



Feeding children in the new parenting culture

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Dr Polly Russell: 'Eat your greens': Feeding children of the past – examples from the British Library.

Keynote session 'Is breast really best?'

Dr Joan Wolf, author '*Is Breast Best? Taking on the Breastfeeding Experts and the New High Stakes of Motherhood*'

In my remarks, I address the central question of *Is Breast Best?*: why, when infant feeding research is deeply problematic, has virtual unanimity developed among scientists, doctors, the government, and powerful social groups that "breast is best"? I suggest that this consensus results from the convergence of three factors: an ideology of what I call "total motherhood," the practice and communication of epidemiological research, and the dynamics of a neo-liberal and health-obsessed risk culture. I then turn to the ongoing campaign against America's "obesity epidemic" and argue that public health efforts to increase breastfeeding and to decrease obesity are both predicated on weak science, preoccupation with optimizing health, and a collective desire to attribute personal responsibility for problems whose roots are far more complex. The conviction with which breastfeeding and dieting are embraced as keys to good health is, in part, a response to the ambiguity of a risk culture in which information is produced and revised with breathtaking speed and certainty is fleeting. Yet certitude, I conclude, clouds judgment. It blinds people to the reality that risk is omnipresent, that values shape which choices are deemed "risky," and that risk-reducing behaviors have inevitable costs whose visibility often depends on who is shouldering them.

Discussants: Professor Elizabeth Murphy, Dr Mary Fewtrell and Zoe Williams (The Guardian)

Panel 1: Feeding children in the 'obesity crisis'

Chair: Professor Frank Furedi

Dr Roel Pieterman: From 'overweight' to 'healthy weight': re-framing policy to stop the obesity epidemic among Dutch children."

Although the Dutch government recognized overweight as a health and lifestyle problem in a policy document in 2001, the matter was only taken up more seriously during 2004. The policy approach chosen is that of somewhat formalized 'covenant' led by the ministers of Health and Education with a range of private actors such as the food industry, health insurance companies, labour unions, federations of employers etc. This 'soft law' approach fits Dutch policy culture and recognizes the broad and complex nature of the overweight problems in the 'obesogenic society'.

I will describe this specific Dutch approach and the conclusion of 'failure' which came out of the 2009 evaluation. This evaluation led to a redefinition of the goal and the prime target group. The goal was re-frames away from overweight as a problem to healthy weight as a positive goal. Also, children were put forward as the prime focus of the new policy period.

I will analyse the Dutch policy approach to overweight especially in children from the perspective of the precautionary culture. Two main characteristics of precaution in this context are first, the attempts at ever earlier intervention and second, the attempt at integral policy making. A problematic consequence of these attempts is that policy initiatives become more abstract and further removed from specific remedies for concrete problems.

Dr Julia Keenan: *'I just want them to eat when they're hungry and I want them to eat well. And I want them not to be hung up really, and I don't want them to be overweight'*: The impact of obesity discourses on maternal identities, early feeding relationships and parenting practices.

Women as mothers continue to take prime responsibility for feeding the family, particularly babies and infants (Murphy, 1998), and for inducting children into eating environments. This paper reports on findings from a qualitative study with women (2006–2008), in a city in the north of the England which explored transitions to motherhood and early family formation through the empirical lens of food. Longitudinal data were collated from 30 pregnant women whom we followed into first-time motherhood and an additional 30 established mothers (with at least one child between nine months and two years) was recruited for a one-off interview. A third of each cohort self-defined as 'very overweight', a third 'normal' weight and a third as 'managing diabetes'.

How women-as-mothers feed themselves, their babies and families, is a major issue for a range of agencies, and under the shadow of an 'obesity epidemic', biomedical risk discourses medicalize the bodies of both large infants who gain weight more rapidly than they 'should', and the 'overweight' or 'obese' mother. Mothers thus become both the subject and object of risk reduction - targets for intervention from obesity reform agendas, health services, education, government policies, surveillance activities and the media. This can be seen as interpolated within a broader societal shift whereby mothering is increasingly understood as being both the problem and the solution to a range of social concerns (Lee and Bristow 2009).

These biomedical risk discourses reconfigure personal and social responsibility. They serve to individualise and moralise, with mothers potentially cast as 'deviant' nurturers, as poor role models, disrupting 'innocent', 'natural' appetites and reproducing the 'obesity problem'. Through an analysis of our data we explore how obesity risk discourses impact upon women's evolving maternal identities, early feeding relationships and parenting practices. We look at how normative virtue discourses seek to marginalise larger mothers and at the different subject positions available to, and taken up, by them in their narratives of compliance/resistance. In doing so, we highlight the differential significance of competing discourses. Food/feeding practices are not just about biomedical understandings of health, but are also about relational aspects of nurture, care or love, embedded in evolving dynamic relationships and persona, shaped by cultures and embodied, biographical histories, positioned within an inequitable social structure.

Dr. Emma Rawlins: "I've got no choice, I've got children": Understanding family eating practices

Current anxiety over an obesity 'crisis' is widespread, prompting the former New Labour government to release a raft of neoliberal policy interventions from across Government Departments. The majority of these interventions focused upon preventative schemes such as health education and the teaching of healthy lifestyle practices. They are promoted through the notion of 'choice' enabling individuals to make decisions relevant to their own lives, while simultaneously ignoring the structural factors that influence decision making processes.

This study uses a narrative approach to understand the importance of the intergenerational aspect of eating practices as part of a healthy lifestyle within two of the key environments of childhood: the home and the school. Through the use of family case studies I will illustrate the ways in which intergenerational relationships mediate and transmit certain values and practices, the delicate balance between structure and agency in children's lives and how spaces mediate these relationships. This contributes to a more nuanced understanding of 'choice' in relation to determining healthy lifestyle practices which could be of great relevance for those interested in the obesity 'crisis'.

Panel 2: Food, motherhood and meaning

Chair: Dr. Ellie Lee

Dr Rebecca O'Connell and Professor Julia Brannen: Food responsibilities in working families: avoiding maternal blame

Societal expectations are such that mothers continue to be seen to hold the main responsibility for their children's health and wellbeing, including their diets. Millennium Cohort Study analysis has recently identified a link between children's diets and mothers working (Hawkins et al., 2009). This presentation draws on an ongoing study of Food Practices and Employed Families with Younger Children, which is funded by the Economic and Social Research Council/Department of Health. In the presentation we describe the methodology and give some interim findings from the study. The paper argues that a sociological approach is needed which puts children and families at the centre of the research and which examines parental working patterns and circumstances and the range of

contexts in which parents and children eat. Adopting a practice approach, the study makes five key assumptions: families are economically and culturally situated; children and adults are agents (families have common and diverse interests); food practices are embodied and embedded; food practices are enacted across contexts; and food has meanings and uses beyond nutrition. The paper describes the implications of these propositions for the research strategies employed in the study and thus reflects upon the potential for adopting a feminist sociological imagination to mitigate further blame being cast upon working mothers for their children's wellbeing.

Dr. Charlotte Faircloth: Militant Lactivism? Accounting for infant feeding

Based on research in London this paper explores the narratives of women who breastfeed 'to full term' (typically for a period of several years) as part of a philosophy of 'attachment parenting' – an approach to parenting which validates long term proximity between child and care-taker. Typically, these mothers narrate their decision to continue breastfeeding as 'natural': 'evolutionarily appropriate,' 'scientifically best,' and 'what feels right in their hearts.' These three 'accountability strategies' are not mutually exclusive. Rather, they serve as discursive threads which women weave together in the course of their narrativisation, operating both pre- and post-facto to predict, explain and justify their practices.

What follows is a reflection on how 'scientific evidence' 'evolutionary expectations' and 'what feels right' are given credence in narratives of mothering, and how this relates more broadly to women's experiences and what the implications of this are for individuals in their experience of parenting, and for society more broadly. As a form of 'Authoritative Knowledge' (Jordan 1997) women typically prioritize 'science' and 'evolution' when they talk about their decisions to breastfeed long-term, since – perceived as a robust knowledge claim – it has the effect of placing these non-conventional practices beyond debate (they are simply what is 'healthiest'). At the same time – often when these scientific and evolutionary arguments are questioned or seen to be in jeopardy - 'feeling' often provides the last resort in the demand for accountability. The paper therefore makes a contribution to wider sociological debates around the ways in which society and behaviour are regulated, and the ways in which particular knowledge claims are interpreted, internalized and mobilized by individuals in the course of their 'identity work'.

Dr. Emma Head: 'Don't rush to mush'? Infants, food and contemporary family practices

This paper considers the contemporary landscape against which parents, primarily mothers, make decisions about the way to introduce infants to food and what factors shape their 'foodwork' practices. Over the last few years some health professionals have begun to advocate 'baby-led weaning', where infants are presented with solids food and left to feed themselves, developing at their own pace. This is in contrast with the perhaps dominant model of weaning where foods are pureed at home or commercially produced baby foods are purchased and spoon fed to infants. 'Foodwork' decisions and practices are increasingly scientised and mothers face mixed messages concerning how and when food should be introduced to babies. Health professionals, family and friendships networks and commercial companies all serve as sources of information about weaning and do not necessarily agree on what a 'good mother' should do. Here, some of these tensions will be explored.

