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## The healthy child citizen: biopedagogies and web-based health promotion

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### Keywords

web, health, biopedagogies, citizen, child, healthy, promotion

### Disciplines

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**The healthy child citizen: biopedagogies and web-based health  
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### **Abstract**

The health of children in affluent economies has become closely tied to the ideal of a normative body weight achieved by monitoring and balancing diet and physical activity. As a result, the education of young people on how to avoid becoming fat, begins at an early age through the language and practices of families, the messages embedded in children's media, and through formal schooling. In this paper we use the concept of biopedagogies to investigate how discourses that connect food, the body and health come together on internet websites to instruct children on how they should come to know and act on themselves in order to be(come) healthy bio-citizens.

**Keywords:** biopedagogies, websites, children's health, body, surveillance, identities

## **The healthy child citizen: biopedagogies and web-based health promotion**

### **Introduction**

The relationship between children, their bodies and food is a growing area of critical scholarship in Australia, as it is in other parts of the world. Historically, the concern with children's bodies has been with ensuring good health through the prevention of illness and disease and access to adequate nutrition. These days, being healthy "does not mean not being ill" (Cheek 2008, 974) but increasingly, following the World Health Organisation, is defined more broadly in terms of physical, emotional, social and even spiritual wellbeing (e.g. Ratner, Johnson and Jeffrey 1998). However, as we will demonstrate in this paper, the health of children in affluent economies has become closely tied to the ideal of a normative body weight achieved by monitoring and balancing diet and physical activity. As a result, westernised cultures have developed what Murray (2008) describes as 'a moral imperative' to educate young people to avoid becoming fat and deviating from a normative ideal of the body. Moral instruction begins at an early age through the language and practices of families, the messages embedded in children's media and television programs, and through formal schooling (for example, see Welch, McMahon and Wright 2012). Such instruction is inevitably tied to the wider neo-liberal project of self-making which assumes and expects free choice, individual responsibility for becoming particular kinds of (in this case) health subjects.

In this paper, we examine the operation of a relatively recent use of technology and mode of 'public pedagogy', which instructs and produces knowledge about the normative relationship between children, their bodies and food, namely public health websites that deliberately target young children. Initially, such websites were designed to provide information to parents and adults in the general public; but

they have expanded their remit to include children and teenagers and redesigned their appearance and content to appeal and respond to issues identified as important for these populations. As a result, such websites have become potent potential sources of knowledge for children and adolescents about how they should think about food, their bodies and health. Influential public and private organisations have invested in such websites to capitalize on their pedagogical possibilities. In Australia and New Zealand, these typically are national and state governments, and the Departments of Health and of Education; in the United States they include private enterprise and philanthropic organizations; and, in the United Kingdom, they also include local government authorities and teachers' associations.

In this paper we use the concept of 'biopedagogies' to understand these websites as 'public pedagogical' sites that instruct children on how they should come to know themselves and act on themselves and others in order to know and be(come) healthy bio-citizens. The notion of biopedagogies draws on Foucault's (1978) concept of 'biopower' – the governance and regulation of individuals and populations through practices associated with the body. The term biopedagogies describes the values and practices that are disseminated through informal education (e.g. media and internet) as well as formal education (e.g. school) that work to instruct, regulate, normalize and construct understandings of the physical body and the virtuous bio-citizen (Halse 2009). In this paper, we analyse the pedagogical strategies used by such websites and the ways that particular discourses or truths that connect food, the body and health come together to do this pedagogical work. Our analysis demonstrates how biopedagogies persuade individuals to monitor themselves and others by increasing their *knowledge* around food and health, and by *instructing* them on how to change their lives by eating healthily and staying active (Wright 2009).

## **Health, obesity and children's bodies**

Children's bodies have become a key focus in discussions around the incidence and the early prevention of obesity as part of a wider notion of public health that locates responsibility for health with the individual (Crawford 2006; Lupton 1995), as virtuous biocitizen (Halse 2009), and identifies weight as a primary determinant of health (Wright 2009). In this context, knowledge about how to manage weight has become the focus of biopedagogical practices aimed at changing bodies and subjectivities.

Evans, Rich, Davies and Allwood (2008, 13) in *Education, Disordered Eating and Obesity Discourse* describe the obesity discourse as a framework of thought, talk and action that concerns the body and in which weight is privileged as an index of wellbeing. The escalation of childhood obesity and the “debilitating and life-threatening conditions”<sup>1</sup> for children who grow up to be obese adults is a constant theme in public forums, including the media, government policy, medical and educational prevention programs etc. It is not the purpose of this paper to critique these claims but a considerable body of research evidence (Beausoleil 2009; Evans et al. 2008; O’Dea 2002) supports the argument that focusing on childhood obesity is not only unhelpful but can be inimical to children’s health. This paper contributes to this literature by demonstrating how certain biopedagogical practices in the name of promoting children’s health provoke negative and moralistic ways of thinking about the body – ways that construe the fat body as abject and children who imagine themselves to fall outside normative assessments of a ‘healthy’ weight as failing.

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<sup>1</sup> <http://www.healthyactive.gov.au/internet/healthyactive/publishing.nsf/Content/about>

The obesity discourse constructs children's health as measurable through the use of Body Mass Index (BMI) – a measure of one's body mass in relation to height. BMI presumes that there is a 'normal' and identifiable weight that is constant and 'true' across genders, time, and cultural and socio-economic boundaries (for a discussion of BMI see Halse 2009). While BMI might be set up as the objective measure and evidence of underweight and overweight, the appearance of the body has come to be taken as demonstrable indicator of health and overweight; overweight 'through looking' is taken to be evidence of ill-health (Harwood 2012). It has thus become difficult for young people to "escape the gaze of the many who now feel that they are either formally or informally 'authorised' by public health discourse to monitor and *assess* their state of health, essentially with reference to shape and weight" (Evans et al. 2008, 6). Thus, under the guise of 'health', we have entered "a climate of health surveillance" (Webb and Quennerstedt 2010, 786).

Children are both objects and instigators of such surveillance. When children have been asked to talk about their meanings of health, they identify appearance as one of the main strategies for knowing whether a person was healthy or not (Wright, O'Flynn, and Macdonald 2006). Other research has demonstrated how children are alert to contemporary health imperatives and the associated messages about moral worth. For example, children in several studies have offered definitions of health that were primarily about balancing food intake with energy output through exercise (Wright and Burrows 2004; Wright et al. 2012). For some of these children, health was more explicitly associated with not being fat, and the 'fear of becoming fat' was a recurring theme (Wright and Burrows 2004; Burrows 2008). One of the respondents in Evans et al.'s (2008, 69) research, for example, describes 'healthier' as "less fat, less calories, less food, and more exercise". These studies point to children's

connections between ‘good’ and ‘bad’ bodies and eating practices, suggesting that the connection between moral virtue and corporeal ideals has filtered down to children (Evans et al. 2008). Thus, in a neoliberal social context where the body is perpetuated as a moral projection of personal worth and evidence of the capacity to take charge of one’s life, growing numbers of young people are reporting dissatisfaction or disaffection with their bodies (Evans et al. 2008). In Australia, for example, body image is the third highest concern of 15-24 year olds (Mission Australia 2012), and the majority of Australian children report that they are dissatisfied with their bodies, anxious about their weight and want to be thinner; with more than 40% regularly engaging in extreme dieting and dangerous weight loss methods such as purging (Allen et al. 2008; Holt and Ricciardelli 2008; Rolland et al. 1997). Under such conditions, it is not surprising that over the past fifty years the number of children diagnosed with eating disorders has increased while the age of eating disorder onset has decreased (Hoek and van Hoeken 2003; Madden et al. 2009). For other children and young people, the inability to ‘manage their weight’ generates a sense of personal failure (see Burrows 2011).

### **Surveillant assemblages**

In a “climate of health surveillance” (Webb and Quennerstedt 2010, 786), self-monitoring and monitoring the health of others becomes part of one’s responsibility as a good citizen. While surveillance can mean observation of others, from a Foucauldian perspective it also refers to scrutiny and development of one-self. For Foucault, the surveillant mechanisms, afforded by the panopticon of the prison, encouraged inmates to reflect upon their own behaviour in order to transform themselves. In relation to society more widely, people’s awareness of their own

behaviour in relation to social norms, contributes to the constitution of their sense of self. However as Rich (2011, 6) points out, “the surveillance of bodies against the risks associated with obesity does not operate via a stable central unit, but is a pervasive part of consumer culture, popular media, as well as more formalized institutions of medicine and education”. Rich deploys Haggerty and Ericson’s (2000) notion of a “surveillant assemblage” to describe the multiplicity of sources, practices and technologies that come together in an integrated whole to govern populations; and situates her own study of reality media as a part of the “critical practice to understand better the social contexts through which people come to learn about their bodies and obesity” (Rich 2011, 6).

Through surveillant technologies subjects’ levels of health are measured by external structures, such as BMI, and health is determined by subjects’ body shape and weight where the slender body has become encoded with images of control, achievement and success (Cheney 2011). Halse (2009, 50) links these phenomena to the notion of the bio-citizen, a complex persona who comes into being through “welding the body onto the social, cultural, economic and political responsibilities of citizenship and state”. The ‘responsible bio-citizen’ is s/he who actively and vigilantly endorses and enacts modes of self-care. What counts as self-care and as ‘valid’ measures of health – such as the BMI and the slender body – are determined and propagated through the institutions and technologies available to the State and its agents, such as schools, the media, healthcare etc. It is through this impetus that the bio-citizen becomes located as a moral, virtuous subject *of the State*; the bio-citizen’s subjectification as morally virtuous is determined through her/his adherence to the social, cultural and political values of the State. Indeed, “what *counts* as virtuous,

moral actions are those that serve the interests of the individual *and* all others in any society” (Halse 2009, 51, emphasis in original).

Through the notion of the bio-citizen, we can see how issues around bodies, food and health are no longer simply matters of nutrition and wellbeing but are inextricably entangled with the enactment of social and moral virtue. Evans et al. (2008) note that one of the most striking features of contemporary culture is how moral virtue has come to be aligned with corporeal ideals. Thus, body shape and weight have become symbolic of ‘good’ or ‘bad’ health and bodies have become a reflection of moral choice and a measure of identity. As a consequence, self-monitoring and acting on prescriptions for attaining culturally validated degrees of health have become key mechanisms through which subjects’ health is promoted, measured and ‘improved’ so that moral virtue can be achieved (Halse 2009).

### **Consuming children**

Kenway and Bullen (2001) point to the importance of popular media designed for children on children’s lifeworlds and the formation of their identities and relationships. The role of the media in shaping children’s understanding of their bodies and health has come under increasing scrutiny and analysis. Like Kenway and Bullen, educators have sought to find ways of assisting children to become critical and aware consumers of marketing and media designed for young people (for example see Olive and Lalik 2004).

The most obvious examples of popular media that directly addresses issues of overweight and obesity are TV reality programs such as the ‘Biggest Loser’ and ‘Honey, We’re Killing the Kids’ (see Rich 2011). Children are responsive to their messages and look to such TV programs as a main source of information on how to

eat healthily (Wright, Burrows, and Rich 2012). Other TV programs directed at young children incorporate health messages into songs and episodes that are directed, for example, at healthy eating; some of which make direct moral judgments about those who fail to make healthy food choices (see Welch, McMahon, and Wright 2012).

Less attention has been paid to those media sources, which are taken uncritically to be educational, which appear simply as knowledge sources, accessible to children. The health promotion sites examined in this paper seem to sit somewhere between formal-school based pedagogies and popular culture pedagogies. Their intention seems to be to instruct through using popular culture techniques, including visual appeal, specific marketing to children, use of children's drawings, poems and statements, and games. Our paper addresses this gap in knowledge. Its aim is to contribute to the growing body of literature on surveillant assemblages, whereby discourses around bodies, food and health are mediated through schools, children's entertainment, popular culture and public health pedagogies (see Rich 2011; Welch, McMahon, and Wright 2012). We begin by drawing out the similarities in messages about health, eating and the body of typical children's websites emanating from Australia, the United Kingdom and the United States. We then offer a more detailed analysis of one website emanating from Australia to demonstrate how imperatives around health, bodies and weight are promoted and act as resources for the formation of children's identities.

### **Promoting kids' health through the internet**

To identify those sites specifically targeting children with messages about health, a Google search was undertaken using keywords 'children', 'kids', 'health'. Most of the websites initially identified via this search were designed to provide information and

advice to parents. They were produced variously by government departments, hospitals, charitable organisations, health services, parent groups and commercial interests. From these websites, there were four websites<sup>2</sup>, one each in United Kingdom (<http://www.healthykids.org.uk/>), the United States (<http://kidshealth.org>) and two in Australia (<http://www.healthykids.nsw.gov.au/> and <http://www.cyh.com>), that either included specific sub-sites directly addressing children or were the main sites targeting children with information and advice about health.

Most of the sites provide comprehensive links to multiple aspects of children's health, ranging from 'feelings' to 'why does your nose bleed'. However some like the NSW *Healthykids: Eat well get active* website (<http://www.healthykids.nsw.gov.au/>), defined health in the simplest of terms and explicitly offered an increase in childhood overweight and obesity as a rationale for the advice on their site. The development and promotion of the website was a joint initiative by two government departments, the Department of Health and the Department of Education and Training in the State of New South Wales (NSW), and a national charity devoted to research and education: The Heart Foundation. The *Healthy Kids* website resulted from the *NSW Government Plan for Preventing Overweight and Obesity in Children, Young People and their Families 2008-2011*.

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<sup>2</sup> Originally there were five websites. However with the election of a National government in New Zealand, the *Mission On: Helping Kiwi Kids be Healthy* website offered to children (5-12 years) was dismantled. As a reaction to what they called the 'nanny state' policies of the previous Labor government, the National government withdrew funding from many of the child health initiatives instituted by that government.

The 'Kids & Teens' section of the website opens with an attractive interactive icon offering five strategies (or instructions) to a healthy lifestyle: 'Get active everyday'; 'Choose water as a drink'; 'Turn off the TV or computer and get active'; 'Eat more fruit and vegies'; and 'Eat fewer snacks and select healthier alternatives'. The rationale for the '5 ways' agenda is:

Not being active is one of the reasons why kids and adults become overweight or obese. Being overweight puts a lot of strain on bodies and causes lots of health problems as people get older. You can get active and eat healthily to prevent this!

Further detail and research fact sheets for implementing the '5 ways...' agenda are provided. In varying detail, most of the other websites canvassed presented the same health imperatives and unproblematically assumed an increase in children's weight and the impending threat of obesity for all children.

Operating from the USA, the Nemours Foundation, one of the largest integrated paediatric health systems in the USA, has set up and operates a dual language (English and Spanish) website called *KidsHealth* (<http://kidshealth.org/kid/>). The site advertises itself as 'the web's most visited site about children's health' where '[i]f you're looking for information you can trust about kids and teens that's free of "doctor speak," you've come to the right place'. The site has separate sections for parents, kids, teens and educators. The kids' site is subtitled 'How the body works' and has links to detailed sections with information, activities, podcasts and videos on feelings, staying healthy, staying safe, etc. The section entitled 'Being Healthy' has three subsections: 'Be a fit kid'; 'Body Mass Index (BMI)'; and 'Losing Weight: Brandon's Story'. On the day we accessed this site, the kids' home page carried a rolling image of little girl with the caption: 'What is the right weight for me?'. The

image was linked to a lengthy article that discussed: ‘The best weight for you’; ‘Genes and weight’; and the action to take in order to ‘Get to the right weight for you’ which included strategies such as: increasing exercise; talking to your doctor about your BMI; and comparing your BMI against normal, underweight and overweight BMI. The *KidsHealth* site is funded by partners who buy into a range of advertising and promotion options. The partners include: children’s clinics, hospitals and health care providers throughout the USA and Spain; non-government and government organisations including the *sesameworkshop* and *American Academy of Family Physicians*; corporations and media groups including msn, seventeen, TIME for kids.

### ***The Child and Youth Health website***

For a more detailed analysis of how the imperatives associated with health, weight and the body are promoted and act as resources for children’s identities, we chose to focus on the South Australian website *Kids’ Health*, a sub-site of the ‘Child and Youth Health’ website (<http://www.cyh.com>). *Kids’ Health* is an initiative of the Women’s and Children’s Health Network that is funded by the South Australia government. In addition to sharing a similar name with the Nemours’ sponsored *Kidshealth* site in the United States, the South Australian *Kids’ Health* site contains web-links to the Nemours site – suggesting a possible design and communication process that extends beyond the local and parochial. The South Australian *Kids’ Health* site describes itself as a place where viewers will find a wealth of news and practical health information for children as well as parents/carers. It has won awards and informs viewers that a “team of doctors, nurses, social workers and other health professionals have been working with parents to help children ‘Start Healthy and Stay healthy’”. Our process in analysing the site was first to identify all of the topics

related to health, weight, the body, food and exercise and to examine these in some depth for the ways meanings are constituted in relation to health, bodies and selves. We also used the search tool to search for further references to food, weight, the body and exercise to capture other references to these concepts across the site.

The *Kids' Health* webpage describes itself as being for 'kids only' - 6-12 year olds. It is very colourful and uses children's drawings, quotes and poems to support its messages and appeal to young viewers. The language used is simple and age-appropriate; and the site is made accessible and personable by using text that directly addresses viewers. The choice of topics on the site are substantiated on the basis that they are the result of a survey of more than 500 children and that "all the Kids topics have been trialled by kids". The content is attributed to Dr Kim and/or Dr Kate - two medical avatars whose function is to impart authority, legitimacy and credibility to information on the site. From the range of topics addressed on the site, those most relevant to this paper are: 'Your body' and 'Your food' and the sub-sections on 'Health' and 'Exercise'.

*Know yourself – self-assessment and prescriptions for healthy living*

A consistent message throughout the *Kids' Health* site is the idea that children from a very early age are responsible for their own health and that a healthy lifestyle is possible if children are provided with information, instructions and encouragement. As with the other websites, children are invited to measure their weight, calculate their BMI, and compare themselves against norms for their age. They are also invited to self-monitor their behaviour by comparing their eating practices against a pre-determined 'healthy norm'. The site offers tools for self-surveillance and instructions on how to manage eating and exercise practices to achieve the norms of good health.

*Weight – how much should you weigh?* The website's section on 'The Body' comprises information on different topics organized as an alphabetized list ranging from 'A hairy story' (about hair on the human body) to 'Your Wonderful Hands'. Included in the list is 'Weight – how much should you weigh?' followed by 'Obesity'. The home page for 'Weight – how much should you weigh?' opens with the stated assumption that children are preoccupied with their weight and invokes an unspecified body of research in support of this claim: "Research shows that most children and teenagers think they are too thin or too fat". The general tenor of this section of the website is to reassure children that a lot of physical changes in weight occur in the 'nearly teens', that these are natural and that children should consult an adult if concerned. However, the effects of the obesity discourse and attendant concerns about overweight children are still in evidence. For example, children who think they are underweight are reassured: "Most really thin people who have a good diet are just naturally thin". No such possibilities are available for the child who is overweight: "If you are overweight then you may need to look at the kinds of food

your body needs and those it doesn't". There is no possibility that the norms for weight might be contingent on other factors and the final arbiter is the doctor who can calculate your BMI "to check out how much body fat you have".

*Weight – how much should you weigh?* There are links on the 'Weight' page to a range of subtopics: "Your size and body type"; "Being underweight"; "Being overweight"; "What you can do"; "Dieting; be happy with your body"; and "Dr Kim says". The section on 'Being overweight' tells child readers that if they are overweight then they might need to look at the food they are eating and how much exercise they are getting and directs them to a link on 'Exercise' for "some good ideas". The 'Exercise' page lists a number of reasons for exercising ("makes you feel fit, strong and healthy", "releases endorphins that make you feel good", "is fun and relaxing" etc.) but also includes: "It keeps your weight down" and "you look better". Using rhyming verse, the site presents a widely publicized message on adult websites that exercise is a panacea for physical, emotional or unknown illnesses:

If you feel tired  
If you feel blue  
If you don't know what's wrong with you.  
Get up and move  
Get in the groove  
Exercise and you'll improve

The site also provides a list of cost-free ways of exercising. Although all are useful suggestions, they place the responsibility for exercising squarely on the child and, in doing so, communicate a strong moral message that there is no excuse for being overweight or inactive. If children are overweight after being provided with the

requisite resources and knowledge then the only reason is that they are too lazy to follow the prescriptions offered them, and to act appropriately and responsibly in their own interests.

This section of the website also tells children: “Before you start giving yourself a hard time [about your weight], have a talk with your mum and dad”. This appears to be sound advice but such an injunction contains normative assumptions about: a family as comprising ‘a mum and dad’; the relationship between the child and his/her parent(s) as enabling and supporting open communication; and the capacity of children to act autonomously and control their access to ‘healthy’ foods and opportunities for exercise. Such advice imposes a further burden of responsibility on children by requiring them to not only make healthy decisions but to act in particular ways (e.g. consult with parents, teachers, doctors) if things are not going well.

The section on ‘Being overweight’ contains suggested activities “what can you do” to manage weight. These include keeping a weekly diary to “get to know your body”. In the diary, it is recommended that children detail: “everything you eat (even if you only licked the cake-mixing spoon)”; “everything you do”; “how you feel”; and “how much sleep you have”. By the end of the week, having completed the diary, suggests the website, you should know “heaps about how your body works”. Small changes, the site instructs, “can make big differences over a longer time”; and recommends conferring with mum, dad or a doctor who may suggest changes in your lifestyle or diet. It suggests that a doctor can calculate your BMI “to check out how much body fat you have”. The messages to self-monitor and assess your body using technologies such as a weekly diary, combined with instructions on eating and

exercise based on normative notions of what constitutes a ‘healthy’ body sit uncomfortably alongside the paradoxical injunctions on the same page: “Never decide to go on a diet by yourself” and that “Everyone is an individual”.

The final section under ‘Weight’ is entitled: ‘Be happy with your body’. A series of injunctions are presented that urge each child to accept his/her body and to look after it by “keeping it clean”, feeding it the “right foods”, and resting and exercising so “it works well”. A final injunction links feeling good with appearance: “If you look good, you feel good about yourself and that makes you feel even better”. While other text in this section articulates the healthy, good looking body in terms of ‘clean skin, healthy nails, sparkling teeth, bright eyes and shining hair’, the alignment of looking good with feeling good sets up a normative – and perhaps for many children an unattainable – standard against which the child consumer of the *Kids’ Health* site is urged to constitute his/her identity and to judge the extent to which he/she measures up to or falls short of the normative ideal. Conflating good health with being attractive (looking good) and positive mental health (being happy) leaves no room for the child who is sometimes sad, doesn’t shampoo every day or who feels or is fat (or thin). The child who fails to achieve the normative standard is excluded from an identity of looking and feeling good, and is in addition held to be personally responsible for this exclusion.

*What is obesity?* The notion of individual responsibility is developed further under the heading: "What is obesity?" and its seven sub-sections: 'What is obesity?' 'How do you know if someone is obese?' 'Causes of obesity in children?' 'Problems caused by obesity?' 'How to avoid obesity?' 'Helping your friend'; and 'Dr Kate says'. The answer to the question 'What is obesity?' is straightforward and simple: "Obesity is what doctors call it when you have too much body fat". However, the information and resources within this section go further. Under the heading: 'How do you know if someone is obese?', children are referred to the BMI section on the Nemours' website which states: 'FYI, your BMI is PDI [pretty darn important]' and advises children that BMI is 'perhaps the best way to assess a kid's weight'. The Nemours' site informs children that:

In the last 30 years, a growing number of kids and teenagers have developed weight problems. Today 1 out of 3 kids and teens between the ages of 2 and 19 are overweight, or obese (a word that means very overweight).

The site does not show a child how to calculate their BMI but on-line BMI calculators are readily available on adult websites and through a range of free Apps specifically designed for children and teenagers. The Nemours' site, however, does provide information about BMI percentile categories and advises children "Once you learn your BMI you'll learn that you are in one of the four categories".

The section entitled 'Problems with obesity' notes the chronic diseases attributable to obesity such as diabetes and cardiovascular disease but focuses on the social problems of obesity, proposing that these problems "are probably worse for kids" and supporting this claim with the following rhetorical questions and assertions:

- Who wants to be called bad names?

- Who wants to be left out of games and teams?
- Who wants to have a hard time finding friends?

Kids who are obese often suffer all these things

Appearing beneath the text are two cartoons drawn by children that underscore the shame of being an obese child. As with all of the pictures, cartoons, poems and commentaries developed by children and represented on the *Kids' Health* site, the material is unmediated and without accompanying adult commentary other than the text against which they are positioned. The first cartoon portrays a slim figure pointing at a larger figure with the caption 'You're Fat'. The slim character is smiling and the larger character has a down-turned mouth and is crying, but also holds a large chocolate bar, implying that his weight and the ridicule of a peer is a consequence of chosen dietary practices. The second cartoon shows a figure with a sad face looking over his shoulder at viewer with a caption that reads: 'I am a Loner'.

The cartoon underscores the message that those who, through the size of their bodies, have failed to exercise responsible judicious choices for their health must deal with the consequences of these choices. Nowhere in this section of the site is there any suggestion that it is inappropriate to call other children bad names, exclude them from activities, games or teams, or to ridicule them. To the contrary, the thin cartoon character speaks from a position sanctioned by the obesity discourse whereby the slender body represents ethical and responsible choices while larger bodies are positioned as irresponsible, abject and therefore the justifiable object of ridicule. In a similar vein, the character in the second cartoon is constituted as abject but in this case deserving of pity. In both cases, failure to take responsibility for successfully

managing one's health has negative emotional and social effects on identity: distress, loneliness, isolation and exclusion.

The site provides strategies for evading this state of being by providing instructions and injunctions on 'How to avoid obesity': "Exercise"; "Get a good night's sleep"; "Get involved"; "Get determined"; and "Be happy". These prescriptions reinforce the notion that thinness equates with happiness and present the simple moral message that children who are disciplined, energetic and responsible can avoid the negative consequences portrayed in the cartoons described above.

*The good, the bad and....* Surveillance of bodies and behaviour extends beyond children's own bodies to those of others. This is accomplished through the use of pictures drawn by children that assess the practices of others. This is evident in the child-drawn picture presented in the section on *Cholesterol* within the broader topic of 'Health' on the *Kids Health* website. In this section, the nature, sources and function of cholesterol are described, and the dangers of too much cholesterol are addressed under the heading that explicitly reinforces the conflation of moral virtue with appearance: 'The good the bad and the ugly ...'. Here a picture shows two characters, each seated at their own table which are laden with three different foods. The first character is a large figure with a bulging chest and on his table are drawings labelled jellybeans, lollypop and icecream. The second character is smaller and on his table are carrots, broccoli and peanuts. The text under the title 'The good, the bad and the ...' outlines the role of cholesterol in ill-health using the metaphor of clogged drains: "If this clogging up gets really bad then it can damage important parts of the body like the heart (heart attack) or the brain (stroke)". Despite a tenuous relationship with the textual information about cholesterol, the drawing presents the food choices

of vegetables and nuts versus jelly beans, lolly pop and icecream as nutritional and moral binaries: healthy/unhealthy; good/bad; virtuous/wicked; right/wrong.

Continuing a consistent theme throughout the site, frightening outcomes are associated with choosing the latter category of foods: overweight, heart attack and stroke.

The preoccupation with physical appearance, bodies and weight leaks out to seemingly unrelated topics on the *Kids' Health* site. For example, the section on 'Holidays' concludes with advice from Dr Kate:

Did you know that there are lots more overweight children now than there were 20 years ago? One of the reasons seems to be that today's kids are sitting still too much. You may be able to improve your future health by being very active during the holidays. Walk or run to a friend's house, ride a bike, swim, use a skateboard, dance... I'm sure that you can think of lots more ways to keep your body moving and healthy.

The authority of the two medical avatars, Dr Kim and Dr Kate, is complemented by information and injunctions from children whose drawings, poems and comments constitute what is normative for their peers. In some cases, these injunctions relate to accepting oneself but others offer prescriptions for healthy living. For example, Alex (7 years) is quoted as advising: 'Don't look in the pantry for a snack when you come home, look in the fridge for healthy snacks like fruit, cheese and crispy vegies'. In this way, the site persuasively reaches out to children by invoking the advice of children on how to attain prescribed degrees of 'health'.

As with similar sites, the intention of the *Kids' Health* website is not to harm but rather to inform and improve children's chances of living well. On one hand, it

urges children not to compare themselves to others and to be happy with who and how they are. At the same time, the site is saturated with normative ideas about children, families and relationships. It would be difficult, for example, for the large child, or children who consider themselves as large, to recognize themselves as other than inadequate, socially unacceptable, and needing to take themselves in hand by eating differently and exercising more in order to be become and be recognizable as worthwhile people. There is little space for identification as normal for the child who has little control over food choices in the family or who is unable to take advantage of the many suggestions for exercising 'for free'. In this one could argue that the site espouses particular middle class and cultural values and practices that exclude other ways of thinking and being and of moral worth.

## **Discussion**

Collectively, the sites discussed in this paper instruct children on how to think about food and bodies including how to evaluate themselves and construct identities in relation to images and norms (Kenway and Bullen 2001). On one hand, the writers of such websites are clearly concerned that children should understand that there is a range of what might be considered normal in terms of growth, height, weight and body shape and that the information they provide is responsible to the preoccupations of many children. On the other hand, the websites we have described above also contribute to that proliferation of information that is unavoidably normative and that, as Cheek (2008, 976) suggests, makes it more and more difficult to attain a state of 'good' health: "we live in a state of heightened awareness and understanding of health but at the same time experience the feeling of never having enough of, or knowledge about, health". The easily accessible 'health' knowledge on the *Kids' Health* website,

for example, offers a plethora of information for the child consumer to make ‘informed’ decisions regarding their health and wellbeing, and presents repeated messages of responsibility for one’s body and mechanisms for self assessment. How then, based on this plethora of ‘information’, assessment tools and prescriptions for health, could anyone *not* be healthy – given the wealth of knowledge they have the potential to access and take up? Under these conditions, to not be healthy implies a wilful disregard and failure to take responsibility for one’s own health.

The information on the websites appears straightforward and non-controversial. This makes any critique of such websites seem misguided. However it is their very taken-for-grantedness of the ‘truths’ that we argue is problematic. The sites, despite setting themselves up as increasing health related awareness through non-contentious, factual perspectives, operate as pedagogical mechanisms through which norms and ideologies related to bodies, food and health are powerfully communicated and perpetuated. All provide materials by means of which children can compare their own behaviours to standards of desired behaviours. For example, most of the sites, like the *Kids’ Health* website, provide the means by which children can compare their weight (or their BMI) to norms for their age. Some go further by encouraging children to actively self-monitor their behaviour by completing diaries of food consumption and activity. The discourses and practices that are promoted on the sites, like health promotion and public health discourses more widely, (re)produce values and moral stances that “produce certain limited kinds of subjects’ bodies, drawing upon binary oppositions associated with discriminatory moral judgements” (Lupton 1995, 5).

Morality is inevitably associated with emotions and emotions play a key role in modes of regulation because of the ways in which “the emotions circulate between bodies and signs” (Ahmed 2004: 117). Rich (2011) makes this point in her analysis of *Honey, We’re Killing the Kids* – a BBC TV series in which parents are shown the consequences of their poor parenting through computer-generated images of what their ‘future child’ will look like in adulthood if they persist with their current diet and exercise patterns. The images provoke parental feelings of horror, disgust and sadness. Rich argues that these connect children’s bodies to the ‘responsibilization’ of parenting (Fullagar 2009) by demonstrating to the parents what they *have done* and *may be doing* to their children. In similar ways, the presentation of images of fat children and the alignment of overweight with emotional distress and social exclusion on health promotion websites work to invoke emotions that delineate particular subjectivities (fat, disgusting and sad) for children as they evaluate themselves and their desires in relation to the norms the websites advocate. One could also go further to argue that the websites encourage particular ways of seeing where other children and even adults who do not demonstrate adherence to these norms by their appearance or their practices, such as eating proscribed foods, are also constituted as abject, as poor bio-citizens. As suggested by other research, this is both informed by and produces social class and cultural prejudices (Burrows 2011; Wright et al. 2012)

In these ways, health promotion websites provide resources by which children come to understand themselves and thereby constitute their identities. Discussing consumer media culture more generally Kenway and Bullen (2001, 152) write:

In terms of young people’s identities and relationships, [consumer-media culture] mobilizes feelings of connectedness, gratification, pleasure, excitement and passion. But it can also provoke a sense of inadequacy, anxiety, shame, yearning, envy and

contempt for the self or the other. It empowers and disempowers, legitimates and delegitimates, reveals and conceals.

Kenway and Bullen are concerned with media explicitly designed to engage with young people's emotions – to entertain rather than to teach – but they make the argument that such media sources also work as implicit pedagogical sites. We argue that explicitly pedagogical health promotion sites also engage children's emotions and offer children the knowledge, skills and resources to constitute their identities. They do this through prompting feelings of connectedness (e.g. through forms of address to the community of children that Drs Kate and Kim include in their advice) and pleasure (the cartoon images and text prepared by children) but also by provoking feelings of shame, anxiety and contempt. Unlike the consumer culture sites that Kenway and Bullen describe, the health promotion sites do not “exist as a competing pedagogy” but replicate and reinforce dominant messages about bodies, health, food and weight promoted in the formal curriculum and practices of schools and by some parents. In so doing, such sites allow less space for resistance because alternative ways of being and behaving are made invisible and therefore more difficult to excavate. Like popular media sites we contend that the health promotion sites are also sources of identity formation and affective investments whose apparent neutrality and scientificity bolsters their power and effects. In this way, health promotion sites like *Kid's Health* construct a “version of reality” (Kenway and Bullen 2001, 169) by establishing normative expectations against which children can shape and evaluate their identities and lives, and those of others.

The identities and practices that are encouraged by these websites assume a particular subject, a neoliberal subject who has the capacities and freedom to make choices and act on these. There is no recognition of family contexts, of different social and

economic or cultural values. In this, the ideas constituted around a healthy subject on the Kids' Health website, like similar websites globally, are both the effect of and reproduce core elements of the neoliberal project. They reproduce social hierarchies through their absence of concern for social contexts and inequalities. Such websites are only one example of the 'recent explosion' in health resources and programmes funded by government health and increasingly multinational agencies to supplement and in many cases replace health education curriculum in schools (Powell 2012), as well as serving as information resources and guides for parents and children in their making of themselves as bio-citizens. These demand further scrutiny by researchers and educators concerned with the equitable education of children and young people and with education that does no harm (O'Dea 2005).

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*Child and Youth Health* (South Australian Government, Australia)

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