outside school settings, where health professionals teach in accordance with a biomedical rationale of reducing BMI and thereby the risks of the obesity epidemic.

In Denmark, the notion of a prevailing 'obesity epidemic' has led to a strong societal and political incentive to implement health pedagogical initiatives in order to reverse the imminent risks related to this epidemic. As early as 2003, the Danish Nutrition Council declared that: "The prevalence of overweight and obesity is now rising so rapidly in Denmark and other countries that it can be called an epidemic". Further, in 2007, the first general Danish public health report stated: "Obesity is a rapidly growing threat to public health […]" (Kjøller et al., 2007). As a result, Danish municipalities are increasingly adopting the New Obesity Paradigm, which is a recently developed pedagogical concept based on the biomedical understanding that obesity must be regarded as a chronic disease to be promptly treated with defined pedagogical measures (Holm et al., 2011)[1]. Such prevailing notions support discourses of the obesity epidemic, and create a sense of urgency related to discourses of obesity. This leads to a pedagogical approach which predominantly works from a presumed discourse of deficits, ascribing to the overweight children a position of lacking knowledge, competences and resources of health, as well as appropriate tools to handle and maintain a healthy life (From, 2012). Emergent discourses of 'pedagogical urgency', I argue, evolve and function to underline the gravity of the 'obesity epidemic' and call for immediate educational action to break the hitherto rapidly growing obesity trend. The notion of urgency embedded in discourses of obesity is of significance because of its particularity in shaping the production of norms, pedagogies and subjectivities.

Contemporary critiques by sociology scholars (Wright & Harwood, 2009; Gard & Wright, 2005; Gard, 2011; Campos, 2004; Aphramor, 2010) do, however, dispute the scientific background of the obesity epidemic and the strong focus on BMI by referring to the rise of the notion as a linguistic construct serving to create a dramatic message, stating at previous research "may be more tentative in suggesting these relationships, [which] is taken up in government reports and newspapers in ways that single out and simplify to produce the most dramatic message" (Wright, 2009: 2) A scientific review on weight loss research by Lucy

[1] For further information on the New Obesity Paradigm: http://www.jenschristianholm.dk/en/obesity.aspx.

Aphramor (2010) points to studies concluding that overweight people may in fact live longer than people with a 'healthy' weight. The term 'obesity epidemic' has emerged to reinforce the message that obesity is spreading widely at accelerating speed, representing another severe crisis in Westernized living (Gard & Wright, 2009), and that this is preventable through monitoring and health education (Wright & Harwood, 2009).

In Denmark, the pedagogical urgency related to the 'obesity epidemic' is challenged by the equally prevailing concept of democratic health education (Jensen, 2006). This pedagogical paradigm is strongly promoted by the Ministry of Education, which points out the necessity of taking into account the background and basis for individual pupils to engage in health promotion activities: "[…] Teaching should be linked to pupils' own experiences and concepts in order to enhance the development of engagement, self-confidence and joy of life, while supporting the individual pupil in developing his/her own identity in interaction with others" (Danish Ministry of Education/Undervisningsministeriet, 2009). By focusing on the relevance of health knowledge to everyday life and social relations, it is indicated that the learning of health promotion and disease prevention is subject to experience and a lifelong focus (Jensen, 2006). Thus, regarding health as a non-absolute concept developed in historical and cultural practices (e.g. Juul Jensen, 1994) allows for perceiving matters of health and a healthy body as a product of social interaction. Adopting a social constructionist perspective further permits an understanding that overweight and obesity are practices to which social meaning is ascribed by the individuals concerned. The health educational point in this regard is to work with an open concept of health (Wackerhausen, 1994). From this point of departure, the pedagogical goal is not to provide absolute definitions of health. Rather, in a democratic health educational approach, the pedagogical objective is to initiate and facilitate a health promoting process in accordance with everyday life circumstances and declared vital objectives (Nordenfelt, 1993). Furthermore, the pedagogical purpose is to examine vital health objectives and individual wishes in relation to the everyday life environment, and through this assessment develop realistic competences (Pörn, 1993).

It is within the scope of these two distinct notions of health pedagogical urgency and health promotion education as lifelong and democratic learning that there is a need for a better understanding of the learner perspectives. We know very little about the monitored, instructed children as a group of social actors who negotiate and modify these health educational practices (Rich, 2012). Wright, Burrows and Rich (2012) point out how "[…] the ideas associated with the obesity crisis are being manufactured and taken up by many children" (p. 674, 2012). There is very little knowledge about how children are doing obesity: how they talk, relate, construct narratives, ascribe meaning, negotiate positions and even create opposition to expected norms are key to the analysis in this article. This is informed by the focus of Gergen, (2009), Burr (2003) and Davies & Harré (1990) on how the language of discourse constitutes how the self is talked about, how legitimate and illegitimate positions and actions are produced, and how desirable self-representations are negotiated through narratives.

Empirical productions

The analyses in this article are based on the empirical materials generated throughout my PhD research (From, 2012)[2]. The empirical material was produced in collaboration with two Danish municipalities, Kildesund and Velvinge[3]. Both offered health-promoting courses to alter and improve overweight children's lifestyles and to encourage new health behaviour (Table 1). The research study was based on participant observation of the two community-based health courses, as well as semi-structured, photo-elicitation interviews with 39 overweight children. One criterion for the selection of municipalities was a demographical average in terms of class, culture, level of education and income.

Table 1. Empirical field, course characteristics and target groups

Empirical field	Course characteristics	Target group
Kildesund Municipality Semi-participatory observation Duration: two months.	Location: Local public school. Attendance: Every Tuesday and Saturday for two hours. First hour (5-6 pm): Blackboard teachings about health and nutrition based on designated textbook material with hand-outs. Children seated in a horseshoe with parents listening in an outer semi-circle in the home economics classroom. Second hour (6-7 pm): Children doing physical activities and playing games in the gymnasium with one teacher. Parents remaining in classroom with other teacher, discussing everyday life with overweight child and receiving information and recipes for healthy meals.	Overweight children or children with signs of overweight, aged 8-13 + one parent per child. 15 children and 15 parents.
Velvinge Municipality Participatory observation Duration: three months	Location: Local public school. Attendance: Every other Saturday for five hours. First two hours (10am-12pm): Children and parents doing physical exercises (1½ hours) and play activities (½ hour) in the gymnasium with a gym teacher from a local gymnastics organization. Last three hours (12pm-3pm): Children and parents cooking from healthy recipes with private nutrition consultant in the home economics classroom.	Families with minimum one overweight child. The entire family participated. Children aged 2-18. 4 families. 13 children and 6 parents.

Involving children as competent, social agents

The children who took part in the interviews were all participating in one of the lifestyle courses in the two municipalities. The recruitment selection was made by the local organizers of the lifestyle courses, who assessed the suitability of the families for participation. An important criterion was physical signs of overweight in the child or signs of developing

[2] My PhD was funded by the Technical University of Denmark, the Danish National Food Institute, and the Graduate School of Lifelong Learning at Roskilde University.
[3] The two municipalities were given pseudonyms, as they served to illustrate examples of public health promotion courses, rather than publicly having their health courses exposed.

obesity. This was assessed by the local organizers or school nurses in accordance with BMI tables for children. A further criterion was related to the parents' economic status, due to a course fee of DKK 1000 (approx. 135 €)[4]. The participating children were informed orally about the objective of the research study (to explore their course participation and everyday lives), and were invited by me, the researcher, to participate in semi-structured, photo-elicitation interviews (Ewald, 2000; Hall, 1997; Hart, 2002; Mayall, 2008; Rasmussen & Smidt, 2002; Tisdall et al., 2009; Thomson, 2008). Doing research with children by introducing and producing visual materials allowed the children to enter a position as co-researchers, to contribute to the research and to identify new perspectives (Johnson, 2008; Woodhead & Faulkner, 2008; Tisdall et al., 2009; Burke, 2008). This methodological approach was considered significant in order to explore and learn more about how these children in their own words did obesity.

The research objective of involving children in the research was inspired by childhood researchers (Tisdall et al., 2009; Mayall, 2008; Hart, 2002; Warming, 2005; Rasmussen, 2001; Clark et al., 2005) who perceive children as competent, social agents with valid, independent perspectives on their everyday lives. Subscribing to these understandings, I granted the children democratic influence in the research by sharing their voices. Researchers within childhood studies (James & Prout, 1990; Kampmann 2009; Qvortrup, 2009; Christensen and James, 2008) point out how children's spaces often become colonized, institutionalized and regulated by adults, and in the name of protection they rarely speak, play, learn and live without the presence of adults, and how their voices have remained muted. Much in line with the work of Michael Fielding and Peter Moss (2011) on radical education in ordinary school systems, the research was designed to facilitate an open, democratic research process and explore how, from a child's point of view, meaning and significance in and outside health educational spaces were present in everyday life narratives. This was done by employing photographs in the interviews.

The basis of photo-elicitation is visual materials, produced by the researcher, the interviewee or a third party, and brought into the interview space (Rose, 2007). The first round of interviews was conducted with photographs I had selected specifically for these interviews[5]. These photographs came from a research project[6] conducted ten years earlier, and were taken by school children of approximately the same age, and illustrated round-the-clock images of their everyday lives, such as breakfast situations, school life, playgrounds, lunch, short breaks, teachers, after-school life, family time, dinner time, birthday parties, siblings, friends, pets, etc. The photographs served to prompt the children to talk about what they saw there,

[4] The organizers had experienced that families would drop out, if the course was free. Although a course fee of 135 € paradoxically also eliminated lower socio-economic class families, who are more likely to develop obesity (see Mathiessen et al., 2014), the local reasoning behind this exclusion was that overweight was as much a problem for the middle class, and that the socio-economically disadvantaged citizens often had more acute problems to deal with than overweight.

[5] The pre-selection of photographs was due to an upcoming summer break, which complicated the process of producing new photographs for the children.

[6] The selected photographs were kindly lent to me by childhood researchers Rasmussen and Smidt (2002), who investigated childhood by using photographs taken by children. It is not possible to display the photographs from that research study.

and how it related to both the course in which they had participated, and their own everyday life. The interview sessions began with an introduction of why I wanted to talk with them (to learn about their course participation and their everyday life), followed by a presentation of one photograph at a time, and finally questions about their course participation. A total of 17 children (9 girls, 8 boys) participated in this round of interviews based on pre-selected photographs (n = 28).

For the second round of interviews, I invited the next group of children on courses in the two municipalities to photograph their everyday lives by using disposable cameras. They were given the task of photographing what they considered important throughout a typical day. The children photographed their family members, meal times, friends, spare time activities, pets, toys, their room, cooking, driving and so on[7]. Subsequently, the interview process repeated the steps of the first round of interviews. Twenty-two children (15 girls, 7 boys) were interviewed on the basis of self-produced photographs (n = 385) of their everyday lives (Table 2). Three children out of the total number (n = 25) observed in the lifestyle courses did not wish to participate in an interview after all, despite having taking photos. All participating children were given pseudonyms[8].

Table 2. Municipalities; Interviews with pre-selected photographs; Interviews with child-produced photographs.

Municipalities	Interviews with pre-selected photographs	Interviews with child-produced photographs
Kildesund Municipality	6 girls (aged 9, 10, 10, 10, 10, 10) 4 boys (aged 11, 11, 11, 13)	9 girls (aged 8, 8, 9, 9, 11, 11, 12, 13) 4 boys (aged 8, 9, 10, 12)
Velvinge Municipality	3 girls (aged 6, 9, 17) 4 boys (aged 2, 4, 13, 15)	6 girls (aged 7, 8, 9, 10, 11, 13) 3 boys (aged 7, 8, 13)

The interview data consists of a combination of the children's narratives and their engagement in the process of photo-elicitation. The interview data was analysed by reading and re-reading the interview transcripts and seeking to identify recurring themes related to doing overweight. First, the interviews were read with attention to the presented theoretical perspectives to uncover themes relating to discourses of lacking health knowledge, resources and competences, and thereby subscribing to the need of immediate action (the health pedagogical urgency). Subsequently, the empirical material was read with a focus on how the children produced narratives, relying on a discourse of resources and capability of relating health to processes of democracy (health promotion as lifelong learning). The empirical material was also read in an attempt to identify passages of how the children, the learners of health imperatives, subscribed to discourses of discipline and control over health actions, as

[7] Although it is not possible to show photographs from this production either, due to an expired agreement with the Danish Data Protection Agency, I find it relevant to include the process of photo-elicitation in this article to illustrate how I worked with the children's voices.

[8] See From (2012) for methodological reflections on how the children used the cameras, interview questions, and ethical considerations in the process of photo elicitation.

well as how they produced narratives of having to adjust, accommodate and negotiate health challenges in accordance with their everyday life practices.

Analysis, Part I: Joining a health course

Throughout the duration of the health courses, there was a high and steady participation rate. This indicated (apart from a desire not to waste the fee paid) that the course in one way or another fulfilled a need. I asked the children why they took part in the course. In many cases, the answers revealed that the children's participation was decided by their parents. Initially, the competent agency of children with valid, independent perspectives on their health appeared absent, although a few children had heard about the health courses from other children and wanted to join. Some children, like nine-year-old Jacob from Kildesund, objected to the course from time to time by not engaging or simply refusing to take part in the pedagogical activities. I had noticed Jacob during my observations of the courses as he often left an activity in anger or frustration by slamming a door. When asked who had decided that he should participate, he said:

Jacob:	It was my Mum. It was something we were reading about because we were looking for some exercise for me, and then we found the course. And then my mother said I should try it, and so I said yes, and then we just went.
Interviewer:	I see. Was it what you thought it was, or did you think it would be something different?
Jacob:	I actually thought it was something else.
Interviewer:	You thought it was something else. What did you think it was?
Jacob:	I thought at least it was some badminton that I wanted to go to, because my friends went there. And some of my friends had said that.
Interviewer:	So you thought the course would have some badminton for example, or some other things?
Jacob:	I thought we would just do gymnastics all the time. Yes, somewhere where we'd exercise.
Interviewer:	Really? Why would your family find some exercise for you?
Jacob:	Because I was fat.

At one level, Jacob's objection to the course activities seemed to be explained by the fact that he had not been sufficiently informed about the content of the course. At the same time, Jacob presents another narrative when stating that his motivation to join the course was because he wanted to play sports and be with friends. When he found out that this was not the main objective of the course, but rather learning how to lose weight, Jacob seems to object not only the pedagogical content of the course, but also to the position he is put in, that of a child who needs to learn new health behaviour. Although Jacob in the end subscribes to a discourse of needing to find exercise because he is fat, his initial motivation to join the course relied on a desire to exercise with friends. In this way, the available positions on the health courses both agreed and conflicted with the existing self-identities of Jacob and many other overweight children. Very often the children did, however, acknowledge overweight as a motivational factor behind their participation when asked why they took part in the health course:

Sidse (11):	Well, because I was overweight, a bit overweight. […] I knew that very well. Everybody knew.

Karina (13): I did want to try it, you know. […] To lose weight, I think.
Sussi (10): I wanted to join the course because I thought I was a bit overweight, a bit fat.

The overweight children, like these three girls, subscribed to health imperatives of needing to act on the overweight body. Especially Sidse's comment on how she knew, everybody knew, indicates that she, and people around her, was aware of the constituted health risk related to her overweight, and that it was high time to act on it. Sidse thus presents a narrative constructed around an underlying sense of obligation and urgency, which she had felt, but ignored prior to the course. The initial motivation to join the health courses for most of the children may have come from the parents, but most children expressed an understanding that the courses at some level represented a kind of help or even solution for them. Most of the children asked were subject to discourses of deficiency due to overweight and designated it as a health problem in need of being addressed.

The naturalness of health dichotomies

Many of the photographs used were centred on a mealtime situation. This led to a talk about what it means to be healthy. Following these talks, the children were asked to share their view on what 'being healthy' meant to them. Most of the interviewed children referred to healthy eating and exercise when describing the best way to become healthy. Some children, however, gave answers which allowed for more nuanced understandings of what it means to be healthy, such as these two 9-year-old girls:

Interviewer: What does it mean to be healthy?
Tea: That means you're feeling fit.
Sussi: You eat lots of fruit.
Interviewer: Feeling fit?
Tea: And you don't feel that tired when you get up.
Sussi: And you're not that fat.
Tea: You're thin.
Sussi: And you have more energy and run more.
Tea: And you don't get so quickly… you don't get out of breath and tired so quickly.
Interviewer: I see, things like that.
Tea: So it's actually good to be healthy.
Sussi: Yes.
Interviewer: Is it? Can you be thin but unhealthy?
Sussi: Yes.
Tea: Yes, my big sister eats sweets, but it doesn't stick to her hips, it comes out again.
Interviewer: And can you be fat and healthy?
Sussi: Yes.
Tea: Yes, of course you can.
Interviewer: Of course you can? How?
Tea: You're really healthy, you're just a bit fat.

The first part of the dialogue with Tea and Sussi can be seen as an example of performing discourses of virtue related to biomedical norms of right and wrong health behaviour (Murray, 2009). Both girls want to communicate how they, despite overweight, possess

resources of knowledge and awareness of how to achieve health in a biomedical sense. Then, when challenged on these truths, their positioning represents a kind of hybrid between the two health positions (the biomedical and the more open and democratic) by accepting the idea that you can be unhealthy when you are thin and healthy even though you are fat. Such accommodation and interpretations of prevailing truth seems to become available for these girls when they turn to everyday life for alternative health perceptions. There is a reversed effect in performing this narrative of truth, as they indirectly acknowledge themselves as healthy although overweight. In this way, Tea and Sussi successfully move between discourses of health in terms of performing good exercise and good eating habits, and discourses of identifying health resources through social relations and reflections. It is significant how both discourses are ascribed meaning with naturalness, despite their immanent contradictions.

Discourses of vulnerability and social disadvantage

A main argument behind urging overweight children and their parents to take action and receive instruction on how to reduce their overweight is related to a socially constructed truth that 'doing overweight' involves suffering from loneliness, mental disorders and lack of friendships: "Many overweight children and young people have mental and social problems. Some withdraw from social interaction because of their overweight, while others may be exposed to teasing and bullying, leading to isolation and loneliness" (Danish Health Authority/ Sundhedsstyrelsen, 2014: 7). Building on discourses of (possible) present and future failures as a consequence of overweight can be seen as a way promoting the norm of a healthy life, by idealizing slimness. Through discourses of optimization, a new position is made available by factoring in an aspect of time, thus indicating that the current condition of overweight must be regarded as in need of immediate action, but nonetheless can be considered temporary. The combination of working with a healthy norm through articulations of deviant behaviour or conditions and the notion of optimization over time can encourage the decision to attend a health educational course for overweight children.

By turning to the participating children and regarding them as competent, I wanted to learn whether fear of becoming or remaining friendless was an articulated motivation to join the health course. The majority of the photographs taken by the second round of interviewed children and the narratives constructed in the interview space were centred on friendships – on the course, at school, outside of school, with family members, in a sports club, etc. What was ascribed strong meaning by all participating children was the importance of engaging in social relationships and forming new ones. Such narratives were commonly presented by the children in the interviews. Apart from enjoying being on a course with one or both parents for several hours every one or two weeks, the children described socializing and having fun with friends as of utmost importance. This was revealed when they were asked what made them happy in their everyday life:

Peter (9): Playing with my friends.

Julie (8): I'm happy when I'm with my friends.

Sidse (11): I think that must be being with friends.

From a child's point of view, it may be an undesirable self-representation to be 'doing overweight' as friendless and excluded from peers. I acknowledge how a child sitting opposite a more or less unfamiliar interviewer could inspire narratives of idealization of the current state of friendships. However, as half of the interviews were based on photographs of the children's everyday life, the empirical material served to co-constitute the narratives being presented. Prevailing discourses of overweight leading to friendlessness, and the overweight child as being bullied, excluded and alone, were negotiated, modified and even eliminated from the children's narratives. Instead, most children subscribed to self-identities and positioned themselves in relation to discourses of social resources, competences and capabilities of being able to form friendships – despite overweight. One girl, Mia (13) from Velvinge, had photographed two friends, saying: "This is Louise. She's my best friend. And we kind of hang out, or we're together every single day. There we're in town to buy the same kind of hair straightener ... and ... [...] Yes. This is my second best friend, called Line. We're also together every single day."

Another child had taken a picture of one of the other girls on the course, pointed to it, and said:

Freja (13): That's Sidse.
Interviewer: Yes, that's Sidse. From the course. What can you tell me about her?
Freja: She's really nice.
Interviewer: Why's that?
Freja: I don't know... it kind of touches me right in my heart, I think. I don't know... we're just really good friends.

Irrespective of age, all of the children interviewed had a narrative of friendship to share. One by one, the children constructed positions in which they were engaged in meaningful friendships. The overweight children thus negated the otherwise widely cemented discourses of vulnerability and socially disadvantaged status related to overweight. The children ascribed meaning to the course by emphasizing socializing, playing and having fun with peers. There seemed to be a strong indicator from these children that health resources, disregarding urgent needs to learn new health behaviour due to overweight, are intertwined with social relations. In relation to this, I have selected pieces of dialogue for the second part of the analysis which aim to present how the notion of being responsible and performing control to minimize risks is a part of 'doing overweight' – and how these actions are democratically accommodated, applied and negotiated by interacting with others.

Part II: Recognizing the need to act responsibly

In the interviews with the children, I explored whether and how the notion of applying new knowledge and actions related to reversing the risks involved in the 'obesity epidemic' was part of the overweight children's narratives. The interviews were rich in examples of the children being subjectified to the notion of needing to act responsibly by taking new health measures in everyday life. New health actions were presented at the courses, such as going

for a run after dinner, cycling to school, joining new sports activities and resisting urges to eat snacks after school. The pedagogy of the two health courses in Kildesund and Velvinge had planned activities to rectify inadequate health behaviour and to help the children act responsibly. The municipality of Kildesund had organized the course around a weekly challenge. Such challenges could be to substitute soft drinks with water, eat breakfast every morning, replace ten unhealthy food items with ten healthy ones, or increase physical exercise to reach the recommended 60 minutes per day. In the interviews with the children, I asked how they found these challenges. Karina (13) provided me with the following example:

Karina:	It was so much fun, and then you had to do some things...
Interviewer:	Did you do them then?
Karina:	Yes. Or I kind of tried to.
Interviewer:	Tried to?
Karina:	Because if, well, it was those things you had to... for example, if you had to replace that unhealthy cheese, my Dad got annoyed and my sister got annoyed and then... it was a bit difficult.
Interviewer:	Why did they get annoyed?
Karina:	Because... I think I was kind of interfering with the things they liked.

The first part of this excerpt demonstrates how Karina acknowledges the instruction to engage in weekly challenges by initially subjecting to it with a positive attitude. At first, she operates with a self-representation of exercising responsibility to intervene in her everyday life with new actions. However, she continues by submitting herself to a position which she considers less desirable when she explains how, in attempting to perform the challenge, she had to pick the favourite food items of her father and sister. This shows how Karina, like most of the other children, found it necessary to adjust and negotiate the challenges provided by the course in her encounters with others. Such narratives demonstrate how engaging in the health promoting challenges is described as an acceptable action which carries significant meaning. However, being morally compelled to adopt new health behaviour can lead to resistance from peers. Having to alter a presented health instruction can be regarded as a way of circumnavigating an illegitimate or unacceptable position of failing. But such alterations can also be regarded as an illustration of how 'doing overweight' is closely linked to performing responsible actions, and how this performance is linked to ongoing negotiations, adjustments and accommodations in order to legitimize positions of success and construct desirable self-identities.

Performing course challenges in everyday life was likewise present in Sofie (11)'s account. When asked about the challenges, she explained how to handle the challenge of drinking more water as follows:

Interviewer:	And then you had some tasks to do, some challenges. How did that work out?
Sofie:	It went very well […] Well, that one about drinking more than eight glasses of water, that's a bit tricky […] But like, if there's juice, or something like that, then I can […] But that water's just so boring.
Interviewer:	A bit boring, yes.
Sofie:	I... and I played football, and there we got a water bottle, there are eight glasses in it, and I drink that. Sometimes I take it to school, that is, if I remember to.
Interviewer:	Do you?
Sofie:	And I drink it and fill it up again.

Interviewer: Wow.
Sofie: But then when you're sitting at home, and then you have to, what's it called, if you haven't just drunk up all your water bottle, you can't remember how much you've drunk and how many times you've filled it up. So you sit and drink, and then you just can't manage any more.

Sofie's narrative seems similarly constructed around an acceptance of the actual challenge, but also around the need of developing an operational strategy to complete the task. There is a slight absurdity in her narrative in how she over-performs by drinking the bottle of water twice a day. The excerpt with Sofie also reveals how she sometimes needs to surrender to the challenge when, at the end of the day, she cannot remember how much she has drunk. Sofie positions herself as someone who is capable of relating and adjusting biomedical instructions to become healthy to her own everyday situations – and in doing so she is able to ascribe meaning to them. The dialogues with Karina and Sofie are examples of what seems to be happening when health educational action-oriented changes meet everyday life practices. The children's narratives suggest that there is an urge to act immediately due to overweight, but that these actions cannot be isolated as individual tasks; they only become meaningful in interactions with others and in relation to existing everyday life circumstances.

The schism between biomedical urgency related to overweight and health as a key factor in long-term quality of life was embedded in the two municipalities' declared health pedagogy. They aimed to work on children's everyday life practices in order to regulate and control perceived unhealthy behaviour, and thereby minimize risks related to the 'obesity epidemic'. In this regard, one dialogue with two 11-year-old boys from Kildesund stood out. I asked whether they considered it to be important to be healthy:

Interviewer: Is it important to be healthy?
Andreas: Yes.
Dennis: Yes.
Interviewer: Why?
Andreas: Because you can die.
Interviewer: You can die?
Andreas: Yes, you can.
Interviewer: From what?
Andreas: From obesity… or whatever it's called.
Interviewer: Obesity?
Dennis: You can, what's it called… have a heart attack.
Andreas: You can get fat on your heart.
Dennis: Yes, then you can have a heart attack.
Interviewer: Yes, I see. Blood clots?
Dennis: Yes, blood clots, that's what it was.
Interviewer: I see. Who told you, you can get that?
Andreas: It was a programme I've seen.
Dennis: Yes, something on TV.
Interviewer: Yes. What do you think about it?
Andreas: I don't know.
Dennis: You must pull yourself together and not become like them.

This narrative demonstrates a particular kind of subjectification to biomedical risks related to severe overweight. Andreas and Dennis seem to identify with these risks, and use the

perceived overriding possibility of death to ascribe meaning to why it is important for them to be healthy. The element of death as a consequence of overweight, which clearly and somewhat surprisingly was in the mind of these two 11-year-olds, may not necessarily be the main point to take from this interview excerpt. The most important message may be how the incorporation of risks and death become part of constructed self-identities of overweight children. Dennis ultimately elaborates on how pervasive this notion is when he says, "You must pull yourself together and not become like them". His comment suggests that doing overweight in the light (or shadow) of death may very well lead to actions based on fear, self-blame and feelings of being outside social norms and expectations. Perhaps most significantly, this particular dialogue exemplifies the extent to which knowledge, thoughts and perceptions of health are constructed and ascribed meaning to by overweight children, and not least how such constructions make certain positions available for these children. For researchers and health professionals with an interest in overweight and health education, such narratives contain a high degree of health pedagogical relevance – and are an illustration of how narratives related to doing overweight are revealed when children are asked and listened to.

Final remarks

This article has addressed the learner perspective by listening to overweight children's voices on how they are 'doing overweight'. Drawing on contemporary theories of critical health educational research and exploring the effects of the 'obesity epidemic', the article has employed a social constructionist and post-structuralist approach to explore the inconsistencies in narratives attached to overweight children, and explored what is at stake when overweight children engage in prevailing discourses of health behaviour. The overall point of departure has been the identification of two dominating health educational positions in Denmark, which have influenced the health courses under study: on the one hand, a biomedical approach to overweight, which relies on discourses of presumed deficits, and creates a sense of pedagogical urgency by stressing the need of immediate actions in order to reverse the mal-effects of the 'obesity epidemic', and on the other hand, a democratic health pedagogy, which points to the relevance of adjusting health knowledge to everyday life and social relations.

This study has shown that the selves of overweight children are talked about and constructed in the schism between these two health educational perspectives. The interviews with the overweight children revealed a subjectification to discourses of needing to act here and now in order to rectify the designated, alarming state of obesity – and to avoid being "like one of them". At the same time, the children constructed narratives in which they allowed for resourceful positions to emerge, for example in terms of describing themselves as engaging in friendships, possessing knowledge, and by finding strategies to cope with pedagogically informed challenges to improve health actions in their everyday lives. The children involved in this study showed how the language of discourse makes both legitimate and illegitimate health positions available for them in their self-representations, and how health actions are

always produced and negotiated in social interactions. The children demonstrated ways of naturally operating with health by creating a hybrid of health understandings related to both biomedical and democratic health orientations. Such articulations indicate how overweight children subscribe to both discourses of deficits and discourses of resources. Recognizing 'doing overweight' within this dilemma has health pedagogical value, in as far as the health educational spaces acknowledge overweight children and grant them a significant sense of agency and competence.

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