As many of this book’s authors have noted, the emergence of “foodie” culture has received considerable attention in the media in recent years. Yet, along with the public attention to celebrity chefs and the virtues of “slow food” cooking, the first decade of the new millennium media also witnessed the onset of a major public debate about the risks of eating too much of the wrong foods. From organic farming and gluten free diets to GMO labelling and paleolithic grains, eating right has become integral to the ideals of healthy living (see, for example, Lien 2004; Pollan 2013).

In 2000, the US National Health and Nutrition Examination Survey (NHANES) revealed a dramatic increase in the prevalence of obesity. That same year, the World Health Organization (WHO) proclaimed that excessive weight gain was associated with the rising burden of global illness (WHO 2000). With roughly 65 percent of the adult population in the United States now classified as overweight or obese (CDC 2003, 2) population weight gain augured broader social and political ills. The overweight body—frequently depicted in news stories about obesity (Heuer, McClure, and Puhl 2011)—began to stand as the symbol of a looming crisis in health care. By 2004, newspapers in Canada, as in the United States and the United Kingdom, were focusing more on the risk factors associated with obesity
than on the risks of smoking, making fast food into the new tobacco and fat kids into the canaries in the millennial supermarkets.²

My intent in this chapter is to explore how the medicalization of the adipose child’s body has helped to ignite public debates in Canada about what children eat and why they eat it. I begin with the moral panic about children’s weight gain, by analyzing the dynamic that distorted communication of scientific evidence which in turn served to galvanize anxieties about children’s vulnerable status as consumers in a market society. I go on to examine the questions surrounding Canadian food advertising targeted at children by pointing not only to the systematic nutritional bias of the “TV diet”—that is, the diet promoted through television—but also to the implicit embedding of unhealthy eating behaviours in the visualization of contemporary lifestyle practices. I then argue that this media-driven panic about “globesity” provides exemplary terrain on which to explore the impact of the competing discourses of health advocacy and the food industry on Canadian families’ domestic dialogues regarding children’s screen use, diet, and discretionary consumption. In the chapter, I hope to explain why familial discussions of healthy living have increasingly focused on what we feed our kids.

DISTORTED COMMUNICATION ABOUT LIFESTYLE RISKS

As figure 16.1 illustrates, starting around 2001, stories about the risks of obesity began to appear with increasing frequency in newspapers in the United States, the United Kingdom, and Canada. In its 2000 report on obesity worldwide, the WHO pointed a finger at the food industry for its role in encouraging the consumption of foods high in sugar and fat, and it went on to emphasize the multiple perils of obesity in its 2002 report on world health, Reducing Risks, Promoting Healthy Life (WHO 2002). Journalists picked up on these concerns, fomenting anxiety by declaring that the problem of excess weight was rising fastest in pediatric populations, a trend observed first in the United Kingdom and then around the world. The moral panic about children’s changing body morphology was also stimulated by growing evidence from the US medical community that heavy TV watching was a risk factor in the obesogenic family by exposing children to food marketing (Dietz 1991; Robinson 2000).
In the United States, ongoing monitoring of BMI (body mass index) showed that, between 1980 and 2000, the rates of obesity among children and adolescents had more than doubled, rising from 5.5 percent (1980) to 13.9 percent (2000), and then climbed even further, to a high of 17.1 percent in 2004 (Fryar, Carroll, and Odgen 2012, table 1). Children’s advocacy groups, such as the Campaign for Commercial-Free Childhood, complained loudly that parents were simply unable to deal with the pressures of slick fast-food marketing campaigns (Linn 2004). In their public statements, health advocates highlighted this “at risk” and developmentally vulnerable group, attributing weight gain in childhood mostly to fast-food marketing. Their concerns were paralleled by a dramatic rise in the number of newspaper stories about childhood obesity. As a review of newspaper coverage of the obesity “epidemic” revealed, the proportion of stories that pertained specifically to childhood obesity skyrocketed from only 2 percent in 1999 to 10 percent in 2000 and then continued to grow rapidly, peaking in 2005 at 53 percent (see figure 16.2), with most of these stories linking weight gain to fast-food and soft drink consumption.
Yet, at least in Canada, it was primarily among adult populations that the incidence of obesity had most clearly escalated over time. Although the 2004 Canadian Community Health Survey did find that the obesity rate among children overall (ages 2 to 17) had increased, from 3 percent in 1978–79 to 8 percent in 2004, the data showed that “among adults, the
growth in obesity was even more dramatic,” with the rate rising from 14 percent in 1978–79 to 23 percent in 2004 (Statistics Canada 2005). The most striking increases were seen among adolescents, younger adults, and the elderly (see figure 16.3). In contrast, “the proportion of children aged two to five who were either overweight or obese remained virtually unchanged from 1978 to 2004” (Statistics Canada 2005). In other words, among younger children, weight gain was less pronounced—and, while adolescents had been gaining weight, so, most definitely, had adults. As the report noted, overweight or obesity in adolescence often carries over into adulthood, which further suggests that, if there was cause for alarm, attention should focus more on the teenage population.

A discourse analysis of the Canadian news coverage from 1997 and 2007 indicated that three biases torqued the debates in the press about children’s weight gain, with clear implications for public health policy. The first consisted in the tendency among both journalists and health advocates to frame the phenomenon of long-term population weight gain as a health “epidemic” exemplified by childhood obesity, thereby unduly magnifying concerns about population weight gain in childhood. Despite repeated statements in the press that the prevalence of obesity was rising fastest in child populations, this conclusion was not consonant with the ongoing scientific studies, which indicated that growth in the obesity rate among children and adolescents had in fact levelled off. In Canada, the authors of a report based on the 2009–11 Canadian Health Measures Survey noted that, since 2004, “no significant differences were observed in the estimates of overweight and obesity among children and adolescents” (Roberts et al. 2012, 6; see table 16.1), and a similar pattern was visible in the United States.³ Evidence thus existed to suggest that public anxieties about children’s changing weight status were disproportionate to the magnitude of the associated risks. Describing small, long-term incremental changes in body morphology as an “epidemic” might be good publicity, but it is bad health policy. Moreover, by conflating obesity in children with the long-term risk of overweight, the medical world stigmatized marginal weight gain in teen populations with significant consequences for their mental health (Kline 2015), while ignoring well-established obesogenic risk factors that clearly point to changing lifestyle practices in marginalized families rather than to a contagion caught from food marketers (CDC 2013).
Table 16.1 Canadian children and adolescents (ages 6 to 17): Mean BMI and percentage distribution by BMI category

<table>
<thead>
<tr>
<th>BMI category</th>
<th>2004</th>
<th>2007-9</th>
<th>2009-11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean BMI</td>
<td>20.19</td>
<td>20.09</td>
<td>20.03</td>
</tr>
<tr>
<td>Thinness</td>
<td>1.4%</td>
<td>1.6%</td>
<td>2.3%</td>
</tr>
<tr>
<td>Normal weight</td>
<td>63.8%</td>
<td>66.4%</td>
<td>66.6%</td>
</tr>
<tr>
<td>Overweight</td>
<td>21.4%</td>
<td>17.7%</td>
<td>19.5%</td>
</tr>
<tr>
<td>Obesity</td>
<td>13.3%</td>
<td>14.3%</td>
<td>11.6%</td>
</tr>
</tbody>
</table>

Note: Figures represent a 95% confidence interval. Those for thinness should be used with caution.


The second bias emerged in the tendency of health advocates to overstate the role of children’s dietary preferences in the etiology of population weight gain. In the process of panic amplification, journalistic reporting of the scientific evidence was overwhelmed by publicly expressed anxieties about children’s media use—in particular, their vulnerability in the face of television food advertising (see Linn 2004; Lewin, Lindstrom, and Nestle 2006). Public discussion of children’s obesity thus fuelled parental concerns about direct-to-child TV advertising of snack chips, cookies, chocolate bars, sugary cereals and drinks, and other junk food instead of the reduction in physical activity and eating while watching. But assertions of a powerful relationship between TV advertising and weight gain are not sustained by the empirical evidence. Although the TV diet, especially during children’s programs, is skewed toward unhealthy foods, health advocates overstate the impact of food marketing on the family diet (as David Buckingham [2009] demonstrates in a study of regulatory policy in the United Kingdom), as well as the potential of bans on child-targeted ads to stem the tide of lifestyle change. Media research has long suggested that advertising influences brand preferences (Young 2003), but not actual weight status, and that many other factors—parenting, school lunches, media literacy, sedentary lifestyles, and snacking behaviours—are implicated in the phenomenon of generational weight gain (Livingstone and Helsper 2004).
But the third and perhaps most problematic bias had to do with projections of the burden of illness, which effectively shifted the focus away from the immediate health risks experienced by youth. But the risk factors associated with childhood body morphology were conflated with the health outcomes resulting from lifelong obesity in adults. For the most part, excess weight does not place children or adolescents in any immediate danger. In the United States, data for the period from 1999 to 2006 showed that heart disease accounted for only 3 percent of teen deaths (Miniño 2010, 2). Data from the 2013 Youth Risk Behavior Surveillance Survey confirm that in the United States, despite the attention focused on the problem of overweight and unhealthy eating, the most prevalent health risks experienced by youth are associated with other factors, such as driving under the influence or riding with drunk drivers, school violence, and depression (CDC 2014, 5–13). Among adolescents and youth (ages 10 to 24), 70 percent of all deaths result from motor vehicle crashes (23%), other unintentional injuries (18%), homicide (15%), and suicide (15%) (CDC 2014, 2).

MARKETS AS RISK COMMUNICATION SYSTEMS: THE SYSTEMIC BIAS OF THE TV DIET

Public concerns about food and health during the obesity pandemic helped to draw attention to the transformation in our food production and consumption practices—that is, to the industrialization of global food chains and the emergence of mass marketing dynamics that frame food choices within families. The diet promoted on commercial television and the effects of that promotion on children’s consumption was subjected to intense scrutiny in both the United States and the United Kingdom (see Hastings et al. 2003). My own studies of food advertising between 2003 and 2007—which compare advertising in the United States, Canada, and the UK—confirmed what had long been known. First, there is a lot of it: although food accounts for only about 9 percent of the average discretionary spending of the Canadian family, it consists of about 15 percent of the total TV advertising budget. Second, kids are targeted as food consumers. In the United States, the Federal Trade Commission estimates that about US$3 billion per year is spent on marketing food to children on television and online (FTC 2012). The foods advertised during children’s-time television in all three of the above countries confirmed that the TV diet was a systemically distorted guide to
eating choices. In North America, ads for cereals, sweets, and salty snacks predominate during children’s programs, while ads for fast-food outlets and convenience foods are featured in prime time. Fruit and vegetables, however, are largely absent from both (see figure 16.4).

**Figure 16.4** The North American TV diet, showing ads for specific types of foods as a percentage of all food ads. Source: Adapted from Kline (2011).

From a nutritionist’s point of view, food is a good sold in the market that has nutritional and caloric properties necessary to sustain human life. Content analysis of TV food ads in the United States, Canada, and the UK confirms what has long been known about the nutritional limitations of the TV diet: while the nutritional biases of the advertised diet are in evidence during prime time, they are especially stark during children’s time (see figure 16.5). Not only were healthy foods (fruit and vegetables) absent in all TV advertising, but the bad five (sugared cereals, soft drinks, snack foods, fast foods, and sweets) were particularly abundant in advertisements shown during children’s programming (Hastings et al. 2003). My own research found only insignificant differences between Canadian and US food marketing to children but considerable differences, in terms of the types of food and the nutritional quality of foods, between child-targeted and adult-targeted food advertising.
In accordance with Beck’s (1992) notion of the “risk society,” we have become increasingly aware of the environmental and health risks associated with many goods legally sold in the market. Corporations are responsible for communicating certain known nutritional benefits and risks of their products in their packaging and advertising, as mandated by the Canadian Food and Drugs Act. Nutritional labelling and allergen warnings are required on the packages of most foods. Yet, when it comes to advertising, marketers’ attention to the health and environmental risks associated with their products is discretionary. Approximately 25 percent of all TV food ads make verbal health claims (“an excellent source of Vitamin B,” “part of a healthy chocolaty breakfast”), but far fewer allude to lifestyle risks associated with excessive consumption (“low in saturated fats,” “low in cholesterol”). However, mention of both nutritional information and health risks is far less prominent in child-targeted advertising. Furthermore, health claims that are made implicitly through images on packaging (fruit in cereal, cereal bowl in a wheat field) and the provision of risk information remain unregulated because they are hard to define in law and impossible to restrict in practice.

In the United Kingdom, proof of the systemic nutritional bias in foods marketed on children’s-time television was deemed sufficient reason to regulate food advertising (Buckingham 2009). After a four-year policy
battle, waged in the press, Ofcom (the independent regulator and competition authority for communications industries in the UK) banned advertising of high fat, salt, and sugar (HFSS) foods on children’s-time television. In the United States, where guarantees for freedom of marketing speech are constitutionally sanctioned, the only policy initiatives for stopping the spread of obesity are self-regulation and efforts on the part of public figures such as Michelle Obama. In Canada, a less intense debate about fast-food culture precipitated revisions to guidelines for child-targeted food advertising that were intended to remediate the TV diet (Kline and Botterill 2011). But because food, even junk food, is not a toxin, the lifestyle risks associated with excessive eating of high-calorie foods and too little exercise remain the responsibility of the consumer. It is no small irony that, throughout the anglophone West, Coca-Cola and McDonald’s have been able to reposition themselves as major advocates of children’s well-being in part because of the legislative ambiguities surrounding the communication of lifestyle risks in media-driven markets (see Botterill and Kline 2007).

My own research on Canadian children confirms that the TV diet affects children’s weight status through the formation of brand preferences with regard to broadly defined eating occasions (breakfast, TV snacks, eating out, after school treats). Children’s brand knowledge is extensive. Regardless of their media use, for example, 95 percent of Canadian children could identify the McDonald’s logo and connect it with the company’s slogan simply because they live in a consumer culture in which popular brands are part of everyday experience and discourse. Children who are exposed to lots of advertising may thus form a preference for a particular brand of cereal or candy bar over other options, and since most advertised food brands are high in calories, there is a slight tendency for branded food preferences to be sweeter (Young 2003). At the same time, policy makers find it difficult to regulate the systemic biases of TV food promotion other than through bans and guidelines concerning potentially misleading advertising (Kline 2010).

The impact of preferences on weight status occurs, however, only when children are given the option to choose for themselves. Because parents are the purchasers of most of the food products consumed by the family (albeit sometimes under the influence of their children’s expressed preferences), children’s discretionary consumption might better indicate the consequences of branded advertising. When one examines the health ratings of foods and snacks bought with children’s own money, the systemic
biases of food advertising are more clearly evident: junk foods constitute the majority of children’s preferences for discretionary media snacks, and these choices are correlated with heavier TV viewing. In other words, ads may influence brand preferences, but the effect of branded advertising on children’s diets depends on the degree to which parents are involved in the food purchase decisions of younger children. My surveys of families in British Columbia showed that because of the moral panic about children’s weight gain, parents chose to limit access to discretionary snacks. Rates of obesity among BC children are also lower than the Canadian average.

The consensus among researchers is that advertising has an impact on no more than 5 percent of children’s food consumption choices (Livingstone and Helsper 2004; Buijzen, Schuurman, and Bomhof 2008). If this estimate is accurate, bans on children’s food advertising will not result in reduced obesity on their own. In the United Kingdom, the incidence of childhood obesity had not fallen five years after the ban was implemented in 2007. The most obvious explanation is that children who watch prime-time television or spend time online are still exposed to the promotional discourses of food advertising (see Boseley 2013). Additionally, any rise of obesity over the past two decades is confounded by children’s increasingly sedentary lives. This is not hard to understand. There are three reasons why heavy media consumption has been linked to children’s weight status: their exposure to the unhealthy TV diet, the displacement of active leisure by sedentary behaviour, and the ritualized snacking that happens while children are watching television (Buijzen, Bomhof, and Schuurman 2008).

With this in mind, rather than analyze the TV diet from the point of view of nutrition, I decided to examine the food consumption patterns—the practices of everyday eating—depicted in advertising. In analyzing the culture of eating implicit in these ads, I was surprised by the dearth of references to family mealtimes. Instead, I identified four prominent eating occasions repeatedly referenced in Canadian food advertising: eating out (usually at a fast-food restaurant), eating convenience foods, snacking (particularly while watching television), and eating on the run. Each of these patterns of eating is empirically associated with weight status in both adults and children (Taylor, Evers, and McKenna 2005). In my view, it is the combination of the TV diet’s nutritional limits and its emphasis on unhealthy eating occasions that best characterizes the changes taking place in the obesogenic marketing discourse.
News coverage of obesity focused public attention on all children’s weight gain, but the evidence gathered by medical research clearly shows that not all children are at equal risk in the obesogenic market. In addition to heavy TV watching, gender, socio-economic status, and ethnicity are all identifiable risk factors associated with children’s elevated weight status. The problem with the medical approach to the mitigation of lifestyle risks is that while it highlights the systemic promotional bias of the TV diet, it fails to address the multiple intersecting lifestyle factors that underlie population weight gain among children. The analysis of TV eating as well as diet outlined above suggests that, in addition to the nutritional inadequacy of the TV diet, we should look at the eating routines of Canadian families if we want to understand children’s and adults’ weight gain. Indeed, the acts of TV snacking, eating out frequently, eating convenience foods, and eating on the go, as well as the decline of the family dinner have all be associated with weight status of Canadian children (Taylor, Evers, and McKenna 2005). The epidemiologist’s concept of the “obesogenic environment” disguises the realities of the complex and intersecting socio-cultural risk factors associated with population weight gain in consumer culture.

From a socio-cultural point of view, the consumption of food is nested in contemporary lifestyle practices of household provisioning and the familial negotiations that organize the routines of daily life. I use the expression “lifestyle risk management” advisedly, to shift the focus from food as nutrition to the consumption of food as a cultural practice lodged within the daily routines, social relations, and norms governing consumer socialization more generally. Research on the obesogenic family has shown that the overriding lifestyle risk factor in child and youth obesity is screen time, rather than exposure to food advertising per se. Moreover, nutritional guidelines developed on the basis of medical research offer only limited ways of understanding the changing patterns of eating within media-saturated families, some of which (such as family meal time, no TV snacking, and eating a healthy breakfast) can counteract the promotional force of food marketing.

To study the link between children’s media use and their eating behaviour, I and my co-researchers set up home monitoring systems so that every
time the television was switched on we would be able to see both the children and what they were watching. Watching the watchers, we found that children do pay attention to some of the food ads. They also get up during commercial breaks to get something from the fridge or to play a video game. But what our study revealed conclusively was that all of the children were eating while they were watching—nibbling on bread and butter, or eating dried cereal from a box, or being provided with a snack or a drink by their parents. What we witnessed in these households was that the routine practices such as snacking, TV dinners, and family meals—practices that explained why some children become overweight—were sanctioned, provisioned, and reinforced by parents. It appears, then, that the degree of discretionary consumption that children enjoy depends on lifestyle negotiations and strategies of consumer socialization within the family.

If the family is the primary socio-economic institution that organizes domestic food consumption, then any study of lifestyle risks must take into account the nonmarket values and ideals of the family. In the traditional household unit, eating was grounded in cooperative work, the sharing of food resources, co-ownership (inheritance), and interdependence rather than in the rational exchange of goods for money. Although some of these traditional social relations have been modified—allowances, bribes, and chores are now common practices in families—these nonutilitarian norms and gift relations remain central to the analysis of the social dynamics that underwrite household economies generally and food consumption in particular. Viewed from the point of view of eating practices, the TV diet is key to understanding the repatterning of familial consumption that has taken place over the past thirty years (see Hamrick et al. 2011).

BEYOND NUTRITION: UNDERSTANDING EATING IN THE MEDIA-SATURATED HOUSEHOLD

I am obviously not the first to argue that, in the market economy, the household, not the individual consumer, is the basic unit of demand. As Pierre Bourdieu (2005) points out, the origins of the word economy in the Greek term for household, oikos, reflects the fact that the major source of wealth within the extended family system in agrarian societies was food production, with the food largely intended for consumption by family members. Bourdieu’s sociological theorizing of household economics reminds us
that in a wage economy, in which labour is exchanged for money that is then exchanged for goods, the household is no longer the dominant mode of production and distribution of foods—the food industry is. That said, we can still agree with Bourdieu that the household, as the organizing principle of domestic consumption, remains the primary social institution regulating the demand for food production and its distribution in markets. The individual consumer is the economist’s assumption but is not a social fact: household spending is the engine of growth in the capitalist market society, accounting for about 70 percent of GDP.6 This is why social policy over the past ten years has become increasingly rooted in an analysis of the discretionary spending of households and their accumulation of debt as socially organized economic practices. And families are spending less on food relative to their total income, not more (Statistics Canada 2009, 12).

Second, we must realize that the household is a site for the production of consumption. In fact, when one looks at the household, it is clear, as feminists have long reminded us, that considerable labour goes into modern lifestyles—including that associated with shopping, cooking, and washing up. As illustrated by Alan Warde (1999), food consumption practices provide a useful doorway into the study of factors underwriting the changing patterns of contemporary lifestyles. Warde uses the growing consumption of convenience foods in the 1990s to rethink the broader economic conditions influencing the food purchases of British families, arguing that the concept of convenience increasingly rests on a new way of conceptualizing time. In Warde’s view, the shift to convenience is evidence of a profound temporal structuration of familial cultural practice (Warde 1999), one in which fixed mealtimes give way to a pattern of continuous consumption and activities once separated are collapsed. The higher cost of a prepackaged dinner for example, in comparison to the cost of preparing a meal from scratch, represents an implied savings in the labour of provisioning (that is, in time), which we identify with convenience. The flexible scheduling permitted by prepackaged single-portion ‘readi-meals’ is also interpreted as convenience, as is the multitasked efficiency of eating dinner while watching TV. Temporal reorganization of family life therefore speaks to a major shift in family eating practices.

In this light, Warde argues that many people feel constrained to eat what they call convenience foods as “a provisional response to intransigent problems of scheduling everyday life.” This new pattern of consumption,
he argues, “speaks to the problem of living in a social world where people, in response to the feeling that they have insufficient time, set about trying to include more activities into the same amount of time by arranging or rearranging their sequence” (Warde 1999, 525). A look at the time budgets in families affords us a glimpse of the ways in which the compression of time plays out (Statistics Canada 2011). Canadians who spend less time cooking and eating together and more time multitasking experience a significant pressure on their childrearing time—especially as the children get older and are given more discretionary control over their activities, their foods, and their leisure. Building on Warde’s ideas, I would suggest that the emphasis in advertising on convenience food, eating on the go, fast-food restaurants, and snacking while doing something else all reflect the reordering of the time-space relations of everyday family life in market society. As Michael Pollan (2013) argues, this reorganization of family life not only diminishes the time allocated to cooking but also, and more fundamentally, undermines the practice of eating together. And it is these lifestyle changes that are most associated with the rising weight status of children (Taylor et al. 2005).

This analysis of the eating behaviours associated with weight gain therefore focuses our attention on the negotiations within the consuming household as it organizes family life. Anthropologists have long maintained that familial eating is central to the social relations and ideologies through which family life is constituted and performed. Family life is constituted around the table through commensality—through the intertwined acts of eating and communicating. Conversation is woven into the fabric of eating, as are ethnic traditions, manners, taste, self-restraint, and appreciation of life, all of which are mostly taught at the table. Eating together is also a lifestyle practice: it integrates children into the division of labour in the household, including expectations surrounding the activities of shopping for, preparing, and consuming food. Eating practices also reflect societal values pertaining to sharing, reciprocity, and interdependence within the household unit, values that assign to parents responsibility for the management of young people’s moral and physical well-being. In short, eating practices thread through the weave of family life. Perhaps this is why the family meal has such a mythic stature and why the reworking of family eating practices has had such profound consequences for children’s health within the family.

The socialization of the young as citizen-consumers is a major part of family life—and much of this socialization is again transacted around the
table. Bernard Roy and Judith Petitpas (2008) interviewed Canadian families about the family meal using the Foucauldian notion of a regime of eating to describe his finding that the ideal of family meals is intimately bound up with health (restrictions on eating) and domestic happiness (the protocols of commensuality). But as kids grow-up more of their eating takes place in front of the screen and outside the home. Using surveys and in-home interviews with Canadian parents, my research team discovered that parents are managing their children’s daily food consumption in the “fast-food era” in part by limiting children’s exposure to commercial TV and encouraging them to engage in physical activity (e.g. treats after a football game). The discussions we had with diverse families revealed the complexity of their ways of managing children’s socialization as consumers by granting them increasing control over their consumer behaviour and giving them scope to spend their allowances as they choose. One advantage of this ethnographic approach is that reveals the complexities of the everyday practices and social relations that circumscribe consumer “empowerment” in a risk society, one in which children must come to understand the relationships among lifestyle, environment, and health. Parents proved to have a critical awareness of the part played by media in their children’s daily lives, and many expressed concerns about how best to regulate media use. They were also well aware of the role that advertising plays in their children’s brand preferences. Many parents received requests from their children for unhealthy foods, but they resisted them in the interests of their children’s health. Finally, parents talked about what was perhaps the most problematic issue, namely, how to manage children’s consumer power within the family.

The discussions with parents about meal time and snacking provided a glimpse of the contradictory ideas underlying Canadian regimes of consumption—which, when analyzed through interviews with parents, reveal a series of trade-offs among health, self-restraint, taste, love, and pleasure. Food, it seems, is the supercharged commodity that brings the complex issues surrounding consumer socialization (including media use, active living, economics, and taste) into sharp focus.

Although the parents I interviewed approached family lifestyle management in many different ways, they all agreed that raising healthy children amid the tensions and complexities of modern capitalism is a challenge. In discussing how to ensure the psychological and physical

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well-being of their children, parents frequently mentioned considerations of leisure time, food affordability, and peer influences. Notably, the management of diet and reduced media consumption were prominent concerns in middle-class families. The responses of these parents suggested that they felt trapped between the advice of health advocates and the allure of the market. My general impression from these conversations was that, by and large, Canadian families are mindfully struggling to bring up healthy children but under conditions in which domestic negotiations are skewed by the cumulative persuasion of the TV diet. Teaching children to make thoughtful choices for themselves was described as a parent’s most difficult job.

CONCLUSION

In 2003, I set out to study the obesity epidemic in order to understand why epidemiology was failing to translate into effective policies for mitigating lifestyle risks associated with obesity in the consumer culture. As I noted at the outset of this chapter, the medicalization of the “adipose” child’s body is closely linked to public discourses about what children eat in Canada. Although journalism has galvanized public discussion of changing Canadian diets, it has also narrowed the policy frameworks for mitigating the problem caused by current patterns of eating. Food politics has brought with it a heightened awareness of how risk is embedded and discussed in the marketplace, but moral panic has focused these concerns on the practices of marketing to children and, in the process, has torqued public understanding of lifestyle risks toward children’s weight gain rather than the behaviour of adults. And herein lies the problem: as we gazed in the journalistic mirror of lifestyle risks, we saw our children growing fatter because of their vulnerability to advertising and their sedentary lifestyles, while we dismissed the idea that food marketing had any consequences for ourselves. Yet adult populations are three times as likely to be obese as those under twelve, and adults are far more sedentary than children. In short, we failed to realize that children are not the ones creating the looming burden of illness—adults are.

The first part of this chapter outlined the distortions of scientific evidence implicit in the intensified media coverage galvanized by moral panic about children’s weight gain. In the news, “big food” was blamed for exploiting children’s vulnerability as food consumers (Kim and Willis
In turn, the linking of obesity to food marketing was crucial in the reframing of the public debate about healthy living: food was not just a composite of nutrients, minerals, vitamins, and energy but a potential toxin bought and sold in the market. The “fat kid” thus became the poster child for the looming burden of illness in the consumer society despite the evidence that the incidence of adult obesity is twice that of youth. It seems that sensationalism triumphed over science in the medical framing of risk communication: slow marginal increases in children’s weight status over thirty years does not constitute an epidemic so much as it signals lifestyle change within our so called “obesogenic” cultural environment. In the process, changes in children’s body morphology were labelled as an illness and falsely understood to be the leading indication that fast-food consumption is a major cause of ill health.

In my analysis, three communication dynamics distorted the way that Canadians understood and talked about the lifestyle risks associated with provisioning their families with healthy food. First, the moral panic in the USA and UK especially, galvanized the discursive politics of food production and marketing to children. Second, the skewed promotional discourses of food marketing normalized unhealthy eating practices and attitudes, despite attempts to impose responsible advertising (such as the nutritional labelling and limitations on health claims mandated by the Food and Drugs Act). Third, TV watching time, so closely associated with weight gain, played an important role in reordering family routines and familial negotiation, not only by exposing families to unhealthy TV diets and displacing active leisure time but through undermining family meal-time and consolidating routines of unhealthy snacking while watching (Hamrick et al. 2011).

It is therefore hardly surprising that parents felt trapped between the competing discourses of public health advocacy and marketing. So how well are Canadian parents doing in buffering children from the onslaught of food marketing? If we focus on the health advocates’ concerns about the doubling of youth obesity rates from 5 percent in the 1970s to 9 percent at the new millennium, we may be alarmed by the constant reporting of child and youth obesity statistics. But if only 9 percent of Canadian youth are considered obese, then the vast majority of parents seem to be doing reasonably well in balancing their children’s lifestyles. In Canada at least, the evidence suggests that child obesity peaked in 2005 and has actually
declined since then. Indeed, CanSim data reveals a rise from 71.2 percent to 75.1 percent in normal weight adolescents between 2005 and 2008 — evidence of an “epidemic of normality” among Canadian youth that may have resulted from the moral panic about child obesity.

I do not mean to suggest that obesity is not a serious indicator of changing family lifestyles. While very young children (under six years) are the least at risk, (because they are more active and parents are supervising their eating closely) as they enter their teen years, Canadian youth become more empowered consumers. As they acquire more discretionary power and influence over their own dietary preferences and practices, their lifestyles and body morphologies become more like ours—and the incidence of obesity rises. It is time to focus attention on the real threat, namely, the increasingly sedentary lifestyle of Canadian adolescents.

NOTES

1 Overweight and obesity are most commonly defined in terms of body mass index (BMI), with “overweight” referring to people with a BMI in the range of 25.0 to 29.9 and “obese” to persons with a BMI of 30.0 or more. (The “healthy” range is 18.5 to 24.9.)

2 Here and elsewhere in this chapter, I draw on earlier research, in which I monitored the incidence of “risk stories,” chiefly those concerning obesity, in the Globe and Mail, the New York Times, and the Guardian over a period of a decade (1998 to 2007). For a detailed analysis of this research, see Globesity, Food Marketing, and Family Lifestyles (Kline 2011).

3 In the United States, the overall obesity rate among children and adolescents had stabilized at about 17%, decreasing slightly from its high of 17.1% in 2004 to 16.9% in 2010 (Fryar, Carroll, and Ogden 2012, table 1; see also Ogden and Carroll 2010). Moreover, among preschool children (ages 2 to 5), the prevalence of obesity had significantly declined, from 13.9% in 2004 to only 8.4% in 2012. “Childhood Obesity Facts: Prevalence of Childhood Obesity in the United States, 2011–2012,” Centers for Disease Control and Prevention, 2015, http://www.cdc.gov/obesity/data/childhood.html. See also Ogden et al. 2014.

4 For an example of such projection, see “Statistics,” Childhood Obesity Foundation, 2015, http://childhoodobesityfoundation.ca/what-is-childhood-obesity/statistics/. In fact, as a major review and meta-analysis of existing literature revealed, that overweight and even relatively mild
obesity (BMI 30 to <35) does not appear to increase risk of mortality in adults. See Flegal et al. (2013).


6 For these and estimates worldwide, see “Household Final Consumption Expenditure, etc. (% of GDP,” World Bank, 2016, http://data.worldbank.org/indicator/NE.CON.PETC.ZS. In the definition of the World Bank, “Household final consumption expenditure (formerly private consumption) is the market value of all goods and services, including durable products (such as cars, washing machines, and home computers), purchased by household.”

7 Roy and Petitpas argue that the pleasure of commensality has been displaced by the current preoccupation with nutrition: eating a healthy diet becomes associated with self-discipline, and pleasure thus inheres in breaking the rules. In the eyes of the women whom Roy interviewed, healthy eating was perceived as labour: it “requires sticking to the CFG [Canada Food Guide] and ‘making an effort.’ There is generally little pleasure involved and it can unfortunately interfere with family bonding and happiness. A ‘healthy regimen’ can also come up against the primary mission of the meal—that of ‘being a family,’ creating a place of togetherness, peace, and enjoyment.”

8 In 2014, 54.0% percent of Canadian adults were overweight or obese, as compared to 23.1% of youth. See Statistics Canada, “Body Mass Index, Overweight or Obese, Self-reported, Adult, by Age Group and Sex (Percent),” 2015, http://www.statcan.gc.ca/tables-tableaux/sum-som/l01/cst01/health81b-eng.htm; and “Body Mass Index, Overweight or Obese, Self-reported, Youth, by Sex,” 2015, http://www.statcan.gc.ca/tables-tableaux/sum-som/l01/cst01/health83b-eng.htm.

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