



Short horizons and obesity futures: Disjunctures between public health interventions and everyday temporalities



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ABSTRACT

This paper examines the spatio-temporal disjuncture between ‘the future’ in public health obesity initiatives and the embodied reality of eating. Drawing upon ethnographic fieldwork in a disadvantaged community in South Australia (August 2012–July 2014), we argue that the future oriented discourses of managing risk employed in obesity prevention programs have limited relevance to the immediacy of poverty, contingencies and survival that mark people’s day to day lives. Extending Bourdieu’s position that temporality is a central feature of practice, we develop the concept of short horizons to offer a theoretical framework to articulate the tensions between public health imperatives of healthy eating, and local ‘tastes of necessity’. Research undertaken at the time of Australia’s largest obesity prevention program (OPAL) demonstrates that pre-emptive and risk-based approaches to health can fail to resonate when the future is not within easy reach. Considering the lack of evidence for success of obesity prevention programs, over-reliance on appeals to ‘the future’ may be a major challenge to the design, operationalisation and success of interventions. Attention to local rather than future horizons reveals a range of innovative strategies around everyday food and eating practices, and these capabilities need to be understood and supported in the delivery of obesity interventions. We argue, therefore, that public health initiatives should be located in the dynamics of a living present, tailored to the particular, localised spatio-temporal perspectives and material circumstances in which people live.

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1. Introduction

In Australia (as in many countries) public health campaigns that focus on obesity prevention and intervention employ a taken-for-granted concept of ‘the future’. Obesity discourses are replete with time metaphors in which looking to the future and developing foresight is thought to mitigate risk. Obesity is repeatedly described as a ‘time crunch’ (Barry et al., 2009), a ‘time bomb’ and as a ‘threat to the future’ (Evans, 2010); a risk factor for future illnesses such as diabetes and coronary heart disease. Diprose (2008), building upon

Beck’s (1992) concept of ‘risk society’, suggests that this ‘comportment towards the future’ draws together both calculable and newer, incalculable modes into an intensified paradigm of pre-emption.

Ewald (1991) suggests that ‘nothing in itself is a risk; there is no risk in reality. But on the other hand, anything can be a risk; it all depends on how one analyses the danger, considers the event’ (1991, p. 199). Risk is a way of ordering social imaginaries, and while the future of ‘lifestyle problems’ like obesity is uncertain, a perception of future dangers is required through the construction of calculable practices. As a phenomenon, obesity is thus assessed and calculated, producing probabilities for interventions in the present (Adams et al., 2009). For example, Australia’s National Preventative Health Taskforce states that:

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Based on current trends there is an urgent and immediate need to address the growing prevalence of obesity and overweight in Australia. The most recent projections from Access Economics, assuming a constant increase in obesity prevalence over the next 20 years in line with current trends, estimate that there will be 6.9 million obese Australians by 2025 (2009, p. 9).

While Bauman (2006) questions such calculability of future risks in what he refers to as ‘liquid society’, he notes that speculative forecasting sets in train an overall effect of action – ‘a necessity to act, to plan actions, to calculate the expected gains and losses of the actions, and to evaluate their outcomes’ (Bauman, 2007, p. 4). It is the cycle of fear and action that demands precaution and preparedness for the future by taking action in the present. In this ‘characteristic state of anticipation’ (Adams et al., 2009), fatness can thus be anticipated (Evans, 2010) and even feared, and citizens are urged to act and optimise their health for the best possible future (Adams et al., 2009).

Australia’s first nation-wide mass media campaign on obesity in 2008 (Measure up - www.measureup.gov.au) is an exemplar of this cyclical, pre-emptive paradigm. The campaign depicts a young man (and in a separate advertisement a young woman) walking on an oversized tape measure, getting fatter and older as he gets closer to the viewer. His daughter appears at different life stages, but as he ages he is too fat and too unfit to play with her. A follow up advertisement sees the same man ‘taking control’ of his behaviours and walking back along the measuring tape away from the viewer, losing weight around his waist and eating an apple (see also Lupton, 2014). Temporality in this campaign is simply presented as linear, decontextualised life course with an ability to foresee the future and to take prudent action to mitigate any possible risks. In their evaluation of the ‘Measure up’ campaign in New South Wales (Australia), King et al. (2013) note that awareness of the campaign was higher among more educated and affluent adults (2013, p. 1036), suggesting that they may have an ability to imagine and plan their futures and take pre-emptive action (as the campaign depicted). Bourdieu (2000) argues that the power to control the future ‘means first of all having a grasp on the present itself’ (2000, p. 221). What does the future mean for people living in disadvantaged circumstances who, as one participant said, are concerned with ‘just getting through every day’? What futures might they imagine and do public health futures have universal relevance?

This paper seeks to answer these questions by taking the politics of temporality as a lens through which to examine the ways in which people in a disadvantaged Australian community respond to Australia’s largest childhood obesity prevention program. The first section of the paper describes the methodological approach of the study and the program. The Obesity Prevention and Lifestyle Program (OPAL) began in 2009 in a South Australian community that is known for significant social and economic disadvantage, including high rates of obesity (Hordacre et al., 2013). Importantly for this analysis, the focus of OPAL is explicitly on increasing the proportion of children aged 0–18 years in a healthy weight range. While Olds et al. (2010) has suggested that obesity amongst children has recently plateaued in Australia, it remains at a high level and continues to be a focus. As Evans (2010) notes, focussing on children is key to the pre-emptive paradigm as childhood ‘becomes unproblematically associated with the future, because of the affective power of childhood to provoke hope (and by equal measure, fear and tragic loss)’ (Krafft, 2008, p. 84, cited in Evans, 2010). Children are seen to represent the future generations of obese adults (Zivkovic et al., 2010), and childhood is where much of the effort to fight fatness is located (Coveney, 2008, p. 203).

Extending Bourdieu’s temporal orientations to practice, we

develop the concept of short horizons to articulate the narrowed vistas of possibility and the improvisational practices that clearly circumscribed participants’ abilities to respond to OPAL messages. We examine how ‘biographies of disadvantage’ (Graham et al., 2006) impact on experiences of time; how phenomenological dimensions of future time (fatalistic and often unimaginable) are discordant with the synoptic time of public health futures. It is not that people do not have hopes or aspirations for the future but rather that they are shaped by the reality of the present and may be limited and situational.

The final section details how participants are able to create alternative futures, and how improvisational practices create innovations and necessities that bring about living presents (Anderson, 2010) – of opportunities to do and to manage with what is in reach. In conclusion we suggest that there are different dimensions of time beyond the public health progression of linear and catastrophic futures that need to be considered in public health obesity interventions in disadvantaged communities.

2. A ‘city for tomorrow’

The location of this ethnographic study is an area that was developed in the outer regions of Adelaide in the 1950s. It was marketed as the ‘City for Tomorrow’, a picture postcard place named after Queen Elizabeth II with aspirations for upward social mobility and material security. Brand new affordable housing, wide suburban spaces, and secure employment through the local car industry attracted many UK working class migrants. This new life offered people opportunities to ‘build their futures’ and ‘breathing room’ to keep their children in school or get them into good trades, even to take an occasional holiday (Peel, 1995, p. 119). In the 1960s and 1970s more and more working class UK migrant families could enact the hope that brought them to places like Elizabeth. This optimism continued to the 1980s until the entry into the market of cheaper, imported cars, and an economic downturn meant Elizabeth faced an ‘uncertain future’ (Peel, 1995, p. 156).

Despite significant investment into urban regeneration projects and initiatives in Elizabeth and surrounding suburbs, what was labelled as the City for Tomorrow in government brochures of the 1960s, today remains a place that has pockets of ‘deep and persistent disadvantage’ (McLachlan et al., 2013). According to the Australian Bureau of Statistics (ABS) Socio-Economic Index for Areas (SEIFA), Elizabeth is Adelaide’s most disadvantaged area (ABS, 2013) and has the country’s second highest youth unemployment rate of 41%. Households are characterized by low incomes, a high prevalence of sole parent families, and in one council area 77% of children live in low income families (Hetzl et al., 2004). While some participants in our study spoke of a strong community pride that comes from facing persistent hardship and austerity, others frequently acknowledged the many social problems (domestic violence, unemployment, food insecurity and mental illness) that have become embedded across generations and need to be faced on a day to day basis.

3. Methodology and methods

It is widely acknowledged that obesity is socially patterned according to socio-economic status (Sobal and Stunkard, 1989; Ball and Crawford, 2006; McLaren, 2007). From January 2011 to December 2013 the proportion of South Australian adults who self-reported being overweight and obese was 59.7 per cent, while 70.7 per cent of adults living in Playford (the council area in which Elizabeth is situated) self-reported being overweight and obese (The University of Adelaide, 2014). Factors that contribute to higher levels of obesity amongst disadvantaged populations in Australia

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