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Framing the mother: Childhood obesity, maternal responsibility and care

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Framing the Mother: childhood obesity, maternal responsibility and care

Abstract

Currently in developed nations, childhood obesity is generating widespread concern and prompting social and institutional responses. Obesity is constructed as a broad public health crisis, but individuals are constructed as responsible for their own bodies and body sizes within this crisis. We are particularly interested in two aspects that focus on women as central to this phenomenon; the first is the imputation of maternal responsibility for the weight of children and the second is the role that specific fears about flesh and women's bodies play in how childhood obesity is represented. We analyse media representations of childhood obesity in Australia and draw out the discourses of maternal responsibility and the intertwining of mothers and children's bodies. We frame the childhood obesity crisis within a broader discussion of women, care and responsibility, suggesting that childhood obesity offers another embodied location to reinforce and extend women's roles and responsibilities as mothers, in response to changing patterns of work and care.

Keywords: maternal responsibility; childhood obesity; care; employment; women's work.

Introduction

In the past decade, childhood obesity has engaged global and national health experts in developed nations. World Health Organisation (WHO) figures are cited to support the contention that across the world, children are getting fatter. While closer examination of the WHO data (2008) and other epidemiological evidence suggests this phenomenon is complex and differentially affects children according to socioeconomic location,[1] in Australia, as in many other developed countries, the childhood obesity epidemic is understood as a serious public health issue (Magarey *et al.* 2001) and most often presented as a result of affluence and overconsumption. In this process, mothers are implicated as carers with special responsibility for children's health and well-being. We are particularly interested in this new area of maternal responsibility and its relationship to broader questions of care and women's work. We are also interested in the mobilisation of specific fears about flesh and women's bodies that are used to support discourses of maternal responsibility in childhood obesity. In this paper, we link these two aspects of the gendered discourses of obesity and responsibility. We offer a brief critical account of how public health discourses establish individual responsibility for obesity as an outcome of individual choices. We analyse media representations of childhood obesity, showing that these responsibilities are located with mothers as

[1] More critical examination of the associated WHO publications (WHO, 2008; United Nations System Standing Committee on Nutrition 2005) and other sources reveals that obesity clusters can be related to economic and social disadvantage. This analysis is supported by the co-existence of overweight and underweight within the same locations, known as the nutrition paradox (Cabellero 2005) , which suggests that both obesity and underweight may be diseases of the poor and disadvantaged, rather than obesity being a reflection of overconsumption or affluence (see Dubois *et al.* 2006 for a specific discussion of childhood obesity and income in Canada). Health disadvantage is most often linked to poverty and this seems to be the case here too. These concerns have been raised in Australia by scholars critically examining public health discourses surrounding obesity and linked diet and exercise advice (Gard and Wright 2005, O' Dea 2005, O'Dea and Caputi 2001).

managers of children's bodies. We indentify two key themes; mothers' responsibility for food production and feeding and women's responsibilities for child health in pregnancy. These particular frames of maternal responsibility draw heavily on bodily relations between mothers and children. We locate this new articulation of maternal responsibility for childhood obesity within broader concerns about the focus of women's work and care. Jane Lewis has observed an increasing individualization of the gendered care burden in Western societies (Lewis 2001, see also Wheelock 2001) and the care deficit is recognised as a challenge for contemporary societies as women's patterns of paid and unpaid work change. In this context with emerging uncertainties over women's roles and the provision of care, the imputation of maternal responsibility for weight implies that women are pursuing their own ends to excess rather than honouring their responsibilities to children. Overweight or obese children are presented as visible signs of overconsumption and excess but it is their mothers' misdirected appetites and desires that are really the targets. We suggest that current discourses of childhood obesity mobilise fears about the spread and flow of childhood flesh. These fears are then framed in concerns about embodied maternal responsibility, social norms of care and uncertainty about the legitimacy of mothers' decisions about employment.

Questions of women's care and employment are important to fully understand the epidemic of childhood obesity and social responses to it. Crossley argues that rising obesity rates are 'a social fact' (2004, p. 235); that is, these rates are not simply a reflection of the body weight of individuals across a society, but rather a fact about society (2004, p. 235) which necessitates an analysis that moves beyond a focus on individual interactions, individual children or food provided by individual mothers.

Although we suggest that there are significant contests over the epidemiological facts about obesity (see, for example Gard and Wright 2001, O' Dea 2005), we share Crossley's sense that understanding childhood obesity requires attentiveness to complex social intersections, rather than a focus on individual weight issues. We need to move beyond explanations about 'why this or that individual [is] obese' (Crossley 2004, p. 235) to understand the social frameworks that underpin the discourses and meanings surrounding the childhood obesity debate. Here, we argue that the seemingly unbounded expansion of childhood flesh carries the weight of concerns about women's employment, maternal responsibility, and contemporary care for children.

Constructing responsible selves

> *It is a matter of families and individuals taking responsibility for themselves by making better food choices and exercising more. It means parents taking responsibility for their children as well as themselves (Editorial, The Australian, 2 June 2008).*

Contemporary biomedicine identifies childhood obesity as a major risk factor for serious health problems in adulthood (see for example, Must and Strauss 1999). As a result, attention to the diet and lifestyle of children is increasing, with parents especially mothers, we argue, coming under increasing scrutiny. Moral frameworks are often deployed in the press, in politics, and also in medical and public health discourse itself, in discussing obesity (Jutel 2005), with childhood obesity at times operating as a symbol of all that is unbalanced, excessive and permissive about modern life. This moral framing of obesity reflects an approach to the body and subjectivity unique to the late modern period, one in which a shift from classical liberal to neo-liberal rationalities has produced a highly individualising approach to health. Whereas, in classical liberalism, a welfarist

rationality emphasised State and expert responsibility for the care of individual citizens, in neo-liberalism, there has evolved a rationality in which individual citizens are increasingly responsible for the care of the self (Petersen 1997, p. 194). There has been a move to non-collective and low-cost solutions to growing welfare budgets, a de-institutionalisation of health care, and promotion of more active forms of citizenship (Nettleton and Bunton 1995). This has been achieved through the emergence of new forms of governmentality, involving a shift from subjects in need of intervention, to the surveillance and regulation of populations on the basis of the collation of a range of abstract factors deemed liable to produce risk in general (Castel 1991). The notion of risk and its avoidance has become a key technology of social control.

In keeping with the shift from classical to neo-liberal governmentality, there has been a marked rise in preventative medicine and health promotion in leading a healthy lifestyle (Burrows, Nettleton and Bunton 1995). Citizens are urged to stop smoking, eat less fat, exercise more and monitor their alcohol intake. Thus risk is redistributed from the state to individuals. Epidemiology, the dominant research paradigm in public health, has played an important role in the move to population surveillance by constructing and measuring the truth about disease, risk factors and categories of at-risk subjects, and by creating and allocating normal and abnormal or pathological categories (Petersen 1997).

There has also been a shift from the patient as a passive recipient of expert care to clients with the capacity for healthy choice. Consumption becomes the duty of modern citizens (Henderson and Petersen 2002), who are free to choose health. Of course, the citizen-as-(healthy)-consumer rationality does not acknowledge constraints on choice or the compulsion to make a choice, nor does it acknowledge that the neo-liberal subject

constituted through these discourses is itself questionable. Health experiences vary because of age, gender, class and race/ethnicity and the attendant unequal access to the resources necessary for health and well-being. Likewise this rationality leaves much unaccounted for in the context of child health. How, for example, should we view childhood obesity in light of what Petersen (1997), among others, identifies as the new public health demand that each of us become responsible for our own health? Clearly, children do not qualify as full liberal subjects able to self-regulate and manage their own health (Lotz 2004). It is parents, largely mothers, who become responsibilised around children's eating patterns and weight (Jackson and Mannix 2004). Yet, children are not readily managed in this respect and they are often experienced by parents as formidable agents able to impose their will via what is popularly called pester power. In this sense the struggle over obesity can be seen to externalise what has otherwise become framed as an internal, private battle of the will between good, moderate, healthy consumption and bad, excessive, toxic consumption. In the process, longstanding ethical and material questions about the roles and responsibilities of the state compared with that of the family in caring for children are debated with new energy (Nettleton and Gustafsson 2002, Lotz 2004). In discussions of family responsibilities, the role of mothers as managers and carers of children emerges as central to the framing of childhood obesity. Images and representations of obese children are used as an indicator of poor maternal care for children.

Childhood obesity and maternal responsibility in the media

In research and policy forums, discussions about effective preventative strategies for childhood obesity often focus on the role of the family in managing children's food intake. These discussions rest on the understanding that children cannot be responsible for food production and consumption themselves, so family approaches to food and obesity, food management and family eating are important in the socio-political landscape of obesity. But these examinations focus the role of the mother in particular, with studies emphasising maternal employment and mothers' perceptions of overweight children rather than parents more generally (see, for example, Phipps *et al.* 2005, Jackson *et al*. 2006, Pagnini *et al.* 2007, Kitzmann *et al.* 2008, Rhee 2008, Warin *et al.* 2008). Mothers are seen as responsible for family meals which are vital to healthy families. Murphy has suggested that disciplinary technologies like expert advice and recommendations about feeding practices (specifically in her study, infant feeding) are used to reconcile the State's commitment 'to respect the autonomy of citizens and the privacy of family life with its concern to regulate the health of the population' (2003, p. 437), but she argues that such obligations fall most heavily on women. 'Mothers are invested with the moral and practical responsibility for making prudent choices …' (Murphy 2003, p. 455).

This gendered understanding of the epidemic of childhood obesity is also evident in media reporting, where maternal roles and actions are key themes in reports about children's weight.[2] The media is simultaneously a crucial source of public health information, and a key contributor to the shaping and definition of public health issues as

[2] The media reports drawn on here come from the period June 2005-June 2008. The focus here is not on an analysis of items and frequency in the reports, but rather on an account of key themes that emerge.

social problems. Boero suggests in the United States context, 'the media is integral to the construction of the epidemic [of obesity and] relies heavily on discourses of weight, morality, risk, and science' (2007, p. 42). *Bessant et al.* argue 'any theoretical or empirical research purporting to offer a comprehensive account of the policy process cannot afford to ignore the role of the media at any point in that process' (2006, p. 264). In what follows, we examine how maternal responsibility is mobilised in media discussions of childhood obesity. We argue that coverage returns consistently to the provision of family meals and to responsibility in pregnancy, two sites which draw particular attention to the intertwined bodies of women and children. This framing reinforces and extends maternal responsibilities for the bodies of children, entrenching women's roles as managers of children's health and inequitably blaming them for childhood obesity.

The lost family meal?: mothers out of the kitchen

A key theme in Australian media representations of childhood obesity has been a stress on the meaning and importance of the family meal. This includes two important elements. The first is that the family meal protects against the likelihood of obesity, as in the following headlines: 'Family meals cut teenage fatness' (UQ News online 2005), and 'Family meals a recipe for fit kids' (O'Brien 2008a). The second element is the underlying assumption that the provision of the family meal in individual families is the responsibility of mothers. In the articles, all direct questions about family meals are directed to women and all responses are given by women.

> Every hour of TV watched and every meal not eaten together as a family raises the chance of obesity. Mother of two, Simone Matlock works hard to

> ensure her daughters have regular family meals. “It's a wonderful time to get everyone together to chat, so we make sure the TV is off”, she said. “And the girls are really lucky that at least half the time their dad is back from work, so we all eat together”. (OBrien 2008a).

> Hervey, 2, and Charli, 22 months, have become keen cooks under the guidance of mum Gale Gardner. “They put the vegies in the pot, get butter and milk from the fridge, and love to stir things” (O’ Brien 2008b).

> They might prefer to be in front of the TV or Playstation, but Brisbane teenagers are likely to be healthier if they eat meals with mum and dad. Eating together will enable the parent to have better knowledge of the child's food choices and amount that they tend to eat, Dr Mamun said of the study, which appears in the latest edition of American journal, *Obesity Research*. The study found having a healthy maternal attitude to family eating and diet was more important than the frequency of shared meals. Even though most mothers said they had a family meal at least once a day, only 43 percent of them said eating together was very or quite important. (UQ news online, 2005).

These excerpts reveal persistent expectations that mothers provide healthy food and commit time to ensure that children eat properly; thoughtful, attentive and capable mothers are presented as the primary solution in this battle of the bulge. But these assumptions about mothers’ roles entrench traditional views of women’s work and maternal responsibilities. One article emphasises a traditional family dinner [as] one of our best defences against alarming rates of childhood obesity (O’Loan 2008), which suggests traditional roles and traditional practices of food preparation. One conservative commentator observed that in the fight to keep kids from getting fat, the role of the stay-

at-home mum is being seen as increasingly important (Francis 2008). Thoughtful, attentive and capable mothers are presented as the primary solution in this battle of the bulge. But, as the headline ‘Working Mums have fat kids’ (Masters 2007) and quotes show, this view of mothers is counterbalanced by suggestions that correct feeding and nurturing are under threat due to the new pressures of contemporary women’s other commitments, specifically paid employment. The article that follows expands on this idea.

> It gives new meaning to the term bringing home the bacon- a groundbreaking Australian study has found one in five children are overweight because of the amount of time mum spends in the office. Meanwhile the modern dad suffers no guilt over his child's weight because they have less influence over their child's eating patterns. Realistically, although in principle it is not fair, fathers usually get let off the hook where food preparation is concerned, Sydney University's obesity expert Dr Michael Booth said (Masters 2007).

This article does note that men are being made less responsible than women, but most other articles reflect uncritically assumptions about mothers’ responsibility for food production and children’s consumption.

> Tim Crowe from Deakin University said unhealthy habits early in life could lead to grave health problems. “The vast majority of kids who are overweight carry that weight into adulthood, so they're setting themselves up for a lifetime of weight problems and with that type 2 diabetes and heart disease and so on”, Dr Crowe said. “In families that don't eat together and don't have a good cohesiveness, there is an increased likelihood that the kids will be eating junk food. So with the breaking down of family structure from parents working longer hours, that can affect a child's eating habits” (Stark 2008).

> “Health education is getting through to kids, but [it is] mothers who are not taking note because they have a guilt complex” ; [Korn says] modern mums equate the word well-

> being with happiness as if happiness is all that counts or is at least more valuable than discipline, responsibility or overall health. Working parents are often too busy or too tired to explore the alternatives (Ostrow 2008).

> Couples who can afford to have one parent stay at home or only work part time usually the mother - are more likely to involve their children in formal after-school exercise In families where both parents work full-time, they often have less energy after a long day to prepare nutritious meals or sit down together (Francis 2008).

> Louise Baur, a pediatrician at the Children's Hospital at Westmead, said, "If mums are depressed or stressed, their children may be spending more time in front of the television, or they may be too overwhelmed to cook" (Benson 2008).

Although some of these quotes do cite working parents, it is clear that there is a much stronger emphasis on changes to mothers' employment in contemporary Australia and to their responsibilities for meals.[3] Only women's working hours have increased in the past several decades (Broomhill and Sharp 2004); one of the most significant aspects of this change has the increase in maternal employment. This change has not been matched by changes to men's caregiving or domestic labour (Hook 2006, Baxter *et al.* 2007, Baxter *et al.* 2008). But this widespread social change has provoked mixed feelings about women's proper roles. As Evans and Kelley (2002) identify, while attitudes to maternal employment have been growing more positive over the last several decades, 'there is a persistent belief in Australia [that] the combination of successful mothering with substantial work commitment [is] possible, but a major struggle' (2002, p. 47). They go

[3] Examining discussions of the family meal in Norway, Bahr Bugge and Almås state 'many of the claims about the modern Norwegian meal pattern may be seen as criticism of the working woman' (2006 p. 206) suggesting this imputation occurs outside Australia too.

on to note that ‘only fairly small minorities think that employed mothers have the energy to exert desirable levels of discipline’ (Evans and Kelley 2002, p. 53). This unease about maternal employment can be clearly seen in the excerpts above in the references to hurried or rushed parenting and the negative effect it has on the provision of healthy food. Only one article in the period specifically focused only on fathers and even this article reflected strong social assumptions about the primacy of mothers:

> Surprisingly, a mother's parenting behaviour or style apparently had no impact on whether a child was overweight or obese, according to research by Murdoch Children's Research Institute and The Royal Children's Hospital, Melbourne. Hospital specialist Professor Melissa Wake said the large study was the first to suggest that men could be at the frontline in preventing early childhood obesity. Mothers are often blamed for their children's obesity, but this study suggests that for more effective prevention perhaps we should focus on the whole family, Professor Wake said. (AAP 2007)

These quotes ground the social phenomenon of obesity in women’s putative neglect of family meals. The loss of family meals and family time are implicitly linked to women’s lesser time for care, reinforcing expectations that women should continue to shoulder the prime burden for producing healthy food even when they are doing paid work. Yancey *et al.* (2006) argue that food preparation at home has shifted dramatically in the US as a result of women’s need to balance increasing contributions in the paid labour market with the intractability of the gendered burden of care. This pattern is evident across developed countries with more processed food being purchased and less time being spent in domestic labour including cooking. But rather than this new pattern of food production prompting questions about additional paternal investment in domestic labour, or a reconsideration of how families might be supported in a dual-earner context, maternal responsibility, or the failure thereof, is the predominant theme in the media coverage.

This reflects the paradoxical matrix of maternal care and responsibility in contemporary Western societies where women are expected to labour in both the public and the private spheres, but the social institutions and cultural institutions around mothering do not alter to meet this dual imperative.

This paradox is particularly pertinent in understanding the emergence of public health debates about childhood obesity. While governments can identify and target obesity in children, the media focus on maternal responsibility shows the impetus is clearly on individual women to enact government policies and projects, and to manage children's bodies. In Australia, for example, Warin *et al.* (2008) argue that 'government responses to childhood obesity are addressed to women (as primary school teachers and childcare workers), and particularly mothers, as they are the household and community members who are most actively engaged in, and organising the day-to-day nutrition and activities of young children' (2008 p. 108). This framing is good for governments since they are able to set up programs of actions where failure can be located with individual women but success, however unlikely, can be claimed. For women, already enmeshed in biological, physical and social networks with their children, managing childhood obesity through family meals becomes a new avenue to measure their social and economic contributions.

Importantly, however, these fault lines around family meals do not map easily onto the evidence in that it does not clearly support the working mother/no family meals thesis. Some studies have found a limited link between hours of maternal employment and likelihood of childhood obesity (Anderson *et al.* 2003, Phipps *et al.* 2006); but the authors are cautious in attributing broader causal responsibility for childhood obesity to

maternal employment, since patterns are variable and there is no consistent link between hours of work and children's weight. Anderson *et al.* (2003) find that the intensity of mothers' work appears to be related to the likelihood of children being overweight, but they found this effect only in high income families where child obesity is less likely overall. They note that particularly 'for the subpopulations for which childhood obesity is most prevalent, mothers' employment does not appear to be a factor' (2003, p. 480). This finding directs attention towards the broader social patterns of childhood obesity, which are rarely addressed in the media reports about mothers feeding children. For example, class is an important factor in obesity for both women and children and 'there is a negative correlation between class position and obesity' (Crossley 2005, p. 240, see also O'Dea and Caputi 2001, Saguy and Riley 2005, Warin *et al.* 2008). Focusing on maternal employment rather than the relative economic disadvantage of some women and children or broader structural questions about environment or food frames the issue of obesity and food production as the individual responsibility of mothers as they combine work and care. In the next section, we explore the second dominant theme in the reporting of childhood obesity; the role of behaviour during pregnancy in children's body weight across the course of childhood. This focus on pregnancy instantiates the individual relationship between each woman and her child, further emphasising the role of individual women as carers and decision makers. Here too, we see the implicit suggestion that individual mothers' actions are generating potentially negative outcomes for their children.

Pregnant women and obese children

Women's responsibility for children is most often grounded in the biological processes of reproduction. This biological relation is seen to establish a central role for women as nurturers and carers. 'Parenthood embodies an assumption about responsibility for the baby' (Sevön 2007, p. 2) and the importance of women's particular responsibility for foetal health is established by pregnancy. Feminist scholars have argued that recent developments in foetal health have extended and intensified the responsibility of pregnant women for achieving positive health outcomes for infants.[4] Diet, exercise and women's attentiveness before and during pregnancy are linked to specific disabilities, to childhood health generally and, more recently, to childhood obesity. Again, there is a pattern of explicit headlines which establish the particular relationship of the pregnant women's actions to the likelihood of childhood obesity; 'Memo to mum: your children are what you eat' (Robotham 2006) and 'Mum's diet key to fat adults' (Adelaide Now 2008). As the excerpts below make clear, maternal obesity and activities during pregnancy like smoking are now directly linked to overweight in children.

> Australian scientists have made the world-first discovery that a pregnant mum's diet is key in whether her baby grows into a fat or skinny adult. The research suggests women who are overweight before they fall pregnant, and during it, may be condemning their children to a life of overeating and obesity. (Sunday Mail (SA), 2008)

> Australian women who smoke throughout pregnancy were 42 per cent more likely to have their offspring obese by age 14 years compared to mums who didn't smoke, according to the University of Queensland study. Smokers are still thinner than non-smokers in general, but maternal in utero smoking has many consequences across the life of their offspring and obesity is one of them [said Dr Mamun]. (UQ News online 2006).

[4] See, for example, Petchesky (1990), Daniels (1993), Duden (1994), and Rapp (1999).

> The message has to be got across that being pregnant is a responsibility, says David Hill. It is not just whether [the baby] will be born alive and healthy. What you do in pregnancy will affect the offspring for the rest of its life. (Robotham 2006)

In these stories, the maternal-foetal relationship is central to childhood obesity and the impact of pregnancy behaviour is prolonged well beyond birth and infant health to childhood. Pregnant women's poor health choices, their excessive appetite for food or nicotine, are harming their babies. This represents an important extension and intensification of women's maternal responsibilities, since it combines and collapses together previous existing responsibilities for birth defects and birth weight with social norms about feeding children appropriately. Rather than distinguishing between reproduction and care giving, an important conceptual tool for establishing social and environmental impacts on childhood health, this frame makes mothers doubly and seamlessly responsible for children's bodies and appetites from infancy to adolescence.

There is a particular insistence in these stories about meals and pregnancy that focuses on women's misdirected desires and appetites. In the family meals stories, women's employment is represented primarily as time away from family, rather than as important financial support for family; that is, as a selfish and individual desire. In the pregnancy stories, pregnant women are represented as prone to acting on their own appetites rather than being completely attentive to the needs of their foetuses. The implication that women are not to be trusted to act with appropriate attention to their children's needs is very clear in both themes, as the following quote clearly suggests.

> Our children consume poisonous chemicals because we are too busy getting rich to cook. The obesity epidemic surely tells us Nintendo and MySpace are cooler than a waistline. Teenagers do not accept responsibility or discipline. Gee, I wonder who they get that

from. (May 2008)

Taken together, the emphasis on pregnancy and maternal employment/family meals imply that childhood obesity is a result of women's poor decisions (about food, substances or work outside the home). These articles present obesity as an outcome of women's failures to take enough responsibility; they fail to draw attention to fathers' responsibilities or issues of broader social support for effective nutrition or care-giving. The media coverage of the epidemic implies that women's actions in pregnancy are diminishing children's life options, and their work choices are leading to lost family meals and hence to poor nutrition. They draw on and engender anxiety about women's willingness and capacity to continue providing adequate maternal care.

In the next section, we argue that these mobilisations of fears about maternal responsibility in the context of childhood obesity draw heavily on cultural and social stories around the bodies of women and their particular physical relationships to children. The gendered nature of child feeding and pregnancy link women's and children's flesh together and this link is an important element in establishing and preserving maternal responsibility for children. At the same time, women's bodies are problematic entities; as Bordo (1993) has observed, women are presented as particularly prone to failures of will resulting in an excess of flesh and this assumption is clear in the pregnancy and family meal stories. The emphasis on bodies, on gestation and on food in the media coverage suggests that both women and children are prone to excessive appetite and overindulgence which can result in obesity. We argue that fear of flesh, especially women's flesh, is being mobilised to ground these inequitable assumptions about care and women's responsibility.

Women's bodies and children's flesh

Figure 1

This image, taken from a health news website (Top news online), visually represents a relationship between pregnancy and childhood obesity, reinforcing women's roles as materially and socially responsible for children's bodies and weight.[5] But it also points towards other connections that we argue are being suggested in media depictions of childhood obesity. Both obese bodies and pregnant bodies are linked to excess and potential danger. Pregnant bodies have uncertain boundaries and expand outwards; they are potentially unsafe environments for foetuses as suggested in the stories above. Obese children are presented in terms of flowing and unbounded flesh and uncontained appetites. The pregnant body and the obese child's body then resemble each other in signifying too much flesh and somehow threatening social order. Both bodily forms potentially materialise 'reckless excess, prodigality, indulgence, lack of restraint, violation of order and space, transgression of boundary' (LeBesco and Brazaiel 2001, p. 3). These images and assumptions link women's bodily appetites and those of children and make both problematic. They ground childhood obesity in women's gestating bodies, but they simultaneously generate an intense and anxious focus on flesh that is not adequately contained. Fears about women's unruly bodies are being mobilised in conjunction with broader fears about women's proper commitment to care in contemporary societies.

Images of overweight children act as visual representations of over-resourcing, affluenza, and excessive consumption in our society. Discussions about childhood obesity

[5] In examining stories about obese children in different media locations (Australia, New Zealand, the United States), it becomes apparent that the same images are reproduced in all these different contexts.

often draw on fast food, Play stations and cars: symbols of the social and material movement beyond subsistence that characterises contemporary Western societies. Gard and Wright (2005) suggest that 'obesity discourses reveal a particular kind of anxiety about food [as] an undesirable side effect of modern western life' (2005, p. 539), but the persistent link to goods, possessions and new technologies in media representations suggest that the anxiety moves beyond food to other consumer goods and to the patterns of behaviour that we pursue to acquire these goods. Social responses to the body of the obese child may be shaped by collective questions about having too much of everything and not enough of women's care directed to traditional social reproductive labour (child-rearing and domestic labour). In particular, the link made between children's excessive flesh and mothers' insufficient care reveal childhood obesity to be more than a health issue narrowly defined. It is also an important contemporary site for the airing of fears about women's aspirations, and the social changes they entail.

How might we begin to conceptualise the forces and concerns at work here? Sara Ahmed has established a framework for understanding how collective emotions are mobilised in and through bodies, one that we consider helpful in thinking through the generation of fear around childhood obesity and failures of care. Ahmed argues that, contrary to commonplace understandings of emotions as internal psychical states, emotions 'do things, and work to align individuals with collectives, or bodily space, with social space through the very intensity of their attachments' (2004, p. 26). In this articulation, emotions are not individual and do not move from inside to outside but are rather generated through collective structures of affect; 'feelings... take the shape of the contact we have with objects' (2004, p. 31) and 'emotional responses to others involve

the alignment of subjects with and against each other' (2004, p. 32). This idea that objects and subjects are both imbued with meanings and affect that provoke divisive and intense attachments offers a new insight into why the media coverage focuses so relentlessly on maternal responsibility, and supposed failures of care. As we apply this proposition to contemporary representations of childhood obesity, we are able to see how fears about women's changing roles, their new appetites for employment, for independence are being linked to fears about flesh and bodies that are out of control; children's bodies, in this instance, with excessive appetites. Bordo has suggested that 'female hunger (as a code for female desire) is especially problematised during periods of disruption and change in established gender-relations and in the position of women' (1993, p. 206). The obese child, with its materialisation of excess and the link to the unboundedness of pregnancy, suggests women's potential independence as one of the causes of cultural excess. Women's changing patterns of employment and care have provoked significant social concern, and the figure of the obese child in the media reports draws on and intensifies these social feelings around abundance and indulgence, consumption and the breakdown of forms of social capital, particularly mothers' care and responsibility. Here, selfish societies and selfish women determined to take all they can get combine to produce children marked by excess, unmanaged and inadequately or inappropriately nourished.

Women and the weight of the world

According to Susan Bordo (1993) and others, the drive towards slenderness is both socially and morally gendered. While all of us are expected to contain and control our flesh, women are the primary target of these strictures. As Crossley (2004) notes, this

expectation manifests in complex and negative ways since ‘women are progressively and significantly more likely to be obese’ (2004, p. 227) according to their access to social and economic resources than men in the same positions (see also Herndon 2005, Yancey *et al.* 2006, Warin *et al.* 2008). This extends to the management of children’s bodies in that mothers in Western societies carry particular burdens and responsibilities around the health of children and body weight. Two recent Australian studies found that mothers felt their responsibility for children’s eating very acutely and experienced the daily process of negotiating children’s nutrition, food preferences, treats and peer influences a struggle (Pagnini *et al.* 2007) and that mothers directly linked food to what it was to be a mother (Warin *et al.* 2008107). When women’s bodies, children’s bodies and maternal responsibilities are viewed together in the context of obesity, the expectation that women will now be watchful of children’s weight as well as their own becomes apparent. Boero (2007) notes that one of the effects of the obesity epidemic has been the valorisation of women’s attentiveness to weight; the knowledge and fear that women are enjoined to carry in relation to their own bodies and appropriate weight is now transferred to their management of children’s bodies as well.

Murray (2008) argues that ‘Western culture’s panic over obesity is underpinned by a moral anxiety about the preservation of fixed gender identities and normative female sexuality and embodiment’ (2008, p. 214). This analysis echoes Bordo’s (1993) observation that attention to and regulation of women’s bodies intensifies in periods of change. As women continue to challenge for political and economic resources, normative femininity and maternal roles are symptomatically reformed in and through women’s bodies. Continuing changes to patterns of care, to women’s economic contributions and

to the shape of contemporary motherhood cannot be viewed in isolation from the representation of women's and children's interlinked bodies. Childhood obesity offers a unique location where women's flesh, women's engagement in issues of ideal weight, and their socially generated responsibilities for mothering can be combined. Mothers are assigned the responsibility to ensure that children consume the right foods in the right amounts but are also responsible for ensuring children do not consume too many other commodities, such as television, electronic games, and other unsuitable cultural material. The fear of fat childish bodies is mobilised to suggest that women are no longer adequately discharging these responsibilities. The burdens of motherhood can be increased and resituated through the newly reconfigured weightiness of children.

Conclusion

In this paper, we have argued that public debate about childhood obesity provides a new and compelling location for the airing of concerns about children's care and women's place in society. As the media coverage focuses on the provision of meals by women, and women's behaviour in pregnancy, attention is diverted from problematic questions about resources for mothers, and for children that could or should be provided by governments. Likewise, fathers' responsibilities are occluded. All societies rely on the unpaid care-giving of mothers; as states withdraw from care and women move towards the market, the maintenance of this care becomes increasingly contentious and difficult. The phenomenon of childhood obesity arises contemporaneously with the de-institutionalisation and individualization of health care (Nettleton and Bunton 1995) which serves to increase pressure on mothers to ensure positive health outcomes for children. This gendered burden of care serves broader purposes in neo-liberal societies.

As Featherstone suggests, ‘contemporary social policy frameworks aim to maintain children as the responsibility of individual families’ (2004, p. 3) while seeking to influence outcomes focused on market productivity. The family work done by women has always been vital to social and economic productivity; these new conditions require the caregiving of women, but individualise the responsibility.

Emotions around women’s changing roles are mobilised through fears about children’s flesh. Examining the social and embodied relationships that are drawn on to support and shape the childhood obesity debate reveals a renewed emphasis on maternal responsibilities as women’s economic and social contributions are redefined. In this landscape, the potential spread and flow of childhood flesh carries the weight of fears about women and of where care responsibilities will ultimately fall. The figure of the obese child materialises fears around over-consumption and a failure of care; mothers are located as the managers of this problem but also as part of the problem. This framing of the problem of childhood obesity individualises maternal and child relationships rather than seeing mothering as embedded in broader social and economic structures (Taylor 2004); it also refigures social and economic disadvantage, reflected here in health disadvantage, as a problem of maternal choice. The emphasis on the embodied connection of mothers and children serves to further individualise this relationship and its outcomes. While we look only at the role of mothers in childhood obesity and its management, we ignore the role of fathers and broader structures of care, health and well-being.

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