

Health Instruction for Dancers

Suzy Green
Lanier Middle School

INTRODUCTION

Dance teams exist throughout the United States and the world, but in Texas, dance/drill teams take on a life of their own. Dance/drill is a year-round sport that can become a complete lifestyle for girls (and sometimes boys), either through a school or through a private organization. Dance/drill takes the place of the physical education class in many school systems. While these girls are definitely getting a work-out and learning important social skills, a related health unit is often ignored. Like any other students taking a physical education class, health is a part of the yearly curriculum. In the case of a dance team or class, health is being taught to a very specific audience, so it is interesting to realize that the health curriculum that is usually taught is the same unit that would be taught to a random co-ed sample of students, like those in a gym class.

This unit is written for 6th-8th grade dance/drill team girls in Texas. It is based upon the author's students, the majority of whom are gifted and talented. The author's middle school is a magnet school in a busy part of Houston just minutes from downtown. It has a long history and a great reputation for maintaining a competitive environment for both academics and extracurricular activities. It is also an International Baccalaureate Middle Years Programme (IBMYP) school, and it feeds to a high school with an IB magnet program, as well as to other high schools across the city. This curriculum unit can be adapted for any class of middle school girls who are interested in dance. This curriculum unit will help students understand their bodies and make good decisions regarding their health. It is hoped that this unit will contain the type of instruction that will make a sufficient impact on the girls that they will actually retain at least some of the information and put it into action, as well as share it with their friends and families.

The author's school supports a dance program that is extensive, fun and competitive. The girls perform at football and basketball games, at fall and spring shows, at pep rallies and other events, and they compete locally and out of state. Placement on one of several school teams depends on age, dance technique, and level of commitment.

This unit will be taught in conjunction with the standard Houston ISD adopted health textbook, *Decisions for Health* (Holt, 2004). This book will be a resource for the students to gain the background factual knowledge necessary to take health education one step further and apply it to their sport. This unit can be taught in one or more segments as is convenient with the team's performance schedule.

OBJECTIVES

This unit will satisfy HISD objectives in health education, grades 6-8. The students will:

- identify causes and effects associated with poor body image such as eating disorders and growth patterns
- identify ways to prevent the use of tobacco, alcohol, drugs, and other substances such as alternative activities

- identify and describe strategies for avoiding drugs, violence, gangs, weapons, and other harmful situations
- seek the input of parents and other trusted adults in problem solving and goal setting
- compare the risks and benefits of various health behaviors such as choosing not to smoke
- identify and describe lifetime strategies for prevention and early identification of disorders such as depression and anxiety that may lead to long-term disability
- examine physical and emotional development during adolescence
- demonstrate strategies for coping with problems and stress
- demonstrate time-management skills

RATIONALE

This unit will help students understand their bodies and their physical and mental development, especially in relationship to dance. This is important because this unit is intended for adolescent girls, ages 11-14, which is a time of great change and thus a time that has the potential for developmental problems to begin. Childhood obesity, diabetes, stress, and other issues are more prevalent today than ever before, and while educating parents about healthy habits is important and valuable, educating children themselves is essential. A general unit or course on topics in health would, of course, be preferable to no instruction at all, but a unit specifically designed for these girls and their activity will surely have a much greater impact. Students learn best when they are interested and engaged, and a health unit that relates everything possible back to their chief extracurricular activity, dance, will maintain their attention. They will be able to absorb and apply more knowledge to their daily lives than they would have otherwise.

UNIT BACKGROUND

Health Education and Gender

Health education has been a focus of national concern for decades, with a special emphasis since the 1970s. School aged youth and teens spend over one third of their waking hours in school, so school is a logical place to teach not only academic skills, but also other topics, such as health. The use of classroom instruction to promote protective attitudes has met with some success in reducing health risk behaviors (Patton). Properly administering health instruction in an atmosphere where students feel comfortable, such as in their chosen elective class among students with similar interests, would possibly make that instruction more effective.

Many factors can affect the internalization of the curriculum, including socioeconomic status and home environment. However, students in a public school cannot be easily grouped to address their differing educational needs. Students also show a strong divide in health attitudes and practices by gender, which is a logical and easily attainable divide. Most health education programs have been proven to be more effective with boys than girls (Gabhainn), thus illustrating the need for a health education curriculum designed to meet the needs of female students.

Research shows that girls exhibit a lower sense of mastery of health issues and a greater lack of perceived personal control over life circumstances than boys (Gabhainn). Through self-survey, girls aged 11-13 reported more positive health behaviors, but lower levels of self-esteem and general well-being than boys of the same ages (Gabhainn). Eventually, with proper ongoing health education instruction, girls' attitudes can improve (Gabhainn). Middle school years are the most uncertain time for many young girls, and grouping them with others whom they often feel comfortable with (i.e. in a dance team) could provide the safe feeling they need to relax and allow themselves to absorb the curriculum that applies just to them.

Sexuality and Teen Pregnancy

The United States has the highest rate of teenage pregnancy among developed nations (Deardorff). One of the major risk factors for early pregnancy is early physical maturation. Approximately 10% to 15% of young girls mature before their peers and girls in general are maturing up to one year earlier than girls just 50 years ago. Early maturing girls are more likely to have older friends, attract attention from boys and engage in risky behavior. Early maturing girls are also unlikely to receive effective or timely health education in the school setting. Educators often put this information off until senior high school when early maturing students are already engaging in risk behaviors. Most girls would not feel comfortable talking about the stage of puberty that they are in during a discussion in a co-ed health class. However, in an all girl environment, this sensitive and important subject can be brought up without great incident.

Sexually transmitted diseases and early pregnancy are serious problems for adolescents in the United States. Young people in the U.S. are contracting HIV at a rate of 2 per hour (Coyle). It is important to target youths at a young age with prevention messages before they begin engaging in risky sexual behavior. Research shows that a program designed for the general school population did have a positive effect on boys but had no effect on girls. After the intervention program, boys not only had a greater base of knowledge, but also put that knowledge to work and thus decreased their risk for problems. Girls also had the knowledge base, but did not appear equipped to use it effectively to decrease their risk for problems. Girls need their own program designed to meet their specific needs in order for to be effective in dealing with the problems they encounter during adolescence. Girls may need more intense skill building opportunities, more support for handling coercion and a more supportive social environment. Co-ed programs often do not even attempt to address issues that are more likely to be specifically female, such as dealing with the sexual advances more appropriate to the age of an older boyfriend.

Many school interventions focus on one health issue at a time (i.e. DARE for drugs) which is not nearly as effective as addressing multiple problem behaviors that are clearly linked (Deardorff). In a standard health class, alcohol use would most likely be discussed as a type of drug with similar risk factors to smoking marijuana. For girls, however, alcohol use and its results can have very different consequences. It is very important for girls to know that early alcohol use leads to an increased likelihood of early sexual activity. Girls who engage in early sexual activity are more likely to contract a sexually transmitted disease and have more sexual partners before adulthood; they also experience increased emotional distress and more pregnancy complications.

Cardiovascular Disease and Smoking

Unlike adult smoking rates, smoking among adolescents, especially girls, is increasing (Rugkasa), and smoking is now more prevalent in adolescent girls than in adolescent boys (Plumridge). A higher prevalence of smoking occurs after age 13, which is why it is so important to teach smoking prevention skills in middle school. Around the age of 13, smoking is used as a means to achieve social status. Whereas most smoker boys are seen as “troublemakers,” most smoker girls are associated with admired social style.

Tobacco promotion has specifically targeted women through advertising and positive imagery in the media, and magazine ads aimed at women were likely to be more persuasive than ads aimed at men (Rugkasa). Adolescent girls were found by one study to link smoking to romance, as well as to see smoking as a way to manage emotions such as stress, sadness or loneliness. Young people often do not anticipate the reality that they would become addicted to smoking; many saw themselves as invincible to addiction. Interventions need to be targeted so that girls are reached before they get addicted and before smoking becomes an important part of their individual and social identity.

Girls also show a much higher prevalence of risk factors for cardiovascular disease than boys, demonstrating a need for early intervention addressing girls' specific needs (Bayne-Smith). Urban schoolgirls are reluctant to exercise outside of school, so whatever physical activity and health education they receive in school is likely to be all that they get. Young girls tend to avoid eating breakfast as a weight control technique, which is not a lifelong heart healthy practice. Studies show that even after just a few very short lectures containing beneficial and direct information given to girls over several days, girls' knowledge of heart health had improved and more girls were eating breakfast regularly. One study found that a school-based program of girls' health promotion and personal wellness significantly improved heart health knowledge, eating habits, percentage of body fat and blood pressure. The researchers recommended that cardiovascular health information should be added by all health educators as part of the required curriculum.

Body Image and Self Esteem

The United States is experiencing a rise in the number of overweight children and adolescents (Wojcicki). In fact, the United States ranked in the top three countries worldwide in the amount of soda, candy, and chocolate that children consume. In addition to the medical repercussions, children with an unhealthy body weight and decreased level of fitness are more likely to perform at a lower level academically. Changes need to be made not only on the school campus in the form of different (healthier) food choices, but also at home. Parents and grandparents are most children's main source of advice on weight control and body image issues, but these family members may not have an accurate perception of an appropriate body weight for adolescents (O'Dea and Caputi). Therefore, students themselves must be properly educated and must make better decisions.

Although it is normal for children and adolescents to take notice of weight issues as their bodies are changing, studies show that girls are more likely than boys to have greater body image concerns that can lead to major problems (O'Dea and Caputi). Many obese adolescent boys are relatively unconcerned about their physical appearance and do not pursue weight control measures. However, normal weight, overweight, obese, and even underweight girls are concerned about their appearance and many of them pursue weight loss, even when it is not medically necessary or recommended. Many of these girls try unhealthy weight loss tactics, such as skipping breakfast and are soon at risk for developing an eating disorder. Therefore, while weight control definitely needs to be addressed in a sensible way that girls can relate to, it is also of the highest importance not to fixate on it, thus causing more problems, such as an eating disorder.

Girls' body dissatisfaction may begin in pre-adolescence and increase throughout puberty (O'Dea and Caputi). One study found that while about 40% of girls perceived themselves to be "too fat," 80% were currently trying to lose weight. Studies show that girls identify body consciousness, lack of privacy in locker rooms and physically revealing sports uniforms as major barriers to physical activity. If they can overcome these obstacles, however, children involved in physical activities that they enjoy are likely to experience boosted self-esteem, social interactions and friendships. Girls should be instructed through a health program that will address their specific body image and self-esteem concerns.

It is important to note that fat children can be fit and healthy (O'Dea, "Prevention"). Children who classify as medically obese are usually aware of their condition and are much more likely to have low self-esteem, exhibit high rates of extreme dieting, disordered eating and skipping breakfast, greater levels of emotional distress and lower expectations of their futures. Child obesity programs that focus on the problem of children being overweight are ineffective. The majority of overweight teens develop a poor body image and a fear of food, while normal

weight teens are more likely to incorrectly see themselves as “too fat.” It is important to avoid stigmatization, prejudice and discrimination in the classroom. The health unit should stress healthy eating of a variety of foods in moderation, physical activity and self-esteem. Normalizing body image in the early teen years can prevent a lifetime of weight issues leading to other problems. Overweight adults, especially women, are less likely to make appointments with medical professionals for preventative health screening examinations, such as mammograms and gynecological exams.

It is of utmost importance that while teaching health lessons, educators do not inadvertently cause other health problems. For example, in the 1970s, the government’s message to “control your weight” was overzealously taken to heart by the target audience who needed it least – young women (O’Dea, “Prevention”). The number of new cases of eating disorders rose exponentially, leaving health educators with the task of conquering the enormous challenge of normalizing body image. Cigarette smoking also increased during this time, as tobacco companies marketed cigarettes as a slimming agent. Health educators should refocus away from weight loss and toward promoting a healthy lifestyle and improved quality of life.

Cancer Prevention

Skin cancer is already the most common form of cancer in the United States, and rates are rising 3% to 5% each year, in large part due to early-life exposure (Olson). Beginning in early adolescence, the use of individual’s sun protection declines until it reaches its lowest level in the high school and young adult years. During adolescence, media and peer pro-tanning pressure outweigh the influence of parents. Although girls are often more knowledgeable about sun protection, they are also more likely to prefer darker tans (Lowe). In one study, over 80% of students reported that they desired a tan and over two-thirds of students reported being sun burnt during the previous summer.

The middle school years, when tan seeking attitudes and behaviors usually begin (Olson), is a particularly challenging time to attempt to influence the tanning attitudes of adolescents, and especially girls, but that is why it is so vital at this age. Adolescents who believe that there is a lot that they can do to prevent getting skin cancer are more likely to use sun protection behaviors (Lowe).

A specific sun-protection section fits in perfectly within a health unit for girls. The section should include not only advice about sunscreen usage (which should be taught to both girls and boys), but also offer a special emphasis on the use of artificial tanning lights, which are more likely to be used by girls. The most promising strategy for use with adolescent girls is the risk-to-appearance approach (Olson). This approach shows the unattractive skin damage that occurs with tanning and can be effective as a motivator to change UV-exposure behaviors. Girls need information about sun protection that caters specifically to them because girls select sun protection behaviors that fit into their lifestyle or socialization, such as using makeup with an SPF formula (Lowe). The use of safe skin-tinting liquids should also be included.

LESSON PLANS

Lesson One: Self-Esteem Lesson: “Sell Yourself!”

Objective

Students will incorporate their creativity and artistic skills to raise their self image.

Materials Needed

Poster board (could substitute paper- plain, construction or butcher), markers/colored pencils, magazines (preferably girls’ teen magazines), glue/tape

Activities

Lead the girls in a discussion about self-esteem. The following questions could be included:

- Is it hard to feel good about yourself sometimes?
- When do you feel the best about yourself?
- Do your friends usually help you feel better about yourself, or do they sometimes make you feel worse?
- How do your parents influence how you feel about yourself?

Next, the girls will each be making a poster as if they were marketing themselves. Each girl should come up with a slogan to include on her poster, such as “All the Right Moves!” for a great dancer or “Never Late and Always Great!” for a punctual student. The students can cut words and/or pictures out of the magazines to put on the posters, or they can simply write words that they feel describe them. There are no negative images allowed on the posters!

Assessment

The girls should pick a partner (preferably not their best friend), swap posters, and then present each other’s poster to the class. After the presentations, display the posters in the classroom.

Lesson Two: Smoking Prevention Lesson

Objective

The purpose of this lesson is to convince students that tobacco use is unhealthy, to show them the effects of tobacco use and to give them strategies to use in peer pressure situations to help them say “no.”

Materials Needed

Paper, writing instruments

Prior Knowledge

Prior to this lesson, using the health textbook, give students a general overview of the effects of tobacco usage on the body. You may choose to have them do group projects on the effects of using different kinds of tobacco (dip, cigarettes, cigars, etc.) or the effects of tobacco on different body parts (heart, lungs, etc.) prior to this lesson. Be sure to include photos of lungs that are black from tar after years of smoking for shock value.

Activities

Break the students into small groups and have them write a short scenario in which a girl is being peer pressured into smoking. This could be based on a real-life experience or just made up. One example of a peer pressure scenario might be:

“You’re at a pool party for your best friend’s birthday on a Saturday evening. Her mom is chaperoning, but had to leave for a few minutes to go to the grocery store to get some more soda. You’re sitting on a lounge chair talking with a boy you have a crush on when suddenly, he pulls out a box of cigarettes, takes one, and then offers you one. You want him to like you and to think that the two of you have things in common, but you know smoking is bad for you. What do you do?”

When students are finished writing their scenarios, groups should exchange and write responses explaining what they could do in that situation or role play the situation with their response included.

Next, students will be writing rap, chant or cheer about not using tobacco. This should be a fun activity! Here's an example written by three eighth graders:

“Baccy chew is bad for you,
If you don't stop smokin', you'll be chokin',
If you don't stop dippin', you'll be trippin',
If you don't stop chewin', you'll be spewin',
Say no to tobacco!”

Throw in some beat boxing, and you've got an entertaining way to get the message across.

Assessment

Students will turn in their written scenarios and responses, and the students will be graded on participation and effort for writing their rap, chant or cheer.

Lesson Three: Sun Protection Lesson

Objective

Students will learn why it is important to protect themselves from the sun and hopefully will be deterred from tanning.

Materials Needed

Poster board or butcher paper, markers, magazines (preferably girls' teen magazines- spring or summer issues) or fashion photography from online sources, glue/tape

Activities

Students may use either poster board or butcher paper and should write their names down the side of the page. Next to each letter of her name, each student should write a message about sun safety. For example, a girl named Tess could write:

Take cover in the shade from 10am-4pm!
Everyday consistency is key!
Sunscreen is a must!
Sunglasses protect my eyes!

Then, the students should look through magazines and cut out pictures of sun safe clothing, such as long pants or skirts, long sleeved shirts, hats and sunglasses. Use spring or summer issues of magazines so that the clothes will be stylish and appropriate for the summer. The students should then glue at least one sun safe outfit on the right side of the page. At the bottom of the page, students should make a T-chart of pros and cons of tanning. The only pro is short term appearance. The cons include skin cancer (radiation, chemotherapy, surgery, medical expenses, etc.), premature wrinkles, leathery and damaged skin, scars, ugly moles and growths, etc. Students should see that the cons far outweigh the pros.

Assessment

Students will present their posters to the class. This lesson could also be extended to include giving the students the opportunity to conduct interviews with friends and family about sun safety and reporting back to the class about their findings.

Lesson Four: Time Management Lesson

Objective

The purpose of this lesson is to help students look at the big picture of life and time management. Although a lesson teaching adolescents to manage their time day-to-day would be valuable, it's not something that can feasibly be taught in one lesson, one week or even one month. Many

adults still struggle with this! However, looking at time management as part of a bigger picture also serves as a goal setting exercise, which is a very valuable skill for students.

Materials Needed

Plain paper, pen/pencil, butcher paper, markers, yardsticks (at least one)

Activities

Students should first make a list of 10-20 important things that they would like to do sometime in their lifetime. These goals can be very broad ranging. Anything from high school graduation and marriage to scuba diving in the Great Barrier Reef and riding a camel by the Great Pyramids in Egypt would fit. The events can be life changing, like starting a family, or smaller in scale, such as taking pictures of a little brother before prom. For this lesson to be effective, this list should not be created in a few minutes. I would encourage teachers to introduce this lesson near the end of one class and have the students think about it overnight and talk to their parents about it before settling on their list of events.

Next, students will each receive a piece of butcher paper. Each girl should use the yardstick to draw a line horizontally across the center of the paper. This line represents the timeline of her life. Measure sections of the paper and label them with ages every 5 or 10 years. First label significant events that have already taken place, such as birth, first day of school, meeting a best friend, first soccer game, etc. Then, students should begin writing in the events from their list on the timeline in the approximate place where they might go.

This lesson can be extended by having students add possible steps that need to be taken to achieve their goals onto their posters.

Assessment

Students can present their timelines to the class and display them on the wall. Students should not only get an idea of the time management of their life, but also realize that the part they've lived is a very small portion of the big picture and that maybe some things that seem like a huge deal right now really aren't as significant as they seem.

ANNOTATED BIBLIOGRAPHY

Works Cited

Bayne-Smith, Marcia, et al. "Improvements in Heart Health Behaviors and Reduction in Coronary Artery Disease Risk Factors in Urban Teenaged Girls through a School-Based Intervention: The PATH Program." *American Journal of Public Health* 94.9 (2004): 1538-1543.

This article contains valuable information about addressing girls' coronary health concerns.

Coyle, Karin K, et al. "Draw the Line/Respect the Line: A Randomized Trial of a Middle School Intervention to Reduce Sexual Risk Behaviors." *American Journal of Public Health* 94.5 (2004): 843-851.

The article advises health professionals to start sexual prevention discussions with students early and to address girls' specific needs.

Deardorff, Julianna, et. al.. "Early Puberty and Adolescent Pregnancy: The Influence of Alcohol Use." *Pediatrics: Official Journal of the American Academy of Pediatrics* 116. 6 (2005): 1451-1456.

This article addresses the needs of early developing girls in order to help prevent unintended pregnancies.

Decisions for Health. New York: Holt, Rinehart, and Winston, 2004.

Gabhainn, S. Nic, and C.C. Kelleher. "School Health Education and Gender: An Interactive Effect?" *Health Education Research* 15. 5 (2000): 591-602.

This article helped to inspire this curriculum unit. It demonstrates the need for girls' health education.

Lowe, J.B., et al. "Sun-Safe Behaviour among Secondary School Students in Australia." *Health Education Research* 15.3 (2000): 271-281.

This article discusses the attitudes girls have about sun protection and what information needs to be included in their education to address their specific concerns.

O'Dea, Jennifer A. "Prevention of Child Obesity: 'First, Do No Harm!'" *Health Education Research* 20.2 (2005): 259-265.

This article explained that health educators must be careful when presenting issues to students to avoid misinterpretations.

O'Dea, Jennifer A., and Peter Caputi. "Association between Socioeconomic Status, Weight, Age and Gender, and the Body Image and Weight Control Practices of 6- to 19-year-old Children and Adolescents." *Health Education Research* 16.5 (2001): 521-532.

This article includes a study in which students' self-reports about weight concerns are used to draw conclusions about how to address body image issues.

Olson, Ardis L., et al. "Sun Safe in the Middle School Years: A Community-wide Intervention to Change Early-Adolescent Sun Protection." *Pediatrics: Official Journal of the American Academy of Pediatrics* 119.1 (2007): 247-256.

This article discusses the need for intervention in sun protection, especially for girls.

Patton, George C., et al. "Promoting Social Inclusion in Schools: A Group-Randomized Trial of Effects on Student Health Risk Behavior and Well-Being." *American Journal of Public Health* 96.9 (2006): 1582-1587.

This article addresses the school atmosphere as a potential risk factor for unhealthy behaviors.

Plumridge, E.W., L.J. Fitzgerald, and G.M. Abel. "Performing coolness: smoking refusal and adolescent identities." *Health Education Research* 17.2 (2002): 167-179.

This article provides information on the differences between boy and girl smokers.

Rugkasa, Jorun, et al. "Hard Boys, Attractive Girls: Expressions of Gender in Young People's Conversations on Smoking in Northern Ireland." *Health Promotion International* 18.4 (2003): 307-314.

This article discusses the influences on girls to start smoking.

Wojcicki, Janet M., and Melvin B. Heyman. "Healthier Choices and Increased Participation in a Middle School Lunch Program: Effects of Nutrition Policy Changes in San Francisco." *American Journal of Public Health* 96.9 (2006): 1542-1547.

This article examines the effects of offering healthier lunch options on both students' health and on the lunch program's income.