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Jan Wright

University of Wollongong, jwright@uow.edu.au

JaneMaree Maher

Monash University

Claire E. Tanner

Monash University

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Abstract

In the context of concerns about childhood obesity, mothers are placed at the forefront of responsibility for shaping the eating behaviour and consequently the health of their young children. This is evident in a multitude of diverse sites such as government reports, health promotion materials, reality TV shows and the advice of childcare nurses and preschools. These sites produce a range of resources available to mothers to draw on to constitute themselves as mothers in terms of caring for their children's health. Drawing on a qualitative study of mothers recruited through three Australian preschool centres, this article examines how the working-class and middle-class mothers of preschool-aged children engage with knowledge about motherhood, children and health and how those engagements impact on their mothering, their foodwork and their children. We argue that, unlike the working-class mothers pathologised in some literature on obesity, these working-class mothers demonstrated a no-nonsense (but still responsabilised) approach to feeding their children. The middle-class mothers, on the other hand, were more likely to engage in practices of self-surveillance and to demonstrate considerable anxieties about the appropriateness of their practices for their children's current and future health.

Keywords

mothers, foodwork, anxieties, class, social

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Social class, anxieties and mothers' foodwork

Jan Wright, JaneMaree Maher and Claire Tanner

You know, you do these social comparisons and the norm that the mental health nurse has presented to you just sounds so angelic that you are never going to compare so you are always feeling guilty about not having been a good enough mother. And you know, I think you just do anyway because it's just that middle class thing of wanting to be a good mum or something, I don't know. (Lisa, Centre 1)

In the context of widespread concerns about childhood obesity (see Coveney 2007), mothers are placed at the forefront of responsibility for shaping the eating behaviours, food consumption and consequently the health of their young children now and in the future. We use the term foodwork to describe the practices that form the key food activities and exchanges between mothers and children. Foodwork includes planning, purchasing preparation, eating and the emotional and domestic management of children's eating (Phillips 2008; Valentine 1999). Mothers' responsabilisation for good or appropriate foodwork and healthy diets is evident in a multitude of diverse sites such as government reports, health promotion materials, reality TV shows and the advice of childcare nurses and preschools (Bell *et al.* 2009; Boero 2007; Herndon 2010; Maher *et al.* 2010a; McNaughton 2011; Ristovski-Slijepcevic *et al.* 2010; Warin *et al.* 2012; Zivkovic *et al.* 2010). These articulations form part of what Thomson and her colleagues (Thomson *et al.* 2011: 8) call 'a common culture of motherhood': the range of discursive and social resources that mothers draw on to constitute themselves as 'good', caring, responsible and health-seeking mothers.

In this paper we examine how mothers of preschool aged children engage with these discursive knowledges about children, foodwork and health in their food practices. Our data

were collected through interviews with mothers at three preschool centres located in different socio-economic neighbourhoods in the State of Victoria, Australia. Although there were many common themes that shaped the responses of all mothers (see Maher *et al.* 2013, Tanner *et al.* 2013), our analysis of the interview texts found subtle but important differences in the ways the women at each of the centres talked about their practices and ideas about feeding their children. These differences were most obvious when the interviews of the mothers from Centre 3, which drew children from poorer and working class families, were compared with those of the mothers from Centres 1 and 2, which drew children from professional middle class families. Making an argument for differences on the basis of social class is not an easy task. However, there is considerable research pointing to the importance of class aspirations in shaping parenting practices (Gillies 2005; Laureau 2002; Vincent *et al.* 2013; Vincent and Ball 2007; Perrier 2012). Family food studies have demonstrated how the intersections of family, social class and eating practices are complex and variable and require further exploration (Backett-Milburn *et al.* 2010; Boero 2009; Curtis *et al.* 2010; Wills *et al.* 2008). There are also increasingly critical interrogations of the assumed links between social class position, mothering and the 'crisis' of childhood obesity in developed countries such as Australia, the US and the UK (Broom and Warin 2011; Herndon 2010; Warin *et al.* 2008). Most recently O'Connell and Brannen (2014) have explored how parental socio-economic status impacts on parental negotiation of children's food agency in their research with young children. These studies have employed a range of qualitative methods seeking to draw out the meanings attributed to food negotiations within families and between mothers and children. In line with these accounts, we examine the intersections of mothering, social class and foodwork to explore how differently located mothers experience and respond to their responsibility to provide healthy diets and maintain healthy weights for their children.

Attention to the differences in how mothers talk about their feeding practices for their children is important for two key reasons. We argue that while all mothers are made responsible for children's well-being and food intake, different groups of mothers are addressed in different ways. Low-income mothers are often presented as unknowing or unable to deliver healthy food to their children (see, for example, Hernandez *et al.* 2012; Topham *et al.* 2010). Middle-class mothers are confronted with claims of negative or uncertain health impacts for children, resulting from maternal employment and time poverty (Boero 2009; Maher *et al.* 2010; Pagnini *et al.* 2007; Zivkovic *et al.* 2010). Our findings illustrate how differently positioned mothers heard and responded to these class based discursive approaches and point to the considerable complexity in maternal responses to the obligation to feed their children well. Our findings challenge assumptions that poor and working class mothers are deficient, irrational, unknowledgeable or simply uncaring in choosing food for and feeding their children and demonstrate how middle class mothers experience stress and strain managing a range of food pressures in terms of choice and child agency. With these findings, we aim to contribute to contemporary understandings of maternal food practices in light of childhood obesity and health imperatives and to present a fuller account of the intersections of maternal foodwork, responsibility and class.

Theorising food, mothering and social class

Bottero and Irwin (2003) argue that social class is still a significant indicator of hierarchies of difference and of social inequalities. Though rarely overtly declared, class identity 'is implied in the specific cultural practices which are bound up with the reproduction of hierarchy' so that "class' is now encoded in implicit ways' (Bottero and Irwin 2003: 470). Class continues

to act as 'a constraint on aspirations and tastes, social networks and resources' (Bottero and Irwin 2003: 470), shaping cultural practices.

Researchers such as Diane Reay (2004) in the UK and Annette Lareau (2002; 2011) in the US, demonstrate the salience of class distinctions in relation to mothering/parenting. Our study revealed that class location played an important role in how contemporary childhood obesity discourses influenced maternal foodwork. Following Lareau (2002; 2011) and Wills *et al.* (2011), we argue that distinctions between classes are not simply about inequalities in terms of resources, but shape how contemporary neoliberal ideas about parental responsibility for children's futures are taken up by differently located parents and particularly how maternal responsibility for children's food and bodies is constituted.

We argue that there are two distinct discourses that address mothers in terms of food and social class. In the first discourse, and in light of identified higher prevalence of childhood overweight and obesity in low-income populations, working class or low-income mothers are often presented as deficient or inactive. While it may not be the intention of researchers, studies using maternal education as an indicator of SES may contribute to a discourse that blames mothers for unhealthy practices through lack of knowledge and care in feeding their children (e.g. Campbell *et al.* 2002; Topham *et al.* 2010). Socio-economic disadvantage is often used straightforwardly as an indicator of impoverished working class parental practices (see Backett Milburn *et al.* 2003; Boero 2009; Broom and Warin 2011; Burrows 2011; Herndon 2010 for critical analysis of this proposition). Though not questioning the high rates of obesity and overweight amongst poor populations, Pickett *et al.* (2005) and Drewnoski (2009) explain this phenomenon in terms of socio-economic disadvantage and inequalities. If finances are an issue then energy-dense foods are the more economic option for feeding a family (Drewnowski and Darmon 2005; Gibson *et al.* 1998; White 2007). However, the prevailing media and political discourses obscure

economic constraints and blame mothers/parents for poor diets and not inculcating appropriate attitudes to food and exercise (see for example, Fine 2009). In an extreme form, widespread acceptance of parental blame legitimizes arguments that governments should take obese children from their neglectful parents (see critical accounts by Boero 2009; Zivkovic *et al.* 2010).

In contrast, discourses of time poverty due to women's employment are raised in the context of middle class households (Cawley and Fen Lui 2007; Phipps *et al.* 2007; Rhee *et al.* 2008). As Gard and Wright (2001) suggest, 'obesity discourses reveal a particular kind of anxiety about food [as] an undesirable side effect of modern western life' (p. 539), and social changes in terms of maternal employment and food practices are central here. The loss of family meals and consequent health benefits are widely reported and mourned (Maher *et al.* 2010). In each of these discourses, there are pressures and potential damage created for mothers and children in daily food exchanges which need to be carefully considered (Ristovski-Slijepcevic *et al.* 2010). In our study, we found that the middle class mothers took up resources from the 'common culture of motherhood' around children, food and obesity in ways that created conflicted approaches to the well-being of their children. Alternatively, the material circumstances of the poor and working class mothers constrained how mothers could provide and thus may have embedded health inequalities for their children now and in the future.

Wills and her colleagues (Wills *et al.* 2011; Wills *et al.* 2008) demonstrate important distinctions between working class and middle class families with teenagers in relation to food and eating, where differentiated access to economic and to cultural and social capital are key. For the middle class families in their study, the goal of eating a healthy diet was always aspirational and often unattainable, as the temptation of 'bad' foods was ever-

present and inevitably succumbed to by family members, producing guilt and worry. Working class families by contrast focused on 'what needed to be done today' (see also Backett-Milburn *et al.* 2010; Wills *et al.* 2008). Lareau's (2002, 2011) comparison of working and middle class families in the US identified similar distinctions. The working class parents in Lareau's study, experienced 'formidable economic constraints [that] made it a life task ... to put food on the table, arrange for housing, negotiate unsafe neighborhoods, take children to the doctor ... clean children's clothes, and get children to bed and have them ready for school the next morning' (Lareau 2011: 2). Such differences in practice and aspiration should not be interpreted as a lack of attention to and interest in children's well-being in working class families. As Herman and colleagues (2012) have recently found, the aspirations of low income mothers for their children's diets did not feature discourses of obesity but clearly included healthy food and child development. In our study, shared aspirations for child well-being were found amongst working class and middle class mothers, who all took the obligation of feeding children properly very seriously. Resources and social location, however, were critical in how they took up circulating discourses of maternal responsibility to determine *how* this aspiration was to be realized. While neoliberal discourses of responsibility, self-management and children's health were present for both groups of mothers, they were expressed and experienced differently.

Following Thomson and her colleagues (2011: 8), we begin with the idea that there is 'a common culture of mothering' from which women draw ideas that create 'their personal project of motherhood'. This common culture includes prevailing expectations of mothering and care, and circulating discourses of responsibility, especially in relation to the direct care of children and diet. We argue that it accounts for the discursive commonalities evident across the interviews. Ideas about maternal responsibility for health and care are deeply embedded, long-standing and newly intensified in the context of childhood obesity

discourses (McNaughton 2010; Warin *et al.* 2012; Zivokovic *et al.* 2010). These ideas are not always consistent and are even contradictory; O'Key and Hugh-Jones (2010) suggest many mothers distrust the complex and sometimes confusing health information presented about their children's optimal diets.

As Lee points out, mothering is understood as 'both the private responsibility of individual mothers, and also a matter of public scrutiny and intervention, with mothering practices defined as "good" or "bad" in expert and policy discourses', where a 'good' mother resists or avoids any action or activity that might be potentially 'unhealthy' for the child (Lee 2008, p. 468). Importantly, 'expert and policy discourses' are often dominated by medicalised frameworks for understanding health risks and their purported mitigation. Despite 'common cultures of mothering', based on these frameworks for understanding childhood obesity, the neoliberal emphasis on personal responsibility for health impacts on mothers and mothering practices in different ways. Here we are concerned with class as it shapes how mothers are taking up the newly intensified responsibility of caring for children's diet and weight in day-to-day foodwork.

Methodology

The data discussed here was drawn from an Australia Research Council-funded project conducted in 2011-2012 that investigated the impact of childhood obesity prevention messages on mothers of young children. Australian governments have taken an increasingly interventionist approach in recent years to childhood obesity, although there is some dispute about rates of obesity in children which may have plateaued in recent years (ABS 2012; Gard 2011, Olds *et al.* 2010). Given our interest in maternal responsibilisation, and in line with recent research drawing out more complex accounts of maternal practices and illuminating class difference, a qualitative approach was selected. We were interested to

understand how mothers of young children were hearing extant discourses about childhood obesity and health and how such discourses were influencing their daily foodwork with their children. Ethics approval was granted through the Monash University Human Research Ethics Committee and permission was gained from three childcare centres in Melbourne, Australia, to recruit attending mothers. Mothers of children attending preschool represent a significant gap in the literature. Much of the research in the area of mothering and responsibility either targets pregnancy and breastfeeding (McNaughton 2011; Warin *et al.* 2012) or focuses on school aged children (Burrows 2011; Campbell *et al.* 2012).

Centres were selected on the basis of their demographics, to explore how mothers with different educational backgrounds, employment status and material resources managed day-to-day foodwork in the context of heightened anxiety about a 'childhood obesity epidemic'. Centre 1 was situated within a university in an inner city suburb, Centre 2 was in an area with a professional middle class demographic, some distance from the city and Centre 3 was located on the suburban fringe with a low socio-economic working class and poor demographic. Participants were recruited via a notice providing details about the study (i.e. the project title, aims, what participation involved, ethics approval, contact details) placed in children's 'information pockets'; an email to parents from the Director of Centre 2; and personal approaches by the researcher – the most successful approach.

The women at Centres 1 and 2 were academics or engaged in postgraduate study (Centre 1) or professional women in management or administration (Centres 1 and 2). All but one of the women at Centres 1 and 2 were living with partners and these partners had similar profiles to the women. Of the eight women interviewed at Centre 3, four were full-time mothers, with childcare heavily subsidized by the local council, two were students (one learning English and the other childcare at TAFE) and two were employed in low income

service industries. Four of the women indicated they were single or caring for their children without a partner; four had partners. The partners were unemployed or in skilled or unskilled labour. All the women interviewed had at least one child aged under five years and children's ages ranged up to 16 years. The designation of social class used in this paper is based primarily on the demographics of the Centres' locations, which were in turn consistent with the occupations of the mothers. Cultural heritage also clearly played a role in the ways the mothers engaged with ideas about food and mothering. The cultural heritage of the mothers at Centres 1 and 2 was very diverse, with seven of the mothers describing an Asian or South East Asian family heritage, and four of European heritage. In contrast, seven of the eight mothers at Centre 3 identified as Anglo-Australian.

Interviews were between 60 and 90 minutes in length and were conducted at the Centre or at locations the mothers nominated. A semi-structured interview format was employed to allow for consistency of interviewing whilst also permitting the project to be responsive to the range of issues, perspectives and approaches that can emerge in an open-ended conversation. We asked about daily food practices, such as the management of food provision and physical activity, understandings and ideas about childhood obesity and health, and experiences of obesity-related public health messages and injunctions. The interviews were professionally transcribed verbatim then de-identified.

Our approach to the data analysis was both theoretically motivated by previous literature and our research questions around the relationships between mothering, responsibility and food practices. As a starting point we adopted a collaborative approach to analysing the interviews and arriving at themes that would form the basis for coding in QSR Nvivo. After each researcher had read the interview transcripts, a large number of themes were proposed around food, mothering, emotions, children and weight. These themes were

refined and consolidated through research team meetings and emails until saturation of data analysis was arrived at. During further close reading of the interviews, and a review of the data in relation to each Centre, some distinct qualitative differences in women's articulation of their responsibility and how they responded to it were evident. The matrix analysis tool in QSR Nvivo (Bazeley and Jackson 2013) allowed us to refine our comparison of the mothers' responses in relation to each of the Centres, identifying common patterns and differences in data coded under the key themes of 'responsibility', 'relationships' and 'daily practices'. The theoretical resources described above around mothering, neoliberalism food and social class offered a framework to interpret and explain how differently located mothers described their foodwork and food practices. It is this analysis that has been used as the basis for our argument in this paper.

Findings

Our thematic analysis revealed that the practices of mothers around food responsibility and care differed according to the location and resources of the mothers concerned. In each of the following sections, we outline the key themes and analyze the differences that emerged from our data.

Feeding the child

Meals were a minefield to be negotiated for most of the mothers, but particularly the middle class mothers for whom mealtimes were a source of considerable anxiety in terms of both their children's present behaviour and future habits. In these families the luxury of choice created situations where each child's likes and dislikes had to be accommodated to ensure that their nutritional needs were met. The mothers thus negotiated a complex assemblage consisting of: their children's preferences, nutritional rules (good and bad food,

five food groups, enough vegetables of enough colours, not too much of 'sometimes' foods versus 'everyday' foods); their household economy; and their own mix of ideas and values about food, health, mothering, and responsible citizenship. For most of the middle class mothers, decisions were made in response to the individual child's perceived needs; feeding seemed to be a personal negotiation between the child and the mother, in which the mother had considerable investment. This meant preparing special foods, choosing family foods or providing a choice of foods that would satisfy the 'fussy' child. The mother's investments in the child's response to her choice and careful preparation of food meant that talk about feeding the child was at times accompanied by a narrative of sacrifice, including that of cost (particularly when a child 'chose' not to eat an expensive and painstakingly prepared meal).

This approach was sometimes accompanied by criticism of those who didn't take the same care in the preparation of 'fresh foods'. Like the middle class families in the Wills *et al.* (2011) and Backett-Milburn *et al.* (2010) studies, the need to control their children's eating choices, to maintain standards and perhaps more importantly to constrain tastes for 'bad'/non nutritious foods, that would impact on their health now and in the future was felt acutely. Their anxieties about getting this right were palpable.

Look I don't think [having pleasure from food] is as important as her eating healthy personally. She doesn't need the sugar and she doesn't need the butter. Do you know what I mean? She is a 2 year old she doesn't need that kind of pleasure. There is other pleasures she could get, like I take her, like we take her to the park all the time, ... I would rather have those pleasures than learn to eat the wrong food at a young age and it continues. That's my biggest concern, because I know that childhood obesity is rising in Australia and so I think it's important... I just don't think

you're teaching or giving your children any benefit or teaching them anything by giving them sweets all the time. My husband and I don't even eat sweet biscuits. It's not even part of our grocery list so to me it's very important, very important.

(Caroline, Centre 2)

In Caroline's case ensuring that her child doesn't develop the wrong 'tastes' was so strongly felt that she would prefer her child to go to bed without eating rather than eat the wrong foods. The idea that children will eat when they are hungry is taken as supporting her actions.

The middle class mothers chose foods that would contribute to the health of their child now and in the future. The working class mothers, in contrast, chose what they considered to be healthy foods to feed their children in the here and now; so that they would thrive. For these working class families, meals were not about negotiation but about eating what was available and had been prepared for the family. At the same time in the following quote Petra recognizes middle class norm of child choice and notes her own deviation from it. Ella's comment points to the time it took to achieve her 'no choice' policy.

No you eat what everyone else is eating at the table, that's it. I think it's unfair too if you're doing that. Letting one child dictate what they want to eat and everyone else is eating this and no, everyone eats the same food. We're all in the same household, we all eat it, it's good healthy food and it tastes good, get used to it [pause] aren't I shocking?.' (Petra, Centre 3)

I am not going to sit there and make 20 things just because he doesn't want to try a vegetable. No I am not going to make different food... But yeah I think it's more he just wants something to whinge about but no I am not going to make him different foods cause he refuses to try it, that's just giving in, and nuh. Eventually it worked, it took me about 6 years but it did work.' (Ella, Centre 3)

Yet these mothers also had other aspirations for their family foodwork, as did the low-income mothers in the study conducted by Henderson et al (2012). For Petra, the 'vegie patch' in her new home was an important part of putting the family back together after splitting up with an abusive partner. For Margaret, mealtimes together were central to the survival of the family after separating from her partner and moving house, and were more important than exactly what her children were eating. For Margaret, the role of food in building and re-building family relationships were as important as the nutritional value of food.. As she said when asked who cooks:

Me, yes, mother. [laughter] They're starting to learn, they're starting to cook now like I have one that wants to be a chef so he starts to help out, whatever. We made porcupine balls once and the other one made spaghetti, yeah we need change at the moment. We're all trying to do different things and get our family a bit connected. Like with you know family breakdowns and stuff like so, we've got a bit of support and we're all trying to change things. (Margaret, Centre 3)

For Margaret part of 'trying to do different things' was changing what the family ate, specifically eating less of what she described as junk food but with a clear aspiration for family connection and relationship. These hopes existed alongside very pragmatic concerns about cost. Megan, for example, talked about frozen vegetables as a healthy and cost

effective option. While Sophie looked to Master Chef recipes, Margaret cooked very traditional meals: 'I don't go for them fancy name things – [cherries and avocados]'. These families were more likely to have a family meal, with as many family members as were at home, because this was the practical option and in Margaret's case a place to rebuild family connection. The heightened sense of individual child taste that characterized the food practices of the middle class mothers was not evident here. In the next section, we look at how differently located mothers responded to the discourses of healthy diets and childhood obesity.

Food, bodies and weight

The most powerful effect of the medicalised discourse is the attitude of self-policing it engenders in mothers as they let it play upon their self-assessments of their own feeding practices. (Murphy 2003, p. 442)

The public gaze on children's size in contemporary public commentary about obesity moves from child to mother attributing any supposed overweight to the mother and her decisions around food for the child. Mothers have been interpolated and interpolated themselves into these normative assessments of mothering (Murphy 2003; Author 3) . For some of the mothers in our study this resulted in a good deal of anxiety about their 'goodness' as mothers. The middle class professional mothers from Centres 1 and 2 expressed palpable anxiety about their children's sizes and their own feeding practices. They assessed their foodwork in relation to 'expert knowledge', for example from the maternal and childcare nurse; and sometimes conducted a deliberate quest for reassurance that their child fell within 'normal' weight parameters.

At the same time the body of instructional knowledge to which these particular mothers thought they should defer was perceived as ambiguous, fluid and not very helpful:

I think it can be really difficult to work out what is actually healthy because ... there's masses of conflicting information out there and it's not always easy to work out what, who do you listen to? (Rosie, Centre 1).

Given that their children did not always respond to the guidelines provided and often refused to eat, the mothers' talk about this 'expert knowledge' was often associated with frustration, guilt and/or anxiety. Compliance required a close monitoring of their children's eating practices and their own behaviors.

... she realises now that if she doesn't eat her dinner there is always something afterwards. So now I pretty much don't give her anything and she only gets like her milk in her sipper cup and then she goes to bed. So I starve her basically... *Well you know what we get told; 'if they're hungry they will eat.'* (Caroline, Centre 2)

These anxieties were made explicit by Anna, 'a new mum in this country', who attended classes at the Maternal and Child Health Centre. These classes reinforced her need to closely monitor her child and respond to signs of his readiness to eat certain foods:

Yes, oh, I was a new mum in this country and it was stressful to hear what kind of foods to give and stuff like that. Yeah, because you have to give it to them at the right age, so when they're ready, you have to keep looking out for signs that they show that they're ready to eat food. And if you introduce it too early it's not good, if you introduce it too late it's not good, so I did attend one class about it.

Later in the same interview, she, like Caroline, talked about food refusal: something most middle class mothers identified as a key issue in their daily food practices.

Well he doesn't eat. I mean he doesn't eat is what stresses me out totally because the midwife... not midwife, the nurse, the Maternal nurse would say, oh if he's not wanting to eat, let him be hungry for a few days, he'll automatically... but given the choice Raj won't eat for a week you know. That stresses me, so... (Anna, Centre 2)

One of the most obvious points of difference between the working class and middle class mothers was the middle class adherence to the medicalised discourse of obesity. There was no disagreement that as 'a nation we are becoming bigger'. This change was generally explained in terms of busier lifestyles, higher consumption of processed and convenience foods and more sedentary lives because of increased technology (all well recited tenets of the public obesity discourse). All of the mothers agreed that they were ultimately responsible for managing their children's health and food intake and finally for their children's weight. But the middle class mothers sought to differentiate themselves from those other working class bodies ('seen' in shopping malls) that presented as both evidence of, and a future possibility of overindulgence. Rosie (Centre 1), for example, spoke about 'all [the] theories for [childhood obesity] around things like kids doing more sedentary activities these days and screens and television and computers as well as poorer eating habits. And you know people say it's because the mothers work these days and don't cook meals properly and resort to takeaways and pre-prepared things'. She was keen to distance herself from these kinds of mothers. She spoke about her seven year old's weight and said: 'I'm really conscious of what he eats and watch him and really push him out the door and make him do stuff.' From her perspective, and that of most of the mothers from Centres 1

and 2), it was 'ultimately the parents' [and thus her] responsibility to monitor their child's input and ensure that a balance between 'calories in, calories out' was maintained.

Like Rosie (Centre 1), many of the middle class women interpolated themselves into a discourse that held them responsible for shaping their children's behaviors to ensure that their children were a healthy weight now and building good future habits. Such interpolations often generated high levels of anxiety about their own practices and the children's current size, as evident in Jenny's interview. Jenny's anxiety about her two year old daughter's appearance was a constant theme, to the point that she finally showed a photograph of the child to the interviewer and asked if she thought her child was overweight. A question about her ideas about feeding children and exercise prompted the following response:

When she's with me at home, especially in winter time, its a bit cold so I'm a bit lazy to go out or go to the park, she will not have enough exercise or probably not active enough in the house. ... She's got a bit of a chubby face but I guess at her age to me I'm not so worried about her being chubby at her age because she's only two and a half. I'd rather her being chubby than too skinny, to be honest. It's not necessarily going to lead to obesity or anything but when I see some other kids at her age can be a bit more slimmer or skinny, I'd rather her being a little bit chubby. I mean she's just chubby on her face but not so much on her body. I mean I don't know, I don't really worry about it too much at this stage but certainly I would not lead her to the obese situation as she grows up. (Jenny, Site 2)

Later in the interview, Jenny returned to the need for constant monitoring and to the role of the responsible mother:

I think if she was approaching like maybe four or five and she's getting, like the way I look at her, I can show you the photo later but I would not say she's fat, honestly, although I call her little fatty but she's not really fat, fat, she's, but she's quite tall for her age ... I'm sure we watch her diet as well, we're not, like we don't have take away all the time and we definitely not always eating those fatty foods like fish and chips, all those things or fast food, because we're not that type of family. We make sure we eat like a balance diet so I would not let my children or the family go into sort of, like having something for convenience or having something frozen, like heat it up in the microwave, not like that I guess, we like fresh food and balanced diets. So we make sure that, if I really think she's going to be fat, I'll make sure she does exercise or definitely cut down some of her sweets or something if we have to, but I'm definitely not going to let my daughter be chubby or too fat but at this stage I think they're too young to me to classify as fat or obese. ... What do you think?
(nervous laughter) Should I worry? (laughter)

Jenny is worth quoting at length. In this text from her interview, her anxiety seems well rehearsed. This is not we suggest simply a response to the interviewer's question; rather Jenny's anxiety is a consistent part of her mothering and she wants reassurance that her own practices (her 'laziness') are not culpable for putting her child at risk of being 'fat or obese'. She distances herself from those 'other' families who eat convenience foods, heated up in the microwave. The neoliberal imperative of maternal responsibility for children's weight and health was strongly taken up and shaped daily practices but did not result in confidence and a sense of good mothering well performed.

In contrast, Petra (Centre 3) also talked about women who were obese and who fed their children unhealthy food and did not encourage them to exercise. However these were women, *that she knew*, not so unlike herself, whose weight and behavior she explained in economic terms and for whom she expressed sympathy and compassion.

Int: Why do you think people develop problems with their weight?

Petra: Eating habits and not being physical ... It's easy to put [weight] on but hard to lose so a lot of people... I guess it's... what's the word, I don't want to say the area that they live in but do you know there is a lot of single mums around this area who struggle to do anything. They have depression, they do you know, their mental health can have a lot to do with it. So then you see people from a richer area who have got good mental health and their parents encourage them to get out and do this and do that and do that, is it economic? Is that how you would say it?

Int: Yeah a class component to it?

Petra: Yes I think so, yeah. Not, not for everyone, like not everybody is the same but it's the general feel you get of certain areas. Like I know people in a rich suburb that take their kids to three different things a week. They go to gymnastics, callisthenics, they do ballet and I know people around this area who don't do anything with the kids. So you just sort of...

Petra was sympathetic to the struggles of other women in a way that many of the middle-class mothers were not. Yet, it was these middle class mothers who expressed concern that 'the obesity epidemic' and making 'a big deal out of eating' could 'send it the other way' (Marie, Centre 2). In the end, for Marie, anti-obesity messages and their impact is yet

another aspect that she has to attend to in feeding her child, another source of uncertainty and anxiety.

It's a situation that you've got to keep - as I say it's a concern because in the media you sort of do think, am I ignoring something, but at the same time you think no I don't want it to become everything because then it makes it a real psychological issue for someone I think. If you're constantly on them about their weight then it does become their main focus in life because somebody has taught them that's all that matters. But it does matter a lot too so you have to think argh - I don't know.

(Marie, Centre 2)

These contradictory impulses towards self-surveillance and worry about intense food focus were characteristic of the middle class mothers. The working class mothers from Centre 3 did speak at length about the care they took in feeding their families healthy food. But their concerns about weight and health were less linked to the contemporary obesity trigger points of lifestyle issues such as media use and long term effects. They were more linked to the present health and well-being of their children. If they were concerned about weight, it manifested in heightened sensitivity to judgments by health nurses or welfare workers of their parenting more generally. Megan's concern about her child's underweight was associated with more general concerns that her child was 'slow' in his development, prompted by comments from the health nurse. Grace, newly arrived in Australia, asked for advice about healthy food as she was concerned by information from the childcare centre that she wasn't doing the right thing. But these mothers also responded protectively to such judgments of their children and in part rejected such assessments. For example, Megan stopped attending the maternal health clinic because of the way it made her feel about her parenting.

It made me feel bad because it made me feel like I wasn't doing something that I should have been doing when I knew I was doing everything like that I possibly could, so yeah nuh, I just stopped going. ... I wasn't going to get, like be made to feel bad about my parenting so yeah. (Megan, Centre 3)

Thus, although both groups of mothers were drawing on current health discourses associated with food and weight, their foodwork anxieties were shaped by their differing social and economic resources. Surveillance by others was central to the struggles of the working class mothers, while self-surveillance and worries about self and child control were dominant for the middle class mothers. Notions of individual responsibility for children's well-being and health were well entrenched in both groups, but working class women focused on the here and now while middle class mothers worried more about the future.

Conclusion

Our analysis of mothers' talk about food and feeding their children suggests that there are clear class inequalities associated with the cost and availability of food. But social practices differentiated these women as well. The middle class mothers had taken on, what Murphy (2003) following Foucault, calls the 'biologico-moral responsibility' for the welfare of children. Beyond the direct and prescriptive state messages about healthy diets, these mothers of young children were exposed to messier and sometimes contradictory ideas via the childcare health nurse and general messages about children and food in the media. These messages often associated concerns about childhood obesity to classed constructions of poor maternal practices involving laziness, junk food and neglect. Women looked for guidance to social and cultural norms and imperatives about health, food and children,

which were often contradictory, and created high expectations, but faced daily challenges around control of children's food behaviours and appetites.

The middle class mothers engaged in considerable self-surveillance and surveillance of their children's eating. They were attentive to moral imperatives about food and interpolated themselves into discourses defining mothers as responsible for healthy feeding as it contributed to their children's health now and in the future. Most of these mothers expressed guilt and anxiety as they regarded themselves as failing in their moral responsibilities to instill healthy habits. As a consequence they spent considerable time and emotional energy trying to ameliorate their children's 'poor' eating choices.

The working class mothers handled their 'responsibilities' differently. Like the working class families in Wills *et al.*'s (2011) study, the mothers from Centre 3 generally talked pragmatically about feeding their children. Their experiences of surveillance were often external, by health nurses, as mediators of normative health discourses, in relation to their capacity to parent. Yet they also refuted these judgments in support and defense of their own children. They were less likely to judge and compare themselves to others. Where they saw friends engaging in practices that they saw as either bad for themselves or their children, they were more likely to express distress, and move to explanations of the difficulties of managing weight.

Their children were expected to eat what was prepared for them, but they also talked about involving their children in food preparation and decision-making. Some cooked very traditional meals, but others followed Jamie Oliver and Master Chef recipes. For the working class mothers their children were autonomous in so far as they would have to live with the choices they made, in this sense they were responsible for their own futures. On

the other hand, they had relatively few choices in relation to food; different options at mealtime were a luxury they couldn't afford. Like the families in Lareau's (2002) study, what mattered in relation to their children's health was that they were thriving and well nourished today.

While our study is limited by location and context, our findings suggest that mothers responded to the circulating health information and resources, influenced by their social class locations and their 'diverse and situated experience of mothering' (Thomson *et al.* 2011: 8). Unlike the working class mothers pathologised in the literature on obesity (see for example Campbell *et al.* 2002; Topham *et al.* 2010), the working class mothers in this study, demonstrated a no-nonsense, but clearly still responsabilised approach to feeding their children. The middle class mothers, on the other hand, were more likely to demonstrate considerable anxieties about the appropriateness of their practices for their children's current and future health. They were often anxious about their children's weight, while at the same time articulating some resistance to the dominating effects of discourses associated with childhood obesity.

We argue that the resources available to women do nothing to allay their concerns about their management of children's health and weight through diet but further contribute to judgement, self-surveillance and guilt for all mothers. A more nuanced account of different elements of circulating maternal responsibility discourses and how they affect differently positioned women deepens insights into both the struggles and the efforts of women to respond and care effectively for their children. Further interrogation of the ways in which socio-economic positioning influences the mobilization and adoption of neoliberal health discourses of foodwork, mothering and responsibility, especially as they shape interactions between mothers and children, offers an important opportunity to extend current public

health knowledges. Such insights would allow for the development of public health and policy frameworks that support rather mothers' efforts to care for their children's health and well-being.

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