Shifting the weight around:  
The ‘childhood obesity epidemic’ and maternal responsibility

Abstract:

This paper examines the ‘childhood obesity epidemic’ in Australia, considering current social and institutional responses. I review the policy and research context, the domain of the media and the imputation of maternal responsibility. Significant research and government resources are being directed towards the epidemic, but the framework of maternal responsibility is also prominent in public discussions. I suggest that the ‘epidemic’ and in particular the figure of the overweight child may be carrying the burden of public fears about the provision of care, maternal responsibility and self-determination, and changes to women’s roles. Fears and anxieties about women’s contribution to social and material resources shape how the ‘epidemic’ is represented and understood.

Keywords: maternal responsibility, childhood obesity, care, employment, women’s work

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Theme: Families and new social relationships

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Introduction

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

In the past several years, policy debates and media reports have identified significant increases in childhood obesity in Australia. This discussion has drawn on World Health Organisation statistics, Federal Government initiatives and media representations of the seemingly unstoppable expansion of childhood flesh. In this paper, I examine the policy context for this discussion, looking at statistics and national resources as they are deployed in the ‘fight’ against obesity. I review the role of the media in representing the ‘epidemic’, particularly the representation of maternal responsibility for child health. I argue that the configuration of the ‘epidemic’ reveals significant anxieties about care deficits, maternal responsibility and employment, and maternal self-determination. I ask whether the image of the overweight/obese child is carrying the burden of these fears and anxieties about care and consumption.

The ‘obesity epidemic’

The World Health Organisation (WHO) is frequently identified as the source of statistics supporting an ‘obesity epidemic’. Media reports quote WHO’s identification of obesity as growing in prevalence and reach and presenting a global health crisis. On the WHO website, childhood obesity is identified as a critical problem with its own page of resources.
Childhood overweight and obesity

Childhood obesity is one of the most serious public health challenges of the 21st century. The problem is global and is steadily affecting many low- and middle-income countries, particularly in urban settings. The prevalence has increased at an alarming rate. In 2007, an estimated 22 million children under the age of 5 years were overweight throughout the world. More than 75% of overweight and obese children live in low- and middle-income countries.

http://www.who.int/dietphysicalactivity/childhood/en/

Closer examination of the WHO material reveals some important gaps between common accounts and epidemiological research evidence. In descriptions of the crisis and in reported figures, the numbers of overweight and obese children are collapsed together. This collapse occurs routinely in many of the associated literatures, both policy and popular, where the combined figure, which often gives around 1/5 of all children, is used to stand in for the specific obesity figure. The UN Standing Committee on Nutrition (2005) for example, presents a sustained examination of global obesity with a significant focus on childhood issues. It is clear from the data tables presented that prevalence of 30%, or 22 million children globally discussed, relies on collapsing figures for overweight and obese children. Similarly, in the Australian Clinical Practice Guidelines for the Management of Overweight and Obesity in Children and Adolescents (2008), data tables reveal 5% of children in the obese category with 15% in the overweight category, but the guidelines then talk about one in five children, combining the two figures. This conflation of the two figures allows for a consistent exaggeration of the prevalence of childhood obesity, which serves to intensify public concern and scrutiny.
There is acknowledgment that measurements and available data of childhood obesity are less than optimal and may not offer a clear platform for claims about the specific increases in children’s weight (see Gard & Wright 2001 for further discussion). A useful illustration is one of the key articles about prevalence in Australia - Magarey et al 2001- which is actually based on a recalibration of existing figures under new international standards which resulted in significant increases in the number of children assessed as overweight or obese. While all the policy documents, national and international, sound cautions about definition and point out that many countries hold very inadequate datasets, these cautions are quickly overwritten as the documents proceed. In the Australian *Clinical Practice Guidelines for the Management of Overweight and Obesity in Children and Adolescents* (2008) on the Commonwealth Department of Health and Aging website for health professionals, prevalence is generated from three studies that ‘were not designed to be comparative and [with] methodological differences’ that have been ‘re-coded’ (2008: 2) to provide the figures. The guidelines suggest that BMI ‘may not be as sensitive a measure of body fatness in children and adolescents who are particularly short or tall for their age or have an unusual body-fat definition. It may also misclassify children and adolescents who have highly developed muscles’ (2008: 8) and may not account for racial difference. Despite this caution in the guidelines, on the linked consumer page, *Promoting Healthy Weight: About Overweight and Obesity* page (2008), Australia is positioned without caveat as one of the ‘fattest developed nations’. Questions about figures are important here, not only because of concerns about scientific inaccuracy, but because of the inflationary discursive effect of the conflation of overweight and obesity (which don’t produce the same health effects). The epidemic appears broader and more frightening.

The second caution is raised on the initial WHO page where it states that 75% of children labelled as obese and overweight are in ‘low-income or middle income countries’. Further
examination of the associated publications reveals the critical on-going struggles around malnutrition or under nutrition and the co-existence of overweight and underweight within the same locations. Analyses of this phenomenon, the ‘nutrition paradox’ (Cabellero 2005: 1) as it is sometimes termed, suggest that both obesity and underweight may be diseases of the poor and disadvantaged, rather than obesity being a reflection of overconsumption or affluence. Health disadvantage is most often linked to poverty and this seems to be the case here too. These concerns have been raised in Australia by scholars critically examining public health discourses and linked diet and exercise advice (O’Dea & Caputi 2001, Gard & Wright 2005).

These two points taken together offer a useful context for a broader examination of the childhood obesity epidemic in Australia. They suggest an exaggeration of actual childhood obesity and point to a misrepresentation of what reported figures signify; I will return to this second point shortly. But whatever the questions over definition and prevalence, there is no question about growing resources dedicated to childhood obesity: in the recent NHMRC grant round, total funding directed towards obesity was $24.3 million, with a significant proportion of that focused on childhood obesity (NHMRC 2008a, b, Table 1); and the recent Federal Budget prioritised obesity with initiatives targeted towards children adding up to $62 million (Australian Government 2008). This form of growth is actually most certain in the epidemic; whether rates of childhood obesity have been growing markedly since 1970 or it has grown marginally in the last decade and only in specific groups, the material resources devoted to childhood obesity have expanded exponentially. The other interlinked and supporting expansion has been in media attention. In the following section, I examine the themes in Australian media depictions of childhood obesity.
Childhood obesity and maternal responsibility in the media

The growth in political and economic resources directed towards childhood obesity has been generated and delivered in the context of increased media attention. While the media is a crucial source of public health information, the media also contributes to the shaping and definition of social problems. Carole Bacchi (1999) pointed out that the framing of a social problem will shape how we understand it and how we respond: the consistent stream of Australian articles which have focused on causes and issues of childhood obesity are central to the epidemic and contribute to its contours. Bessant et al argue ‘any theoretical or empirical research purporting to offer a comprehensive account of the policy process cannot afford to ignore the role of the media at any point in that process’ (2006: 264). As Boero suggests in the United States context, ‘the media is integral to the construction of the epidemic [of obesity and] relies heavily on discourses of weight, morality, risk, and science’ (2007: 42). From this media coverage, I will focus on both texts and the visual images of overweight/obese children. Together these artefacts point to the centrality of maternal responsibility in the representation and framing of the childhood obesity epidemic in Australia.

Pregnant women and obese children

There are a significant number of articles that examine the relationship between women’s pregnancies, their actions in pregnancy and obesity outcomes for children.

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

*Mum's diet key to fat adults*, Sunday Mail (SA), January 26, 2008

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

*Smoking mums risk fat teens*” (UQ News online 28 June 2006).

The representation of the maternal-foetal relationship as central to childhood obesity draws on and extends the forms of maternal responsibility established by women’s reproduction. ‘Parenthood embodies an assumption about responsibility for the baby’ (Sevón 2007: 2) and the importance of women’s particular responsibility for foetal health is established by pregnancy which *embodies* that responsibility. New technologies and health frameworks have combined to configure the pregnant body as a potentially ‘unsafe’ environment for the foetus. Pregnant women are encouraged to act with the potential baby’s health in mind – and their autonomy should be tempered by their responsibility. Feminist scholars have investigated the ways in which developments in reproductive understanding have increased the potential for gendered blame around ideal outcomes for foetuses (see, for example Petchesky 1990 and Rapp 1999) including birth defects and birth weight. Here, maternal obesity or other actions during pregnancy like smoking are now linked to overweight in childhood extending the reach and impact of pregnancy well beyond the period of infancy. Pregnant women’s excessive and unmediated appetites, for food or nicotine, are harming their babies.
This is supported by evocative visual imagery of pregnant bodies and overweight children located together. This juxtaposition reinforces women’s roles as materially as well as socially responsible for children’s bodies and weight, but also reveals the importance of flesh, materiality and embodiment in these discussions about childhood obesity. Pregnancy presents uncertain body boundaries where mother and child are intermingled, but the pregnant body resembles the obese body in its signification of ‘too much’. Both materialise ‘reckless excess, prodigality, indulgence, lack of restraint, violation of order and space, transgression of boundary’ (LeBesco & Braziel 2001: 3). Grounding childhood obesity in women’s gestating bodies allows for the extension and reification of maternal responsibility, as the bodies of women and children are simultaneously collapsed together and maternal appetites and behaviours are presented as having potentially negative outcomes for children.

**The lost family meal: mothers out of the kitchen**

This embodied collapse helps generate a critical reading of the consistent focus on the provision of food in individual families in childhood obesity reporting, the second important theme I address here. While the term ‘parent’ is often used in media reports, all direct quotes are from or about mothers. Questions about family meals, identified as critical to children’s likelihood of obesity are directed to women; probably accurately as domestic labour figures show this work is still largely done by women (Baxter et al 2007; Baxter et al 2008). As Jackson et al suggest (2001), childhood obesity is most often presented as a problem of mothers’ misdirected or inept care.

Tim Crowe from Deakin University said unhealthy habits early in life could lead to grave health problems.
"The vast majority of kids who are overweight carry that weight into adulthood, so they're setting themselves up for a lifetime of weight problems and with that type 2 diabetes and heart disease and so on," Dr Crowe said.

"In families that don't eat together and don't have a good cohesiveness, there is an increased likelihood that the kids will be eating junk food. So with the breaking down of family structure from parents working longer hours, that can affect a child's eating habits." (Stark, 2008)

"It's a wonderful time to get everyone together to chat, so we make sure the TV is off," [Simone Matlock says]. "And the girls are really lucky that at least half the time their dad is back from work, so we all eat together." (O'Brien, 2008)

Health education is getting through to kids, but [it is] mothers who are not taking note because they have a guilt complex; … [Korn says] “modern mums equate the word well-being with ‘happiness’ as if happiness is all that counts or is at least more valuable than discipline, responsibility or overall health”…. Working parents are often too busy or too tired to explore the alternatives (Ostrow, 2008).

These quotes neatly map the social problem of obesity within the paradoxical matrix of maternal care and responsibility in contemporary Western societies where women’s labour is vital in both the public and the private spheres. This dual necessity establishes significant conflict around appropriate maternal roles where women’s employment as well as reproductive labour is vital for healthy families and prosperous societies. But there is conflict because female employment leads to time pressures on families which lead to lesser time for childcare. Paradoxically, expectations of the quality and ‘meaning’ of maternal care intensify as paid work increases and women’s care time is limited (Pocock 2003; Hays 1996). The loss
of family meals, family time, and the use of multimedia as a form of care for children seen in the above quotes is implicitly linked to women’s lesser time for care and their divided focus.

These fault lines around family meals, though, don’t map onto the contours of the ‘epidemic’; the underlying ‘evidence’ doesn’t support the working mother/no family meals thesis. Public health experts argue class is an extremely salient indicator in childhood obesity (O’Dea & Caputi 2001, Saguy & Riley 2005). The benefits of contemporary changes to women’s employment and education have been markedly class specific, with middle class women benefiting significantly more from contemporary social opportunities than working class women (Bonney 2007). This suggests that women’s employment, related to class, may well be an indicator of the likelihood childhood obesity but in exactly the opposite direction to the implicit connections suggested in the media texts. Economic advantage reflects and produces maternal advantage; in turn this produces economic security and health benefits for children. Yet, the imputation of disadvantage related to maternal action presents a similar map of mothers failing to mediate their aspirations on the basis of their children’s well-being, as do the pregnancy articles.

Our children consume poisonous chemicals because we are too busy getting rich to cook. The obesity epidemic surely tells us Nintendo and MySpace are cooler than a waistline. Teenagers do not accept responsibility or discipline. Gee, I wonder who they get that from. (May, 2008)

The media map of the epidemic reveals that questions of resource competition are being generated between mothers and children, through pregnancy iconography which suggests women’s actions are diminishing children’s life options, and through the lost family meals
suggestion that women are withdrawing from family life in ways that are injurious to children. Taken together, the emphasis on pregnancy and maternal employment present childhood obesity as an outcome of a problematic contest between the needs and desires of mother and child, where too much flesh, of pregnant women and of obese children, reveals social failures and fissures. In the next section, I argue that the flesh that draws attention in childhood obesity represents and materialises critical questions about care and women’s autonomy. Since obesity is often defined as the result of excessive appetite and women are presented as particularly prone to failures of will resulting in an excess of flesh (Bordo 1993), establishing responsibility for maternal care using flesh places women at the centre of contemporary fears about appetite, affluence and the provision of care.

**Bodies and flesh – materialising emotion and affect**

The media focus on obesity draws heavily on visual iconography that presents flowing and unbounded flesh of children. The images of children circulate across national boundaries via the internet and often depict parts of overweight children; cuts or sections, suggesting both a lack of embodied unity and natural boundary in the obese child body. These images of overweight children may act as visual representations of over-resourcing, affluenza, and excessive consumption in our society. Discussions about childhood obesity always draw on fast food, play stations and cars – symbols of the social and material life beyond subsistence that characterises contemporary Western societies. Gard and Wright (2005) suggest that obesity discourses reveal ‘a particular kind of … anxiety about food … [as] an undesirable side effect of modern western life’ (2005: 539), but the persistent link to goods and possession suggest this anxiety moves beyond food. Social responses to the body of the obese
child may be shaped by collective responses to broader questions of ‘too much’ of everything.

Sara Ahmed has argued that emotions, contrary to commonplace understandings of them as internal psychical states, ‘do things, and work to align individuals with collectives – or bodily space with social space – through the very intensity of their attachments’ (2004: 26). Emotions are not individual and do not move from inside to outside but are rather generated through more collective structures of affect: ‘feelings ... take the “shape” of the contact we have with objects’ (2004: 31); ‘emotional responses to others involve the alignment of subjects with and against other’ (Ahmed 2004:32). Ahmed’s argument about emotional responses offers a useful frame to consider the intense focus on childhood obesity. The iconography of the epidemic, the obese child and the excessive pregnant body, invokes and intensifies social feelings around abundance and indulgence, questions of consumption and the breakdown of other forms of social capital including care. Emotions around appetites and resources are being materialised in the porous fleshy boundaries between women and children.

Western societies rely on well-established paradigms of care and progress where mothers are providers and managers of children’s bodies; in these paradigms, questions of maternal appetite have always been problematic. The iconography and discourses of childhood obesity reveal social worries about mothers’ employment, maternal responsibility and care through the bodies of women and children. Women’s own desires – for autonomy, for shared care, for independence are presented as a threat to childhood and to the social fabric more generally; their children are the troubling face of overconsumption in our society. These two intersecting senses of ‘too much’ mask the irony that the groups of children (and adults for
the most part) who are carrying this material burdens of obesity are emerging in the most disadvantaged groups, socially and economically. Affluent children and adults have better health and this includes lower BMI (O’Dea & Caputi 2001), but this broader point is obscured by the gendered burden of care and responsibility. When women take too much, societies cannot hope to hold together; ‘women’s desires are by their very nature excessive, irrational, threatening to erupt and challenge patriarchal order’ (Bordo 1993: 206). Here, selfish societies populated by selfish women determined to take all they can get combine to produce children marked by excess.

**Concluding Remarks**

Ahmed argues that ‘we come to have a sense of our skin as bodily surface, as something that keeps us apart from others, but as something that also ‘mediates’ the relationship between internal and external, or inside or outside’ (2004: 29). The ‘epidemic of childhood obesity’ provides a new location where the relation between women and children, questions of care and resources, private and public responsibilities can be mediated in Western societies. The media focus on images of flowing flesh and stories of pregnancy and meals reflect the critical importance of bodies on this ‘epidemic’ and social responses to it. At the heart of this phenomenon are questions about resources for women, for mothers, for children, and questions about what resources should be provided by governments. Jane Lewis has observed an increasing individualization of the gendered care burden (Lewis 2001; see also Wheelock 2001) and this insight is particularly pertinent in public health ‘crises’ like childhood obesity. As Featherstone suggests, contemporary social policy frameworks aim to maintain children as the responsibility of individual families (2004:3) while seeking to influence outcomes focused on market productivity. Childhood obesity, as it framed in Australian social policy and supported in media representations, offers an ideal location for these two intersecting
imperatives to come together. While governments can identify and target obesity in children, the impetus is clearly on individual women in family groups to enact government policies and projects, to manage children’s bodies. This is good for governments since they are able to set up programs of actions where failure can be located with individual women but success, however unlikely, can be claimed; this trajectory continues despite significant questions about the approach and effects of current obesity programs (Gard & Wright 2005, O’Dea 2005). For women, childhood obesity is a new way in which the bodies of children can be used to define and determine their social and economic contributions.

The figure of the obese child materialises interconnecting fears around over-consumption and maternal self-determination as they come together in contemporary Western societies; this figure reinvigorates maternal responsibility. The conflation in figures and ratios is important numerically but simultaneously subtends the social landscape where the spread and flow of childhood flesh carries the weight of fears about women and where care responsibilities will ultimately fall.

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Mum’s diet key to fat adults, (Sunday Mail (SA), January 26, 2008)
Table 1

NHMRC FUNDED RESEARCH INTO OBESITY 2000 to 2007

NHMRC Research Funding - 2000 to 2007
Obesity Research Issues

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