



Mothers' experiences of masculinity in the context of child obesity in Mexico[☆]

Abril Saldaña-Tejeda

Departamento de Filosofía, Universidad de Guanajuato, Ex convento de Valenciana, Mineral de Valenciana, CP 36240 Guanajuato, Guanajuato, Mexico



ARTICLE INFO

Keywords:

Child obesity
Fathers and child obesity
mothers' blame, medical discourse

ABSTRACT

This paper explores mothers' experiences of masculinity in the context of child obesity in Mexico. The paper draws on face to face interviews with 10 medical staff working at the child obesity clinic at Federico Gómez Children's Hospital in Mexico City and on interviews with 16 mothers and 1 grandmother of children diagnosed with obesity and morbid obesity. Through an analysis of medical discourses and practices the paper identifies a tendency to underestimate the extent to which fathers are involved in shaping the family diet and other health related practices. The paper argues that mothers' experiences of masculinity reflect ways of resisting the increased blame placed on them. Through their voices, mothers expose silenced family dynamics of food and other health-related habits and patterns. The invisibility of fathers in medical and academic discourse works to feed mother blaming and misleads medical practices and policies designed to address child obesity in Mexico.

In Mexico, according to the National Health and Nutrition Survey 2012 (NHNS), the prevalence of overweight and/or obesity among the adult population was 71.3% (that is 48.6 million people), 34.4% among school age children (5 to 11 year olds) and 35% among adolescents (12 to 19 year olds). Today, media and political discourses in the country define obesity as a threat to national security, especially since recent findings have linked obesity and diabetes to a genomic haplotype found in indigenous genetic ancestry that is commonly present in Mexican and other Latin American mestizo populations (SIGMA Type 2 Diabetes Consortium, 2014; García Deister & López Beltrán, 2015; Saldaña-Tejeda & Wade, 2017).

The often-alarming language used to describe the increasing rates of obesity in Mexico and around the world has prompted a heated debate on the power mechanisms behind the so called 'obesity crisis' and on the extraordinary discrimination that many are suffering in virtue of their weight or their children's weight. As LeBesco (2011:8) points out 'all biological crisis are also cultural crises' and when it comes to child obesity, many of the gendered assumptions regarding childrearing and food practices must be problematized.

This paper explores mothers' experiences of masculinity in the context of child obesity as a way of responding to the increased blame placed on them. Mothers' voices expose silenced family dynamics and fathers' involvement in their children's food and other health-related habits and patterns. It draws on semi-structured interviews with 10

medical staff working directly or indirectly with the child obesity clinic at Federico Gómez Children's Hospital in Mexico City. Among the medical staff were nutritionists, pediatricians, neurologists, allergy specialists and physiologists. This paper is also based on semi-structured interviews with 16 mothers and 1 grandmother of children diagnosed with obesity and morbid obesity; 6 of the mothers interviewed had children that were treated for morbid obesity and the rest were treated for obesity. The mothers' ages ranged from 33 to 54 years old and the level of education was, on average, secondary education; only two of the mothers interviewed reported a college degree. Two of the mothers interviewed were divorced, the rest reported being married or living with the father of their children. Most of the mothers interviewed worked for the informal sector as food or street vendors or in domestic service. Regarding the employment status of fathers, most of the mothers interviewed reported that their partners or husbands were involved in the informal sector, as food vendors, bus and taxi drivers and carpenters. All interviews were conducted during a period of 10 months in 2015–2016.

This paper argues that medical and academic discourse underestimates the extent to which fathers are involved in shaping the family diet and their children's food consumption patterns and other health related practices. Moreover, the invisibility of fathers in academic work might contribute to doctors' perceptions of mothers as those solely responsible for the increasing rates of child obesity. The first section

[☆] **Note:** This manuscript is comprised of original material and it is not under review elsewhere. The study on which the research is based has been subject to appropriate ethical review. The author does not have any competing interests – intellectual or financial – in the research detailed in the manuscript.

E-mail address: abrilsaldana@ugto.mx.

<https://doi.org/10.1016/j.wsif.2018.07.013>

Received 13 October 2017; Received in revised form 7 May 2018; Accepted 22 July 2018

0277-5395/ © 2018 Elsevier Ltd. All rights reserved.

critically explores the invisibility of fathers and fatherhood in medical discourse and academic work on child obesity in Mexico and around the world. The second section looks at doctors' and mothers' accounts to explore the extent to which mothers are blamed for their children's weight problems and how, through mothers' experiences of masculinity, women resist mother blaming while exposing the extent to which fathers' own experiences and responsibilities are silenced.

Mother blaming and the silencing of fathers' participation in food practices and family lifestyles

In 2013, the first National Strategy for the Prevention and Control of Overweight, Obesity and Diabetes went as far as suggesting that obesity and diabetes 'could compromise our viability as a nation' (*Secretaría de Salud*, 2013:7). The Strategy defines health as 'a fundamental element to the economic development of the country' as only through 'a healthy population' it is possible to achieve the 'competitive Mexico that we have decided to position in the global economy'. The Strategy warns not only of the economic threat of obesity but also of its 'anti-evolutionary essence' and the danger it represents to the survival of future generations (7).

Framing obesity as a threat to the survival of the species has prompted many to invoke Foucault's work on governmentality and biopower (Ourahmoune, 2017; Farrell, 2011; Warin, 2011; LeBesco, 2011; Wright, 2009). For some, obesity embodies many of the contradictions of global capitalism as the shift in personhood from citizen to consumer encourages subjects to eat in excess while exercising self-discipline and the right choices that would guarantee a healthy social body (Guthman & DuPuis, 2006; LeBesco, 2011). Medical discourses on obesity work to normalize certain kinds of bodies under the gaze of public surveillance and intervention (i.e. fat tax) while healthism (Campos, 2004), that is, the political ideology that defines health as a moral calling, seems to compel subjects to be both out of control consumers and self-controlled subjects (Guthman & DuPuis, 2006). In this context, individuals unable to become 'health-creating persons' are assumed to be irresponsible and unfit to be self-governing citizens' (Juengst, Flatt, & Settler, 2012). The alarming language that the National Strategy uses when describing obesity as a threat, reflects a medical science subordinated to the imperatives of morality and, as Foucault (1990:54) notes when discussing sexuality, relies on people's fears, ascribing 'an imaginary dynasty of evils destined to be passed on for generations'.

In a capitalist economy, where individuals are expected to be fully productive, mothers are defined as the source of able-body workers and become the primary target of surveillance and intervention (LeBesco, 2011). The blame placed on mothers has taken all shapes and it has often been framed in contradictory ways. For example, child obesity has been explained by the way mothers love their children too much or too little, and by how mothers provide excessive protection or instead, rampant neglect that requires child welfare authorities to intervene (Patel, 2005; Dawes, 2014; Quirke, 2016; Friedman, 2015; Boero, 2009). Through the new science of epigenetics,¹ the maternal body has been constructed as responsible for child obesity and other health-risks before and after conception (Richardson, 2015). Women's bodies, breasts and wombs have materialized as new sites for the management of potential risks for children (Wolf, 2010) and these complex processes have been shown to intersect with racialized and anti-immigrant discourses of motherhood and childrearing (Dame-Griff, 2016).

Mexico's national formation intermingled with gender in important ways as mothers were made responsible for 'moulding' a supposedly homogenous and modern Mexican race (Ruiz, 2001; Davids, 2011;

Gutiérrez Chong, 2008). This task of 'mothering' good citizens has been historically linked to notions of food that have, since colonial times, worked to structure social categories of race, class and gender (Earle, 2010; Pilcher, 1998). Post-revolutionary social policies of the twentieth century often focused on the 'education' of mothers through nutrition and *puericultura*, or the science of child-raising (Blum, 2004; Aguilar-Rodríguez, 2007). Under the umbrella of the eugenic movement, mothers were seen as key elements on the improvement of the Mexican population and childrearing was seen as a fundamental tool to articulate notions of nation, modernity, and, in the case of Mexico, *mestizaje* (in simple terms, the bio-cultural mixture of indigenous, European, and African populations to form a national population or *raza* of Mexican mestizos).

As in many other contexts, food practices in Mexico do not only work to configure notions of good motherhood, but also work to mark social boundaries of class and gender (Saldaña-Tejeda, 2012). Current findings of food patterns in Mexico show how the lowest income groups are said to report lower intake of fruits and vegetables (FV) than other class groups and women (75.5 g) were found to consume significantly higher portions of FV than men (52.3 g; $p < 0.05$) (Ramírez-Silva, Rivera, Ponce, & Hernández-Ávila, 2009). Studies that have looked at gendered food practices highlight a link between the construction of male identities and unhealthy food preference and lifestyle (Roos, Prättälä, & Koski, 2001; Wardle et al., 2004; Robertson, 2006) Gough (2007) questions these representations of men, food and health and argues that there is a persistent adherence to hegemonic masculinities predicated on health-defeating diets (see also Blaxter, 2003). However, men are often portrayed as neglecting body size and the potential health risks associated with it. In the media, "male 'culture' is to blame for the development of obesity, a culture predicated on junk food diets, lack of self-control, self-serving assessments of body size and a reluctance to seek help" (Gough, 2007:331).

Given the increasing interest on men's food patterns and their perceptions on health and dieting, it is surprising the little attention given to fathers in the context of child obesity research. One interest exception is the field of developmental psychopathology where the potential impact of paternal characteristics on child development has been increasingly addressed. However, as Barker, Iles, and Ramchandani (2017) argue, much of the existing research focuses on associations between father's absence/non-residence and the development of child psychopathology, rather than specific elements of the father-child relationship. Nevertheless, some of the frameworks to understand father involvement (Lamb, Pleck, Charnov, & Levine, 1985; Pleck, 2010; Vollmer et al., 2015) could offer some important insights to the study of child obesity, especially in cases where fathers have been diagnosed with an eating disorder (see Cimino et al., 2016).

Similarly to this paper, the few medical sociology/anthropology studies that address fathers' experiences tend to depend on mothers' voices (see also Tanner, Petersen, & Fraser, 2014). For Figueroa, Jiménez, and Tena (2006), focusing on women's voices to learn about men's experiences of reproduction is a common practice, often prompted by doubts about men's reliability as informants on such matters. For the authors, this focus on women has even provoked, among some scholars, astonishment and mistrust of research findings (based on men's own voices) that differ from the accumulated knowledge of women's perceptions and experiences of masculinity.

Interviewing women for this project follows a long academic interest on motherhood. However, the sample was also shaped by hospital practices and by my own location. One of the objectives of the research was to look at the experiences of parents with health providers at the obesity clinic and mothers represented the great majority of adults accompanying children to the clinic. Only one parent or relative is allowed into the hospital according to its current policies and, as doctors interviewed acknowledged, in > 90% of the cases mothers were the companions of children treated at the clinic. However, the invisibility of fathers' experiences is also linked to processes of knowledge production.

¹ Epigenetics is the study of molecular mechanisms –some, pass through generations - that enable gene function and gene expression modification without changing gene sequence (MacFarlane, Strom, & Scott, 2009).

Download English Version:

<https://daneshyari.com/en/article/6852254>

Download Persian Version:

<https://daneshyari.com/article/6852254>

[Daneshyari.com](https://daneshyari.com)