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## **FOOD, FAT AND FAMILY: THINKING FATHERS THROUGH MOTHERS' WORDS**

Contemporary biomedicine identifies childhood obesity as a major risk factor for health problems in adulthood. Significantly increased rates of excessive body weight in the population has been widely reported, with moral frameworks often used in both media and public health discourses on the issue. In turn, research into, and media reports identifying, the causes of childhood obesity have proliferated. While debate continues about the true rates of obesity in the population as well as the projected health effects of obesity (Gard & Wright, 2005; Olds, 2010; Campos, 2004), public health responses to 'the problem' have been mobilised in various settings (Vander Schee, 2009; Dehgan, Akhtar-Danesh & Merchant, 2005). The 'family' is commonly viewed as one of the most critical sites for early intervention and prevention of childhood obesity (Gruber & Haldeman, 2009). As a result, the roles and responsibilities of parents in caring for the diet and weight of young children have come under increasing scrutiny (see, for example, Golan, Weizman, Apter & Fainaru, 1998; Brown & Ogden, 2004).

This attention to the family is shaped by, and in turn reproduces, distinctly gendered discourses. Some researchers have argued, for example, that childhood obesity-related discourse and policy rely on gender stereotypes, disproportionately burdening women as mothers (Maher, Fraser & Lindsay, 2010; Maher, Fraser & Wright, 2010; Warin, Turner, Moore & Davies, 2008). This is reflected in the number of academic studies addressing 'parental' influence on young children's eating behaviors and development that focus solely on mothers (see, for example, Topham et al., 2011; Jahnke & Warschburger, 2008). This positioning of mothers as 'default parents' (to use Nicholas Townsend's expression, 2002) within the context of the purported 'obesity epidemic' has revived traditional arguments about the complementarity of gender roles in the division of labour in public and private spheres. It has also contributed to widespread representations of women's bodies and maternal practices as sites of the potential corruption of children, and thus as in need of controlling, containment and regulation.

The intense focus on mothers and mothering in childhood obesity discourse has exposed a conspicuous lack of attention to the influence, roles and responsibilities of fathers in the provision of the family's food. While recent research has examined the broader role of fathers in caregiving in relation to employment (Seard, Yeatts, Amin & Dewitt, 2006), increased paternal participation (Aarseth, 2009; Pleck, 1997), stay-at-home

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fathers (Fischer and Anderson, 2012; Doucet, 2004) and paternal involvement in children's health (Garfield & Isacco, 2012), there has been little research addressing fathers' roles in the provision of children's diet and the monitoring of their weight. It is thus unclear what the emphasis on 'family' responsibility for children's diet and weight present in childhood obesity discourse actually means for fathers, in terms of how they perceive and undertake their familial roles. Nor is it clear what such responsibility means for existing paternal roles and commitments in the day-to-day practices of family food work. This silence thus constitutes a critical gap in studies of men and food as well as obesity and family-related research.

In this article, we take an initial step toward revealing the pervasive silence surrounding fathers' participation in the feeding of their families, and their relationship to nutritional care work. In particular, we explore the different ways masculinities and femininities, as relational constructs, are being produced and regulated in the daily parental work of attending to children's food needs. To do so we draw on thirty qualitative interviews conducted with women as part of an Australian Research Council-funded study investigating the impact of childhood obesity-related health messages on families. The study focused on women's experiences as mothers because the investigators were interested in exploring the impact of the dynamics of gender described above, namely, the 'responsibilisation' of women in relation to feeding their children. While the interviews explored women's experiences, they also illuminated issues pertaining to men's participation in food work. Here we consider how mothers speak about men's activities within the family. What gendered discourses do mothers draw on when discussing parents' management of children's diet, health and weight? In particular, what do the mothers' accounts reveal about discourses of parental responsibility for children's health? What do these articulations suggest about the contribution of gender to understandings of the 'proper' provisioning of family food? What do they tell us about the dynamics of normative heterosexual relationships?

Drawing on the social science literature on constructions of mothers and fathers in childhood obesity discourse, we begin by discussing the silence surrounding fathers' food work. We then introduce our theoretical approach, which utilises Carol Gilligan's (1982) notion of the ethics of care and Ann Phoenix's (2010) concept of 'intertextuality' to analyse data from the interviews with women. The empirical research from which our data is drawn is then introduced before we turn to our analysis. Focusing on how women

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build viable gendered selves in the interview process, our data analysis considers several aspects of women's presentations of men's practices, including their acceptance of fathers' marginal involvement in food provision, and their deleterious influence on mothers' 'healthy food choices' and strict and more disciplinary approach to children's diet and weight management. Mothers' accounts reveal how gender is relationally produced in the context of parental food work, with descriptions of maternal expertise, altruism and commitment to health being contrasted with stories of paternal authority, complacency and selfishness. In light of recent research findings and media reports that have placed a new focus on fathers as an influence on children's weight, our analysis concludes by addressing the study's implications for future feminist research in the field of gender, food and family.

### **Mothers, fathers and childhood obesity discourse**

Childhood obesity discourse draws upon a number of gendered assumptions about the cause of this 'epidemic.' Many of these relate specifically to mothers and mothering. The decline in the 'family meal', too much takeaway food, mothers' child-feeding practices, guilt induced treat-giving among women in paid work, and fat mums and/or mums with bad eating habits have all been canvassed as potential contributors to obesity in children (see, for example, Devine et al., 2009; Boutelle, Birkeland, Hannan, Story & Neumark-Sztainer, 2007; Birch & Fisher, 2000; Kroller & Warschburger, 2008). This attribution of maternal responsibility for childhood fat marks a context in which Western mothers negotiate increasingly complex social demands (Di Quinzio, 1999; McMahon, 1995). Rising maternal employment driven by labour market demand and by women's changing aspirations has combined with intensifying expectations around mothering practices and childhood social and health outcomes to increase, rather than reduce, women's burden of maternal care (Hays, 1996; Murphy, 2003).

Childhood obesity discourse has, in turn, reignited a number of key feminist concerns. These include, but are not limited to, the suggestion that women's employment contributes to childhood disease (see, for example, Brown, Broom, Nicholson & Bittman, 2010; Gaina, Sekine, Chandola, Marmot & Kagamimori, 2009; Hawkins, Cole & Law, 2008), and the linking of women's bodies and maternal practices to children's health (Maher, Fraser & Wright, 2010; Maher, Fraser & Lindsay, 2010; Warin, Moore, Zivkovic & Davies, 2011). In childhood obesity discourse, the former is expressed in, for example, anxiety over 'time famine' and the

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decline of the 'family meal' (see, e.g. Murcott, 1997). The latter can be seen in pregnancy feeding guidelines, discussions of breastfeeding and other feeding practices, anxiety over mothers' misconceptions of children's weight, as well as assumptions that fat mothers produce fat children (see, for example, Schaal, Marlier & Soussignan, 2000; Cutting, Fisher, Grimm-Thomas & Birch, 1999; for a critical perspective see Warin, Zivkovic, Moore & Davies, 2012).

Accompanying this intense scrutiny of mothers has been a notable lack of focus on fathers' influence over childhood diet, weight and health. Related to this absence are a number of gendered assumptions about men's roles within the family, and their own relationship to health and fat (for a critical perspective on the latter see Bell & McNaughton, 2007). In academic, policy and media discourse the topic of 'men's health' has garnered increasing attention, with a health-related 'crisis' in masculinity being widely reported (Evans, Frank, Oliffe & Gregory, 2011; for a critical perspective see, for e.g. Broom & Tovey, 2009). In his study of masculinity and health in media discourse Brendan Gough identifies and critiques a principle set of claims with which 'the term "Men's Health"' is now associated:

- there is now a men's health 'crisis' since men are particularly vulnerable to a range of health problems;
  - men do little or nothing to protect their health;
  - 'masculinity' is to blame for men's poor health; and
  - dedicated research, policy and service provision is required to address the problem of men's health.
- (Gough, 2006, 2477)

In a neo-liberal context that demands each of us become responsible for our own health (Petersen, 1997; Petersen & Lupton 1996), masculinity and health have often been pitted against each other. Given that men, according to this framework, appear to be in enough trouble managing their own health, it is perhaps unsurprising that fathers have only indirectly been called to fight childhood fat through the discourse of 'family' responsibility. In fact, men's influence on children's health has not been a subject of great public interest. Rather, children's positive influence on fathers' health has been harnessed as a useful tool in public health responses to the crisis in 'men's health'. This can be seen, for example, in the recent 'Healthy Dads,

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Healthy Kids' pilot program in New South Wales, Australia (Lubans et al., 2012) that targets men's weight loss through activities undertaken with their children. The program was designed to 'appeal' to men by emphasising, the mathematics of weight loss over strict dietary regimes, as well as 'masculine' coded physical activities, including outdoor sports and 'rough and tumble play' with children. This is arguably representative of a new, health-focused take on an older construction of fatherhood which nevertheless reinforces relational gendered roles; fathers as active and public and mothers as domestic and private. In part as a result of the success of second wave feminist campaigns for equality and women's increased participation in the paid labour market, the 1980s and 1990s saw the evolution of an egalitarian model of modern masculinity typified by the figure of a 'new man' – the 'involved father'. The emergence of this 'new involved father' reinforced the idea of fatherhood as a key stage of adult development, where lad-like behaviours were set aside and 'real' responsibility assumed (Nixon, 2001).

What we describe as a subtle 'turn to fathers' in recent obesity-related discourse has generated a related discourse of 'involved' fatherhood, in which fathers take more active responsibility for their own and their children's health. Prompted by a number of recent academic studies (e.g. Freeman et al., 2012; McIntosh et al., 2011) the question of fathers' role in children's health has received increasing media coverage (see, for example, 'For once it's father's fault' [Holler, 2012] and 'If you've got a weight issue blame Dad, not Mum' [Rowlands, 2011]). This new emphasis has, at least temporarily, disrupted the characteristic silence around fathers in childhood obesity discourse. Appeals to essentialist notions of 'tough' masculinity and protective fatherhood have ensued, with calls for fathers to 'man-up' in order 'to defend [their] kids' (Katz, 2012), as well as the population as a whole, against the threat of childhood fat. Whilst men are clearly being 'responsibilised' as 'health and weight-conscious' involved fathers in these discourses, a feminist or relational gender critique is decidedly absent from these debates. Men's embrace of their fatherhood through health-related activities and role modelling for their children is framed entirely as an individualised project of masculinity. So far, this project has contributed little to decreasing the burden of maternal responsibility, or aspirations for a more equitable distribution of labour in relation to the provision of food in the family.

Men's participation in the daily labour of food work is also largely absent from contemporary engagements with fathers' management of their own and their children's health. This neglect is arguably indicative of a

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much longer and broader Western tradition that has seen not only domestic labour in the home feminised, but food work in particular. As Alice Julier and Laura Lindenfeld explain,

whether producing or consuming, cooking or eating, women's labors, concerns, and experiences tend to be the focal point of both discourse and practice. When men are considered in relation to food, it tends to be only as a superficial comparison, to suggest that this terrain is of less relevance and certainly less depth than for women. (2005, 3)

Here we engage directly with the silence surrounding fathers and food via an analysis of mothers' articulations of fathers' roles in the daily care of children's diet and weight.

Our study comprised interviews with mothers and childcare workers (details on method appear below). Family composition, living arrangements and parental practices varied significantly across our participant sample. Despite this, a great deal of commonality was visible in women's approach to children's food provisioning and dietary and bodily health. All the women understood themselves to be the primary managers of children's food, weight and body size, and all willingly assumed primary responsibility for this role within the family. These findings accord with what is already known about the gendered division of family food work in Western societies, that is, that 'the purchase and preparation of food for the family is the major responsibility of women' (Lupton, 1996, 39; see also Warde & Hetherington, 1993). A great deal of important research has been undertaken to examine the meanings given to women's care and family food work (see, for example, DeVault, 1991; Lindsay & Maher, forthcoming 2013). It is, however, also important when undertaking such research not to inadvertently reinforce existing silences around fathers' roles in family food provisioning. Our own focus on mothers' experiences, for example, provides only a partial view on the dynamics of gender in relation to food. As we will argue, however, an exploration of mothers' accounts can tell us much about the reproduction of gender in the day-to-day undertaking of family-based food work.

### **Thinking men through women's words**

Feminist research has long established that gender is always relational. Indeed this was a key theme in Carol

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Gilligan's (1982) foundational work on the ethics of care. Gilligan's conceptualisation of a gendered ethics of care offers a critical framework for understanding the relational gendered dynamics of family food work as it relates to both morality and identity. Gilligan understands the feminine 'conception of morality' to be 'concerned with the activity of care...responsibility and relationships'. She argues that 'a morality of responsibility' forms the basis for a feminine ethic of care, and that this ethic contrasts with a masculine ethic characterised by 'a morality of rights' involving a commitment to rules and more abstract notions of justice. Although embraced by some feminists as 'ushering in a new era of feminist thought', Gilligan's work has been criticised as essentialist (for example, in her references to 'women's experience'). It has also been argued that her appropriation of object-relations psychoanalytic theory imports a conventional modernist view of the self and social relations (see, e.g. Bacchi and Beasley, 2005a, 2005b; Hekman, 1995; Green & Macoby, 1986; Friedman, 1987). However, Gilligan's concept of 'ethics of care' remains influential in feminism and has been taken up and developed more recently by decidedly anti-essentialist scholars such as Annemarie Mol who develop a more practice-based, embodied perspective on the relational work of caring (see, e.g. Mol, et al., 2010).

Gilligan's concept of a gendered 'ethics of care' is pertinent to the contemporary context of family food work, particularly with respect to the relational production of masculinities and femininities, and questions of gender and care. These emerge in discussions of mothers and fathers in obesity-related discourse, the daily practices of food provision undertaken by mothers and fathers, and the ways in which those practices are talked about by mothers. They are all moments in which ideas about what it means to be a mother and a father are co-constituted through particular mothering and fathering practices. As Datta explains, fatherhood 'is constructed not only by men but also by women and children, and in relation to motherhood and childhood' (2007, 98). Given that women are the primary managers of children's diets, health and weight, their articulations of men's contributions to food provision offer crucial insights into the dynamics of power that produce and sustain the gendered responsibilities of nutritional care work in the family.

To 'think fathers' through 'mothers' words requires a theoretical framework that allows for a consideration of what is *not* said as much as what is said. Ann Phoenix's work on secrecy and silence in the qualitative research process is useful here. Phoenix draws on Julia Kristeva's theorisation of 'intertextuality', which

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suggests that ‘the meaning of texts is affected by the meanings established in other previous or contemporary texts’ (Phoenix, 2010, 161). This approach, also informed by the work of Saussure and Bahktin, recognises that prior codes mediate meaning in verbal as well as written discourses (Phoenix, 2010, 162). Bahktin argued that every text, both verbal and written, gains its meaning in relation to other texts, and is thus inherently dialogical:

Every utterance must be regarded primarily as a response to preceding utterances of the given sphere [...]  
Each utterance refutes, affirms, supplements and relies on others, presupposes them to be known, and somehow takes them into account. (Bahktin 1986, 91)

According to Phoenix (citing Fox, 1995), ‘since research interviews are concerned with the construction of meanings, interview accounts are always necessarily intertextual in that modes of telling and what is considered worthy of telling come from wider social understandings that involve intertextuality’ (2010, 162). In qualitative interviews, particularly where interviewees are being questioned about sensitive issues and their conduct in relation to those issues, ‘silences and secrecy are likely to arise when either of the participants fear either that they will be “misread” or want to defend themselves against possible readings that they would rather not be made or are hurt or embarrassed about readings that they can see being made’ (2010, 162).

Drawing on these insights, we argue that mothers’ articulations of fathers’ roles in food provisioning and caring for children’s weight must be read intertextually, that is, as constructed in relation to what is at stake in mothers’ self-presentations as responsible, caring mothers. For the women we interviewed, assuming responsibility for the provision and preparation of family meals and caring for their children’s health was mostly an unquestioned part of being a mother. Their ‘utterances’ cannot be divorced from the wider context that has seen poor diet, difficult food behaviours and childhood fat conflated with maternal neglect, selfishness and failure. The pressure of perceived judgment and expectations around the provision of healthy food, and effective management of children’s weight, was palpable in the interviews. The mothers’ utterances could be read as responding to discourses that linked (failed) mothering to childhood obesity. Mothers’ descriptions of their daily routines of nutritional care in turn reflected an ethics of care imbued with

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a very strong 'morality of responsibility' that starkly contrasted with descriptions of fathers' approaches (Gilligan 1982).

### **The study**

This analysis is based on a qualitative study<sup>1</sup> involving interviews with 30 women: mothers (n=24) and childcare workers (n=6). Participants were recruited via three long day childcare centres in Melbourne and the greater Melbourne area in Victoria, Australia in 2011. At each site eight mothers and two childcare workers were interviewed. Representing the strongly gendered nature of the childcare workforce – a profession committed to an ethic of care involving 'the activity of care...responsibility and relationships' (Gilligan, 1982, 19) – there were no male staff working at any of the sites; only female childcare workers were therefore interviewed. All the women cared for pre-school aged children. The interviews were one-off, semi-structured, 60-90 minutes in length, and most were conducted in the childcare centres or in cafes close to the centres. With the exception of a small number of interviews where children were present, interviews were conducted one-on-one with no partners or other people present. A range of topics was discussed, including the family management of day-to-day food provision as well care for children's weight and physical activity. Family engagements with public health advice and injunctions were also discussed. All the women assumed primary responsibility for family food work, and, aside from their partners, had no other home support for this aspect of domestic labour. The interviews were transcribed verbatim, de-identified and coded using QSR NVivo software. We gained ethics approval from Monash University's Human Research Ethics Committee (CF11/0693 – 2011000332).

Two of the three sites were located in suburban areas that shared comparable socio-economic demographics as measured by median house prices, income brackets, and location to the inner city. The third site was located in an outer suburb of a large regional centre where median house prices were at least one-third of the other two sites, unemployment rates were considerably higher and median annual family incomes were less than three-quarters that of the other two sites. The educational and work profiles of participants and their partners also varied across the three sites. Participants from Site 1 were drawn from a wide range of cultural backgrounds, including Chinese, Indian, French and Northern Irish. All were studying at university or working in a university environment, and had partners in white-collar employment. Most mothers from Site

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2 were working in private or public administration, partnered with fulltime workers, and were also from a diverse range of cultural backgrounds, including Greek, Irish and Sri Lankan. Most mothers were single in Site 3, all but one identifying as Anglo-Australian, and only a small number of participants were partnered. Significantly, there were consistent similarities in the relational gendered dynamics of family food work between parents who were coupled and our cohort of sole-parent participants who shared custody of their children. Whilst our sample size was small it was diverse in terms of age profile, pattern of family formation, socio-economic status and cultural background.

Interviewees were clearly self-conscious and at times defensive or uncertain when describing their feeding practices and perceptions of their children's weight, regardless of reassurances given by the interviewer. Descriptions of treat giving and family take-away nights were also often framed as confessions and invariably followed by justifications emphasising their infrequency and harmlessness. The following exchange between Jenny (Site 2) and the interviewer offers one example:

I mean if its four or five years old and then they start getting, become like a ball, then I would say they're fat but not at her age. What do you think? (nervous laughter) Should I worry? (laughter).

Interviewer: No I don't think you should worry.

[...] I mean sometimes you have to give her a little treat to make her do things like go to the toilet, at the moment you have to give her a little teddy bear lolly, which is only the one, just to get her to do things I suppose. Yeah, but not regularly or having her have too sweet stuff. I hate Easter and she was given a pig Easter egg and I said 'No, you're not going to eat that, you can have one little bit but that's it'. (*Jenny, aged 35, partnered, 2 children aged 2 years and 9 months, administrative officer*)

Like Jenny's comments, disclosures and descriptions about other food challenges were often partly confessional and anxious, and partly defiant and resistant. This was evident when mothers' described the 'bad' food behaviors they were managing, such as fussiness and consistent food refusal, or when their child had been classified as having a high BMI.

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What we are particularly interested in here is mothers' portrayals of their partners' approach to their children's health, diet and weight related to, or contrasted with, their own. How mothers spoke about fathers' involvement reveals much about broader social norms and ethics concerning appropriate forms of fathering, and masculine commitment to food and bodily care, and perhaps even more centrally, the nature of normative heterosexual relationships. Mothers' words also provide insight into the degree of moral responsibility women assume for managing fathers' care of and influence over children's food and weight, or the limitations they experience in attempting to do so. Thus, how mothers talked about fathers' practices reflect versions of desirable models of 'family' practices that rely upon a particular relational dynamic existing between mothers and fathers that are based on gendered identities invested with particular moral worth. Mothers' words also allow us to see the complexity of gendered discourses about fat, food and care work that are reproduced in the enactment of heterosexual gender relations, morally imbued practices of everyday food provision, and in family responses to obesity-related public health injunctions. The following sections consider three key themes that emerged in mothers' descriptions of family food work: paternal absence, corrupting influences and authoritative interventions.

### **Acceptable absences and maternal responsibility**

All the women we interviewed claimed to assume primary, if not complete, responsibility for managing their family's diets, including attending to food preferences, shopping, planning and preparing family meals and feeding children. When asked how families arrived at that arrangement, mothers tended to describe it as a response to practical circumstances. Key explanations included fathers' absence due to work schedules, and partners' poor cooking skills or dislike of cooking. This accords with Charles and Kerr's (1988) much earlier research that found partners' employment and eating preferences shaped family food practices. Further, echoing Hoschild's observations made over twenty years ago in her seminal work *The Second Shift* (1989), we found flexible or part-time work arrangements did not necessarily entail a more equal sharing of tasks and responsibilities. The following dialogue with Rosie, (from Site 1), one of the few mothers in the study whose partner also worked part-time, demonstrates this assumption of self-responsibility:

Interviewer: Who in your family has got the primary responsibility for food choice and preparation?

That's me.

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Interviewer: Was that an organised arrangement?

Well my husband doesn't like cooking so if it's left up to him its take away so... (*Rosie, aged 42, partnered, 4 children, twins aged 3, two boys aged 6 and 7, university administrator*)

Fathers' incompetence or lack of interest in the kitchen was a common theme in the interviews, along with the role of this in excluding them from involvement in everyday food practices, regardless of their work schedule. In cases where men did cook, this seemed to be largely motivated by self-interest. Comments about fathers' lack of skills were commonly linked to mothers more altruistic need to take charge in order for 'healthy' meals to be prepared. Caroline, (from Site 2), for example, emphasised her need to step in to provide 'fresh' and healthy family meals due to her partner's incompetence in the kitchen:

Well my husband can only open jars and cans and I don't mind them being opened but I do like fresh produce like vegetables and fruit so I took over that role. (*Caroline, aged 42, partnered, 1 girl aged 2 years, retail worker*)

Mothers generally articulated an accepting approach to their partner's lack of involvement in cooking. Many used essentialist models of masculinity to explain men's conduct, but emphasised their own agency in negotiating responsibility for food provision. This is captured in Prue's (from Site 2) largely unquestioning approach to her partner's poor cooking skills:

Interviewer: Who in your family has responsibility for food choice and preparation?

Mainly me actually.

(laughter)

It's not that my husband doesn't want to participate but what he cooks we don't eat so.

(laughter)

Interviewer: Is it that bad?

Yes, so we... eventually it's natural selection.

Interviewer: Does he have staple meals that he tries to cook?

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His own steaks maybe. His own beef steaks, that's the only thing he is good at cooking really. Man steaks<sup>2</sup> anything else, no, maybe boil an egg or something. (*Prue, aged 30, partnered, 1 girl aged 2 years, accountant*)

Prue's assertion of her partner's willingness to be involved ('it's not that he doesn't want to participate') is an example of one of the ways fathers were constructed in the interviews: as generally 'supportive spouses'. Mothers often emphasised partners' willingness to help whilst stressing their own superior expertise and enjoyment of cooking. It was common for example, for fathers to prepare occasional meals or cook on the weekends, as Holly (Site 2) and Michelle (Site 2) both describe:

Basically I'm a better cook and I have more of an interest in it I suppose. I am more of a cook and he does any baking or cakes that need to be done, he does that but it's always been the way. He is a perfectly capable cook but I have got more of an interest in it I suppose. (*Michelle, aged 32, partnered, 2 children aged 3 years and 8 months, State Government employee*)

And then you know my husband might cook but his cooking is not as good as mine so it just depends. There is some things he does. He likes to make his Irish stews and things like that, dishes from home, so he does it, he probably cooks and he does small meals like breakfast or a quick lunch over the weekend but I would do I would say 90% of the cooking at home. (*Holly, aged 40, partnered, 2 girls aged 7 years and 5 years, State Government employee*)

Holly's husband, originally from Ireland, had some expertise in cooking, primarily in 'dishes from home'. Food also emerged as a special way for Sarah's family to connect to her husband's West Indian cultural heritage, and for her husband to share that with his children. Sarah's husband had only very limited cooking expertise: he could cook only a few meals that connected him with the country he grew up in, and his own mothers' care in his childhood. When asked why she undertook responsibility for food preparation, Sarah (from Site 1) explained:

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Because my husband can't cook and can't go to the cupboard and find anything to eat, he wouldn't be able to make anything. He has three dishes he cooks and he cooks maybe once a month but he's never had that skill.

Interviewer: And why is that?

His mother just did everything. (*Sarah, late 30s, partnered, 3 children aged 10 years, 8 years and 4 years, academic*)

For Sarah, her husband's cooking, limited as it was, held an important place in the family. It was a particularly special opportunity for his children to share and celebrate his cultural heritage.

We eat with our hands as well when we have curry and roti we put the curry and the roti together and eat with our hands because that's what my husband does at home and so the kids love that, they think that's fantastic you know [...] I think it's really important for us to celebrate and to share that side of food and I think that's what sitting around the table and talking you know about what's in the food and what that food especially for my husband means. Because we're not in his country, he misses out on you know, showing the kids how he grew up. (*Sarah, late 30s, partnered, 3 children aged 10 years, 8 years and 4 years, academic*)

A small number of mothers described food activities as 'shared' between themselves and their partners. All mothers, however, drew on discourses of joint responsibility in their descriptions of shared parental approaches to children's food and health through use of the collective pronoun 'we'. These utterances, which worked to impress upon the interviewer the involvement of fathers as supportive partners, were, however, often poorly sustained in women's narratives. In many cases discursive slippage from the collective 'we' to the personal 'I' occurred within the space of only a few words as women described their management of children's health through food. The following example from Jenny (from Site 1) offers a good illustration of this:

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I think we as parents play the main roles in their diets so that's why I need to make sure that she has plenty of foods when she's at home, she always has her fruit and things like that and vegetables. (*Jenny, aged 35, partnered, 2 children aged 2 years and 9 months, administrative officer*)

Many cited fathers' work conditions and absences as forces structuring food practices in the home, but also described taking charge as a result of a lack of interest or competence in their partners. These disclosures relied upon and reproduced a logic of gender complementary in which mothers made up for fathers' shortcomings by employing their superior expertise in order to provide good 'fresh', 'healthy' meals. For some, these activities were also consciously associated with a personal enjoyment of cooking and food. Mothers did not appear to interrogate or see any need to redress these stark divisions in the distribution of food labour, but instead were keen to recognise the contributions fathers did make. Thus, whilst mothers' narratives were inclusive of fathers, emphasising shared parental approaches to children's diet and weight, fathers were depicted as peripheral to everyday food provision, with mothers' food practices overwhelmingly characterised as more expert and more 'healthy' than fathers'.

Women's presentation of their expertise thus depended on explicit contrasts between masculine and feminine approaches to food work and health. Women's narratives about their role as nutritional care givers thus involved the deployment of intertextual understandings about 'good' fathers and supportive partners and, somewhat paradoxically, acceptable masculine behaviours, which included a lack of culinary skill and interest, and thus fathers' dependence on women's food labour. In turn, women's self-presentations invoked a distinctly feminine ethic of care that defended against charges of maternal neglect inherent to childhood obesity discourses, in part through their relational construction of paternal roles. The following section teases out in more detail the dynamics of gender implicit within mothers' accounts of their management of 'healthy' food choices in relation to fathers' deleterious influence on children's diets.

### **A corrupting influence?**

When asked about family food preferences, all the mothers talked in detail and at length about managing and catering for the different likes and dislikes of different members of their family, including their partners. To some extent a tension emerged in women's descriptions between recognition of a shared commitment to

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healthy food as a part of a healthy 'family' lifestyle, and what some presented as fathers' compromises on healthy eating and role as a corrupting influence. Several mothers explained that fathers' food preferences actively confounded their efforts to provide a healthy diet for their children. As Prue (from Site 2) explained:

He is addicted to his chips and I can't get him off his bag of chips and Melanie will be the same so I will say, 'Ok, just today and, tomorrow, no more chips'. But because those foods they are very tasty, it's hard to wipe it off from her memory so it gets difficult sometimes.

Interviewer: And you have to play bad cop?

Yes, all the time. I have to confiscate bags and hide them. (*Prue, aged 30, partnered, 1 girl aged 2 years, accountant*)

Celeste, (from Site 2), too, suggested that the father of her son possessed eating habits not consonant with the values of healthy eating. Unlike Prue, however, she emphasised her son's autonomy in rejecting the 'junk' diet provided by his father when he went to stay with him every second weekend:

He does get frustrated being at his dad's 'cause they tend to have a lot of take-away and he gets sick of hotdogs and eggs. It drives him nuts. And sausages [...] he told me about six months ago, 'I'm so sick of hotdogs, Mum. I don't want hotdogs anymore.' So if he's having them, even though it's only a weekend at short burst, if he's having them three times in a weekend, he's bored, he's sick of it, and he's not eating that much. (*Celeste, aged 30, partnered, 1 son aged 5 years, childcare worker*)

Yet other mothers described enforcing what they saw as a healthy diet by not catering to fathers' food preferences. The most commonly given example of this was the shift some described making from buying white bread to wholemeal bread. Mothers' awareness of and preference for 'lean', 'healthier' meals was also often contrasted with their partners' 'unhealthy' preferences, as Glenda and Lisa explain:

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I tend to sort of lean towards more organic, lean kind of things. Rick I suppose doesn't really care, he is not that much sort of in touch with that I suppose. (*Glenda, aged 32, Site 3, partnered, 2 children aged 10 years and 4 years, personal care worker*)

Like, for example, my partner said tonight, we bought some of that nice ravioli or tortellini it is from the markets to cook and he said 'Let's do a nice creamy blah, blah, blah' and I was like 'No I don't want to do cream because it's ridiculously fattening, more fattening than chocolate so I will do a tomato based one', so I guess I try to avoid things that are really fattening. (*Lisa, aged 33, Site 1, partnered, 2 boys aged 3 years and 6 years, PhD candidate*)

While Lisa's preference for lower fat options for meals related to her own weight management issues, Glenda's approach to 'organic, lean kind of things' was directly related to providing a diet that she saw as most helpful in the management of her son's behavioural problems (he had been diagnosed with ADHD), and with her daughter's self-consciousness due to sudden weight gain as a result of medication. Glenda's reference to her partner as not 'really car[ing]' about or being 'not in touch' with 'healthy food choices' contrasts with her own emotional and practical 'care' of her children's behaviour and weight.

All these utterances exemplify the ways in which mothers, to varying degrees, represented the value of their familial role through their commitment to 'healthy food choices'. Partners' behaviours offered a contrast that, by and large, affirmed women's perspectives and choices. For example, for mothers, gendered practices involved a balance between catering to often conflicting needs and preferences, between children's, their partners' and their own. Mothers described their management of these preferences in relation to their commitment to not compromising children's 'health'. Mothers' preferences and practices thus generally emerged as more closely aligned than fathers' with children's health needs. On the other hand, many fathers were represented in the interviews as obstacles to or passive recipients of 'healthy' family food choices. In turn, intertextual understandings of conventional modes of masculinity and femininity were also relationally produced; maternal expertise and mothers' moral attentiveness and commitment to healthy food choices and others' health needs, contrasted with fathers' preferences for less healthy options, and their selfishness or lack of awareness and complacency with respect to their own and their children's diets. Fathers, however,

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were not always characterised as so passive in the management of daily food provision and children's weight. The following section considers the mobilisation of gender in mothers' narratives of fathers' more active paternal interventions in family food practices.

### **'Laying down the law'**

Some interviews departed significantly from notions of paternal passivity or absence in children's nutritional and bodily care. These typically occurred when male partners intervened in feeding routines, advised mothers on their practices, or expressed concern about children's weight. They portray different, more authoritarian, constructions of normative masculinity and fatherhood from those described in previous sections.

Some mothers depicted their partners as much 'harder' or 'tougher' on their children about food. Managing food refusal, treat-giving and childhood overweight were all cited as managed more strictly by male partners. According to Anna (from Site 1), whose partner spent 15 days a month away from home due to work, his presence as the disciplinary figure in the family made mealtimes much easier for her when he was home:

Anna: He's a little strict. One of us has to be strict. Backup plan, if you're not doing this, I'm going to call Dad.

Interviewer: Oh OK.

Anna: It doesn't affect him at all, doesn't affect [my son] at all, whether Dad comes or Mum comes or anyone comes, but there has to be... one of us has to be strict with him. (*Anna, aged 30, partnered, 1 boy aged 22 months, Masters candidate*)

Some fathers were also characterised as 'stricter' than mothers in their responses to children campaigning for 'treats'. As Ella (from Site 3) reflected:

No he is worse actually. Yeah so no lollies allowed, it's fruit or jelly or yogurt or whatever, yeah, he's worse. (*Ella, aged 26, partnered, three children aged 8 years, 7 years and 2 years, full-time mother*)

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In some instances, partners' authoritative presence was exerted in their advice to mothers about how to manage their children's weight effectively. The relational construction of a more empathetic maternal feminine approach to managing children's needs versus a tough, stricter, disciplinary model was also characteristic of one mother's description of her husband's approach to managing their son's overweight:

Interviewer: In your experience with your older son who's a bit, sounds like he's just a bit chubby, do you have dialogues with your husband, does your husband have a sense of responsibility about...?

He's much harder on him. I have to stop him being, because I think sometimes he wants to you know lay down the law and say 'You've got, you are overweight' and he tells me, he says, 'You know, you've got to do something about this, you've got to back me up' and, I say, 'Well, you're not, he's seven years old and you're not going to speak to him like you would speak to an adult'. Because, I forget when it was, last year I think someone did a study of doctors and discovered that if they pussyfoot around the subject patients don't get the message whereas if they say to them, 'You are fat, you need to do this', without pulling any punches, then the message gets through. And I'm like 'No, he's seven, you're not doing that to him. It's about us making better choices and encouraging him to you know adopt behaviours and eating patterns that will get him back on track and he's not, it's not a problem that's getting worse'. (*Rosie, partnered, Site 1, aged 42, four children, twins aged 3 years, two boys aged 6 years and 7 years, university administrator*)

Here, Rosie resists her partner's tougher, authoritative approach towards their son's weight problem, which aligned with medical approaches to the management of adult fat. Rosie's utterances echo an imperative mothers presented more broadly; to protect their children from the harmful stigma and judgment of childhood fat. The rigidity of the paternal approach that Rosie describes, 'you know, lay down the law', was also characteristic of fathers' stricter and more disciplined views on treat giving, mealtimes and feeding, discussed above. In these examples, maternal empathy and protectiveness throws into relief 'harder' paternal interventions. In turn, mothers' presentations of their protective and empathetic practices reproduced conventional, already heavily intertextual, gender norms of maternal empathy, in contrast to paternal

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toughness and discipline. Here, maternal care, expertise and responsibility is presented again in contrast to paternal involvement, thus reinforcing a conventional construction of complementary gender roles, characterised by empathic and protective mothers and strict and judgmental fathers. It could be that the moral imperative underpinning the maternal obligation to provide protection from both childhood fat and the stigma it carries, is related to a desire to compensate for powerful and pervasive discourses linking obesity with failed motherhood.

### **Conclusion: influential interruptions**

In this article we have argued that gender is central to the distribution of food work in families, and family food work is, in turn, central to the relational production and reproduction of gender. We situated our argument within the broader context of childhood obesity discourse, and, specifically, the pervasive silence around men's participation in family food provision. Using Carol Gilligan's conceptualisation of a gendered ethics of care and Phoenix's intertextual approach to silence and secrecy in qualitative interviewing, we considered how mothers spoke about fathers' food and care practices in light of mothers' responsabilisation in childhood obesity discourse. We argued that mothers' narratives of fathers can be read intertextually; that is, as dependent upon broader gendered codes and meanings attached to fat, health, caregiving and food work. Further, we have argued that these narratives articulate a feminine ethics of care in which mothers' care for the needs of others and seek to sustain familial relationships.

One of the consequences of childhood obesity discourse, and its profoundly anti-fat ethic, is that it offers mothers both responsibility and expertise, and worry and guilt. In this discourse, children are constructed as either the healthy products of responsible families or the unhealthy, innocent victims of the poor food and lifestyle choices made by irresponsible mothers. As our analysis suggests, what is involved in the provision of food in the family is far more complex than this reductive discourse allows. (For a critique of media discourses that rely on binary structuralist positioning see Zivkovic, Warin, Davies & Moore, 2010). Relational gender dynamics between mothers and fathers shape family food practices, and not in uniform ways. In so doing, they exceed the limitations of the static constructions of gender found in media and public health discourses.

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The application of Phoenix's concept of intertextuality illuminates psychosocial processes that 'serve to construct normative everyday practices and silence what is constructed as "non-normative"' (2010, 102). When read intertextually, our interviews reveal the hegemony of particular gendered narratives in family food work. Mothers' descriptions of fathers' contrasting food practices highlight the centrality of the dynamics of normative heterosexual relations to mothers' food and care responsibilities. Competing narratives of 'involved fatherhood' and 'supportive spouses' were silenced by the strength of narratives of maternal responsibility, which often involved ameliorating or legitimising the negative influence of fathers and their marginal participation. Mothers' representations of their family food practices were consequently invested with a moral significance consistent with an ethics of care first proposed by Gilligan, with the prevention of childhood fat in family food work being portrayed as a moral imperative for mothers.

Food work has long been a critical site for the expression of maternal care. This care work is invested with new significance and moral worth through the maternal imperative to prevent childhood fat. Fathers were mostly absent from discussions about routine household food work. However, through their disclosures about fathers, mothers also appeared to defend themselves – at least implicitly – against the accusations of maternal neglect and failure that are inherent to childhood obesity discourse. Future qualitative research into men, families and food, we suggest, would greatly benefit by taking into account the gendered intertextual implications of the contemporary focus on diet and weight.

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<sup>2</sup> Prue's reference to 'man steaks' directly speaks to the gendering of food, specifically, the association of meat eating with masculinity. For an extended discussion of the gendering of red meat eating in the Australian context see Peace, Adrian (2008). Meat in the genes. *Anthropology Today*, 24, 5-10.

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## **FOOD, FAT AND FAMILY: THINKING FATHERS THROUGH MOTHERS' WORDS**

Contemporary biomedicine identifies childhood obesity as a major risk factor for health problems in adulthood. Significantly increased rates of excessive body weight in the population has been widely reported, with moral frameworks often used in both media and public health discourses on the issue. In turn, research into, and media reports identifying, the causes of childhood obesity have proliferated. While debate continues about the true rates of obesity in the population as well as the projected health effects of obesity (Gard & Wright, 2005; Olds, 2010; Campos, 2004), public health responses to 'the problem' have been mobilised in various settings (Vander Schee, 2009; Dehgan, Akhtar-Danesh & Merchant, 2005). The 'family' is commonly viewed as one of the most critical sites for early intervention and prevention of childhood obesity (Gruber & Haldeman, 2009). As a result, the roles and responsibilities of parents in caring for the diet and weight of young children have come under increasing scrutiny (see, for example, Golan, Weizman, Apter & Fainaru, 1998; Brown & Ogden, 2004).

This attention to the family is shaped by, and in turn reproduces, distinctly gendered discourses. Some researchers have argued, for example, that childhood obesity-related discourse and policy rely on gender stereotypes, disproportionately burdening women as mothers (Maher, Fraser & Lindsay, 2010; Maher, Fraser & Wright, 2010; Warin, Turner, Moore & Davies, 2008). This is reflected in the number of academic studies addressing 'parental' influence on young children's eating behaviors and development that focus solely on mothers (see, for example, Topham et al., 2011; Jahnke & Warschburger, 2008). This positioning of mothers as 'default parents' (to use Nicholas Townsend's expression, 2002) within the context of the purported 'obesity epidemic' has revived traditional arguments about the complementarity of gender roles in the division of labour in public and private spheres. It has also contributed to widespread representations of women's bodies and maternal practices as sites of the potential corruption of children, and thus as in need of controlling, containment and regulation.

The intense focus on mothers and mothering in childhood obesity discourse has exposed a conspicuous lack of attention to the influence, roles and responsibilities of fathers in the provision of the family's food. While recent research has examined the broader role of fathers in caregiving in relation to employment (Seard, Yeatts, Amin & Dewitt, 2006), increased paternal participation (Aarseth, 2009; Pleck, 1997), stay-at-home

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fathers (Fischer and Anderson, 2012; Doucet, 2004) and paternal involvement in children's health (Garfield & Isacco, 2012), there has been little research addressing fathers' roles in the provision of children's diet and the monitoring of their weight. It is thus unclear what the emphasis on 'family' responsibility for children's diet and weight present in childhood obesity discourse actually means for fathers, in terms of how they perceive and undertake their familial roles. Nor is it clear what such responsibility means for existing paternal roles and commitments in the day-to-day practices of family food work. This silence thus constitutes a critical gap in studies of men and food as well as obesity and family-related research.

In this article, we take an initial step toward revealing the pervasive silence surrounding fathers' participation in the feeding of their families, and their relationship to nutritional care work. In particular, we explore the different ways masculinities and femininities, as relational constructs, are being produced and regulated in the daily parental work of attending to children's food needs. To do so we draw on thirty qualitative interviews conducted with women as part of an Australian Research Council-funded study investigating the impact of childhood obesity-related health messages on families. The study focused on women's experiences as mothers because the investigators were interested in exploring the impact of the dynamics of gender described above, namely, the 'responsibilisation' of women in relation to feeding their children. While the interviews explored women's experiences, they also illuminated issues pertaining to men's participation in food work. Here we consider how mothers speak about men's activities within the family. What gendered discourses do mothers draw on when discussing parents' management of children's diet, health and weight? In particular, what do the mothers' accounts reveal about discourses of parental responsibility for children's health? What do these articulations suggest about the contribution of gender to understandings of the 'proper' provisioning of family food? What do they tell us about the dynamics of normative heterosexual relationships?

Drawing on the social science literature on constructions of mothers and fathers in childhood obesity discourse, we begin by discussing the silence surrounding fathers' food work. We then introduce our theoretical approach, which utilises Carol Gilligan's (1982) notion of the ethics of care and Ann Phoenix's (2010) concept of 'intertextuality' to analyse data from the interviews with women. The empirical research from which our data is drawn is then introduced before we turn to our analysis. Focusing on how women

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build viable gendered selves in the interview process, our data analysis considers several aspects of women's presentations of men's practices, including their acceptance of fathers' marginal involvement in food provision, and their deleterious influence on mothers' 'healthy food choices' and strict and more disciplinary approach to children's diet and weight management. Mothers' accounts reveal how gender is relationally produced in the context of parental food work, with descriptions of maternal expertise, altruism and commitment to health being contrasted with stories of paternal authority, complacency and selfishness. In light of recent research findings and media reports that have placed a new focus on fathers as an influence on children's weight, our analysis concludes by addressing the study's implications for future feminist research in the field of gender, food and family.

### **Mothers, fathers and childhood obesity discourse**

Childhood obesity discourse draws upon a number of gendered assumptions about the cause of this 'epidemic.' Many of these relate specifically to mothers and mothering. The decline in the 'family meal', too much takeaway food, mothers' child-feeding practices, guilt induced treat-giving among women in paid work, and fat mums and/or mums with bad eating habits have all been canvassed as potential contributors to obesity in children (see, for example, Devine et al., 2009; Boutelle, Birkeland, Hannan, Story & Neumark-Sztainer, 2007; Birch & Fisher, 2000; Kroller & Warschburger, 2008). This attribution of maternal responsibility for childhood fat marks a context in which Western mothers negotiate increasingly complex social demands (Di Quinzio, 1999; McMahon, 1995). Rising maternal employment driven by labour market demand and by women's changing aspirations has combined with intensifying expectations around mothering practices and childhood social and health outcomes to increase, rather than reduce, women's burden of maternal care (Hays, 1996; Murphy, 2003).

Childhood obesity discourse has, in turn, reignited a number of key feminist concerns. These include, but are not limited to, the suggestion that women's employment contributes to childhood disease (see, for example, Brown, Broom, Nicholson & Bittman, 2010; Gaina, Sekine, Chandola, Marmot & Kagamimori, 2009; Hawkins, Cole & Law, 2008), and the linking of women's bodies and maternal practices to children's health (Maher, Fraser & Wright, 2010; Maher, Fraser & Lindsay, 2010; Warin, Moore, Zivkovic & Davies, 2011). In childhood obesity discourse, the former is expressed in, for example, anxiety over 'time famine' and the

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decline of the 'family meal' (see, e.g. Murcott, 1997). The latter can be seen in pregnancy feeding guidelines, discussions of breastfeeding and other feeding practices, anxiety over mothers' misconceptions of children's weight, as well as assumptions that fat mothers produce fat children (see, for example, Schaal, Marlier & Soussignan, 2000; Cutting, Fisher, Grimm-Thomas & Birch, 1999; for a critical perspective see Warin, Zivkovic, Moore & Davies, 2012).

Accompanying this intense scrutiny of mothers has been a notable lack of focus on fathers' influence over childhood diet, weight and health. Related to this absence are a number of gendered assumptions about men's roles within the family, and their own relationship to health and fat (for a critical perspective on the latter see Bell & McNaughton, 2007). In academic, policy and media discourse the topic of 'men's health' has garnered increasing attention, with a health-related 'crisis' in masculinity being widely reported (Evans, Frank, Oliffe & Gregory, 2011; for a critical perspective see, for e.g. Broom & Tovey, 2009). In his study of masculinity and health in media discourse Brendan Gough identifies and critiques a principle set of claims with which 'the term "Men's Health"' is now associated:

- there is now a men's health 'crisis' since men are particularly vulnerable to a range of health problems;
  - men do little or nothing to protect their health;
  - 'masculinity' is to blame for men's poor health; and
  - dedicated research, policy and service provision is required to address the problem of men's health.
- (Gough, 2006, 2477)

In a neo-liberal context that demands each of us become responsible for our own health (Petersen, 1997; Petersen & Lupton 1996), masculinity and health have often been pitted against each other. Given that men, according to this framework, appear to be in enough trouble managing their own health, it is perhaps unsurprising that fathers have only indirectly been called to fight childhood fat through the discourse of 'family' responsibility. In fact, men's influence on children's health has not been a subject of great public interest. Rather, children's positive influence on fathers' health has been harnessed as a useful tool in public health responses to the crisis in 'men's health'. This can be seen, for example, in the recent 'Healthy Dads,

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Healthy Kids' pilot program in New South Wales, Australia (Lubans et al., 2012) that targets men's weight loss through activities undertaken with their children. The program was designed to 'appeal' to men by emphasising, the mathematics of weight loss over strict dietary regimes, as well as 'masculine' coded physical activities, including outdoor sports and 'rough and tumble play' with children. This is arguably representative of a new, health-focused take on an older construction of fatherhood which nevertheless reinforces relational gendered roles; fathers as active and public and mothers as domestic and private. In part as a result of the success of second wave feminist campaigns for equality and women's increased participation in the paid labour market, the 1980s and 1990s saw the evolution of an egalitarian model of modern masculinity typified by the figure of a 'new man' – the 'involved father'. The emergence of this 'new involved father' reinforced the idea of fatherhood as a key stage of adult development, where lad-like behaviours were set aside and 'real' responsibility assumed (Nixon, 2001).

What we describe as a subtle 'turn to fathers' in recent obesity-related discourse has generated a related discourse of 'involved' fatherhood, in which fathers take more active responsibility for their own and their children's health. Prompted by a number of recent academic studies (e.g. Freeman et al., 2012; McIntosh et al., 2011) the question of fathers' role in children's health has received increasing media coverage (see, for example, 'For once it's father's fault' [Holler, 2012] and 'If you've got a weight issue blame Dad, not Mum' [Rowlands, 2011]). This new emphasis has, at least temporarily, disrupted the characteristic silence around fathers in childhood obesity discourse. Appeals to essentialist notions of 'tough' masculinity and protective fatherhood have ensued, with calls for fathers to 'man-up' in order 'to defend [their] kids' (Katz, 2012), as well as the population as a whole, against the threat of childhood fat. Whilst men are clearly being 'responsibilised' as 'health and weight-conscious' involved fathers in these discourses, a feminist or relational gender critique is decidedly absent from these debates. Men's embrace of their fatherhood through health-related activities and role modelling for their children is framed entirely as an individualised project of masculinity. So far, this project has contributed little to decreasing the burden of maternal responsibility, or aspirations for a more equitable distribution of labour in relation to the provision of food in the family.

Men's participation in the daily labour of food work is also largely absent from contemporary engagements with fathers' management of their own and their children's health. This neglect is arguably indicative of a

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much longer and broader Western tradition that has seen not only domestic labour in the home feminised, but food work in particular. As Alice Julier and Laura Lindenfeld explain,

whether producing or consuming, cooking or eating, women's labors, concerns, and experiences tend to be the focal point of both discourse and practice. When men are considered in relation to food, it tends to be only as a superficial comparison, to suggest that this terrain is of less relevance and certainly less depth than for women. (2005, 3)

Here we engage directly with the silence surrounding fathers and food via an analysis of mothers' articulations of fathers' roles in the daily care of children's diet and weight.

Our study comprised interviews with mothers and childcare workers (details on method appear below). Family composition, living arrangements and parental practices varied significantly across our participant sample. Despite this, a great deal of commonality was visible in women's approach to children's food provisioning and dietary and bodily health. All the women understood themselves to be the primary managers of children's food, weight and body size, and all willingly assumed primary responsibility for this role within the family. These findings accord with what is already known about the gendered division of family food work in Western societies, that is, that 'the purchase and preparation of food for the family is the major responsibility of women' (Lupton, 1996, 39; see also Warde & Hetherington, 1993). A great deal of important research has been undertaken to examine the meanings given to women's care and family food work (see, for example, DeVault, 1991; Lindsay & Maher, forthcoming 2013). It is, however, also important when undertaking such research not to inadvertently reinforce existing silences around fathers' roles in family food provisioning. Our own focus on mothers' experiences, for example, provides only a partial view on the dynamics of gender in relation to food. As we will argue, however, an exploration of mothers' accounts can tell us much about the reproduction of gender in the day-to-day undertaking of family-based food work.

### **Thinking men through women's words**

Feminist research has long established that gender is always relational. Indeed this was a key theme in Carol

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Gilligan's (1982) foundational work on the ethics of care. Gilligan's conceptualisation of a gendered ethics of care offers a critical framework for understanding the relational gendered dynamics of family food work as it relates to both morality and identity. Gilligan understands the feminine 'conception of morality' to be 'concerned with the activity of care...responsibility and relationships'. She argues that 'a morality of responsibility' forms the basis for a feminine ethic of care, and that this ethic contrasts with a masculine ethic characterised by 'a morality of rights' involving a commitment to rules and more abstract notions of justice. Although embraced by some feminists as 'ushering in a new era of feminist thought', Gilligan's work has been criticised as essentialist (for example, in her references to 'women's experience'). It has also been argued that her appropriation of object-relations psychoanalytic theory imports a conventional modernist view of the self and social relations (see, e.g. Bacchi and Beasley, 2005a, 2005b; Hekman, 1995; Green & Macoby, 1986; Friedman, 1987). However, Gilligan's concept of 'ethics of care' remains influential in feminism and has been taken up and developed more recently by decidedly anti-essentialist scholars such as Annemarie Mol who develop a more practice-based, embodied perspective on the relational work of caring (see, e.g. Mol, et al., 2010).

Gilligan's concept of a gendered 'ethics of care' is pertinent to the contemporary context of family food work, particularly with respect to the relational production of masculinities and femininities, and questions of gender and care. These emerge in discussions of mothers and fathers in obesity-related discourse, the daily practices of food provision undertaken by mothers and fathers, and the ways in which those practices are talked about by mothers. They are all moments in which ideas about what it means to be a mother and a father are co-constituted through particular mothering and fathering practices. As Datta explains, fatherhood 'is constructed not only by men but also by women and children, and in relation to motherhood and childhood' (2007, 98). Given that women are the primary managers of children's diets, health and weight, their articulations of men's contributions to food provision offer crucial insights into the dynamics of power that produce and sustain the gendered responsibilities of nutritional care work in the family.

To 'think fathers' through 'mothers' words requires a theoretical framework that allows for a consideration of what is *not* said as much as what is said. Ann Phoenix's work on secrecy and silence in the qualitative research process is useful here. Phoenix draws on Julia Kristeva's theorisation of 'intertextuality', which

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suggests that 'the meaning of texts is affected by the meanings established in other previous or contemporary texts' (Phoenix, 2010, 161). This approach, also informed by the work of Saussure and Bahktin, recognises that prior codes mediate meaning in verbal as well as written discourses (Phoenix, 2010, 162). Bahktin argued that every text, both verbal and written, gains its meaning in relation to other texts, and is thus inherently dialogical:

Every utterance must be regarded primarily as a response to preceding utterances of the given sphere [...]

Each utterance refutes, affirms, supplements and relies on others, presupposes them to be known, and somehow takes them into account. (Bahktin 1986, 91)

According to Phoenix (citing Fox, 1995), 'since research interviews are concerned with the construction of meanings, interview accounts are always necessarily intertextual in that modes of telling and what is considered worthy of telling come from wider social understandings that involve intertextuality' (2010, 162). In qualitative interviews, particularly where interviewees are being questioned about sensitive issues and their conduct in relation to those issues, 'silences and secrecy are likely to arise when either of the participants fear either that they will be "misread" or want to defend themselves against possible readings that they would rather not be made or are hurt or embarrassed about readings that they can see being made' (2010, 162).

Drawing on these insights, we argue that mothers' articulations of fathers' roles in food provisioning and caring for children's weight must be read intertextually, that is, as constructed in relation to what is at stake in mothers' self-presentations as responsible, caring mothers. For the women we interviewed, assuming responsibility for the provision and preparation of family meals and caring for their children's health was mostly an unquestioned part of being a mother. Their 'utterances' cannot be divorced from the wider context that has seen poor diet, difficult food behaviours and childhood fat conflated with maternal neglect, selfishness and failure. The pressure of perceived judgment and expectations around the provision of healthy food, and effective management of children's weight, was palpable in the interviews. The mothers' utterances could be read as responding to discourses that linked (failed) mothering to childhood obesity. Mothers' descriptions of their daily routines of nutritional care in turn reflected an ethics of care imbued with

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a very strong 'morality of responsibility' that starkly contrasted with descriptions of fathers' approaches (Gilligan 1982).

### **The study**

This analysis is based on a qualitative study<sup>1</sup> involving interviews with 30 women: mothers (n=24) and childcare workers (n=6). Participants were recruited via three long day childcare centres in Melbourne and the greater Melbourne area in Victoria, Australia in 2011. At each site eight mothers and two childcare workers were interviewed. Representing the strongly gendered nature of the childcare workforce – a profession committed to an ethic of care involving 'the activity of care...responsibility and relationships' (Gilligan, 1982, 19) – there were no male staff working at any of the sites; only female childcare workers were therefore interviewed. All the women cared for pre-school aged children. The interviews were one-off, semi-structured, 60-90 minutes in length, and most were conducted in the childcare centres or in cafes close to the centres. With the exception of a small number of interviews where children were present, interviews were conducted one-on-one with no partners or other people present. A range of topics was discussed, including the family management of day-to-day food provision as well care for children's weight and physical activity. Family engagements with public health advice and injunctions were also discussed. All the women assumed primary responsibility for family food work, and, aside from their partners, had no other home support for this aspect of domestic labour. The interviews were transcribed verbatim, de-identified and coded using QSR NVivo software. We gained ethics approval from Monash University's Human Research Ethics Committee (CF11/0693 – 2011000332).

Two of the three sites were located in suburban areas that shared comparable socio-economic demographics as measured by median house prices, income brackets, and location to the inner city. The third site was located in an outer suburb of a large regional centre where median house prices were at least one-third of the other two sites, unemployment rates were considerably higher and median annual family incomes were less than three-quarters that of the other two sites. The educational and work profiles of participants and their partners also varied across the three sites. Participants from Site 1 were drawn from a wide range of cultural backgrounds, including Chinese, Indian, French and Northern Irish. All were studying at university or working in a university environment, and had partners in white-collar employment. Most mothers from Site

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2 were working in private or public administration, partnered with fulltime workers, and were also from a diverse range of cultural backgrounds, including Greek, Irish and Sri Lankan. Most mothers were single in Site 3, all but one identifying as Anglo-Australian, and only a small number of participants were partnered. Significantly, there were consistent similarities in the relational gendered dynamics of family food work between parents who were coupled and our cohort of sole-parent participants who shared custody of their children. Whilst our sample size was small it was diverse in terms of age profile, pattern of family formation, socio-economic status and cultural background.

Interviewees were clearly self-conscious and at times defensive or uncertain when describing their feeding practices and perceptions of their children's weight, regardless of reassurances given by the interviewer. Descriptions of treat giving and family take-away nights were also often framed as confessions and invariably followed by justifications emphasising their infrequency and harmlessness. The following exchange between Jenny (Site 2) and the interviewer offers one example:

I mean if its four or five years old and then they start getting, become like a ball, then I would say they're fat but not at her age. What do you think? (nervous laughter) Should I worry? (laughter).

Interviewer: No I don't think you should worry.

[...] I mean sometimes you have to give her a little treat to make her do things like go to the toilet, at the moment you have to give her a little teddy bear lolly, which is only the one, just to get her to do things I suppose. Yeah, but not regularly or having her have too sweet stuff. I hate Easter and she was given a pig Easter egg and I said 'No, you're not going to eat that, you can have one little bit but that's it'. (*Jenny, aged 35, partnered, 2 children aged 2 years and 9 months, administrative officer*)

Like Jenny's comments, disclosures and descriptions about other food challenges were often partly confessional and anxious, and partly defiant and resistant. This was evident when mothers' described the 'bad' food behaviors they were managing, such as fussiness and consistent food refusal, or when their child had been classified as having a high BMI.

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What we are particularly interested in here is mothers' portrayals of their partners' approach to their children's health, diet and weight related to, or contrasted with, their own. How mothers spoke about fathers' involvement reveals much about broader social norms and ethics concerning appropriate forms of fathering, and masculine commitment to food and bodily care, and perhaps even more centrally, the nature of normative heterosexual relationships. Mothers' words also provide insight into the degree of moral responsibility women assume for managing fathers' care of and influence over children's food and weight, or the limitations they experience in attempting to do so. Thus, how mothers talked about fathers' practices reflect versions of desirable models of 'family' practices that rely upon a particular relational dynamic existing between mothers and fathers that are based on gendered identities invested with particular moral worth. Mothers' words also allow us to see the complexity of gendered discourses about fat, food and care work that are reproduced in the enactment of heterosexual gender relations, morally imbued practices of everyday food provision, and in family responses to obesity-related public health injunctions. The following sections consider three key themes that emerged in mothers' descriptions of family food work: paternal absence, corrupting influences and authoritative interventions.

### **Acceptable absences and maternal responsibility**

All the women we interviewed claimed to assume primary, if not complete, responsibility for managing their family's diets, including attending to food preferences, shopping, planning and preparing family meals and feeding children. When asked how families arrived at that arrangement, mothers tended to describe it as a response to practical circumstances. Key explanations included fathers' absence due to work schedules, and partners' poor cooking skills or dislike of cooking. This accords with Charles and Kerr's (1988) much earlier research that found partners' employment and eating preferences shaped family food practices. Further, echoing Hoschild's observations made over twenty years ago in her seminal work *The Second Shift* (1989), we found flexible or part-time work arrangements did not necessarily entail a more equal sharing of tasks and responsibilities. The following dialogue with Rosie, (from Site 1), one of the few mothers in the study whose partner also worked part-time, demonstrates this assumption of self-responsibility:

Interviewer: Who in your family has got the primary responsibility for food choice and preparation?

That's me.

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Interviewer: Was that an organised arrangement?

Well my husband doesn't like cooking so if it's left up to him its take away so... *(Rosie, aged 42, partnered, 4 children, twins aged 3, two boys aged 6 and 7, university administrator)*

Fathers' incompetence or lack of interest in the kitchen was a common theme in the interviews, along with the role of this in excluding them from involvement in everyday food practices, regardless of their work schedule. In cases where men did cook, this seemed to be largely motivated by self-interest. Comments about fathers' lack of skills were commonly linked to mothers more altruistic need to take charge in order for 'healthy' meals to be prepared. Caroline, (from Site 2), for example, emphasised her need to step in to provide 'fresh' and healthy family meals due to her partner's incompetence in the kitchen:

Well my husband can only open jars and cans and I don't mind them being opened but I do like fresh produce like vegetables and fruit so I took over that role. *(Caroline, aged 42, partnered, 1 girl aged 2 years, retail worker)*

Mothers generally articulated an accepting approach to their partner's lack of involvement in cooking. Many used essentialist models of masculinity to explain men's conduct, but emphasised their own agency in negotiating responsibility for food provision. This is captured in Prue's (from Site 2) largely unquestioning approach to her partner's poor cooking skills:

Interviewer: Who in your family has responsibility for food choice and preparation?

Mainly me actually.

(laughter)

It's not that my husband doesn't want to participate but what he cooks we don't eat so.

(laughter)

Interviewer: Is it that bad?

Yes, so we... eventually it's natural selection.

Interviewer: Does he have staple meals that he tries to cook?

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His own steaks maybe. His own beef steaks, that's the only thing he is good at cooking really. Man steaks<sup>2</sup> anything else, no, maybe boil an egg or something. (*Prue, aged 30, partnered, 1 girl aged 2 years, accountant*)

Prue's assertion of her partner's willingness to be involved ('it's not that he doesn't want to participate') is an example of one of the ways fathers were constructed in the interviews: as generally 'supportive spouses'. Mothers often emphasised partners' willingness to help whilst stressing their own superior expertise and enjoyment of cooking. It was common for example, for fathers to prepare occasional meals or cook on the weekends, as Holly (Site 2) and Michelle (Site 2) both describe:

Basically I'm a better cook and I have more of an interest in it I suppose. I am more of a cook and he does any baking or cakes that need to be done, he does that but it's always been the way. He is a perfectly capable cook but I have got more of an interest in it I suppose. (*Michelle, aged 32, partnered, 2 children aged 3 years and 8 months, State Government employee*)

And then you know my husband might cook but his cooking is not as good as mine so it just depends. There is some things he does. He likes to make his Irish stews and things like that, dishes from home, so he does it, he probably cooks and he does small meals like breakfast or a quick lunch over the weekend but I would do I would say 90% of the cooking at home. (*Holly, aged 40, partnered, 2 girls aged 7 years and 5 years, State Government employee*)

Holly's husband, originally from Ireland, had some expertise in cooking, primarily in 'dishes from home'. Food also emerged as a special way for Sarah's family to connect to her husband's West Indian cultural heritage, and for her husband to share that with his children. Sarah's husband had only very limited cooking expertise: he could cook only a few meals that connected him with the country he grew up in, and his own mothers' care in his childhood. When asked why she undertook responsibility for food preparation, Sarah (from Site 1) explained:

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Because my husband can't cook and can't go to the cupboard and find anything to eat, he wouldn't be able to make anything. He has three dishes he cooks and he cooks maybe once a month but he's never had that skill.

Interviewer: And why is that?

His mother just did everything. (*Sarah, late 30s, partnered, 3 children aged 10 years, 8 years and 4 years, academic*)

For Sarah, her husband's cooking, limited as it was, held an important place in the family. It was a particularly special opportunity for his children to share and celebrate his cultural heritage.

We eat with our hands as well when we have curry and roti we put the curry and the roti together and eat with our hands because that's what my husband does at home and so the kids love that, they think that's fantastic you know [...] I think it's really important for us to celebrate and to share that side of food and I think that's what sitting around the table and talking you know about what's in the food and what that food especially for my husband means. Because we're not in his country, he misses out on you know, showing the kids how he grew up. (*Sarah, late 30s, partnered, 3 children aged 10 years, 8 years and 4 years, academic*)

A small number of mothers described food activities as 'shared' between themselves and their partners. All mothers, however, drew on discourses of joint responsibility in their descriptions of shared parental approaches to children's food and health through use of the collective pronoun 'we'. These utterances, which worked to impress upon the interviewer the involvement of fathers as supportive partners, were, however, often poorly sustained in women's narratives. In many cases discursive slippage from the collective 'we' to the personal 'I' occurred within the space of only a few words as women described their management of children's health through food. The following example from Jenny (from Site 1) offers a good illustration of this:

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I think we as parents play the main roles in their diets so that's why I need to make sure that she has plenty of foods when she's at home, she always has her fruit and things like that and vegetables. (*Jenny, aged 35, partnered, 2 children aged 2 years and 9 months, administrative officer*)

Many cited fathers' work conditions and absences as forces structuring food practices in the home, but also described taking charge as a result of a lack of interest or competence in their partners. These disclosures relied upon and reproduced a logic of gender complementary in which mothers made up for fathers' shortcomings by employing their superior expertise in order to provide good 'fresh', 'healthy' meals. For some, these activities were also consciously associated with a personal enjoyment of cooking and food. Mothers did not appear to interrogate or see any need to redress these stark divisions in the distribution of food labour, but instead were keen to recognise the contributions fathers did make. Thus, whilst mothers' narratives were inclusive of fathers, emphasising shared parental approaches to children's diet and weight, fathers were depicted as peripheral to everyday food provision, with mothers' food practices overwhelmingly characterised as more expert and more 'healthy' than fathers'.

Women's presentation of their expertise thus depended on explicit contrasts between masculine and feminine approaches to food work and health. Women's narratives about their role as nutritional care givers thus involved the deployment of intertextual understandings about 'good' fathers and supportive partners and, somewhat paradoxically, acceptable masculine behaviours, which included a lack of culinary skill and interest, and thus fathers' dependence on women's food labour. In turn, women's self-presentations invoked a distinctly feminine ethic of care that defended against charges of maternal neglect inherent to childhood obesity discourses, in part through their relational construction of paternal roles. The following section teases out in more detail the dynamics of gender implicit within mothers' accounts of their management of 'healthy' food choices in relation to fathers' deleterious influence on children's diets.

### **A corrupting influence?**

When asked about family food preferences, all the mothers talked in detail and at length about managing and catering for the different likes and dislikes of different members of their family, including their partners. To some extent a tension emerged in women's descriptions between recognition of a shared commitment to

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healthy food as a part of a healthy 'family' lifestyle, and what some presented as fathers' compromises on healthy eating and role as a corrupting influence. Several mothers explained that fathers' food preferences actively confounded their efforts to provide a healthy diet for their children. As Prue (from Site 2) explained:

He is addicted to his chips and I can't get him off his bag of chips and Melanie will be the same so I will say, 'Ok, just today and, tomorrow, no more chips'. But because those foods they are very tasty, it's hard to wipe it off from her memory so it gets difficult sometimes.

Interviewer: And you have to play bad cop?

Yes, all the time. I have to confiscate bags and hide them. (*Prue, aged 30, partnered, 1 girl aged 2 years, accountant*)

Celeste, (from Site 2), too, suggested that the father of her son possessed eating habits not consonant with the values of healthy eating. Unlike Prue, however, she emphasised her son's autonomy in rejecting the 'junk' diet provided by his father when he went to stay with him every second weekend:

He does get frustrated being at his dad's 'cause they tend to have a lot of take-away and he gets sick of hotdogs and eggs. It drives him nuts. And sausages [...] he told me about six months ago, 'I'm so sick of hotdogs, Mum. I don't want hotdogs anymore.' So if he's having them, even though it's only a weekend at short burst, if he's having them three times in a weekend, he's bored, he's sick of it, and he's not eating that much. (*Celeste, aged 30, partnered, 1 son aged 5 years, childcare worker*)

Yet other mothers described enforcing what they saw as a healthy diet by not catering to fathers' food preferences. The most commonly given example of this was the shift some described making from buying white bread to wholemeal bread. Mothers' awareness of and preference for 'lean', 'healthier' meals was also often contrasted with their partners' 'unhealthy' preferences, as Glenda and Lisa explain:

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I tend to sort of lean towards more organic, lean kind of things. Rick I suppose doesn't really care, he is not that much sort of in touch with that I suppose. (*Glenda, aged 32, Site 3, partnered, 2 children aged 10 years and 4 years, personal care worker*)

Like, for example, my partner said tonight, we bought some of that nice ravioli or tortellini it is from the markets to cook and he said 'Let's do a nice creamy blah, blah, blah' and I was like 'No I don't want to do cream because it's ridiculously fattening, more fattening than chocolate so I will do a tomato based one', so I guess I try to avoid things that are really fattening. (*Lisa, aged 33, Site 1, partnered, 2 boys aged 3 years and 6 years, PhD candidate*)

While Lisa's preference for lower fat options for meals related to her own weight management issues, Glenda's approach to 'organic, lean kind of things' was directly related to providing a diet that she saw as most helpful in the management of her son's behavioural problems (he had been diagnosed with ADHD), and with her daughter's self-consciousness due to sudden weight gain as a result of medication. Glenda's reference to her partner as not 'really car[ing]' about or being 'not in touch' with 'healthy food choices' contrasts with her own emotional and practical 'care' of her children's behaviour and weight.

All these utterances exemplify the ways in which mothers, to varying degrees, represented the value of their familial role through their commitment to 'healthy food choices'. Partners' behaviours offered a contrast that, by and large, affirmed women's perspectives and choices. For example, for mothers, gendered practices involved a balance between catering to often conflicting needs and preferences, between children's, their partners' and their own. Mothers described their management of these preferences in relation to their commitment to not compromising children's 'health'. Mothers' preferences and practices thus generally emerged as more closely aligned than fathers' with children's health needs. On the other hand, many fathers were represented in the interviews as obstacles to or passive recipients of 'healthy' family food choices. In turn, intertextual understandings of conventional modes of masculinity and femininity were also relationally produced; maternal expertise and mothers' moral attentiveness and commitment to healthy food choices and others' health needs, contrasted with fathers' preferences for less healthy options, and their selfishness or lack of awareness and complacency with respect to their own and their children's diets. Fathers, however,

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were not always characterised as so passive in the management of daily food provision and children's weight. The following section considers the mobilisation of gender in mothers' narratives of fathers' more active paternal interventions in family food practices.

### **'Laying down the law'**

Some interviews departed significantly from notions of paternal passivity or absence in children's nutritional and bodily care. These typically occurred when male partners intervened in feeding routines, advised mothers on their practices, or expressed concern about children's weight. They portray different, more authoritarian, constructions of normative masculinity and fatherhood from those described in previous sections.

Some mothers depicted their partners as much 'harder' or 'tougher' on their children about food. Managing food refusal, treat-giving and childhood overweight were all cited as managed more strictly by male partners. According to Anna (from Site 1), whose partner spent 15 days a month away from home due to work, his presence as the disciplinary figure in the family made mealtimes much easier for her when he was home:

Anna: He's a little strict. One of us has to be strict. Backup plan, if you're not doing this, I'm going to call Dad.

Interviewer: Oh OK.

Anna: It doesn't affect him at all, doesn't affect [my son] at all, whether Dad comes or Mum comes or anyone comes, but there has to be... one of us has to be strict with him. (*Anna, aged 30, partnered, 1 boy aged 22 months, Masters candidate*)

Some fathers were also characterised as 'stricter' than mothers in their responses to children campaigning for 'treats'. As Ella (from Site 3) reflected:

No he is worse actually. Yeah so no lollies allowed, it's fruit or jelly or yogurt or whatever, yeah, he's worse. (*Ella, aged 26, partnered, three children aged 8 years, 7 years and 2 years, full-time mother*)

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In some instances, partners' authoritative presence was exerted in their advice to mothers about how to manage their children's weight effectively. The relational construction of a more empathetic maternal feminine approach to managing children's needs versus a tough, stricter, disciplinary model was also characteristic of one mother's description of her husband's approach to managing their son's overweight:

Interviewer: In your experience with your older son who's a bit, sounds like he's just a bit chubby, do you have dialogues with your husband, does your husband have a sense of responsibility about...?

He's much harder on him. I have to stop him being, because I think sometimes he wants to you know lay down the law and say 'You've got, you are overweight' and he tells me, he says, 'You know, you've got to do something about this, you've got to back me up' and, I say, 'Well, you're not, he's seven years old and you're not going to speak to him like you would speak to an adult'. Because, I forget when it was, last year I think someone did a study of doctors and discovered that if they pussyfoot around the subject patients don't get the message whereas if they say to them, 'You are fat, you need to do this', without pulling any punches, then the message gets through. And I'm like 'No, he's seven, you're not doing that to him. It's about us making better choices and encouraging him to you know adopt behaviours and eating patterns that will get him back on track and he's not, it's not a problem that's getting worse'. (*Rosie, partnered, Site 1, aged 42, four children, twins aged 3 years, two boys aged 6 years and 7 years, university administrator*)

Here, Rosie resists her partner's tougher, authoritative approach towards their son's weight problem, which aligned with medical approaches to the management of adult fat. Rosie's utterances echo an imperative mothers presented more broadly; to protect their children from the harmful stigma and judgment of childhood fat. The rigidity of the paternal approach that Rosie describes, 'you know, lay down the law', was also characteristic of fathers' stricter and more disciplined views on treat giving, mealtimes and feeding, discussed above. In these examples, maternal empathy and protectiveness throws into relief 'harder' paternal interventions. In turn, mothers' presentations of their protective and empathetic practices reproduced conventional, already heavily intertextual, gender norms of maternal empathy, in contrast to paternal

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toughness and discipline. Here, maternal care, expertise and responsibility is presented again in contrast to paternal involvement, thus reinforcing a conventional construction of complementary gender roles, characterised by empathic and protective mothers and strict and judgmental fathers. It could be that the moral imperative underpinning the maternal obligation to provide protection from both childhood fat and the stigma it carries, is related to a desire to compensate for powerful and pervasive discourses linking obesity with failed motherhood.

### **Conclusion: influential interruptions**

In this article we have argued that gender is central to the distribution of food work in families, and family food work is, in turn, central to the relational production and reproduction of gender. We situated our argument within the broader context of childhood obesity discourse, and, specifically, the pervasive silence around men's participation in family food provision. Using Carol Gilligan's conceptualisation of a gendered ethics of care and Phoenix's intertextual approach to silence and secrecy in qualitative interviewing, we considered how mothers spoke about fathers' food and care practices in light of mothers' responsabilisation in childhood obesity discourse. We argued that mothers' narratives of fathers can be read intertextually; that is, as dependent upon broader gendered codes and meanings attached to fat, health, caregiving and food work. Further, we have argued that these narratives articulate a feminine ethics of care in which mothers' care for the needs of others and seek to sustain familial relationships.

One of the consequences of childhood obesity discourse, and its profoundly anti-fat ethic, is that it offers mothers both responsibility and expertise, and worry and guilt. In this discourse, children are constructed as either the healthy products of responsible families or the unhealthy, innocent victims of the poor food and lifestyle choices made by irresponsible mothers. As our analysis suggests, what is involved in the provision of food in the family is far more complex than this reductive discourse allows. (For a critique of media discourses that rely on binary structuralist positioning see Zivkovic, Warin, Davies & Moore, 2010). Relational gender dynamics between mothers and fathers shape family food practices, and not in uniform ways. In so doing, they exceed the limitations of the static constructions of gender found in media and public health discourses.

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The application of Phoenix's concept of intertextuality illuminates psychosocial processes that 'serve to construct normative everyday practices and silence what is constructed as "non-normative"' (2010, 102). When read intertextually, our interviews reveal the hegemony of particular gendered narratives in family food work. Mothers' descriptions of fathers' contrasting food practices highlight the centrality of the dynamics of normative heterosexual relations to mothers' food and care responsibilities. Competing narratives of 'involved fatherhood' and 'supportive spouses' were silenced by the strength of narratives of maternal responsibility, which often involved ameliorating or legitimising the negative influence of fathers and their marginal participation. Mothers' representations of their family food practices were consequently invested with a moral significance consistent with an ethics of care first proposed by Gilligan, with the prevention of childhood fat in family food work being portrayed as a moral imperative for mothers.

Food work has long been a critical site for the expression of maternal care. This care work is invested with new significance and moral worth through the maternal imperative to prevent childhood fat. Fathers were mostly absent from discussions about routine household food work. However, through their disclosures about fathers, mothers also appeared to defend themselves – at least implicitly – against the accusations of maternal neglect and failure that are inherent to childhood obesity discourse. Future qualitative research into men, families and food, we suggest, would greatly benefit by taking into account the gendered intertextual implications of the contemporary focus on diet and weight.

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<sup>2</sup> Prue's reference to 'man steaks' directly speaks to the gendering of food, specifically, the association of meat eating with masculinity. For an extended discussion of the gendering of red meat eating in the Australian context see Peace, Adrian (2008). Meat in the genes. *Anthropology Today*, 24, 5-10.

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