
SCHOOLS' HEALTH EDUCATION IN PORTUGAL

A case study on children's relations with school meals

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Given mounting concerns about overweight and obesity levels in Portugal among children, policy strategies regarding health education through school meals have been implemented to respond to this problem. This article analyses the evolution of health education policies on school meals since the implementation of the democratic political regime in Portugal (1974) paying attention to the rationale behind these policies. It also examines how these policies, which have changed the contents of school meals, are being received by children, staff and parents in a primary school of Lisbon. The empirical material draws on qualitative methods (focus groups with children and parents, and interviews with the school and the city council staff). It is concluded that there is a change in school meals policies wherein, discourse wise, it is promoted a holistic view of health. However, in practice, it persists a strong biomedical view of health where food is reduced to its nutritional value, overlooking other holistic aspects that are part of eating with others: social meanings, pleasure and fun, shared tastes and commensality.

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Introduction

In Portugal, as in other European countries, the school meal system has been criticised for providing nutritionally poor food, where products high in fat, salt and sugar repeatedly

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abound on school menus (Carvalho, 2012). Moreover, these products are often sourced from intensive and globalized agro-food systems that carry considerable ripple effects on health, sustainability, and equity (Morgan & Sonnino, 2010). In addition, concerns on what children know about food and how they connect to and appropriate food are increasing (James, Kjørholtand, & Tingstad, 2009). To respond to these problems, a gradual school meal reform has been taking place in several European countries (Morgan & Sonnino, 2008). Portugal is not an exception, and in recent years government recommendations have been issued providing guidelines to schools and their catering services on how to develop nutritionally balanced menus and offer healthier food in canteens and cafeterias. In parallel, European Union initiatives to encourage children to eat more fruit have been enforced through the School Fruit Scheme, and Portugal has embraced this initiative for the school year of 2009-2010.

These policy strategies regarding health education through school meals are, in part, responding to mounting concerns on child overweight and obesity levels. Children's food practices are increasingly perceived as a problem. It is important to understand whether children, teachers and parents share this view, and how they relate with school meals.

This article aims at analysing the evolution of health education policies on school meals since the implementation of the democratic political regime in Portugal (1974) by especially paying attention to the rationale behind these policies. Through a case study of a primary school in a deprived and multicultural neighbourhood of Lisbon, it also examines how children, staff and parents are receiving these policies that have changed the contents of school meals. The empirical material draws on qualitative methods (focus groups with children and parents, and interviews in the school and the city council). The article is split into five main parts. After a brief literature review of the key studies on child obesity in Portugal, an account of school meals policies is offered. Then the methodology and the case study are described, followed by a qualitative analysis of children's relations with school meals. The article closes with concluding comments regarding healthy food education interventions on an ethnic minority school community by means of changing children eating practices.

1. The governmental appropriation of child obesity

In Portugal, recent studies on pre-obesity and obesity prevalence have revealed disturbing levels of overweight (including obesity) among children (Carmo, Santos, & Vieira, 2008). According to Padez, Fernandes, Mourão, Moreira, and Rosado (2004), in 2002-2003 already about 20% of the infants with ages between 7 and 9 (excluding the autonomous regions of Azores and Madeira) were pre-obese and at least 10% were obese. In line with these results,

other studies focusing on specific regions endorse almost entirely these levels of child obesity. Some put forward a greater or lesser prevalence of pre-obesity amongst children with ages between 2 and 15 but most suggest that, in certain areas or regions, obesity prevalence can be significantly higher within this age group. In fact, they single out Madeira and the urban areas of Lisbon and Porto as having significantly higher levels of child obesity prevalence (more than 20%) (SRAS, 2000; Carmo et al., 2008).

More recently, the *Child Obesity Surveillance Initiative* (COSI) was implemented in Portugal for the purpose of monitoring the nutritional status of children with ages between 6 and 8 through collecting anthropometric data and information regarding their physical exercise and eating habits every 2-3 years. Results show that in 2008 about 30% of the pupils were overweight and of these, nearly 10% were obese. The most affected regions were Azores, Madeira, and Lisbon, respectively (Rito, Paixão, Carvalho, & Ramos, 2010). Although significant progress in health protection has been achieved over the years (e.g. improved life expectancy at birth), children's behaviours are increasingly perceived as a problem.

Overweight predisposes individuals to diseases related with premature death and morbidity (e.g. type 2 diabetes and cardiovascular diseases) and it is considered a major public health issue affecting many developed countries (IOTF, 2005). Pre-obesity and obesity measurements are mostly based on the individual's Body Mass Index. Through collecting and comparing various measurements and calculations, health experts claim that children's diets and lifestyles (and those of their families) are problematic and should be addressed (Miller & Rose, 2008). Experts' discourses emphasize the inadequacy of practices around eating and physical exercise, particularly nutritionally poor food choices (rich in fat and sugar and low in vitamins, minerals and fibre) (Markovic & Natoli, 2009) and the amount of time spent watching TV or playing computer games.

Despite the focus on children's problematic food practices, the increasingly prominent role of the school environment in promoting health has led experts to criticise school menus for also being equally problematic and nutritionally inadequate, for example because of monotonous menus with poor quantity and diversity of fruits and vegetables and high levels of salt (Carvalho, 2012). Therefore, both public and private sectors have put forward various school meals initiatives to tackle the high prevalence of obesity and pre-obesity amongst children, such as food programmes and changes in the juridical-administrative organization, in the network of material infrastructures and school equipment, in school menus, and promoting social norms on healthy eating and nutritional education.

At the present time, school meals have gained centre stage in popular culture, media and policy regulatory frameworks. As Pike (2010) acknowledges, school dinners have become increasingly politicised spaces. Policy attention has gradually been strengthened in schools to

discipline and regulate children's eating practices in a plurality of sites, both in school and its immediate surroundings (classrooms, canteens, cafeterias, buffets, school outdoor spaces, and commercial food outlets in the immediate proximity of the school). In Portugal, school meals have undergone several changes since 2006 to fulfil new nutritional and public health requirements. Yet, the school has long been regarded as having responsibilities for both the intellectual development and the social and physical wellbeing of children (McIntosh, Emond, & Punch, 2010; Carvalho, 2012). Also, throughout history, school health programs have assigned different roles and meanings to food. In the next section we briefly examine the different ways in which policies have been defined to promote children's health and wellbeing during the development of the school meals system, particularly in the last decade given current concerns with childhood obesity prevention.

2. School meals policies in Portugal (1974-2013)

In Portugal, school health programmes date back to the early 20th century. They have covered areas such as oral and mental health, healthy eating, physical exercise, environment and health, safety promotion and accident prevention, sexual and reproductive health and consumer education (Rocha et al., 2011). After a short detour through the dictatorial regime of the New State (1933-1974), the following analysis encompasses the present democratic period (1974-2013) and focuses on the meanings of healthy eating inscribed in school meals policies.

During the New State regime (1933-1974) the school meal system was mainly organized and managed by two organizations – Organização Nacional Mocidade Portuguesa (National Organization of Portuguese Youth) and Obra das Mães pela Educação Nacional (The Work of Mothers for National Education) – both created in 1936 under the auspices of the Ministry for National Education. The former was created in order to socialize children according to the values of the authoritarian regime (God, fatherland, and family) and the latter, mainly drawn from the female elite of the New State regime (e.g. the wives or relatives of high ranked politicians of the regime, aristocratic and upper class' families) was aimed to provide conditions for low-income families so that mothers had social assistance and their children could attend school (compulsory three years of primary school at the time) (Pimentel, 2001). The emphasis on family was also highlighted with the figure of the *visitadora* – a woman with nursing skills who paid personalised visits to families' homes. Together with the school doctor, both carried out a school health program aimed at controlling certain infectious diseases (e.g. measles) (Rocha et al., 2011).

In this period, most families suffered from food insecurity due to the high levels of

poverty and labour shortage (Sobral, 2007). Children belonging to these families played an important role in contributing to domestic work, which consequently placed them away from school (Almeida, 2011). Therefore, school meals were focused on alleviating the effects of poverty (e.g., hunger, poor physical condition, and bad hygiene), on bringing children to school and educating them in accordance with the values of the regime (obedience, discipline, and good manners). The single menu offered was composed of a hot main meal with soup, fruit, and a spoon of cod liver oil given at the end. This food supplement aimed to ensure good physical health, a balanced nutritional diet and energy during the school day. However, school meals did not cover all children suffering from food poverty and there were only a few doctors for every school, despite its reduced number (Truninger, Teixeira, Horta, Alexandre, & Silva, 2012; Rocha et al., 2011).

Although schools were perceived as health promoting spaces and school meals were made available for some children, they played a minor role in promoting children's health. Health education was mostly oriented towards equipping children with sufficient knowledge and skills in order to make behavioural changes. Following the typology used by Carvalho (2012: 38), this approach to school health education is in line with the «biomedical model» wherein health experts were responsible for promoting health through authoritarian messages and rules that children must obey. Given the concern about epidemics, health education was mainly focused on promoting hygiene and fighting contagious diseases, as well as alcoholism (Rocha et al., 2011).

Later on, when the dictatorial regime was close to its end, new governmental bodies and regulations emerged incorporating more inclusive responsibilities and competences in social work. Regarding the organization of the school meals system, in 1971 the Institute for School Social Services (IASE) was created with the purpose of managing various school social services, from the organization of transport to food provisioning in canteens. This institute introduced the rational school meals programme and the school milk scheme by mid-70s in primary schools (following on the European School Milk Programme already in place in some European countries). Through developing these two programmes, food came to play a key role in promoting children's physical wellbeing and intellectual development. Although the meal provided at school may have remained the only hot meal of the day for many poor children, with the establishment of this institute the meals to be offered at schools came to be perceived as a rational diet that should follow the principles of a nutritionally balanced meal.

The three main objectives of this innovative programme were to provide a food supplement to children, to rationalize and normalize school meals, and finally to promote the acquisition of certain values in order to facilitate the development of good eating habits among children. School menus were composed of soup, a hot meal (meat or fish), bread, water, and

fruit (or pudding). The food supplement consisted mainly of milk, fruit, and bread and it was distributed during the morning break. In 1977 it was replaced by the school milk scheme, which consisted of the daily distribution of milk (200 ml) to every primary school student. Later, in 1986, the food health campaign *Saber Comer, Saber Viver* (knowing how to eat, knowing how to live) was implemented with the purpose of diffusing the principles of rational food choice amongst children. Thus, apart from food provision, attention was also paid to the importance of educating children's eating practices through the school curriculum.

During the transition to the democratic regime in the 1970s, school meals became an important tool to improve children's health. Moreover, concerns with strengthening children's bodies and with personal hygiene indicate a greater awareness of environmental risks. This focus on the relation between individuals and the environment is the main feature of the «salutogenic» (health-seeking) approach to school health promotion (Carvalho, 2012) wherein children are provided with physical and practical resources (e.g. balanced diets and values about healthy eating practices) to deal with disease threats.

In the mid-80s, school meals services began to be decentralized and, therefore, new guidelines for healthy school meals were published. Diets had to follow four basic principles, namely: the quantity principle (calculating the individual's age, profession and physical exercise), the quality principle (ingesting basic nutrients), harmony (balanced meals), and adequacy (considering individuals physical conditions). The guidelines reinforced the importance of school meals as a medium for building healthy bodies and preventing disease. The number of canteens grew considerably as the democratizing trends and policies evolved, which meant more children were covered by school health programmes and initiatives (Truning, Teixeira, Horta, Alexandre, & Silva, 2012).

By early 1990's, despite the importance attached to equal access to school meals as a tool for schooling success, another shift in the policy discourse can be noticed. Although there was continuity with the previous school food policies, some innovations were introduced in food education. For example, importance was given to the promotion of healthy eating by preserving good conditions of hygiene and cleanliness, and also by ensuring that children have appropriate food choices and health levels according to regional specificities. Even though economic competitiveness remained an important aspect of school meals, policy makers came to increasingly value health promotion through educational initiatives that improve the rationality of children's food choices. The need to undertake such initiatives and campaigns was directly related to the generalization of food supply in schools across buffets and cafeterias and with the persistence of some dietary habits considered less healthy (*ibidem*). Therefore, a partnership between the Ministry of Education and the Ministry of Health was created and, in 1994, Portugal became part of the European Network for Health Promoting Schools.

Until the beginning of the 21st century, no major changes were carried out in the school meals regulations apart from the introduction of public procurement policies. Despite the fact that school meals were managed by municipalities since 1984, the food supplied could either be contracted out to catering firms or directly to food retailers and producers. However, according to this policy, school meals were subject to financial pressure, and contracts established with catering firms or directly with retailers or producers would often see economic considerations overriding other criteria (e.g. sustainability, quality of ingredients, taste, and nutrition) (*ibidem*, 2012). This was to be intensified with the consolidation of a consumer society and the changing nature of the food supply chain in Portugal. Since the mid-80s (after accession to the European Economic Community) convenience foods have been made available on the national market. These foods (e.g. ready-made burgers, frozen pizzas, pre-prepared deep-fried fish, frozen chips, tinned sausages, and rissoles) therefore became widely available in schools.

Since 2006, several changes have occurred in the national regulatory framework, namely through the introduction of governmental and non-governmental initiatives to tackle obesity in schools such as the National Programme for Healthy Schools (Ministry of Health, 2006). The objective of this initiative was to encourage schools to develop their role within the educational community in protecting children's health and in preventing disease and to promote social inclusion and the development of a safe and healthy school environment. Under this program, it is argued that schools should help children to make more responsible food choices. In the same year, three months after the launch of the National Programme for Healthy Schools, the Ministry of Education (with the collaboration of the General Directorate of the Ministry of Health) launched a set of guidelines and recommendations for school meals through the document *Food Education in Schools: Benchmark for Healthy Food Provisioning*, which became consolidated in the regulatory framework in 2007 through two circular letters by the Ministry of Education. These regulations sought, above all, to make the school food provision consistent with the principles promoted within the school as a health promoter. To comply with this, these standards have become increasingly detailed, namely through providing a list of authorized products for the preparation of meals for different education classes. The level of detail of these documents encompassed the techniques of preparing food as well as the conditions and type of products to be used (fresh produce of high quality). This represented the creation of an entire apparatus of surveillance that sought to comply with the new requirements of food safety and nutrition policies imposed by the European food regulatory framework in the aftermath of public concerns about food quality (e.g. BSE crisis, illegal dioxin levels in poultry).

In 2009, Portugal continued its strategy to tackle childhood obesity levels by publishing a

decree law, which makes it mandatory to follow the General Standards for Food and Nutrition, through joining the European School Food Scheme and, subsequently, with the inclusion of the National Strategy for the School Fruit scheme 2010-2013. This program aims to contribute to the protection of children's health by distributing free fruit to all children of primary school and through developing initiatives that promote healthy eating habits and the development of knowledge on the origin of fruits.

If during the transition to the democratic regime, school health programmes were in accordance with the «salutogenic» model of health, more recently their approach has become more holistic. By introducing the multi-causal theory of disease, many factors (economic, political, psychological, cultural, and environmental) came to be considered as interacting with biological aspects of health. Unlike previous models, in the social approach medical doctors are no longer central figures of the overall strategy: instead it is shared with other professionals (e.g. psychologists, teachers, social workers, nutritionists). In light of this model, to improve health it is important to identify the causes of diseases (e.g. unbalanced diets, poor hygiene, inadequate lifestyles). Thus, food education must focus on the promotion of positive attitudes towards healthy practices rather than fight particular diseases (Carvalho, 2012), and should also envisage «targeted health promotion» (Netto, Bhopal, Lederle, Khatoon, & Jackson, 2010). The latter is particularly relevant regarding minority ethnic communities where more attention by policymakers is needed to match health promotion initiatives to the cultures of those they are aimed at. In the following sections this issue will be addressed through a case study in a minority ethnic community's school in Lisbon.

3. Methodology: focus groups and direct observation

This article is based on the findings of a research project funded by the Fundação para a Ciência e Tecnologia (Portuguese National Science Foundation). The project – [PTDC/CS-SOC/111214/2009] «Between the school and the family: children's food knowledge and eating practices» – is hosted by the Institute of Social Sciences of the University of Lisbon, and has the collaboration of researchers from SOCIUS-ISEG and CRIA/ISCTE-IUL. This project aims at exploring the organization of school meals in Portugal and identifying initiatives that promote healthy eating in schools, analyse the eating habits of children and their food knowledge, and analyse the views of parents regarding the school meal system and their children's eating practices. The fieldwork focuses on three case studies in primary and secondary schools: four schools in an urban and suburban area of Lisbon; two schools in a rural area of the North of Portugal; and two schools in the island of Madeira. One of the selection criteria for the

schools was the implementation of initiatives on healthy school meals. The empirical material in this paper is drawn from the first case study. More specifically a primary school sited in a multicultural neighbourhood of Lisbon, composed of low-income population from different ethnic groups (African immigrants and Romani people, and more recently, Chinese, Brazilian, and Eastern European immigrants). Most of the families used to live in clandestine housing, but from the end of the 1990's an urban rehabilitation process was undertaken and many families were provided with public housing (CML, 2010). The public space of some areas of the neighbourhood is in poor condition and is perceived as insecure, which is related to an almost absence of services and trade (Antunes, 2011). In this selected school most of the children have free school meals. On average, the school provides 200 lunches a day, and only four of them are paid by children considered as belonging to more well-off families.

The fieldwork in this school was based on qualitative methods, namely three focus groups and five semi-structured interviews with the school management, the kitchen staff and the city council. The focus group with children was composed of 10 children between the ages of 7 and 9 years old from different ethnic groups (African, Brazilian, and Eastern European countries), reflecting the diversity of the school. Children were randomly selected in the classrooms and among those who use the school meals service. Selection criteria included the school year, gender, ethnic diversity and types of access to the school meals service (e.g. free school meals). The interview schedule considered children's opinions and views regarding the school meals, their food likes and dislikes, their food experiences in multiple sites (canteen, playground, outside the school, and at home), food knowledge and food resistance practices. As to the focus groups with parents, teachers were in charge of selecting the parents according to the level of education, the ethnic background and socio-economic status. The aim of this focus group was to identify the family eating habits, shopping practices, intergenerational food education practices, their views on school meals, and child-parent negotiations over food. Focus groups interviews lasted between 60 and 90 minutes and were conducted in the school. Semi-structured interviews with the school management board, the kitchen staff and the representatives of the city council were also conducted and lasted between 40 and 90 minutes. These interviews were mostly focused on the objectives and implementation of healthy eating programmes developed by the school and the municipality; and also on children's food practices and the processes involved in the provision of school meals. All interviews were transcribed and analysed with the software for qualitative analysis *NVivo 10*. Thematic analysis was conducted wherein commonalities, differences and relationships were sought across the data set (Gibson & Brown, 2009). For that purpose, the analysis was based mostly on a mixture of a priori and empirical codes that were either already mapped in the interview schedule or emerged from data exploration. Complementing data collection, direct

observation was conducted in the school (canteen and playground) and its surroundings (coffee shops and patisseries, the pavement next to school). All the data were collected in February 2012.

4. Children's relations with school meals

In the school board's view, the social and multicultural background of the school's catchment area is challenging for changing children's eating habits. Food education is a concern with regard to children's health and also as a tool for ensuring social and cultural integration in the wider community. The board regards children's eating practices as a threat to their health. Children are considered to have poor eating habits, without set mealtimes, rules or table manners. They are perceived as having low intakes of vegetables, fruits and fish, and high levels of sugar, fat and other foods of low nutritional quality. Against this background the school director claims the only reason why these children are not obese or pre-obese is because they are «street children», doing outdoor exercise every day.

[Children] don't have good eating habits. Their parents don't have them. I can't imagine what they eat at home! (...) While we, here [at school], we insist: «You don't want to eat? Eat just a little, taste it, you need to eat...» At home, of course not, [children] don't have set times to eat, have no rules to eat... the breakfast is virtually non-existent, as we understand it... I always take breakfast at home; they always take breakfast in the coffee shop... there they are! Parents and children eating – not the crust, just the center of toasts, dripping butter, everybody drinking juices and Coca-Cola® in the morning, and eating sausages... (...) Others buy their breakfast at the supermarket and eat it on their way [to school] (...) and there comes the puff pastry, Um Bongo® [sugary drink], Bollycao®, or Coca-Cola®. (...) Many of them are not familiar with eating fruit (...). At home they don't eat fish; they don't even know what that is. (interview with the school director, female)

Some parents admit their children have unhealthy food habits: Bollycao® (bread with chocolate cream), merendas (brioche stuffed with ham and cheese), croissants with butter, puff pastries, milk bread, cookies, and chocolate milk. Others also say that their children are not used to eating bread, and yet others claim their children do not usually eat fruit. There are cases of children crying if their parents give them alternative foods: «My son cries. He does cry! Sometimes I feel sorry for him, and if I don't give him the merenda in the morning, I end up giving it to him in the afternoon» (mother in the focus group with parents, 43 years old).

Thus, with the aim of looking after children's health the school board implemented a programme called «Bem Comer, Bem Viver» (Eat Well, Live Well) designed to promote food education and enhance health, nutrition and certain food cultural norms. Teachers have engaged voluntarily in the activities developed, whether in class, in the school kitchen or in the gar-

den, and also by assisting children at lunchtime in the canteen. Here, despite losing some private time during their own lunch break, teachers encouraged children to behave in an orderly way, to eat the whole meal, and to have «proper table manners». Eating at the table and teaching table manners was understood as a way of making children enjoy a shared meal with others, where conversation and tasting food were important principles of commensality. Eating together was viewed as more than refueling, and an important aspect of social connection and relation with others through food imbued with symbolic meanings. Teaching table manners was also a way of social integration in the country their parents emigrated to:

One of the aims of the programme was to teach table manners to children so that they start eating with a knife and fork, because our frame of reference is Portugal, therefore they have to eat like us, they have to be included. At first the knife was like a shovel. But after some talk «eat the fish with a fork please», this issue of table manners, the posture so to speak, was accomplished, it was one of the goals... (interview with the school director, female)

The school board also established a set of rules regarding food habits. For example, children could not enter the school while eating their breakfast, and during school meals children could only go out to the playground after eating their fruit.

They buy it [the breakfast] at the café and they eat it along the way to school... They don't enter the school. They have to stay outside because they have to wait [until they finish their packed breakfast] (...) Forcing them to eat fruit is a tragedy that we have here at the school. Do you know what we have instituted? [At lunchtime] They can only go to the playground after eating fruit. (interview with the school director, female)

Following guidelines from the Ministry of Education, the kitchen staff is concerned to provide a varied range of foods, so that «children can see all the foods» (interview with the head-chef). Other concerns are the provision of seasonal fruits and vegetables, the avoidance of fried foods (through their replacement by a more frequent use of the oven), and persuading children to try and taste a wider variety of foods. This persuasion happens verbally, but also through the development of cooking activities. On celebratory days (e.g. the Food World Day; the Children's Day; S. Martin Day) the kitchen staff with the help of teachers get involved in cooking practices with children. On these occasions, they have the opportunity of baking bread, making fruit milkshakes, among other things. The kitchen staff explained how children get very excited with hands on activities, and at these times, eating is associated with pleasure and fun.

Head-cook: [on S. Martin Day] They were making cakes... they made bread, they were putting the chestnuts roasting too.

Q: On S. Martin Day?

Head-cook: On S. Martin Day.

Q: And do they like that kind of experience?

Head-cook: They love it, love it!

Canteen staff member: Oh they love it!

Canteen staff member: There was once here in the cafeteria an activity around milk... they made smoothies with fruit... that was really good... They liked it a lot.

Q: And they eat those things afterwards?

Head-cook: The things they make themselves yes, they taste them... even different flavours of smoothies... banana with strawberry, they mix different fruits and taste them to see what they liked the most. (interview with a canteen staff member and the head cook, females)

The main challenges of the kitchen staff are related to the foods that children like less, such as vegetables, fish, and soup. Children do not like and are not accustomed to the taste of most vegetables with the exception of those most often used in salad.

Q: Do you like vegetables and greens?

Child 1: No!

Child 2: Only carrots.

Child 3: I only like carrots and lettuce. (focus group with children)

In order to comply with the guidelines for school dinners, including the recommended amounts in the meals, the kitchen staff adopted a strategy of shredding as much as possible all the vegetables and concealing them, either in soup or in other dishes.

[The children] here are very finicky about eating vegetables. (...) Among the vegetables [they eat] virtually nothing. It's us here that, in soups, for instance, we have cabbage, leek, spinach, beans and turnip and carrot cream with watercress. And we try to minimize this as much as possible, to get everything that the menu says, but [we need to] get everything ground for them to eat it, because if they see a little bit of collard greens [they] no longer want it. (interview with the head cook, female)

The same strategy is used for fish and meat, also in order to facilitate young children's fork and knife handling. Thus, meat, fish and vegetables are cut and shredded, as a way of avoiding the identification by children of the different ingredients used. Boiled potatoes, for instance, which generally are rejected by children, are served in small pieces mixed with fish or beef shreds. Another frequent example is boiled fish broken in splinters and mixed with rice. Mayonnaise, white sauce and other sauces are used to blend these mixtures.

Negotiation with children seems to be a deliberate strategy of the school board to appease conflicting tastes. Another strategy mentioned in the interviews consists in gradually persuading children to eat larger portions of food. «Initially there were battles with the soup. They just wanted to... [play with food]. Then we began: "Eat only six tablespoons". Now they eat the soup» (interview with the school director, female).

Another form of negotiation with children consists in providing some of their favorite dishes in special occasions, such as fried potatoes and egg with sausage on Children's Day. In the view of the kitchen staff these are successful strategies, leading children to eat the whole meal and even ask for seconds. In the interviews it is claimed that, sometimes, after putting these strategies in place, children «eat everything», including soup and salad, and «they eat it beautifully».

Focus groups with children, however, do not entirely corroborate these views. Although children say that they eat their school meals, they also complain about the lack of seasoning, about the meals' temperature (often considered too cold), and the taste of food, especially fish. And even if they start by saying they eat soup, on second thoughts they admit to having their own ways to avoid eating it. Several strategies are used by children, such as putting soup in the bowl of another pupil or hiding a bowl with soup in a pile of empty bowls. Another way to bend the rules is to bringing their own juice packets to the canteen. Thus, although the official recommendation is that children should only drink water during school meals, lack of control (or perhaps negotiation with the management staff) allows children to get access to sugary drinks.

From what children eat at the school canteen, the only dish that most of them said to like a lot was tuna rice. On the other hand, when asked about what they would like to eat at the school canteen, they claimed enthusiastically «pizza!» and mentioned fast food («the entire McDonalds!»), fried potatoes, grilled chicken, lasagna and some of the Portuguese dishes cooked at their homes (cod with cream or a dish composed of leftovers – *roupa velha* – a sort of bubble and squeak). These preferences emerge from children's day-to-day life and social relations (Delormier, Frohlich, & Potvin, 2009). Such food preferences seem to be tuned to their family context, but also to their peer influences and the promotion of fast and junk foods through media and advertising they see outside the school (Cullen, Baranowski, Rittenberry, & Olvera, 2000). In fact, parents reported that their meals are most often meat, fish, rice, and pasta, seldom mentioning vegetables. And it has been shown that marketing influences children regarding food and beverages preferences high in calories, sugar, salt, and fat (McGinnis, Gootman, & Kraak, 2006).

In the focus groups with parents, the general attitude shown towards school meals seemed to be trust in the institution and in the professionals, possibly due to the recognition that the school canteen follows guidelines drawn up by experts aiming at children's health. The dominant opinion was that their children liked the food provided at the school canteen. Some of the complaints from their children were mentioned but in a moderate way, without paying too much attention to them. The case of seasoning was instructive. Although some of the parents considered school meals to be poorly seasoned, they do not seem to think of it as

a problem. One of the mothers agreed that food «shouldn't be too seasoned». Some parents revealed little interest in school meals, which may be explained by their social background (low education and income), but also to the more general association of school dinners with bland food.

In anthropological literature it is known that food is used both to distinguish groups and to solidify group membership (Mintz & Du Bois, 2002). Taking this into account, trust in school meals shown by parents may suggest that they may consider food knowledge and eating habits acquired by their children to represent a form of social integration and, ultimately, a way of aligning with middle class expectations and norms of healthy eating. Such alignment can be relevant for conquering social acceptance and promotion from their current disadvantaged and minority ethnic groups.

5. Conclusions

Drawing on qualitative analyses of focus groups and interviews this paper aimed at studying the evolution of health education policies regarding Portuguese school meals and, through a case study, examining how these policies are being implemented and received by children, staff and parents in a primary school of a minority ethnic community neighbourhood of Lisbon.

It was shown that despite the fact that school meals are envisaged as practical elements of a broader curriculum to improve health levels amongst children and youth, school meals policies are still strongly oriented towards tackling diseases, namely obesity. They are also fixed onto a biomedical model of health, where eating is reduced to nutrition and food refuelling. The neglect of the social dimension (the different meanings of food for different people and in different settings) actually undermines the effectiveness of policy interventions regarding healthy school meals. The analysis of a health promotion programme around school meals created by the primary school under study was instructive. The programme aimed at providing children with particular normative orientations ranging from the type of food to be eaten (e.g. nutritionally balanced) to how it should be eaten (e.g. table manners). This, in turn, reflected not only a particular understanding of how children should behave at the table, but also it conflicted with children's tastes and eating habits at home and in the street. Such conflicting tastes were displayed by children's boycotting practices in order to avoid particular dishes they dislike (e.g. soup, boiled fish). Consequently, such resistance practices mobilized the school board to put in place negotiation operations to appease conflicting children's tastes (e.g. shredded and concealed vegetables to avoid identification of dish ingredients).

Compromises were conceded when the school board allowed children to bring their own juices (high in sugar content) to the canteen. Other concessions were made on Children's Day, when pupils were entitled to take their favourite dish. Moreover, creative strategies to make children interested in food were implemented through cooking activities on special days. However, negotiations and compromises did not totally solve children's dislikes of particular foods and preferences for nutritionally unbalanced foods. This aspect calls attention to the contexts wherein children relate to food. More than knowing what to eat, it is central to understand the contexts of eating and the relations that children establish with their peers.

Children circulate on a daily basis through different food contexts; they have access to global and international foods (e.g. McDonald's burgers, pizzas, lasagnes) and to national or ethnic groups' foods (e.g. codfish, curries). When looking at the places where children eat and at children's claims that point towards preferences for less nutritionally balanced food, we note that the idea of eating with pleasure is less associated with the food at the canteen. They enjoy eating a nutritionally unbalanced breakfast in the coffee shop next to the school, and complain about seasoning, the meal's temperature and the taste of fish of the school meals that obey to strict nutritional guidelines. Therefore, there is a contrast between what is considered «food» meant to keep children alive and healthy, and what they consider as «food» that gives them pleasure. The former is associated with the «school» and the latter is associated with the food that is obtained in the coffee shops and patisseries and eaten in the «street» or in the playground. When designing health promoting policy interventions, other aspects should be considered such as the contexts of practice. In other words, the social relations that children establish with food.

In the focus groups with parents the general attitude was of trust in the school and the professionals that manage, prepare and monitor school meals. Possibly due to the recognition that the school canteen follows strict safety and health guidelines outlined by experts, children's complaints were not given much attention by parents. Although some parents believe that school meals are often bland, they do not seem to think of it as a problem. Some parents also seem to have little interest in the contents of school meals, delegating to the school the provision of a meal that is considered healthier, but perhaps less enjoyable. That is, what can be a negative aspect of school meals ends up not being called into question by parents, perhaps to avoid confrontation with the institution that prepares it and also to align with social expectations of healthy eating.

To sum up, this study opened up the possibility to think of children's food practices as relational, embedded and situated – an aspect that should be explored in future studies. It also unveiled an important aspect: policies on school meals – despite supporting a holistic view of health – do tend to be implemented by focusing too much on a biomedical view of

health. In this regard, eating is rendered more as a physiological process reduced to the nutritional content of food, rather than a social practice that encompasses social meanings, pleasure, shared tastes, and commensality. This is even more important among minority ethnic community groups where the need for health promotion interventions is highest given the difficulty of access to healthy food. Here, an holistic view of health enacted in practice, which takes into account social and cultural meanings of eating is bound to be more fruitful than simply adopting one dimensional view that reduce food to its nutritional value.

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