

WEIGHING CHILDHOOD:
The Responsibilization of Mothers for Children's Eating and Weight

by

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Dedication

I dedicate this thesis to every professor at the University of the Fraser Valley and at Dalhousie University who took the time to answer all of my questions.

Thank you.

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Abstract

The World Health Organization, Surgeon General of the United States, and Public Health Agency of Canada have all stated that childhood obesity is one of the most serious health challenges of the 21st century. Thus a purported obesity epidemic among children has generated intense interest in its associated health risks. Increasingly, the medical literature and media blame mothers for failing to provide proper care for their children's health by ignoring the growing weight of their children. While previous literature explores how parenting magazines can be considered public educators about children's health, there is limited literature addressing what parenting magazines specifically say about mothers and childhood obesity. Through a qualitative content analysis of the Canadian parenting magazine *Today's Parent*, this paper argues that *Today's Parent* stigmatizes mothers by blaming them for the weight issues of children, and suggests future research is needed to investigate to what extent this influences parenting practices.

List of Abbreviations Used

BMI – Body Mass Index

SES – Socio Economic Status

WHO – World Health Organization

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*People know what they do; frequently they know why they do what they do;
but what they don't know is what what they do does.*

(Michel Foucault, 1965, *Madness and Civilization: A History of Insanity in the Age of Reason*)

Chapter One: Introduction

Canada is facing an obesity epidemic. Currently, one in four children and youth in Canada are overweight or obese. Increasingly, obese children are being diagnosed with a range of health conditions previously seen almost exclusively among adults, including type-2 diabetes and high blood pressure (Public Health Agency of Canada, 2013, p. 1).

The message is clear; childhood obesity is a problem that needs to be addressed because of the significant health consequences that are increasingly seen among Canadian children. The messages about obesity are seen everywhere: television, magazines and newspapers, entertainment sites, billboards, and health pamphlets. Obesity has changed, from a state of excess body fat to a medical disease of epidemic proportions. As recent as June 2013, the *New York Times* announced that the American Medical Association officially recognized obesity as a disease, in hopes that more attention will be paid to the health concerns of type-2 diabetes and heart disease (Pollack, 2013).

Health leaders such as the World Health Organization (WHO) and the Surgeon General of the United States have identified obesity as a major health concern in the twenty-first century. First Lady Michelle Obama herself made it her mission to fight childhood obesity by promoting exercise for children with her *Let's Move!* program. In Canada specifically, the Public Health Agency of Canada, Health Canada, and media outlets such as *CBC News* and the *Globe and Mail*, state that Canadians fear for children's futures, as obesity presents a great threat to their adult lives. The language used in advertisements and health information suggests that the disease of obesity is spreading. For example, Health Canada said that "the proportion of obese children has nearly tripled in the last 25 years" (Health Canada, 2006, p. 1). Not only are adults susceptible to the disease of obesity; now it is infecting our children. Now that children are involved, all eyes and comments turn to the parents.

Health conditions in children often encourage an investigation of what is occurring in the home (Lupton, 2011, p. 638). Parents are responsabilized for child bodies because children are thought to be shaped and constrained by the circumstances of their lives and cannot be held accountable for the size of their bodies (Prout, 2000a). Responsibilization is defined as encouraging or persuading people to change their behaviour based on the structure and content of advice that defines appropriate behaviour (Collins, 2008, p. 5). Mothers are burdened with a gendered responsibility for food and families and are considered primarily responsible for childhood obesity (Zivkovic, Warin, Davies & Moore, 2010). Although obesity and childhood obesity are discussed as epidemics and members of society are encouraged to regulate their dietary and physical activity practices, there is limited empirical literature investigating how the coverage of the purported childhood obesity epidemic aims to influence specific parenting practices.

Increasingly, the medical literature and media blame mothers for failing to provide proper care for their children by ignoring the growing weight of their children (Lupton, 2011, p. 638). The majority of research conducted on childhood obesity focuses on the medical facts and information used through health campaigns and health policy. Limited literature investigates how the media uses medical literature to responsabilize mothers for children's eating and weight. Finally, there is a gap in the literature about how mothers interpret the health information about childhood obesity and how this influences parenting practices. The first process in filling this literature gap is to analyze what the media are saying specifically to the audience of mothers about childhood obesity, which will lay the ground work for future research about how mothers interpret this information.

Previous literature explores how parenting magazines can be considered a source of

public education about children's health as they offer focused advice on child feeding and child rearing concerns (Foss, 2010). Parenting magazines guide parents through stages of child development and can serve as guidebooks for many parents about normal and abnormal child development (Martinson, 2008, p. 1). Parenting magazines provide specific overt lessons or information for parents: how to deal with fussy eaters, how to prepare food when traveling, and exercise ideas for children. There are also covert lessons that suggest the different responsibilities of mothers and fathers. I could not locate any literature investigating what parenting magazine articles say about childhood obesity, and how responsible and irresponsible practices are represented to manage children's eating and weight.

Research Questions and Objectives

Mothers have recently become the focus of social science and medical literature surrounding the management of children's eating and weight (Bell, McNaughton, & Salmon, 2009, Elliott, 2007, Harrison, 2012, Lee, 2008, Lupton, 2011, 2012, McNaughton, 2011). I wanted to examine if parenting magazines focus on how mothers, more than fathers, should act responsibly when managing children's weight; however, in order to do so I focused on the responsabilization of parents and equally explored how mothers and / or fathers were discussed in the magazine articles. Based on the literature's identification of parenting magazines as an important source of health related information, I examined parenting magazines as a source that teaches parents how to manage their children's weight. The analysis was guided by two research questions:

***RQ1:** How are the responsibility and irresponsibility of parents presented in parenting magazine articles addressing child weight management?*

***RQ2:** How have dominant childhood obesity messages changed over time in parenting magazine articles addressing child weight management?*

This research project investigated the extent to which parenting magazines: responsabilize mothers and / or fathers for children's eating and weight; undermine gendered assumptions about mothers and fathers; construct expectations of motherhood and fatherhood, and represent children's health issues. It also investigated how childhood obesity information has evolved throughout parenting magazines.

To accomplish these goals, this thesis explored the responsabilization of parents through a qualitative content analysis of the Canadian parenting magazine *Today's Parent* between 1990 to 2012. While *Today's Parent* has a gender neutral title, parenting magazines often target mothers because women experience a gendered responsibility regarding child-rearing and therefore consume more literature on parenting (Sunderland, 2006, p. 505). Although my efforts to obtain precise readership statistics were unsuccessful, Rogers Publishing (2009) indicates the majority of *Today's Parent's* readers are female and the magazine states that it is geared towards a female audience (Clarke, 2010, p. 172). Similarly, the most popular American parenting magazine *Parents* has a circulation of more than two million (Martinson, 2008, p. 1) and a readership of 82% women and 18% men (Mega Media Marketing, 2008). While there are no statistics available specifically for *Today's Parent*, based on the readership percentages of other parenting magazines and the information from Rogers Publishing in 2009, it can be assumed that *Today's Parent* is primarily purchased by women.

Finally, I found a small body of literature focusing on how fathers are prioritizing their home lives above their working lives, resulting in more time spent at home in recent years (Brandth & Kyande, 2001, Connell, 2005, Doucet, 2004, 2006, 2009, Gregory & Milner, 2008, Halrynjo, 2009, Ranson, 2001, 2012, Seward, Yeatts, Amin & DeWitt, 2006). Ranson (2012) states that there is a movement towards recognizing the "working father" – men who take

advantage of the workplace initiatives to “explicitly organize their working lives around the family responsibilities” (p. 742). While more heterosexual couples now strive to share child rearing responsibilities, this is not reflected in parenting magazines which remain gendered and often reiterate “the idea that mothers are the primary care-givers and retain more responsibility for the children” (Spees & Zimmerman, 2003, p. 90). Because of the information in the social science literature, and the readership statistics, I expected the information in *Today’s Parent* to be geared towards mothers. However, the framework of my thesis focused on parents generally, with my coding procedures designed to equally investigate representations of motherhood and fatherhood in *Today’s Parent*.

Contributions and Outline of Thesis

The aim of this research was to investigate how *Today’s Parent* constructs responsible and irresponsible parenting practices for managing children’s eating and weight. Parenting practices are defined as either responsible, which promotes healthy development for children, or irresponsible, which harms children either physically or emotionally (McNaughton, 2011). *Today’s Parent* specifically outlines the difference between responsible and irresponsible parenting, and the consequences should parents fail to act responsibly. For example, *Today’s Parent* suggests that it is responsible for parents to regulate their children’s diet and exercise, adopt healthy recipes to make healthier food for their children, and to nurture a positive body image for their children. Also, the magazine articles state that it is irresponsible for parents to berate children for their eating habits, place children on restrictive diets, and to talk poorly about both themselves and their children’s weight. By analyzing the representation of various responsible and irresponsible practices in *Today’s Parent*, this project supports two complimentary conclusions. First, I show that *Today’s Parent* blames parents for the weight

issues of children, with mothers specifically targeted. Second, the magazine suggests that the home environment is the most important location for parents to selflessly protect their children from harmful weight management practices. Both conclusions suggest that it is the parents' responsibility to protect and manage their children's health, and both are supported in the magazine with expert knowledge.

Expert knowledge was flagged when an article cited an individual and their credentials to indicate that the information provided was trustworthy. By referencing credentials, *Today's Parent* encourages the reader to trust the expertise of the individual cited without personally knowing the expert. This concept is referred to by Anthony Giddens (1990) as "trust in systems" where faith is sustained by trusting the expertise of an individual and the system they represent, encouraging a respect for knowledge regardless of who the individual is (p. 88-89). For example, when *Today's Parent* states that managing the diet of a child is important for managing weight and references an expert as a dietitian, the magazine encourages the reader to trust the information because of the credentials while disregarding personal information about the dietitian.

In Chapter Two, I outline the social science and medical literature, which identifies how and why mothers in particular are responsabilized for vulnerable child bodies. I also delineate through examples the utility of moral regulation theory for my theoretical framework.

In Chapter Three, I outline my methodology and discuss my hypotheses. I delineate my strategies to prevent biases by using a coding sheet and code book to encourage a consistent coding procedure. I conclude Chapter Three by outlining the different questions asked throughout my data analysis to encourage myself to continuously critique and compare my findings with previous research.

In Chapter Four I present my findings in four distinct sections: responsible and irresponsible practices, parents, children and childhood obesity, and efforts to persuade readers. Chapter Four examines how the idea of responsible and irresponsible practices is represented in *Today's Parent* to ensure that protecting children in the home is the ultimate means of managing children's eating and weight. Also, I identified several subtle gender messages throughout the 22 publication years analyzed. This chapter also explores how children are designated specific practices to manage their own eating behaviours, but are simultaneously constructed as vulnerable and passive in *Today's Parent*. Discussions of childhood obesity were limited in the articles, restraining me from making concrete conclusions about any changes in obesity messages overtime in the magazine. Finally, I identify how *Today's Parent* tries to persuade parents to take on the 'good parent' identity by problematizing unhealthy behaviour and how expert knowledge is used to support most claims throughout the articles. I conclude Chapter Four by identifying how authors and experts in *Today's Parent* use direct moral assumptions to explicitly label parents as responsible for children's eating and weight because it is their obligation as parents.

In my conclusion (Chapter Five), I argue that my analysis of *Today's Parent* shows that mothers are targeted as responsible for managing children's eating and weight generally, but are not blamed for childhood obesity specifically. Although the intent of the magazine was not analyzed, the effects of the responsabilization discourse may be influential enough to persuade parents to change parenting behaviours, as *Today's Parent* represents irresponsible behaviour as harmful, selfish, and immoral by using emotional quotes, advice, and expert knowledge. While summarizing my findings I discuss how my analysis of *Today's Parent* both reflects and varies from findings in previous literature. Previous research on media outlets such as television,

newspapers and magazines, states that mothers are consistently labelled as responsible for managing children's eating and weight, and are blamed for childhood obesity specifically (Bell et al., 2009, Elliott, 2007, Harrison, 2012, Lee, 2008, Lupton, 2011, 2012, McNaughton, 2011). My research is consistent with this literature as *Today's Parent* states that parents are responsible for the weight issues of children, defines the 'good parent' identity, and targets mothers more than fathers to act responsibly. My findings vary from previous research in that they show that *Today's Parent* emphasizes that children should manage when and how much they eat, promoting child agency, and in that the magazine contains limited information about childhood obesity.

I argue that future research is needed regarding how fathers manage children's eating and weight, and how parenting practices and experiences differ between race and ethnic groups, single parent homes versus dual parent homes, and heterosexual families versus homosexual families. Finally, I show that while statistics and social science research identify progress with fathers sharing child rearing responsibilities, the media continue to assume that mothers are in the home taking care of their vulnerable children. By analyzing the covert lessons in *Today's Parent*, I argue that physical and emotional health consequences, emotional quotes from mothers, and expert knowledge are used by the magazine to persuade parents generally, and mothers specifically, to act responsibly.

Chapter Two: Literature Review and Theoretical Framework

In this chapter, I outline the different literatures that helped contextualize the research questions. I distinguish the differences in discussions of obesity in medical and social science literature, and note that both literatures are limited. While the responsabilization of mothers for children's eating and weight is heavily researched in the social sciences literature, limited research investigates how the media specifically advises mothers to act responsibly, in response to the purported obesity epidemic. Finally, I discuss moral regulation theory as the theoretical framework for this thesis.

Background & Contextualization of Research

Obesity Debates

A purported epidemic among children has generated intense interest in childhood obesity and its associated health risks (Moffat, 2010). The medical literature focuses on the health concerns associated with increased body fat, while the social science literature discusses the social implications - such as stigmatization and oppression - of the medical literature surrounding obesity.

Medical Literature

Medical professionals define obesity as a condition in which excess body fat has accumulated to the extent that health and body functions are negatively affected (Ulijaszek & Lofink, 2006). Excess body fat is accumulated when individuals eat in excess while limiting physical activities (Paradis, 2011, p. 2). The most common measurement for identifying obese bodies is the body mass index (BMI), a mathematical formula using weight and height (Ulijaszek & Lofink, 2006). Medical experts argue that increasing rates of obesity are due to obesogenic environments (Reidpath, Burns, Garrard, Mahoney, & Townsend, 2002, Ulijaszek & Lofink,

2006). According to Ulijaszek and Lofink (2006), an obesogenic environment refers to a set of environmental circumstances encouraging people to over-eat, while limiting physical activities. For example, the over development of restaurants provides greater access to high calorie food and limits the availability of green space for physical activities. As a result, medical professionals argue that access to high calorie food and excess salt and sugar in our daily diets contribute to the weight gain of citizens (Ulijaszek & Lofink, 2006, p. 338).

Health professionals present scientific evidence to support their claim that excess fat can lead to health concerns such as coronary heart disease; high blood pressure; stroke; noninsulin-dependent diabetes; endometrial, ovarian, cervical and postmenopausal breast cancer in women, and prostate cancer in men (Ulijaszek & Lofink, 2006, p. 339). Adopting a healthy lifestyle of fewer calories and more exercise is claimed to decrease these health problems (Ulijaszek & Lofink, 2006, p. 339). While the medical literature suggests that all individuals – men, women and children – should adopt a healthy lifestyle, several medical scholars focus on the health benefits of weight loss for children (Ebbeling, Pawlak, & Ludwig, 2002, Gerards, Dagnelie, Jansen, van der Goot, de Vries, Sanders, & Kremers, 2012, Golan & Crow, 2004, Hughes, Sherman, & Whitaker, 2010). Several studies suggest overweight children become overweight adults, thus, maintaining a normal, healthy weight when young will benefit the health of these future adults (Ebbeling et al., 2002, Gerards et al., 2012). For example, Gerards and colleagues (2012) focus on how a parent-focused childhood obesity intervention program can change parenting styles and impact the “children’s energy balance-related behaviour,” resulting in better weight management and fewer health concerns in the future (p. 6).

Sociological Literature

Critical social science literature discussing obesity focuses on the medicalization of body fat (Campos, 2010, Evans & Colls, 2010, Gard, 2011, LeBexco, 2004, Rich, Monaphan & Aphramor, 2010). Body fat is composed of fat cells that the body produces to store energy, support internal organs, help with internal insulation to regulate body temperature, and play an important role in immune and inflammatory responses (Rich et al., 2010). Thus, having body fat is important to keep the body healthy. However, excess body fat has been constructed as a problem because of the medical research associating a high body fat percentage with ill health, leading to the medicalization of body fat as obesity (LeBesco, 2004). The medicalization of fat as obesity means that medical professionals have defined fat as a medical condition, where fat becomes the subject of medical study, diagnosis, prevention, and treatment (Rich et al., 2010, p. 4). Obesity research identifies excess fat storage as unhealthy, immoral and something to be corrected (Rich et al., 2010, p. 1).

Rich and colleagues (2010) argue that the problem with the medicalization of body fat is that medical scholars do not discuss “fatness as anything other than obesity” in contemporary society, resulting in body fat being understood as a health concern only, and not recognized for the important roles it plays in regulating the body (p. 1). Following Rich and colleagues (2010), fat activist scholars in the social sciences argue that the medicalization of fat is a problem because it leads to the marginalization, discrimination, stigmatization, and oppression of fat individuals (Cooper, 2010, LeBesco, 2004, Rogge, Greenwald & Golden 2004). While public health literature argues that the production of fat cells can be prevented and treated by adopting a healthier lifestyle (Rogge et al., 2004), this encourages discrimination because if an individual is overweight or obese, then they are lazy, immoral, and selfish citizens who choose to live an

unhealthy lifestyle (LeBesco, 2004, p. 30). Health campaigns and policies emphasize self-governance of individual choices on weight management to prevent health concerns and the economic and social costs of treating obesity (Evans & Colls, 2010).

Campos (2010), a leading scholar investigating the purported obesity epidemic, argues that public health literature relies on the misleading assumption about correlation when presenting health information. Medical and public health literature state that a “strong correlation exists between weight and health risks” and this is often taken to mean that there is a direct, causal relationship between weight and health risks (Campos, 2010, p. 36). Stating that two variables have a causal effect assumes there is a direct relationship, that variable one causes an outcome in variable two (Campos, 2010, p. 38). While an association between two variables demonstrates that to some degree there is a relationship, the exact nature of this relationship is unclear (Campos, 2010, p. 38). Health research on obesity does not provide evidence of extremely powerful associations and often does not control for external variables (Campos, 2010, p. 38). External variables influencing ill health for an obese individual could include low income, higher rates of dieting and weight-cycling, use of diet drugs, or discrimination by health care providers that affects and limits medical treatment (Campos, 2010, p. 39). According to Campos (2010) having excess fat on the body, to the point of having a BMI indicating obesity, in and of itself, does not cause ill health or death (p. 39). Several other critical scholars support the claim that obesity research provides limited scientific evidence supporting a causal relationship between body fat and ill health, arguing that the consequences of rising obesity levels are either exaggerated or unclear in public health literature (Elliott, 2007, Gard, 2011, LeBesco, 2004, Oliver, 2006).

Social science scholars further argue that there is a moral undertone to the medical literature on the causal relationship between fat and ill health (Elliott, 2007, Harrison, 2012, LeBesco, 2004, Oliver, 2006, Rogge et al., 2004). Responsible, moral citizens regulate their bodies to optimize their health and limit the financial burden on the health care system (Elliott, 2007, p. 135). The medical literature emphasizes that body weight represents wellness, where “being thin is equated with being healthy” (Oliver, 2006, p. 5). Elliott (2007) argues that being thin is viewed as a physical representation of moral citizens who regulate their bodies, while obese individuals are viewed as irresponsible as they have failed in their duties to regulate their health (p. 135). Studies indicate that medical staff who interact with obese patients frequently express negative judgements of their patients’ bodies through discriminatory statements (Rogge et al., 2004). Discrimination exists because obese individuals are represented in medical literature as failed, irresponsible citizens “because they place unfair demands on health care” due to their personal choices (Elliott, 2007, p. 138). Thus, moral citizens are represented through thin bodies because these individuals choose to self-govern their body and lifestyle to decrease the economic costs on the health care system (Elliott, 2007, p. 139).

Comparing the Debates

While the medical literature acknowledges obesogenic environments, the recommendations for maintaining a healthy weight depend on the regulation of individual choices. The medical literature undermines itself by proposing that there are environmental factors contributing to the increase of salt and higher calorie diets, and then arguing it is up to individual citizens to regulate their behaviour. Paradis (2011) argues that medical literature assumes that individuals have free choice over whether they are healthy and that they can modify their individual lifestyles (p. 100). As a result, medical professionals assume that the obese

individual is a site for intervention because their irresponsible behaviour can be corrected through education about healthy living techniques (Lupton, 2012, Paradis, 2011,). Thus, obesogenic environments should not influence behaviour, as it is the individual's responsibility to stay healthy, suggests the medical literature.

The sociological literature uses scientific evidence to dispute the claims and findings of medical literature, which leaves both camps using science to support their arguments (Paradis, 2011, p. 2). This begs the question, if both camps state they are using the scientific method to prove their argument, then whose evidence is stronger? Social scientist Moffat (2010) argues that some critical scholars have not fairly considered medical perspectives on obesity given significant evidence of the rising weight of citizens (p. 13). She suggests that critical and medical scholars should work collaboratively to investigate obesity. This would require critical scholars to acknowledge the health concerns surrounding the rising weight of citizens, and medical and public health scholars to reflect on the construction of obesity as a social problem and epidemic (Moffat, 2010, p. 13). The sociological literature seems more concerned about the consequences of obesity's identification as a social problem than the evidence indicating a rise in obesity rates (Moffatt, 2010).

There are empirical gaps in both the social science and medical literature. Medical literature analyzes causes of ill health without much longitudinal research to investigate the long term effects of excess fat on bodies (Moffat, 2010, p. 13). Social science literature rarely investigates how the messages about obesity or a purported obesity epidemic influence individual behaviours. Further empirical evidence surrounding the health concerns of obesity and how obesity information influences individual behavior is needed.

Responsibilization of Mothers for Children's Weight

Although my research focused on the responsibilization of parents of both sexes for children's eating and weight, social science literature clearly identifies the importance of child development as a socially assigned responsibility for mothers. Most recently, social science literature has focused on how mothers are responsibilized for the purported childhood obesity epidemic.

The Responsible Mother

Parenthood has changed during the past two decades, and the changes include an expansion of child-rearing tasks (Lee, Macvarish & Bristow, 2010, p. 294). Despite the increase in fathers being home to help with child-rearing tasks, and mothers entering the workforce, dominant ideologies about women in contemporary society suggest a woman's natural role is to be a mother (Gailey, 2000). The idea that women should be mothers is so pervasive that members of society often take for granted the historical and cultural influences that construct the ideas about mothers and children in contemporary society (Gailey, 2000).

Sharon Hays (1996) argues that the evolution of scientific knowledge in the twentieth century encouraged the understanding that the child's emotional, behavioural and cognitive development was solely the responsibility of the mother (p. 44). Child care books were seen as expert knowledge that recommended specific procedures to mothers about proper child-rearing practices (Hays, 1996, p. 46). Publishing of child-rearing manuals continued throughout the twentieth century and they have become a primary source of child-rearing information in contemporary society (Hays, 1996, p. 47). An example of a popular book that Hays does not discuss is *What to Expect When You're Expecting*, first published in 1984 (Pedersen, 2012). Its fourth edition, published in 2008, has sold more than 17 million copies, and a fifth edition is

under way (Pedersen, 2012). *What to Expect When You're Expecting* is considered influential because of its wide circulation among mothers; it is estimated that more than 90% of expectant mothers have read it (Pedersen, 2012).

Hays (1996) argues that contemporary understandings of mothering are shaped by the ideology of intensive motherhood, which consists of several assumptions. Intensive mothering is child care that is primarily the responsibility of the mother, and is child centered, expert-guided, emotionally absorbing, labour intensive, and financially expensive (p. 54). Hays (1996) provides a historical analysis of the rise of intensive mothering, arguing that the nineteenth century “cult of domesticity”, also known as the “cult of true womanhood” or the “Domestic Code”, identified women with the increasingly important moral responsibility of raising children. She states that women were expected to be educated for the important role of raising the future citizens. This education often came through child-rearing manuals written by mothers, doctors, educators and theologians (Hays, 1996).

Hays' analysis has limitations, however. Her definition of intensive mothering is theorized as a primarily White, middle-class phenomenon, while nevertheless acknowledging that all women are exposed to and experience the ideology of intensive mothering in contemporary society (Walls, 2010). Hays (1996) does not discuss race or sexuality throughout her historical analysis, and does not explore what motherhood was like for the variety of mothers because she focuses on the experiences of middle-class mothers.

Despite its limitations several critical scholars support Hays' (1996) analysis of intensive mothering, arguing that when mothers experience fear, guilt and uncertainty about child-rearing issues, their explanations reflect intensive mothering ideals (see Lee, 2008, Lupton, 2012, Zivkovic et al., 2010). For example, Lee (2008) found that 48% of mothers reported “feeling

uncertain that they were doing the right thing” when they were formula feeding their children instead of breast-feeding because medical experts argue that breast-feeding is most beneficial to children’s development (Lee, 2008, p. 473). Mothers choosing to formula feed instead of breast-feeding contradict expert knowledge and can compromise women’s identities as good mothers (Lee, 2008, p. 468). While Lee (2008), Lupton (2012), and Zivkovic et al., (2010) assume that all women are exposed to the ideology of intensive mothering, none of the authors adequately explore the variety of experiences across race, class and sexuality lines. This assumption is evident when authors Lee and Lupton argue that the culture of intensive mothering affects every mother to some degree without providing evidence about non-white and / or non-middle class mothers (Lee, 2008, p. 469, Lupton, 2012, p. 13).

Finally, social science research has analyzed how health campaigns, medical information, and media identify responsible and irresponsible behaviours of mothers that supposedly contribute to a child’s weight gain, thus mothers, more than fathers, are expected to act responsibly (Bell et al., 2009, Harrison, 2012, Lee, 2008, Lupton, 2011, 2012, McNaughton, 2011, Moffat, 2010, Zivkovic et al., 2010). For instance, McNaughton (2011) argues that female bodies are monitored and regulated as maternal weight seems to influence the weight of infants, both during pregnancy and after birth (p. 183). If a child is overweight, then it is assumed that an irresponsible mother put her own needs ahead of her children’s health (Harrison, 2012). Mothers who put their own needs before the health of their children are represented as bad and dangerous women (Bell et al., 2009).

Fathers

Both medical and social science literature is limited in exploring the role of fathers in the regulation of children’s health and weight. Gender stereotypes about responsibility for feeding

are dominant in both the medical and social science literature (McNaughton, 2011, p. 180). Bell and colleagues (2009) acknowledge that fathers are “conspicuously absent” in much of the social science and medical literature addressing overweight children (p. 162), and I also found men and fathers were rarely mentioned in medical and social science articles. There is a clear gap in the empirical literature addressing how fathers experience pressures to monitor children’s health and how these experiences differ across race, class and sexual orientation. My coding sheet reflects symmetrical coding questions about mothers and fathers to identify if women really are represented in parenting magazines or if fathers are discussed more frequently than the social science literature suggests.

Vulnerable Children

The notion of children as innocent and naturally virtuous is powerful in Western culture (Christensen, 2000, Gailey, 2000, Harrison, 2012, Lupton, 2012, Prout, 2000a, 2000b).

Christensen (2000) argues that children are constructed as vulnerable beings and childhood is understood as a time of innocence and protection (p. 38). Children are vulnerable because they are “positioned as harbingers, a glimpse of things to come” (Harrison, 2012, p. 328). For example, medical scholars argue that fat children are likely to become obese, sick adults; therefore, fat children represent a future obese, adult population with health concerns (Harrison, 2012, p. 328). Moreover, children are seen as naïve and in need of proper socialization because of the perspective that they represent the future adult population (Christensen, 2000, p. 38, Harrison, 2012, p. 328). Vulnerability persists throughout childhood, and most people become responsible for their own health only in adulthood (Harrison, 2012, p. 328, Moffat 2010, p. 5).

Children themselves are never blamed for obesity because medical campaigns construct childhood obesity as a problem to be addressed by adults; children are not blamed for their poor

socialization by the adults in charge of their care (Harrison, 2012, Moffat 2010). Also, child bodies are considered passive, as properly socialized children will listen to the instructions of their parents (Christensen, 2000). For instance, medical literature instructs parents to regulate child bodies through diet and exercise to prevent obesity, assuming children will do what they are told (Harrison, 2012). If a child is obese, then the blame falls on the irresponsible adult, not on the vulnerable child (Christensen, 2000, Harrison, 2012, Moffat, 2010).

Finally, there is a small body of literature that examines child agency (Christensen, 2000, Prout, 2000a, 2000b, Simpson, 2000). Prout (2000a) is the leading scholar of child agency and has investigated how children shape and enable circumstances in their own lives. He argues that “the concept of socialization renders children passive” because they become outcomes of social processes instead of actors participating in them (Prout, 2000a, p. 7). Currently, there is a gap in social science literature addressing child agency in weight management. This thesis analyzed whether parenting magazines identify children as passive or if they acknowledge child agency through recommendations about how children can help manage their own eating and weight.

Persuasion and Media

Persuasion

Wahl (2004) states that persuasion and education are forms of communication intending to changing opinion on a specific issue, for the purpose of changing behaviour. For example, media, political campaigns, and social movements try to educate citizens and often represent a particular opinion on gender, ethnicity and sexual orientation (Wahl, 2004, p. 106). Propaganda is another example of an effort used to try to persuade people to change their behaviour by using commercials and images that represent a particular opinion to persuade people to agree with the information presented (O’Shaughnessy, 2004).

Means used to persuade people to change their behaviour can also include a specific set of practices used to influence perception. For instance, medical professionals use persuasion techniques to encourage patients' decisions that affect their health (Swindell, McGuire, & Halpern, 2010, p. 260). Swindell and colleagues (2010) list 5 techniques physicians use: the use of vivid depictions when discussing risks of a particular behaviour such as smoking; the use of evidence-based screenings to show test results; discussing the regret patients may feel if they do not follow recommendations; framing discussions of risks in a particular way; and refocusing the conversation about current challenges towards future happiness (p. 262). They state that these techniques are used to "frame health decisions to patients in ways that are more likely to motivate patients" to make healthier choices that benefit their health (Swindell et al., 2010 p. 260).

Efforts to persuade people to change their behaviour may not always be harmful, as information from medical professionals can improve the health of patients. However, these efforts often include biases about groups of people or practices which can lead to the regulation of people and practices deemed to cause social harm (Hunt, 1999). For example, the recent health campaign promoting vaccinating against the Human Papillomavirus – a sexually transmitted infection that causes genital warts and cervical cancer – is discussed by Connell and Hunt (2010) as a "regulatory campaign" because its purpose is to regulate the sexuality of young females and promote sexual abstinence (p. 64, 68). The vaccination promotion tries to regulate female sexual activities by constructing premarital sex as harmful because it can lead to sexually transmitted infections, and specifically, cervical cancer in women (Connell & Hunt, 2010, p. 68). Furthermore, the information used to persuade people to change their behaviour can be destructive because it can perpetuate false information about particular people and practices

(O'Shaughnessy, 2004). For instance, the information about obesity in the mass media suggests that “you cannot be fat – and healthy” and states that body mass alone is an indicator of health risks, ignoring the fact that cardiovascular activity may be a greater predictor of health risks than body mass (Campos, 2010, p. 50-51).

Media and Obesity

Marshall (1991) defines mass media as a means of communication through large-scale organizations that uses print, radio or television. Advertisements, cable television, newspapers, and magazines are examples of different forms of mass media (Marshall, 1998). Sociological literature emphasizes the importance of the mass media as a platform for spreading information about proper, moral practices (Foss, 2010). With respect to children's health, Foss (2010) argues that the media helps define and reinforce what are considered normal and responsible practices of feeding and managing children's weight (p. 300). Public health agencies and medical professionals use the media as a tool to educate citizens about health issues through public service announcements, news and magazines (Foss, 2010, p. 298).

Social science scholars argue that an increase of information addressing obesity in newspapers, news magazines, and television news outlets raised awareness of purported obesity epidemic (Gollust, Eboh & Barry 2012, Lupton, 2004, Oliver, 2006, Saguy & Almeling, 2008, Shugart, 2011). Discussions related to food, fat, and obesity have received a high level of media attention in Western countries in recent years (Lupton, 2004). Oliver (2006) argues that the number of news media stories labeling obesity as an epidemic dramatically increased between 1994 and 2004 in the United States (p. 36). In 1994, thirty-three news articles discussed obesity, while in 2000, the number doubled to 107 articles and by 2004 the total number of news related articles discussing obesity was nearly 700 (Oliver, 2006, p. 36). Oliver (2006) does not

specifically state which media outlets he used to calculate these numbers, but mentions American news magazines, such as *Newsweek*, *Time*, and *U.S. News and World Report*, and television news networks ABC, CBS, and NBC (p. 37).

Despite Oliver's (2006) limited explanation of his analysis on how he calculated that in 2004, 700 news articles discussed obesity, other scholars have also researched the representation of obesity in news articles (Lupton, 2004, Gollust et al., 2012). For example, Lupton (2004) collected 371 news items reporting on food risk issues from three metropolitan newspapers in Sydney, Australia between 2002 and 2003, and found that 47% of the total articles stated that overweight and obesity is "caused by excess food consumption or an unbalanced diet" (p. 188-189). Also, blaming mothers for childhood obesity was a dominant discussion throughout the articles addressing obesity (Lupton, 2004, p. 198). These messages presented by the media influence the perception that obesity is a problem, mothers play a significant role in contributing to childhood obesity, and measures should be used to address obesity (Lupton, 2004, p. 198). While this may be true for news outlets, I was unable to find research analyzing if this is the case in other areas of media, such as parenting magazines.

Parenting Magazines

One specific category of media explored through social science literature addressing maternal responsibility is parenting magazines. Parenting magazines serve as a popular outlet of parenting advice in the 21st century (Armstrong, 2011, Kehily, 2010). However, I was unable to find literature exploring what parenting magazines say about childhood obesity and how obesity information influences parenting practices.

Furthermore, social science literature has tried to address the debate of whether parenting magazines explicitly target mothers, or if women are just more aware of child-rearing advice

about eating because they are the primary consumers of magazines. Scholars argue that parenting magazines have historically targeted mothers more than fathers because these magazines are produced and consumed in a socio-cultural context in which childcare is overwhelmingly carried out by women (Foss, 2010, Spees & Zimmerman, 2003, Sunderland, 2006). Thus women are more likely to purchase parenting magazines than men because they have historically been the targeted consumer (Sunderland, 2006).

Relevance of Mass Media

The prevalence of the mass media in our everyday lives suggests that it has a significant influence on our actions and opinions as people cannot escape exposure to ideologies that are widely communicated (Lang, 2008). The broader effects of mass communication are that the representation of information can persuade people to change their opinion, and therefore actions, which may result in discrimination against a particular group of people. For instance, the increase in information discussing obesity in the mass media has encouraged discrimination against obese citizens because obesity is represented as unhealthy, immoral behaviour (Lupton, 2004). Parenting magazines must be critically analyzed because they aim to educate parents about children's health by emphasizing and encouraging proper child-rearing practices (Foss, 2010). Such a critical analysis lays the ground work for future research addressing whether information in parenting magazines influences parenting practices.

Theoretical Framework

Moral Regulation Theory

To investigate how notions of parenting and responsible child-rearing practices have become moralized, I used the theoretical framework of moral regulation theory.

Moral regulation is a “process in which moral discourses, techniques and practices” problematize “the conduct, values, or culture of others and seek to impose regulation upon them” (Hunt, 1999, p. 1, 8). Hunt (1997) discusses moral regulation as a kind of project, and states that moral regulation projects identify a moralized subject, a moralized object or target, a set of practices, and a feared social harm (p. 280). For example, mothers are moralized subjects, children are moralized objects, school attendance is a set of practices, and poorly socialized offspring is a feared social harm (Hunt, 1997, p. 280). Moral regulation projects are a response to social harms and aim to produce moral practices to prevent social issues (Hunt, 1997, p. 280).

Similar to Hunt, Ruonavaara (1997) discusses moral regulation theory by focusing on how its methods, persuasion and coercion, are used to change identities and behaviors. Persuasion encourages others to reflect on themselves and their behaviors through education, propaganda, enlightenment, or any method that encourages the spread of information (Ruonavaara, 1997). The opposite of persuasion, coercion uses force, or power to intimidate people to change themselves and their behaviour (Ruonavaara, 1997). My project focused on methods of persuasion because parenting magazines cannot force parents to change their behaviour; therefore, magazines rely on education and enlightenment to persuade people to change parenting practices.

Examples of Moral Regulation Theory

A clear example of moral regulation theory is the moral regulation project concerning smoking around children, a project that several studies have analyzed (Bell et al., 2009). Medical literature argues that “no amount of second-hand smoke is safe” and health campaigns use advertisements to demonstrate the harm smoking has on children, such as the advertisement with a toddler with a halo containing smoke above their head with the message, “children of

parents who smoke, get to heaven earlier” (Bell et al., 2009, p. 158, Child Health Foundation, 2007, p. 1). The purpose of the language in the advertisement is to persuade individuals to change their behaviour on the moral ground of protecting children. Second-hand smoke discourses target parental smoking as a form of child abuse (Bell et al., 2009, p. 160). Health campaigns and media images clearly identify the harm of smoking, the suffering of children, and the moral responsibility of parents to protect and save their children from harm. Thus, the purpose of the campaigns identifying second hand smoke as a health concern is to persuade individuals to change their behaviour through a moral argument.

A more recent example of a moral regulation project are the health campaigns about childhood over-nutrition (Bell et al., 2009, p. 161). This campaign argues that “there is no doubt that obesity is an epidemic that must be stopped” (Moffat, 2010, p. 4). Billboards showing overweight children with the caption “Warning: big bones didn’t make me this way, big meals did” (Freeman, 2011, p. 1) acknowledge that food and eating play a central role in weight management. By depicting the management of food as the responsibility of parents, and poor food management as the cause of obesity, health campaigns identify that it is immoral for parents to have overweight children because of the health consequences of obesity (Bell et al., 2009). Thus, obesity is represented as a social harm and preventing obesity is constructed as a moral practice in health campaigns.

The framework of moral regulation supported this project’s exploration how the ‘good’ parent is constructed in response to managing children’s health, and specifically children’s weight. Also, this framework was used to investigate whether parenting magazines construct the good mother and the good father differently through moral arguments. Overall, moral regulation

theory was used to explore how parenting magazines try to construct the conduct, values, and culture of parents.

Although moral panic theory has been applied to studies about the purported childhood obesity epidemic, my project was not isolated to this specific purported epidemic. Moral panic theory focuses on how a “social problem is an over-reaction or exaggerated” (Hunt, 1999, p. 19). Rather than focusing on how childhood obesity is represented as an over-reaction in parenting magazines, I focused on the representation of responsible parenting in *Today's Parent* generally. Thus, I broadened the methodology to analyze how responsible and irresponsible parenting practices are represented in the magazine.

Chapter Three: Methodology and Hypotheses

In this chapter, I delineate the research design specific for analyzing *Today's Parent*. There is no standard procedure or template for using qualitative content analysis to analyze text and images. I adapted all sampling and coding procedures to fit the goals of the project and research questions.

Research Design and Sample

Research Site

I selected the Canadian parenting magazine *Today's Parent* between the publishing years of 1990 and 2012 because these are all the publishing years to which I had access. I performed a qualitative content analysis of articles addressing weight management and analyzed text, images and advertisements alongside the articles. I selected a Canadian parenting magazine versus a different country because qualitative content analysis of Canadian parenting magazines is particularly limited in social science literature (Sunderland, 2006). *Today's Parent* was selected because it is the longest running Canadian parenting magazine that is still publishing in Canada (Clarke, 2010). *Today's Parent* circulates twelve issues a year with special edition issues (Today's Parent, 2013).

Sampling Procedure, Sample Size, and Access

The Dalhousie University Library Services has online access to the Canadian Business and Current Affairs (CBCA) Complete database, the largest electronic full-text reference and current events database. I was instructed by a Dalhousie University librarian that CBCA has the greatest access to electronic, full-text magazine articles. Using an electronic database was important to select a sample of magazine articles because searching manually would be too time-consuming with the frequent publication of articles in a single magazine, and finding hard-copies

of *Today's Parent* was difficult in Halifax, Nova Scotia. I conducted a key word search in CBCA to narrow the article sample because the filtering options were not specific enough to identify articles particular to children's eating and weight management. The key word searches were conducted on subject categories and key words in the title, to narrow the search based on the purpose of the article and not the use of specific words.

The research questions framed the choice of key words for which I searched: 'diet', 'dieting', 'feed', 'feeding', 'eating', 'weight', 'obese', 'obesity', and 'overweight'. As determined through several sample searches with CBCA, this list of key words provided the greatest access to articles particular to the management of children's eating and weight. Key words such as 'health' and 'nutrition' were eliminated from the list as the sample became too broad and did not include articles that were relevant to the eating and weight management focus. I finished with a sample of 118 articles between 1986 and 2012 from the key word search in CBCA.

Next, I eliminated articles below a 500 word count to ensure a sample with in-depth coverage of children's weight management. A total of 101 magazine articles specifically focused on parental strategies for children's weight management, between 1984 and 2012, were selected. Due to digital archiving issues, articles before 1990 were not available electronically, despite my efforts to access them through the National Library in Ottawa, Canada, via Dalhousie University Library Services. I ended with a final sample list of 94 articles published between 1990 and 2012, all with a word count above 500 words.

Most of the 94 articles were available as full-text, electronic articles in CBCA; however, several electronic issues were missing. For articles not available electronically, I found hard copies at the University of the Fraser Valley in Abbotsford, British Columbia, and typed the

article information into a separate Microsoft Word document for electronic access. I used a digital camera to store the images and advertisements in and alongside the hard copies for electronic access. Unfortunately, because of archiving issues, 7 articles were only available electronically from the CBCA database and were not available in hard copy to analyze the images and advertisements, resulting in 94 articles reviewed for text and 87 reviewed for images and advertisements.

Hypotheses

The social science literature presents three possible hypotheses relating to my thesis project: mothers, more than fathers, are responsabilized for children's eating and weight; children are vulnerable, passive beings with no social agency; and the media presents childhood obesity as an epidemic that causes health concerns. I expected these to be dominant themes in *Today's Parent*.

***H1:** Articles from Today's Parent are more likely to advise mothers to act responsibly in response to children's eating and weight than fathers.*

I expected parenting magazines to advise mothers to act responsibly more than fathers because according to the social science literature, parenting magazines have traditionally targeted mothers because women are more likely than men to purchase parenting magazines (Sunderland, 2006, p. 505). Also, according to the social science literature, magazine publications often assume that "child care is overwhelmingly still carried out by women" and present mothers as the main parent (Sunderland, 2006, p. 505). This is often evident through article titles such as "don't leave me, mommy" and "the real mom's fitness plan" (Spees & Zimmerman, 2003, p. 94).

***H2:** Articles from Today's Parent addressing children's eating and weight present children as vulnerable, passive social beings with no social agency.*

Child-rearing manuals suggest to mothers that children will adapt their behavior to the mother's expectations if mothers use the proper parenting techniques (Hays, 1996, p. 21). The family is presented as an agent of socialization with the main purpose of protecting vulnerable child bodies and socializing passive children (Christensen, 2000, p. 40). I predicted that the advice in *Today's Parent* would reflect the position that children are passive beings because previous literature emphasized that this is the dominant view in contemporary society (Christensen, 2000, Prout, 2000a).

***H3:** Articles from Today's Parent present childhood obesity as an epidemic that causes ill health in children.*

The medical literature presents obesity as an epidemic that must be fixed because of looming health concerns (Paradis, 2011, p. 2). The social science literature argues that the media supports the medical literature, and by using medical language, further constructs obesity as an epidemic (Oliver, 2006, p. 37). I expected childhood obesity to be presented as a problem because of the assumption that obese children lead to obese adults, and a lifetime of health concerns (Moffat, 2010, p. 3). I predicted that as a media outlet, *Today's Parent* will use medical literature or reference health professionals such as doctors and psychologists to highlight childhood obesity as an epidemic.

Data Analysis

There were five data analysis procedures followed for my thesis project and NVivo 8 (QSR International, 2008) was used to help manage and code the magazine articles.

1. Creating a Coding Instrument

The coding instrument was designed to help navigate the coding process and ensure consistency. It included 67 questions divided into four areas: identification of problems; assumptions about mothers, fathers and children; suggestions for managing children's eating and weight; and techniques of persuasion. The coding instrument included areas for description to provide examples of evidence that specific themes are present. For example, the articles may present responsibility in various ways, with one article focusing on how doctors are responsible for providing medical advice to mothers, and another article stating that mothers are responsible for using the medical information as they feel is necessary for their individual child. Also, there may be different strategies in how articles and experts present responsibility, with one article focusing on quoting a medical expert, while another article focuses on life experiences of mothers. Coding for themes and using examples allowed me to capture how articles were similar to or vary from one another.

Images and advertisements were also coded and their specific locations were noted throughout the coding instrument. Images and advertisements were coded to analyze how the imagery may influence the readers' perception of the information in the article, as images have a powerful effect on social perceptions. For example, an image of an obese child with a sad expression accompanying an article about ill health due to obesity can affect the readers' perceptions of obesity (Gollust, et al., 2012, p. 1545). The coding instrument can be reviewed in Appendix One.

2. *Two Phases of Coding, Descriptive and Analytical Coding*

Coding for the 67 questions included using descriptive and analytical codes. Descriptive and analytical codes were specific to the four coding areas of my project. Descriptive coding includes analyzing *what* the articles are saying about health, weight, children and parenting. This includes coding for core claims, assumptions and facts about obesity and how to manage children's eating and weight (following Whelan, 2009, p. 1490). Analytical codes include coding based on how the authors frame their claims and assumptions to understanding *how* they are discussing health, weight, children, and parenting. For example, an analytical code would include how the authors of the articles establish the credibility of their own claims of what constitutes good knowledge for appropriate mothering practices (Whelan, 2009, p. 1490). I began my coding by searching for basic descriptive codes, and then moved forward with analytical coding.

3. *Quantitative Support*

Quantitative analysis was used to verify the qualitative findings. The purpose of this step is to explore whether some words and themes appear more frequently than others, whether some themes are more present in longer passages versus shorter passages, whether the frequency of words and themes changes over time, and whether specific words and themes are consistent throughout the different years of *Today's Parent*. I followed Deborah Lupton's approach by coding and quantifying key words and phrases that describe children, weight, obesity, motherhood and fatherhood, and that identified specific characteristics and behaviours as good or bad. For example, Lupton (2004) counted words and phrases such as 'number one killer', 'damage', 'grim health future', 'the epidemic of childhood obesity' and 'time bomb' to demonstrate the extreme and alarming language underlining obesity as a major health problem

(p. 190). I counted for words such as bad, good, normal, abnormal, harmful, inappropriate, responsible, and irresponsible that describes mothering and fathering practices, in addition to words such as epidemic, danger, alarming, and concern about obesity and childhood obesity. Quantitative support also included counting the number of times specific themes appear.

4. Creating a Code Book

The purpose of the code book is to define the codes used and provide examples to increase the validity and reliability of the study, should anyone want to re-do this study, or apply these methods to different published material. The code book was modified throughout the analysis and was used to double check that codes were used consistently throughout the analyses of different years of *Today's Parent*. First, I performed a pilot analysis of articles to create a general code book to build from as the coding progressed. I continued by adapting the codes continuously throughout the analysis, developing new codes and collapsing codes into better defined codes as the coding procedure continued. For codes that needed further explanation, examples were used; if the code was straightforward, then only a description was provided. The code book can be seen in Appendix Two.

5. Categorizing Themes that are Theoretically and Empirically Grounded

After I completed the analysis and identified themes in *Today's Parent*, I grounded the themes in theoretical and empirical literature. This was done by asking the following analytical questions:

- is this theme present in the literature?
- how does this theme vary from dominant themes in the literature?
- does this theme undermine dominant themes in the literature?
- does this theme address literature gaps?

Dominant literature refers to the main ideas discussed in the literature surrounding the topics for my project as outlined in my literature review. These questions were how I compared the themes with the dominant literature while specifically addressing how my findings differ from previous research.

Limitations

This research investigated the representation of responsible parenting for managing children's eating and weight in *Today's Parent*. My project does not investigate how women and men interpret magazine content and how this information influences their everyday lives. Thus, this project does not investigate the social relevance of parenting magazines in parenting practices. However, the findings identify ways that magazines try to construct the conduct, culture and values of parenting. This is important because this information can be used for future research to investigate the effects parenting magazines may have on parents.

My key word search is not representative of all articles in *Today's Parent*. This means I cannot conclude that all articles in *Today's Parent* reflect my findings. A representative sample consists of random sampling procedures, a method of sampling for which every possible magazine article has an equal chance of selection (Agresti & Finlay, 2009, p. 15). A random sample would have included extracting a complete list of *Today's Parent* articles from CBCA and selecting articles at specific intervals, such as every fifth article, on the list to provide a representative sample through a random sample procedure. A complete list of *Today's Parent* articles between 1990 and 2012 consisted of 9055 different articles in CBCA (CBCA Complete, 2014). Compared with my key word search of 94 articles, a representative sample from 9055 articles would have produced a larger sample too broad to address the research questions, and would take considerably longer to analyze, with most of the articles not discussing how to

manage children's eating and weight. If I tried to control for a smaller representative sample of approximately 100 articles for example, then every ninetieth article from the 9055 list would have been selected, most likely resulting in only a few articles from the 94 key word article sample to be part of the representative sample.

Ultimately, the key word search narrowed the articles enough for the list to represent articles particular to managing children's eating and weight, but is too specific to represent information in *Today's Parent* generally. Finally, this analysis does not represent all parenting magazines, as I only analyzed articles from *Today's Parent*. Without taking a random sample of all parenting magazines and of all articles, my conclusions are only specific to the 94 articles selected from *Today's Parent*.

Chapter Four: Results

In this chapter, I examine the key findings of my thesis relating to how responsibility and irresponsibility are addressed in *Today's Parent*. I begin this chapter by outlining how *Today's Parent* represents good and bad parenting practices surrounding the weight management of children. Next, I explore how parents are blamed for irresponsible parenting practices and how mothers in particular are singled out as the audience for *Today's Parent* articles. I also discuss my findings about how child agency is represented throughout the articles and the limited identification of childhood obesity. Throughout this chapter I explore the overall themes, the explicit language used, the implicit messages conveyed with images and advertisements following the articles, and the gendered assumptions associated with responsible parenting. I highlight the importance of expert knowledge as conveyed by members of the medical profession and specialized organizations in the presentation of responsible behavior. Finally, I delineate the various means of problematizing unhealthy behaviour in the articles and explain why these efforts may work to encourage a change in parenting practices.

1. Responsible and Irresponsible Practices

In this section I will explore how *Today's Parent* distinguishes between responsible and irresponsible behavior, and how the magazine emphasizes the need to protect children from weight issues and ill health consequences.

Irresponsible Practices

I identified 15 practices, which *Today's Parent* defines as irresponsible surrounding children's eating and weight. Two themes emerged from the 15 irresponsible practices identified: harmful dieting and harming the child.

Harmful Dieting

Today's Parent suggests that diets and the actions surrounding dieting can be harmful to children. Supposedly it is irresponsible of parents to carry out dieting strategies that do not first and foremost respect the health needs of children. Several dieting strategies were identified by authors as harmful, irresponsible, and bad when used to regulate the eating and weight of children. For example, passages from *Today's Parent* indicated weight loss for children is harmful to their growth and development, and parents should focus on adjusting their children's diet slightly so their children will grow into their current weight.

The goal with overweight children... is not to have them lose weight. Instead, you should aim to help them maintain their weight until they "grow into it" (Pitman, February 1994, p. 21).

We would encourage you to, first of all, help your overweight child to feel loved and accepted no matter what his or her size. From that foundation, you may be able to help your child become physically fitter through regular, sustained exercise and maintaining his or her weight while continuing to grow taller (Pitman, February / March 1995, p. 45).

*"Whatever you do, don't put your child on a diet. Dieting is bad for their health and their self-image. It is better for a child to stay overweight than to diet" [says Marion Crook, author of *The Body Image Trap*] (Greey, November 2000, p. 120).*

Also, if a diet is implemented, then *Today's Parent* states that it should be suitable for children and different from adult diets. The authors argue that adult diets used on children may impair the health of children, and any diet implemented on overweight children should be monitored and regulated by a medical expert.

Adult diets are not for children; an extremely low calorie diet can impair normal growth (Jarosiewicz, August 1992, p. 17).

Today's Parent states that using formulas and supplements can be harmful to children because parents may try to replace regular food for older children and breast milk for infants with

supplements to solve a problem with their children, such as a sickness, decrease in growth rate, and a lack of physical activity.

“There is certainly overuse of soy formula” [says Paediatrician Doris Yuen]. Indeed, Health Canada recommends using soy-based formulas only in special cases and advocates breastfeeding first and milk-based formulas second. “Use soy-based formulas only for those infants who cannot take dairy-based products for health, cultural or religious reasons,” notes the Ministry’s and Canadian Paediatric Society’s (CPS) Nutrition for Health Term Infants, a document used by health-care professionals. The CPS suggests that parents who wish to give their babies soy formula should talk it over with a health-care professional first (Gillis, October 1999, p. 24.).

Harming the Child

Passages identified that actions such as bribery, nagging, and criticism are harmful to the child as these actions encourage children to have low self-esteem, be critical of themselves, and possibly encourage eating disorders. For instance, it is recommended in *Today’s Parent* that parents should never be forceful in trying to get children to eat differently, and that constantly watching or monitoring children’s eating can be harmful. The magazine suggests that parents should adjust their standards because changing children’s behavior toward eating and weight management can be a long process.

“Becoming too conscious of your child’s weight can give the child the message that you do not love him because he is overweight and can set in motion a series of eating and behavior problems. Solving a weight problem shouldn’t damage the child’s self-esteem if it’s approached on a long term, non-pressure basis. Learning to eat healthily takes time; don’t expect instant results” [says Lorna Moscovitch, a Montreal area dietitian] (Jarosiewicz, August 1992, p. 17).

The articles state that criticism and negative comments about both the child and parents themselves are harmful to children, because children hear comments parents make about themselves and it can cause children to reflect on their appearance negatively.

Never tease your child about his body, or try to shame him into losing weight. “I was always bugging my son about his weight,” one mother remembers, “until a friend asked me: ‘Would you love him more if he were thin?’ I was shocked by the question, and it

made me realize what I was doing. What he needs from me is love and support, not teasing and criticism.” Because our society places such a high value on a slim body, overweight children are often subject to teasing from other children (Pitman, February 1994, p. 22).

What can parents do to help preteens feel more comfortable in their own skin? “I think we have to start by really watching how we talk about ourselves and other people. We have to stop criticizing our own bodies all the time, or judging other people by their body size and appearance,” suggests [paediatrician Miriam] Kaufman (Bennett, August 1998, p. 84).

Bribery, reward or punishment techniques, and depriving children because of their weight are suggested by the magazine to also have negative consequences for children.

“After you lose weight, we’ll go on a holiday (or buy you a new bike or any other reward).” Setting up weight loss as a goal for a child is a terrible mistake. If the reward is desirable enough, you may find the child embarking on a dangerous low-calorie diet that can damage her health and start her on the road to a life-long struggle with weight (Pitman, February / March 1995, p. 46).

Don’t deprive your child. “To give everyone else in the family dessert and tell one child she can’t have any because she’s overweight is like punishing her. It’s cruel,” says [paediatrician Miriam] Kaufman (Pitman, February 1994, p. 22).

Finally, bad practices in *Today’s Parent* were also identified through the words used to describe the practices. “Avoid” was coded most frequently in 9 different “bad techniques” passages. Following “avoid” other frequently coded descriptive words were “worst”, “damage”, “never”, “dangerous”, “problem”, “limit”, and “bad”. Using these words identifies bad practices explicitly. For example, instead of asserting that parents should feed children a balanced diet, assuming an unbalanced diet is a bad practice, *Today’s Parent* specifically says that using formulas, supplements, a limited variety of food, and adult diets are bad and harmful to children. *Today’s Parent* participates in the definition of good and bad practices, by explicitly identifying both.

Responsible Practices

I identified 24 ‘responsible’ practices surrounding children’s eating and weight in *Today’s Parent* articles. The articles suggest that if these responsible practices are not used, then the consequences will be ill health for children. The magazine presents practices designed to prevent or change problems surrounding weight gain, growing issues, eating behavior, and feeding. Three themes emerged from the 24 responsible practices identified: regulating diet and exercise, emotional support, and child involvement.

Regulating Diet and Exercise

Today’s Parent expects parents to regulate their children’s diet by changing and adding healthier choices to all meals and recipes.

One good habit is serving healthy desserts like yogurt, pudding, fruit and muffins and limiting rich sweets to special occasions. [Dietitian Claire] Friefeld also suggests that instead of giving up certain foods altogether we learn to make healthier choices. “If you’re making cheesecake, use ricotta in place of cream cheese and instead of a crumb base made with butter, just use crumbs in the bottom of the pan. Or if you’re making a fruit pie for dessert, substitute sliced strawberries for a can of cherry pie filling.” (Jarosiewicz, August 1992, p. 17).

Offer variety. Aim for something from at least three of the four food groups at each meal and snack. If you serve cheese, crackers and carrot sticks at morning snack, try peanut butter, apple and bread in the afternoon. A varied diet is more fun and more satisfying says [nutritionist Helen] Yeung (Spicer, March 2011a, p. 158).

Also, the articles mention that parents are expected to constantly plan and monitor their children’s diet. Although it is a ‘bad’ practice to be forceful and berate children while monitoring food, apparently it is appropriate to keep track of their food consumption. *Today’s Parent* states that appropriately monitoring food includes having snacks on hand in case a child’s energy crashes, bringing food to a restaurant to prevent fussy behavior, and monitoring how much sugar, protein, and fat a child consumes.

[Dietitian Caroline] Valeriotte starts every week the same: She spends 10 minutes on Sundays planning “a week’s worth of dinners that include a balance of what the family likes and what they need exposure to.” One night is reserved for leftovers and one for takeout. To shake things up, Valeriotte includes a new recipe in the lineup. Once scripted, the plan gets posted on the fridge. The posting is essential, she emphasizes, because it lets everyone know what to expect and helps enlist support (Greey, January 2006, p. 36).

Moreover, *Today’s Parent* argues that exercise should complement healthy eating, and can be a technique to help overweight children maintain their weight, and grow into a healthier weight as their height increases. Some articles focus on exercise for children, while others mention that all family members should live an active lifestyle.

Eating well is only half of the energy equation. The health benefits of regular exercise are becoming even more apparent – and that goes for every member of the family (Greey, April 1992, p. 42).

It’s important to remember that especially for girls this is an age [9-11] when we see a real slacking off of physical activity. So parents should be thinking, ‘How can I encourage my kids to have a healthy active lifestyle?’ (Pitman & Bennett, April 2004, p. 180).

Research shows that thinner youngsters are that way because they tend to be more active than their overweight peers, but in many cases, they actually eat more. That’s why encouraging physical activity is one of the best weight management strategies for kids (Schwartz, December 1999 / January 2000, p. 113).

Emotional Support

Whether or not a child is overweight, *Today’s Parent* suggests that all children need emotional support as they grow older and their body goes through height, weight, and hormonal changes. The magazine proposes that parents are responsible for emotionally supporting their children and should try to nurture their children’s self-esteem.

“The pressure on kids is huge,” [Shelly] Russell-Mayhew [psychology professor at the University of Calgary] says... Pay attention. “If your child comes home and says ‘I feel fat’ or ‘I feel ugly,’ you need to find out why she is feeling this way, and give her some problem-solving strategies to deal with what’s going on,” says Russell-Mayhew (Pitman, April 2009, p. 52-53).

Nurture healthy self-esteem. Of course you will tell your daughter how nice she looks in her flower-girl dress. But make sure too that you let her know – often – what you think is really special about her: her kindness to animals, her helpfulness, how hard she worked on her piano piece. Our kids need to know that they are much, much more than what can be seen in a mirror (Bennett, April 2007, p. 167).

The articles advocate that a good parent also provides an appropriate atmosphere in which children can eat their food and experience their parents eating as well.

Our three experts agree: The single most important thing every parent should strive for at mealtime isn't calcium, iron or protein – it's eating together as a family. "Not only is dinner an opportunity to reconnect, but I think it's also a really good time for children to learn what a healthy, balanced meal is," [says dietitian Gina] Sunderland (Vallis, December 2010, p. 134).

What's really the best type of vitamin for your children? Sitting down for a family meal, says [Hob] Issenman [paediatrician]. "We're not understanding the role of home-cooked meals in children's nutrition. Eating at home as part of a family, turning off the television while eating and avoiding highly processed foods are the best ways to get good nutrition" [says Issenman] (Scianna, June 2006, p. 46).

Child Involvement

The representation of responsible eating in *Today's Parent* is divided between parents and children. The magazine suggests that parents are expected to provide food and children are responsible for when and how much they eat. Occasionally *Today's Parent* encourages parents to involve their children in decisions about meal planning, to educate their children about eating and nutrition, and to cook with their children. However, most information in the magazine surrounding how children should be involved in eating suggests that parents provide the food and children eat when they want.

So, in order for children to eat "normally," they need their parents to trust and respect their internal cues. [Dietitian Ellyn] Satter has devised what she calls a "division of responsibility" to help us do just that. She says parents should be responsible for providing a variety of nutritious foods at scheduled mealtimes, as well as snacks throughout the day. Children, on the other hand, are to be left in charge of what they actually consume (Greey, June 1998, p. 50).

What is not mentioned throughout the passages is time management for all responsible practices. The articles often assume that both parents have the time to sit and eat as a family with all children, and that a parent is home and available for food preparation so everyone can eat together, assumptions which may be unrealistic. *Today's Parent* suggests that a responsible parent is constantly making healthier food choices, is supporting their children through body changes, does not criticize their children, and encourages their children to dictate when feeding occurs. Ultimately, the practices are emphasized in *Today's Parent* to nurture a healthy development for children. This is evident because the practices identified in *Today's Parent* promote the idea that the health and well-being of children is most important when managing children's eating and weight and children should be protected from harmful, irresponsible practices.

2. Parents

My analysis was focused on how the responsibility and irresponsibility of parents is presented in parenting magazine articles addressing children weight management, while investigating the extent to which *Today's Parent* is gendered. I found that generally, *Today's Parent* suggests that parents must monitor their behaviour to prevent ill health concerns for their children, and mothers specifically are expected to act responsibly.

Regulating Behaviour

Today's Parent suggests that parents should regulate their behaviour to prevent ill health outcomes, both physically and emotionally, for their children. The magazine promotes that parents are responsible for setting a good example for their children. This message is explicit throughout the articles in *Today's Parent* with both medical experts and article authors stating that parents must monitor their behaviour. This includes being a physical role model by

maintaining a healthy adult weight. If a parent is overweight or experiences weight issues with frequent dieting and talking poorly about themselves, *Today's Parent* suggests that parents are to blame for their children's experiences with weight issues. The examples below show how attitudes toward food, issues with weight loss, and overweight parents can lead to future issues for children.

Sometimes we contradict ourselves: We say all the right things to our kids, then we look in the mirror and let our children hear us mumble, "I hate my body. I'm not eating until all this fat is gone." For preteens, especially girls, that kind of example can encourage a negative body image. So we need to be aware of our own attitudes toward food (Greey, June 1998, p. 52).

Add to that the recent, widely publicized medical concern about the growing numbers of truly overweight children and their increased health risks, and kids may easily conclude that to be beautiful, or even healthy, they need to be downright skinny. Maybe kids also observe their parents struggling with weight-loss diets or complaining about their figures... "Just like vegetables come in all sizes and shapes, so do people," says [Doug] Anton [director of programs for the Canadian Association for Health]. That includes yourself, so watch what you mutter in front of the mirror! (Bennett, April 2007, p.166).

[There is a higher risk of fat babies becoming fat adults] "if one or both the parents is overweight" [says Lorna Moscovitch, a Montreal area dietician]. Current studies indicate that children with one overweight parent have a 40 percent chance of following suit. It rises to as high as 80 percent when both parents are overweight. Studies also show that obese adults suffer more from heart disease, diabetes, high blood pressure, and various other problems (Jarosiewicz, August 1992, p. 17).

Of the 59 articles that identified good and bad practices surrounding the management of children's eating and weight, 18 articles (31%) promoted that parents should be physical role models with 24 passages suggesting that parents should pay attention to the example they are setting for their children. Through this analysis I found that while only 31% of articles state that parents need to regulate their behaviour, the message was issued at a consistent level between 1992 and 2012 in *Today's Parent*.

Whether because of media and advertising hype, or because we use the same word for dietary and body fat, fats and cholesterol can sometimes become the focus of a preteen's food anxiety. So what can parents do? ... "Stop talking about weight and diets. Stop

dieting yourself – your model is very important” [says dietitian Louise Lambert-Lagace]
(Bennett, February / March 1996, p. 79).

Singling Out Women and Mothers

A total of 59 of 94 articles (63%) identified specific weight management techniques as good or bad. I also explored whether the good or bad techniques were gender neutral, particular to mothers, and / or to fathers. Gender was coded based on the gendered pronouns used when describing a good or bad practice. For instance, “gender neutral” was coded when the words “parents” or “they” were used, thus not stating a specific gender. “Mother” was coded when practices were described with the words “mothers”, “wife” or “her”, while “father” was coded for the use of “fathers”, “husband” or “he”.

Most of the responsible and irresponsible practices were coded as “gender neutral”, as *Today’s Parent* rarely explicitly acknowledges different behaviours based on the gender of the parents. Of the 59 articles that distinguished good and bad practices, 50 articles (85%) were coded as “gender neutral”, 7 articles (12%) were coded as both “gender neutral” and “mother”, and 2 articles (3%) were coded as only “mother”. A total of 9 articles had passages that explicitly tasked mothers with responsible and irresponsible practices surrounding children’s eating and weight and 0 articles explicitly tasked fathers. Although *Today’s Parent* often discusses good and bad practices and parent blaming on a gender neutral level, through my analysis I found that gender messages are common in the articles. Gender messages were seen in text, in images in the articles, and in advertisements alongside the articles.

Responsible Mothers

The magazine suggests that mothers are expected to consume a balanced diet especially for the development of breast milk as the quality of breast milk can influence the health of

children. Also, *Today's Parent* expects mothers to refrain from dieting because mothers who diet can encourage negative eating behavior and self-esteem issues for children.

Society's obsession with thinness doesn't help, nor does our madcap variety of dieting potions, low-fat foods, and weight-loss regimes. As a result, a great number of parents, especially mothers, have a love-hate attitude towards food. This negativity is bound to trickle down. In addition, children learn by watching, so when parents skip meals or don't take the time to sit down to eat, kids get a definite message (Greedy, June 1998, p. 52).

Set a healthy example. Children of moms who diet are more prone to eating disorders. Show your children by example what healthy eating means (Haaf, September 2011, p. 38).

Mothers are singled out in the magazine as physical role models because their eating patterns encourage the eating patterns of their children. Most importantly, *Today's Parent* proposes that the language mothers use to describe their bodies shapes how children perceive whether their bodies are too fat or thin. Experts cited in the articles specifically identify how the actions of mothers can negatively influence the behavior of children.

[Paediatrician] Miriam Kaufman has one more important message for parents, especially mothers of daughters. The preteen and teen years are a sensitive time in the development of their long-term body image. Most of us intuitively take care in how we talk about our children's bodies. But Kaufman says we also need to be careful how we talk about ourselves. "From a very young age many kids hear their mothers saying, 'Oh I'm so fat, I can't get my jeans done up.' Kids hear that as how a normal adult woman thinks and talks about herself. You don't want to be their idea of what they have to do as they approach adulthood: 'I have to hate my body to be a normal woman'" (Pitman & Bennett, April 2004, p. 182).

[Clinical psychologist Gail] McVey encourages parents to look at their own body image first and consider what impact that has on children. If scales and mirrors are an obsession for parents, how can they not be for those eager little eyes watching mommy's every move? It's estimated that one in four Canadians is currently dieting, so chances are mommy is eating only salad with non-fat dressing for dinner while pushing her daughter to finish all four food groups on her plate (Greedy, November 2000, p. 120).

The quotes above further demonstrate that *Today's Parent* suggests how mothers' perceptions of their bodies influence how their daughters perceived theirs. However, discussions

in *Today's Parent* distinguishing different experiences between sons and daughters were so limited I cannot conclude that girls were focused on more than boys for specific topics, and vice versa. Further investigation is needed to understand if *Today's Parent* represents different child-rearing issues based on the gender of the child.

While mothers are represented in *Today's Parent* as nurturing and responsible with food, they are also described as insecure and susceptible to eating disorders. As seen through the examples above, the eating patterns of mothers are a concern in *Today's Parent*, not for the health of mothers, but because of the influence they have on children. Although the article sample included only articles addressing the management of children's eating and weight, it is interesting that in this sample, the weight and eating patterns of mothers is addressed as a concern, but only because of the influence it has on children. Had the article search been broader, perhaps articles addressing the health concerns of mothers and their eating patterns would have been identified. In this case, the magazine suggests that mothers' eating patterns are a concern for their children because children learn to do what mothers do. The articles analyzed in *Today's Parent* illustrate stereotypical gender roles surrounding responsible parenting behavior that is supported through expert knowledge, and suggests that mothers should regulate their behaviour to prevent weight issues for their children.

Referencing Women and Mothers

The information about parenting was one sided in that it often came from the perspective of women, and discussed the concerns and experiences of mothers more than fathers. In the 1990's collection of articles, the voices of fathers was more apparent; however, as the years progress into the 2000's, fewer fathers were interviewed either alone, or with their wives¹. For a magazine that seems to be gender neutral with the word "parent" in its title, many mothers were

¹ Fathers were interviewed in a total of 5 articles in the years of 1994, 1997, 1998, 1999 and 2009.

interviewed to represent the parenting population with 35 different articles interviewing mothers, and a total of 60 mothers interviewed between the 35 articles (see Table 1). Mothers take the spotlight, by expressing concerns, providing advice, and describe feelings of compassion for other mothers experiencing similar eating and weight management issues with their children.

[Mother] Trina Fraser, for example, describes her son Austin as “skinny.” She says that he has never eaten well and that you can “see his ribs and hip bones when he has no clothes on.” Despite her doctor’s assurances that her son is doing just fine, Fraser worries. She agrees that Austin appears energetic and appropriately developed, but her son’s eating just doesn’t seem “normal” (Greey, June 1998, p. 50).

Table 1: Gender of Parents Interviewed in *Today’s Parent* Articles

| Number of Articles | Number of Articles | Number of Parents | Number of Parents |
|----------------------------------|--------------------------------|---------------------------------|-------------------------------|
| Mothers Interviewed | Fathers Interviewed | Mothers Interviewed | Fathers Interviewed |
| 35 | 5 | 60 | 5 |
| 37% (35 / 94, total articles) | 5% (5 / 94, total articles) | 92% (60 / 65, total parents) | 8% (5 / 65, total parents) |

The authors of the articles were more likely to be female as well. A total of 86 articles (91%) were written by women, while only 8 articles (9%) were written by men (see Table 2). This is important because while the gender of the author alone may not influence gender messages, the female authors often referred to their own experiences as a mother to suggest how they handled children’s eating and weight. For example, *Today’s Parent* author Madeleine Greey references her experiences feeding her fussy two-year-old son:

There was a time when my son seemed to have only two words in his vocabulary: “No!” and “Juice!” Both words tumbled out of his two-year-old mouth with the same sense of dire urgency. When Nicholas awoke, it was “Juice!” Mid-morning, it was “Juice!” And so on throughout each busy day. I found myself pouring little plastic cups of juice like a mindless robot (Greey, February 2000, p. 37).

Table 2: Gender of Authors in Today's Parent Articles

| Number of Articles | Number of Articles |
|----------------------------------|--------------------------------|
| Female Authors | Male Authors |
| 86 | 8 |
| 91% (86 / 94, total articles) | 9% (8 / 94, total articles) |

Finally, female experts were cited in more articles and in higher numbers throughout the different articles. Seventy-two percent of articles referenced a female expert, with a total of 118 female experts cited in total (see Table 3). Similar to how female authors discussed their mothering experiences, female experts mentioned their issues and advice surrounding managing their children. Male authors and experts did not discuss experiences involving fatherhood and issues regarding eating and feeding behaviour with their children. Female experts were more emotional in their discussions, talking about experiences with their children, while male experts refrained from any personal anecdotes, and stated specific health facts and information in an objective tone. Contrast the presentation of the female versus male 'voice' in these two segments:

For Winnipeg dietitian Gina Sunderland, convincing her two sons to eat healthy food begins long before they get to the table. "Dinnertime is a struggle around here, that's for sure," says Sunderland... Sunderland finds that it helps to include [her 12-year-old son] Reid in her grocery-store trips. That way, he can pick out his own Mom-approved snacks and help plan meals that interest him (Vallis, December 2010, p. 131).

[Paediatrician, Dr.] Elmer Grossman [states that] "vegetables are not magic wands for growth. For practical purposes the combination of fruits plus cereals provides the same general group of nutrients that the child previously (when they first began eating solids) obtained from vegetables. These included carbohydrates, fibre, a variety of minerals, vitamin A, most of the B-complex vitamins and vitamin C" (Hoffman, September 1997, p. 92).

Note the inclusion of ‘mommy’ anecdotes by the female expert, compared to the didactic informative tone of the male. I argue that *Today’s Parent* positions male and female experts in stereotypical gender roles, where women are emotional and men are factual and scientific.

Table 3: Gender of Experts in *Today’s Parent* Articles²

| Number of Articles | Number of Articles | Number of Experts | Number of Experts |
|----------------------------------|----------------------------------|-----------------------------------|----------------------------------|
| Female Experts | Male Experts | Female Experts | Male Experts |
| 68 | 22 | 118 | 27 |
| 72% (68 / 94, total articles) | 23% (22 / 94, total articles) | 81% (118 / 145, total experts) | 19% (27 / 145, total experts) |

Today’s Parent articles present information through the experiences of women and mothers, providing an overall female perspective in most articles. Although I did not analyze how mothers interpret this information, I argue that this collection of articles implies that mothers express concerns for their children’s health, mothers provide feedback on how to address issues, female authors relate to the reader by expressing their concerns as a mother, and a female expert advises mothers how to change their behavior to support their children. While the direct distinction of good and bad practices is usually represented in *Today’s Parent* as gender neutral, the underlying message is that women are viewed as the ultimate authority on what constitutes responsible behaviour, and as the parent responsible for children.

Images and Advertisements

The majority of articles used images, including images of food, parents and children. Rarely did an article use an image of a parent; only 13 images of mothers with children or fathers

² Authors relied on the same expert between articles. Each expert was counted once per article, meaning that if an expert was referenced in 1994 and 2002, they were counted twice to illustrate the number of articles using experts and the total number of experts used, regardless if they were the same expert. This was done to show the high frequency of experts used, not the number of individual people referred to.

with children were used in the sample of 94 articles. Eight articles showed a mother with a child, with the mother looking happy and the child smiling. The same image was seen with fathers and children, however, in only two images. Three images showed a woman alone to represent the information in the article. For example, an article titled “Can I do this if I’m breastfeeding” shows a woman smelling a half-full glass of white wine with a worried expression (Pitman, March 2008).

Although the number of images representing mothers and fathers specifically in the articles is low, women were seen in images more often than men, further influencing the gendered slant of the articles. Studies have shown a relationship between general reading and exposure to photographs alongside the text (Thomsen, Bower, & Barnes, 2004). The studies demonstrate that an image can encourage the reader to perceive the information in the article based on the image associated with the article (Thomsen et al., 2004). For example, an article discussing appropriate fitness techniques showing an image of a woman with muscle definition may encourage the reader to associate a healthy body with muscle definition (Thomsen et al., 2004, p. 268). Also, the presence of either a male or female in an image can associate a gendered tone to the article text (Thomsen et al., 2004).

Advertisements can demonstrate appropriate gender behaviour patterns, thus using men and women in advertisements alongside the article can also influence the perceived information of the article text (Kang, 1997). Images of mothers in advertisements alongside the articles were more common in *Today’s Parent*. A total of 19 articles appeared next to an advertisement that showed an image of a mother and a child. For example, alongside the beginning of the “Can I do this if I’m breastfeeding” article was an advertisement for the “Clean Air Odor-Free Diaper Disposal” which included an image of a mother happily changing the diaper of a baby. Five

advertisements specifically used the phrase “mom” or “mommy”, indicating the product would be of great use to mothers. Only 3 images of fathers with children were used for advertisements, again showing the under use of fathers, both in text and images. Images of women alongside magazine text may encourage the reader to perceive the information as gendered toward women since images influence the perception of information (Kang, 1997).

Intensive Mothering

Hays’ (1996) definition of intensive mothering is somewhat apparent in the *Today’s Parent* article sample I analyzed regarding children’s eating and weight. As previously stated, Hays (1996) defines intensive mothering by, first, identifying child care primarily as the responsibility of the mother and, second, by being child centered, expert-guided, emotionally absorbing, labour intensive, and financially expensive (p. 54). With the use of female and mothers’ voices, *Today’s Parent* is gendered, and singles out mothers as primary caregivers and managers of children’s eating and weight. *Today’s Parent* states that managing children’s eating and weight should be child centered to prevent ill health concerns for children, and that, in particular circumstances, mothers should consult experts. Also, outlining the good and bad practices from *Today’s Parent* demonstrates that regulating children’s eating patterns is intensive in that it takes much planning and requires the whole family to be present during meal time.

There is limited discussion, however, about how emotionally absorbing it is to manage children’s eating and weight, in *Today’s Parent*. While several quotes from mothers emphasize struggles with feeding children, the quotes do not promote the idea that the efforts to manage children’s eating is so absorbing that mothers cannot emotionally cope with the requirements to regulate their children’s eating. Also, the notion that managing children’s eating is financially expensive is never mentioned in *Today’s Parent*; discussions about poverty are absent. Overall,

regulating children's eating patterns is presented in *Today's Parent* as a responsibility for mothers that is generally intensive in that it requires much physical effort to manage children's food and that may sometimes be emotionally frustrating.

Research shows kids who regularly eat dinner with their families are more emotionally resilient than those who don't. Family dinners also give parents a chance to hear kids' worries and to keep track of what they're eating (Haaf, September 2011, p. 38).

[When eating in a restaurant] "we watch for those 'I've had it' signals and then we take turns packing up Gabriele's stuff while the other eats," says [mother, Kate] Curcio. Lingering over a coffee probably isn't an option when you've got a toddler in tow. Instead, have coffee at home – after your toddler is down for the night. Then you can truly take a break (Spicer, February 2009a, p. 92).

3. Children and Childhood Obesity

Today's Parent recognizes child agency by identifying that children should be responsible for when and how much they eat. In this section I will outline how children are simultaneously provided agency, while still being presented as vulnerable and passive. Also, I will discuss the limited findings concerning childhood obesity which demonstrate that the magazine's responsabilization discourse rarely distinguishes a difference between general weight management and specific obesity management for children.

The Independent, Vulnerable Child

Children Deciding for Themselves

Several articles identify that children can and should regulate their food intake to manage their bodies. It is assumed in *Today's Parent* and supported by the experts cited that children can naturally regulate their food intake by listening to the cues from their bodies. Articles provide specific examples of ways for parents to encourage children to self-regulate, such as serving finger foods, preparing food and leaving it on the bottom shelf of the fridge for easy access, and providing small serving sizes so the child is not overwhelmed by the amount of food.

Study after study has confirmed that almost all children, when allowed to decide for themselves how much to eat, will naturally regulate their food intake. They won't starve, nor will they overeat (Greey, June 1998, p. 50).

Several experts, especially dietitians, support child agency surrounding the idea that children should regulate how much they eat.

“A parent’s job is to offer lots of food choices, especially those that are nutrient-dense. Then it is up to the child to decide how much to eat” [says dietitian Lynn Roblin] (Greey, July 1999, p. 43).

Today’s Parent argues that providing the opportunity for children to decide how much and when they eat encourages healthy interactions with food, both emotionally and physically. For example, dietitian Jennifer House argues that “letting kids learn their own satiety signals means they’re less likely to grow up with appetite control issues or disordered eating” because their bodies will begin to rely on natural body cues to indicate when they should eat, instead of emotional stimulation, such as stress, anger or sadness (Loney, March 2011, p. 58). However, not one of the 94 articles provides longitudinal evidence to support this claim. Finally, this focus in *Today’s Parent* on future physical and emotional health benefits as a reason to give children agency is interesting because I found no evidence to support this in the social science and medical literature.

Vulnerable and Passive Children

Despite the findings supporting child agency, *Today’s Parent* focuses on the vulnerability of children, child fears, and emotional consequences surrounding weight management issues. A few articles argue that parents should expect their children to join in on meal planning and selecting foods to eat. However, children are expected to be passive as *Today’s Parent* points out that it is ultimately the parents’ responsibility to choose what children eat.

A parent's job is to decide what's for dinner; a kid's job is to decide how much of it to eat. "Many parents try to control how much their kids eat, but this just leads to power struggles," says [Dietitian Jennifer] House (Loney, March 2011, p. 58).

Today's Parent identifies that children are vulnerable because of the consequences associated with feeling fat, despite whether the child is overweight or not. If children are perceived as overweight by themselves or their peers, then the magazine argues that they may experience issues of self-esteem, emotional problems, and eating disorders. Experts discuss emotional experiences of children to demonstrate that children are vulnerable, and encourage responsible behavior among parents based on this perspective. For example, paediatrician Peter Nieman argues that overweight children "have been bullied, rejected and demeaned" and paediatrician Miriam Kaufman states that "adults tend not to intervene with this type of teasing as quickly or firmly as they would stop racial slurs or physical aggression" (Murphy, February 2008, p. 104; Bennett, August 1998, p. 86). *Today's Parent* states that the responsible approach would be for parents to stop teasing wherever possible to prevent emotional consequences to vulnerable children; as author Teresa Pitman argues, "[parents] may not be able to prevent or stop all the teasing that goes on in the outside world, but you can make your home a safe haven for your child, a place where she knows she will be accepted, loved and never teased about her size" (Pitman, February / March 1995, p. 47).

Finally, the vulnerable child was identified in *Today's Parent* for all age groups of childhood, generally being ages 0-14, with specific discussions broken into 0-1 year, 1-2 years, 3-5 years, 6-8 years, 9-11 years, and 12-14 years. Authors, Pitman and Bennet (May 1994), state that younger children are vulnerable because they cannot control their surroundings and rely on parents responding to their physical cues of distress to comfort them (p. 82). Older children were also presented as vulnerable in *Today's Parent* because the pressure from the media and peers

can encourage destructive behavior, such as drug use and eating disorders (Pitman, April 2009, p. 53). This tells us that the age of the child does not influence whether they should be perceived as vulnerable, as *Today's Parent* states younger and older children have different reasons to be labeled vulnerable.

Representation of Childhood Obesity

Defining Obesity and "Normal" Weight

Today's Parent referred to several ways to define a child's weight as normal or abnormal. The Standard Growth Curve was cited most frequently, with the magazine indicating that a child's normal weight is calculated based on sex, age, height, and weight. The articles suggest that these four measurements together indicate a range on a bell curve of the expected weight for a child over time. If a child is not in a specific range, then the authors argued that the child will be considered "abnormal" for their weight, either under or overweight. The authors emphasized that using this chart can help define whether the weight of a child is a problem, and stated that it is an issue for children to fall both below and above the normal curve.

Growth charts are standardized graphs used to compare a child's height and weight to that of a large number of babies the same age and sex. As a child grows, the plotting reveals a pattern and puts the child in a percentile on the chart... While some minor shifts in a child's percentile ranking are normal, a huge change in one direction or the other may indicate a problem (Spicer, February 2011, p. 110).

Experts provided information about child behavior, to identify for parents what is "normal" and "abnormal" for eating patterns. For example, experts suggest that it is normal for children who eat sugary treats to develop a preference for them, for patterns of eating to change dramatically between days, and for children to be reluctant to try new food. *Today's Parent* advises parents to find comfort in the fact that these behaviors are normal and to accommodate children accordingly.

“Either pushing the child to eat more or trying to make him eat less can lead to a lifelong unhealthy relationship with food. Some days he will eat next to nothing, and other days he will eat a ton. That’s OK” [says dietitian Jennifer House] (Pitman, March 2011, p. 155).

At the same time, apparently it is abnormal for children to lose weight, fear gaining weight, and experience a sudden change in energy levels. *Today’s Parent* states that children need guidance, support, and encouragement from their parents to prevent abnormal behaviours because children are vulnerable due to the changes they experience in their body. For example, therapist and book author Sandra Friedman, tells parents that children need to gain weight during puberty but many children experience distress during this time.

“Adolescent girls are shooting up in height and shooting out in weight,” says [Sandra] Friedman. “Many are totally shocked and feel like they are suddenly living in someone else’s body. At the same time, society messages of thinness are contrary to what is happening to them. They blame themselves and feel fat” (Greedy, November 2000, p. 118).

The “normal” and “abnormal” discussions in *Today’s Parent* contain a contradiction in that children should be at a normal weight, but if they gain weight, it is abnormal for children to lose weight. This begs the question: if being overweight is unhealthy, then at what point should parents become concerned and engage in weight management practices if weight loss is abnormal? Apparently it is responsible of parents to prevent weight gain through weight management practices, and it is irresponsible of parents to engage in practices where children lose weight because children should not need to lose weight in the first place. *Today’s Parent* states that if weight becomes an issue for children, then it should be handled by an expert. Thus once a child is overweight, supposedly it is too late for parents to do anything, implying that they have failed as parents and experts must be consulted.

If a child is still heavy after gaining most of his height, [paediatrician Karen] Leslie suggests consulting a physician or paediatrician for a plan of action (Pitman & Bennett, April 2004, p. 182).

Discussing Obesity

Obesity itself was rarely mentioned, with only 10 articles³ specifically mentioning “childhood obesity” as an issue and on only 4 occasions was it described as an epidemic. Occasionally, childhood obesity was also described in *Today’s Parent* as a “crisis” and the “greatest health risk” in addition to being emphasized as an “epidemic”. Ultimately, childhood obesity was described as a future health concern in 5 articles, as obese children may become obese adults that lead to ill health consequences (see Table 4).

It has been widely reported that today’s generation of children is the first that might have a shorter life expectancy than their parents. That’s because 26 percent of Canadians aged 2 to 17 are overweight or obese, up from 15 percent in 1978. As a result, they’re at higher risk of developing such potentially life threatening conditions as type 2 (adult onset) diabetes, high blood pressure, and coronary heart disease (Doucet, December 2011, p. 77-78).

Table 4: List of Health Concerns due to Childhood Obesity in *Today’s Parent* Articles

| Health Concern | Number of Times Mentioned |
|--|----------------------------------|
| High Blood Pressure | 3 |
| Diabetes as an Adult (future concern) | 2 |
| Diabetes as a Child | 1 |
| Heart Disease | 1 |
| Bone and Joint problems | 1 |
| Breathing problems | 1 |
| Heart attack as Adult (future concern) | 1 |
| Stroke as an Adult (future concern) | 1 |
| Life Span (future concern) | 1 |

Interestingly, 4 out of the 10 articles identified that children who were currently under or overweight are “probably fine”: steady growth and weight gain is normal, and to some degree, weight gain may be because of puberty and will not result in a child becoming an obese adult.

³ The dates of the 10 articles were: 1992, 1995, 2000, 2004, 2006, 2006, 2008, 2009, 2010, and 2011.

For toddlers and older children, steady growth is more important than the number on a scale. While your doctor may suggest periodic checkups to track growth (particularly if percentiles for height and weight differ substantially from each other, or begin to fall), your child's weight is probably perfectly normal (Haaf, September 2002, p. 41-42).

"There is definitely some weight gain at the beginning of puberty that fuels the growth spurt in kids," [says paediatrician Miriam Kaufman]. She points out that kids double their weight between ages 10 and 16; while by the end most are in proportion, in between there can be a mismatch between height and weight. "With all of the stuff we hear about, weight, these body changes can panic kids and their parents." It's important not to panic, says Kaufman (Pitman & Bennett, April 2004, p. 180).

However, the magazine states that the weight of children must be monitored and compared with a growth curve to assess whether the weight gain is in the normal or abnormal range. If the weight gain is abnormal and a child is identified as obese, then professional help is recommended by the authors. *Today's Parent* makes sure to mention the ill health concerns associated with excess weight gain as seen in table 4, to encourage parents to seek professional help if their children's weight is abnormal.

Limited Findings

The limited findings surrounding obesity shows that childhood obesity is not a primary concern for the responsabilization discourse in *Today's Parent*. Instead, the articles' representation of responsible behaviour is discussed generally in terms of eating and weight, instead of specific concerns surrounding obesity. These findings demonstrate that despite the research conducted in previous literature, mothers are not identified in *Today's Parent* as responsible for childhood obesity specifically, but are expected to be responsible surrounding eating and weight management generally. Ultimately, the general theme surrounding obesity in the articles was that children are "probably fine" for their size. However, the magazine suggests that parents should continue to monitor children's growth and weight in case children do become obese, and then expert intervention is recommended.

Due to the limited findings, I cannot discuss how dominant childhood obesity messages changed over time for RQ2. I also do not have enough information to address H3, which predicted that *Today's Parent* would present childhood obesity as an epidemic that causes ill health to children. Although the few articles about obesity describe ill health outcomes, the discussion is not frequent enough to conclude that this is a consistent representation throughout *Today's Parent*.

4. Efforts to Persuade Readers

Social science scholars argue that the education and persuasion of health information is accompanied with a moral perception of what constitutes appropriate behaviour for the benefits of health management (Bell et al., 2009, Elliott, 2007, Harrison, 2012, Lee, 2008, Lupton, 2011, 2012, McNaughton, 2011). For instance, moral citizens live a healthy lifestyle to optimize their health and parents are expected to regulate the weight of their children to ensure a healthy future (Elliott, 2007, McNaughton, 2011). In this section I outline how I operationalized moral regulation theory to code for the different persuasion efforts in the articles. I found that the good parent identity is constructed in *Today's Parent* by educating parents about health information, child behaviour information, discussing parental actions, and referring to experts, mothers and fathers for advice surrounding the management of children's eating and weight. The good parent identity is supported through direct moral obligations presented in *Today's Parent*.

Operationalizing Moral Regulation Theory

To measure how the information in the articles tried to persuade parents to manage children's eating and weight, I asked 7 questions in my coding instrument. These questions sought to investigate how the magazine employs recipes, health information, advice, emotions, and expert testimonies to promote responsible practices, and whether moral assumptions were

used to justify weight management techniques. The purpose of these questions was to explore how the good parent is constructed in *Today's Parent*, and whether the good father and good mother identities were constructed differently.

The process of analyzing the efforts used to persuade the reader in *Today's Parent* was first based on whether the article presented responsible and irresponsible parenting practices for the management of children's eating and weight. If the magazine distinguished good and bad parenting practices, then I coded how the articles represented recipes, health information, advice, or emotions to justify their claims about the good and bad behaviour. For instance, an article discussed how feeding less sugar to children was a healthier choice to promote a balanced diet. Next, the author cited expert knowledge explaining how sugar affects child development, followed with a recipe on how to change common recipes to be made with less sugar. The article used expert testimonies and a healthy recipe to show that feeding children a healthy diet was a good practice, thus trying to persuade readers to adopt this behaviour through expert knowledge and by example with the healthier recipe.

The Good Parent Identity

As moral regulation is a process that encourages preferred forms of identities, throughout my analysis I identified that being a good parent is a preferred identity. This was evident in passages in *Today's Parent* that described a good outcome because of responsible parenting, or a bad outcome due to irresponsible parenting. For example, *Today's Parent* suggests that it is harmful for parents to bribe children to eat differently or to tell children they should lose weight because it can lead to unhealthy behaviour in the future, such as unhealthy dieting and drug abuse. Responsible parenting is represented in *Today's Parents* as selecting the healthiest food

available and to sit and eat as a family so parents can lead by example, and to optimize healthy development for their children.

The magazine suggests that a good parent should also be aware of public perceptions of overweight bodies and should protect their children from these perceptions. The quote below shows how the fashion industry participates in the perception that thin bodies are beautiful bodies, something parents have no control over. Instead of stating that parents should teach their children about unhealthy messages in the fashion industry, *Today's Parent* argues that parents are expected to be responsible in their own home to prevent children from worrying about their weight, demonstrating that parental influence is represented in *Today's Parent* as greater than social influences and perceptions about body weight.

The influence from the fashion/beauty perspective, telling us that the beautiful body is a rail-thin body, has been with us for decades – and just as children are exposed now at an earlier age through other aspects of popular culture, so too are they picking up these messages... “Parents need to be aware of these issues that bombard us all,” says Debra Katzman, head of adolescent medicine and medical director of the Eating Disorder program at the Hospital for Sick Children in Toronto. “And they need to be aware that there is a lot of weight bias, a lot of teasing, a lot of peer pressure that focuses on body image, shape and size and dieting” [says Katzman]. So how can we reassure our kids they don't need to worry about their weight? “Overall, parents should model and promote healthy eating and active living in their own homes,” says Katzman (Bennett, April 2007, p. 166-167).

Irresponsible, unhealthy behaviour from parents is problematized in the articles by emphasizing the health risks for children. These articles encourage parents to govern themselves and their children, and incorporate healthy behaviour. Ultimately, *Today's Parent* promotes that the good parent identity must be cautious toward unhealthy behaviour because of the physical and emotional consequences for children. Unhealthy behaviour was problematized through several means, such as expert advice, provisions of 'healthier' recipes, and citing quotes from mothers and fathers. Table 5 contains a comprehensive list of the means through which

problematization occurred in the articles. Through problematizing unhealthy behaviour, *Today's Parent* tries to persuade parents to adopt responsible parenting practices.

Table 5: How Unhealthy Behaviour is Problematized in *Today's Parent* Articles

| Means of Problematization | Number of Articles Mentioned In | Number of Times Mentioned (ie. number of passages) |
|---|---------------------------------|--|
| Expert Knowledge (experts quoted) | 51 | 219 |
| Maternal advice (mothers quoted) | 22 | 50 |
| Health information | 21 | 60 |
| Emotional information from Mothers (mothers quoted) | 16 | 25 |
| Food management advice | 14 | 59 |
| Child Behaviour Information | 12 | 27 |
| Healthier recipes | 10 | 16 |
| Statistics | 10 | 16 |
| Generally “Experts Say” ⁴ | 8 | 10 |
| Paternal advice (fathers quoted) | 4 | 5 |
| Emotional Consequences | 3 | 12 |
| Exercise Advice | 3 | 8 |
| Prevention | 3 | 3 |
| Emotional Support | 2 | 3 |
| Long term approach | 1 | 1 |

Quoting experts was the most relied on means of problematization. Parenting magazines use expert testimonies because it is “popular for women to rely on experts for childrearing advice” (Foss, 2010, p. 298); for example, women were more than four times more likely to follow breast-feeding advice when health care providers recommended breast-feeding (Foss, 2010). Since it has been established that the magazine targets women, it is logical for *Today's Parent* to also reference people who women rely on for information.

⁴ The difference between the “expert knowledge” and “generally “experts say”” means was that the former had authors who cited a specific expert, stating the name and credentials of the expert, while the latter had authors who just stated “experts say” without providing information on who the expert was.

Emotional Connection

I recognized that child behaviour information, emotional consequences, emotional information from mothers, and maternal advice were significant in trying to construct and constrain the good parent identity in *Today's Parent*. Although some of these specific means were not used most often, they were more likely to discuss personal struggles, provide encouraging words, and emphasize feelings of happiness, sadness and frustration toward specific problems.

"Sometimes I feel so badly for him," says Ann referring to her son, Robbie. "All he wants is to be like the other kids." Always a chubby baby, Robbie is now definitely overweight (Jarosiewicz, August 1992, p. 17).

Previous literature has studied how magazines use emotional connections to engage the reader (Davidson, McNeill & Ferguson, 2007, Demirbilek & Sener, 2003, Jackson, Brooks, & Stevenson, 1999, Starr, 2004). Using emotional consequences and quotes from mothers emphasizing struggles with child weight management, and how they overcame it, may encourage mothers to reflect on this behaviour as a technique to incorporate into their parenting practices (Davidson et al., 2007). Davidson and colleagues (2007) argue that magazines can raise a variety of cognitive and emotional responses for the reader because magazines are a highly emotive and expressive form of communication. They note that magazines are often consumed because of the ability to connect with the reader through an emotional connection. The emotional connection is accomplished with stories and interviews that include sensitivity, suffering, and heartache (Davidson et al., 2007). *Today's Parent* may be using emotional stories about mothers and children to engage the reader while simultaneously stating that there is a responsible way to respond to issues surrounding the management of children's eating and weight.

“Chloe’s going through puberty now, and several of the girls she knows are ahead of her. They’re just ten, which doesn’t seem very old, does it?” wonders [mother, Allie] Hearn. “Her body is changing, and this is a point of tension.” “Her hair gets dirtier faster, and she needs to shower more often. But I have to really force her into the shower. These body changes are happening, but she doesn’t want to change her behaviour yet.” (Bennett, August 1998, p. 84).

Connecting to the emotional stories provides an outlet for readers to reflect on their behaviour and consider new strategies on how to address their situations at home (Jackson et al., 1999). Due to the high use of emotional stories, *Today’s Parent* may use these stories to persuade parents to change their behaviour as emotional content has an important role in decision making and motivation to change behaviour (Demirbilek & Sener, 2003, p. 1350). Although expert knowledge and health information were often used as a means to problematize unhealthy behaviour, perhaps without engaging the reader through emotional stories parents would not see the information as so significant.

Finally, although most of the information presented in *Today’s Parent* tried to remain gender neutral, the consistent use of female voices demonstrates an expectation of connecting with a female audience. Starr (2004) states that using quotes from mothers makes a story more personal and generates emotion in the reader. This is important because female readers are more likely to relate to a female voice in magazine articles, thus increasing the chances of connecting and persuading parents to change their behaviour (Starr, 2004).

Experts Testimonies

Expert quotes were used as testimonies, or evidence, toward an issue being discussed in the article. The type of experts cited throughout the 94 articles were mostly health professionals, with few people referred to from special organizations and agencies (see Table 6). Information from experts often took a clear position on a particular issue. For instance, experts argue that the absence of a balanced, healthy lifestyle that involves exercise and a proper diet is the cause of

obesity. Apparently providing a healthy diet and fitness schedule is the responsibility of parents as ultimately, it is up to parents to prevent future ill health for their children. The dependence on expert information surrounding diet regulation may explain the high citing of dietitians and paediatricians as experts in *Today's Parent* (see Table 6).

“Parents have got to be a partner in this move to enhance the health of our children,” says [associate professor at the University of Saskatchewan Louise] Humbert. Whether it’s squeezing in a 20-minute walk between supper and homework or cycling a local nature path on Sunday afternoon “it’s about making the time as opposed to finding the time,” she says (Bedal, June 2006, p. 74).

Table 6: List of Experts Referenced in *Today's Parent* Articles

| Expert Title or Organization | Number of Times Referenced⁵ | Number of Different Articles Referenced In |
|---|---|---|
| Dietitian | 47 | 32 |
| Paediatrician | 15 | 13 |
| Professor ⁶ | 9 | 8 |
| Book Author | 5 | 4 |
| World Health Organization | 4 | 4 |
| University Research Centre / Research Chair | 3 | 2 |
| Therapist | 2 | 2 |
| Nutritionist | 2 | 2 |
| Non-Profit Organization | 2 | 2 |
| Specific Organization ⁷ | 2 | 1 |
| Psychiatrist | 2 | 1 |
| Canadian Paediatric Society | 1 | 1 |
| Statistics Canada | 1 | 1 |
| Public Health Nurse | 1 | 1 |
| Psychologist | 1 | 1 |
| Dentist | 1 | 1 |
| Health Canada | 1 | 1 |
| Non-Government Organization | 1 | 1 |
| Psychotherapist | 1 | 1 |
| Physician | 1 | 1 |
| Chiropractor | 1 | 1 |

⁵ If the same expert was referenced between different articles they were counted multiple times. This was done to show the high frequency of experts used, not the number of individual people referred to.

⁶ Professors were referenced from six different areas: Nutrition, Kinesiology, Applied Health Sciences, Paediatrics, Psychology, and Medicine and Physiology.

⁷ The two specific organizations were: Manell Chemical Senses Centre in Philadelphia and Nutrition Services at Alberta Children’s Hospital in Calgary.

The reliance on dietitians as experts in table 6 emphasizes the importance of food in managing children's weight as dietitians are considered the experts on food and nutrition (Ho, Soh, Walter, & Touyz, 2011). Thus if a dietitian and a psychologist make a statement about dieting, then people may be more likely to believe the dietitian. Although lack of exercise is a motivator for weight gain, good practices surrounding food management were recommended the most throughout *Today's Parent* and were supported through the frequent referencing of dietitians. Arguably, dietitians were cited the most by articles to persuade parents that managing children's eating and weight is done through regulating diet. Ultimately, I argue that *Today's Parent* uses the most knowledgeable expert testimonies to persuade people to change their behaviour.

Expert testimonies in *Today's Parent* identify that parents, above all else, are responsible for the weight issues of children. This includes experts discussing the weight gain of children as a result of raising children in an environment with unhealthy food and limited exercise, and encouraging poor body image through parental actions and comments. Instead of suggesting that parents should monitor what their children order in the cafeteria at school, should research how governments are funding sport activities for children, or should investigate messages about food in advertisements or television shows, experts advise that to correct the weight issues of children, the solution starts with parents changing their own behaviours. Experts agree, parents need to set a good example for the health and well-being of their children. Moreover, the experts cited suggest that setting a good example for children is important both for self-esteem reasons and to prevent issues surrounding weight gain and eating disorders.

"If the other family members are overweight, there is a risk for the preteen to become an overweight adult" [says paediatrician Karen Leslie]. Even if there is no family pattern of obesity, [Leslie] says, if the weight gain seems excessive, it makes sense to "look at

nutrition within the family and how the family models healthy activity” (Pitman & Bennett, April 2004, p. 182).

Direct Moral Suggestions

Finally, throughout my coding procedures I coded for the use of moral assumptions to justify weight management techniques. This was done by coding for statements where parents were directed to act a specific way to benefit their children. Authors and experts made statements such as: parents should exercise so their children will exercise (Doucet, December 2011, p. 78); parents must remain from speaking poorly about themselves to benefit the self-esteem of their children (Bennett, April 2007, p. 166); and parents must regulate their children’s diet to promote optimal health for their children (Schwartz, December 1999 / January 2000, p. 116). I found that the magazines’ responsabilization discourse and the expert testimonies directly state that it is the parents’ obligation to prevent ill health consequences for their children. *Today’s Parent* suggests that parents are expected to be selfless and should understand that parenting practices that harm a child are selfish.

[Sara] Kirk [the Canada Research Chair in Health Services Research at Dalhousie University and the IWK Health Centre in Halifax] maintains that parents are ultimately responsible for their own and their kids’ health (Doucet, December 2011, p. 80).

Instead of using a moral undertone, where the moral obligations of parents are subtle and indirect, *Today’s Parent* directly blames parents for issues surrounding their children. Schertz (2009) states that magazines use moral assumptions to demonstrate the consequences of selfish behaviour. He notes that showing selfish behaviour to be immoral promotes shared values in parenting culture. Defining responsible behaviour is essential for moral regulation and serves as a backdrop for determining desirable character traits for mothers and fathers (Schertz, 2009, p. 313). The direct moral assumptions in *Today’s Parent* about responsible parenting behaviour constructs how parents should regulate their children’s eating and weight. The moral discourse

of *Today's Parent* may persuade parents to act responsibly because selfish behaviour is represented as immoral, thus constructing parenting culture by dictating what parents “should”, “need to”, and are “required” to do.

Chapter Five: Conclusion

The aim of this research was to evaluate how a Canadian parenting magazine discusses childhood obesity and distinguishes proper techniques for managing children's eating and weight based on the gender of the parent. My findings demonstrate that, despite its gender neutral title, *Today's Parent* is a gendered magazine because it encourages mothers in particular to regulate the weight of children, and points to negative consequences if mothers do not act responsibly. I found a lack of evidence that mothers are responsible for childhood obesity specifically; however, mothers, more than fathers, are distinguished in *Today's Parent* as responsible for managing children's eating and weight generally.

In this chapter, I summarize my findings and outline that my research is consistent with the findings of previous literature as *Today's Parent* emphasizes the importance of protecting children, blames parents for irresponsible behaviour, persuades parents to take up the good parent identity, and focuses on mothers more than fathers. Concurrently, *Today's Parent* contradicts the model identified in previous literature by stating that children should have responsibility over when and how much they eat, an aspect of child agency. Also, I explain the inconsistency between my research questions and hypotheses with my findings. Finally, I outline areas of future research that my thesis does not address and how the present research may help influence future studies. I argue that future research in areas surrounding obesity, motherhood, fatherhood, and childhood is important because while progress is being made in the home, with new family structures and fathers prioritizing home life over work, media does not reflect these changes.

Summary and Discussion of Findings

Protecting the Child

Today's Parent suggests that protecting the child against physical and emotional distress surrounding eating and weight management is the most important responsibility for parents. The layout of good and bad practices in the magazine explains procedures to protect the vulnerable child. Identifying children as vulnerable and parents as the protectors are dominant themes discussed in media, and analyzed by social science and medical literature (see Bell et al., 2009, Harrison, 2012, Lee, 2008, Lupton, 2011, 2012, McNaughton, 2011). Similar to the dominant literature, *Today's Parent* identifies that preventing harmful dieting, limiting actions that harm the child, regulating food, and providing emotional support are important practices for protecting children's health and well-being. To protect children and enhance their well-being, they must be central to a family's life and be provided continual care while assessing their physical and emotional needs (Lee et al., 2010, Lupton, 2012, McNaughton, 2011). The theme of making children central to a family's life is present in *Today's Parent* as the articles state the consequences experienced by children if parents do not regulate their behaviour. *Today's Parent* participates in the development of what constitutes good practices to protect children, thus participating in the construction of good and bad parenting.

Responsible Parenting

The focus on diet in *Today's Parent* individualizes the blame and responsibility for child weight issues, as diet is something that can be controlled by parents. The health information presented in the magazine assumes that individuals have free choice over how they live their lives, thus parents are represented in *Today's Parent* as capable of regulating their children's diet with limited influence by social factors. The representation of diet information in *Today's*

Parent suggests that morally responsible parents will choose to regulate their diet and bodies. Responsible parents supposedly regulate their own BMI, continue to monitor the weight and food intake of their children, and are constantly encouraged to learn how to adopt new health information to guide their parenting practices. In *Today's Parent*, these practices are constructed with a direct moral discourse in that a morally responsible parent will participate in good practices to prevent ill health for their children because it is their obligation as a parent. However, I argue that causes for ill health for children are not always due to parenting practices because social determinants of health and other social influences can affect the weight of children.

Discussions of the social determinants of health are absent in *Today's Parent*. Most studies that research the social determinants of health focus on socio-economic status (SES) and demonstrated a negative association, with SES decreasing as rates of obesity increase (Reidpath et al., 2002). Also, social science literature argues areas of low income housing are obesogenic environments, with limited access to green space, and high access to unhealthy food choices (Moffat, 2010). *Today's Parent* does not acknowledge obesogenic environments or how the income of a family influences access to different techniques for managing children's eating and weight. *Today's Parent* suggests that the environment parents should pay attention to is first and foremost the home and the magazine neglects issues of poverty. No recommendations are available involving location of a household, or food available in schools, nor is advice surrounding financial management of food and extracurricular activities provided. Limiting the discussion to the home environment in parenting magazines does not allow parents to consider social factors that may influence their children's health.

Social science scholars argue that there is a moral undertone supporting medical literature, as it depicts the responsibility of moral citizens to regulate their bodies and optimize their health (Elliott, 2007, Harrison, 2012, LeBesco, 2004). Inconsistent with the findings of previous social science literature, *Today's Parent* is direct with its moral assumptions by pointing out specifically what parents should and need to do because it is their obligation as parents. The magazine promotes the notion that parents are obligated to act responsibly because children learn by watching what parents do. *Today's Parent* argues that it is through parental actions that children learn to understand their own bodies and assess whether they are too thin or fat. Moreover, expert testimonies were used to make the case that managing children's eating and weight can be done responsibly if parents change their behaviour. By outlining good and bad practices, *Today's Parent* promotes the notion that parents should govern their own behavior for the benefit of their children.

Finally, moral regulation is present when *Today's Parent* promotes good and bad child weight management practices to persuade parents that unhealthy behaviour causes ill health outcomes for their children. Hunt (1997) stated that moral regulation projects identify a moralized subject, a moralized object, a set of practices, and a feared social harm (p. 280). Using this outline, *Today's Parent* suggests that mothers are moralized subjects, children are moralized objects, a healthy diet for children is a set of practices, and overweight, unhealthy children is a feared social harm. *Today's Parent* tries to persuade parents to take on the good parent identity by identifying that regulating children's diet is an individual responsibility for parents to prevent ill health outcomes. Through shaming, emotional connections, and expert information, *Today's Parent* may be successful in persuading parents because of the feared social harm of unhealthy

children. Finally, by dictating what parents should do, *Today's Parent* uses direct moral messages to try to construct the conduct, values, and culture of parenting.

Mothers

Information about responsible and irresponsible parenting was presented in the magazine as gender neutral, as the articles rarely explicitly stated “mothers should” or “fathers need to” act responsibly. However, the articles as a whole were often written under the assumption that mothers and women were the primary readers. The emphasis in the magazine is on mothers as parents, based on the use of several female voices in the articles. As a whole, *Today's Parent* promotes the idea that there are responsible and irresponsible behaviors surrounding the management of children's eating and weight, and does so by referring to mothers, supporting mothering techniques as the authors refer to their own home life, and using female experts who assert that mothers, more than fathers, need to set a good example as children learn by watching them. Through female voices, experiences, and opinion, *Today's Parent* suggests women are their core readers, and provides information about responsible behavior to a female readership. While it remains unclear whether a father reading this information would feel he needed to act more responsibly, evidently the message from the articles is that parents should act responsibly for the well-being of their children, with mothers being referenced in advice on how to act responsibly. This relays the message that mothers in particular need to act responsibly.

Limited Male Voices

The limited input from and discussion of men and fathers supports the findings of social science scholars that fathers continue to be absent from the discourse involving the management of children's eating and weight (Bell et al., 2009, McNaughton, 2011). Unlike the female authors and experts, male authors and experts never discussed fatherhood and did not mention

experiences with their children and managing their food. Despite the changes seen in the home with increasing numbers of fathers prioritizing their families above work (Ranson, 2012), *Today's Parent* fits the pattern identified in the social science literature by limiting its inclusion of male voices. While mothers may purchase parenting magazines more often than men (Sunderland, 2006), this does not tell us whether there has been a change in the number of fathers seeking parental advice from media outlets including parenting magazines, books or websites in recent years.

Child Agency

Today's Parent stands out as unconventional compared to previous literature because of the consistent recommendation that children should choose when and how much to eat, specifically identifying a degree of child agency (Ebbeling et al., 2002, Gerards et al., 2012, Golan & Crow, 2004, Hughes et al., 2010, Reidpath et al., 2002). This was observed both in discussions presented by the author and information referenced from experts, and remained consistent throughout the 94 articles. Thus, *Today's Parent* encourages children to be social actors concerning how they regulate their food intake. At the same time, children are perceived in the magazine as vulnerable because younger children are unable to control their surroundings and older children experience the emotional consequences of bullying and self-esteem issues. However, the recommendation from the magazine that children should manage their food intake states that children can be responsible for their well-being to some degree.

Research Questions and Hypotheses

Although portions of my research questions and hypotheses were supported with my findings, there were several inconsistencies.

RQ1: *How are the responsibility and irresponsibility of parents presented in parenting magazine articles addressing child weight management?*

H1: *Articles from Today's Parent are more likely to advise mothers to act responsibly in response to children's eating and weight than fathers.*

The aim of my research questions was to investigate parenting and obesity generally, and to explore the extent to which the information in *Today's Parent* was gendered. I found that my first hypothesis is partially supported. *Today's Parent* suggests women are their core readers and relays the message that mothers in particular should act responsibly. However, my findings do not support the research of previous social science literature that mothers are blamed for childhood obesity, as the number of articles addressing obesity is limited. Overall, mothers are targeted for children's eating and weight generally throughout the articles in *Today's Parent*.

H2: *Articles from Today's Parent addressing children's eating and weight present children as vulnerable, passive social beings with no social agency.*

I also wanted to examine if social agency for children regarding how children can actively manage their eating and weight was present. I found that my second hypothesis is partially supported. There is some evidence of child agency, in that the magazine encourages children to regulate their own food intake although children continue to be perceived as vulnerable and passive. *Today's Parent* contradicts itself by distinguishing agency and still explicitly stating children at different age groups are vulnerable, implying that children may be able to regulate their food, but parents must monitor their children's behaviour to prevent emotional consequences surrounding weight issues.

RQ2: *How have dominant childhood obesity messages changed over time in parenting magazine articles addressing child weight management?*

H3: *Articles from Today's Parent present childhood obesity as an epidemic that causes ill health in children.*

Finally, my third hypothesis was partially supported. While *Today's Parent* labelled childhood obesity an epidemic in 4 articles, the information surrounding obesity and health issues was limited. I found that *Today's Parent* uses health information and referenced health professionals such as paediatricians and dietitians to highlight issues about children's eating patterns, however, the findings do not tell us anything about how obesity messages changed over time. Despite the discussions of obesity in media and the obesity research conducted in medical and social science literature, there is limited information about childhood obesity in *Today's Parent*. Because obesity was designated as an epidemic by the World Health Organization in 1997 (Caballero, 2007), it would be expected that *Today's Parent*, a popular Canadian medium outlet, would have seen a dramatic increase in articles about obesity similar to Oliver's (2006), Lupton's (2004), and Gollust's et al., (2012) analyses. I expected the World Health Organization to be mentioned frequently and legislation surrounding obesity to be brought up to highlight childhood obesity concerns. The absence of obesity information may be due to a consistent pre-occupation about general eating and weight issues in parenting magazines all along, with this trend ignoring the specific discussions of obesity.

Limitations of the Study and Directions for Future Research

The findings from this research do not represent all parenting magazines. Also, this project does not suggest that parents who read *Today's Parent*, or any parenting magazine, will respond to the magazine's representation of responsible and irresponsible practices and change their parenting actions. It is unclear to what extent parenting magazines influence parenting

behavior and future research is needed in this area. This research can be used to provide background information for future projects about *Today's Parent*, by providing a framework for future interview and survey design questions to understand how parents, and specifically mothers, interpret magazine information. Also, future research is needed in addressing the lack of male voices: How do fathers respond to information in parenting magazines? Do fathers feel they need to be more responsible than they used to be regarding children's eating and weight due to the ill health concerns of obesity? Do homes with two fathers experience the same pressure as homes with two mothers or with a mother and a father? These questions need to be answered to understand how fathers' experiences have changed and to what extent mothers and fathers interpret child rearing information from media outlets.

My findings suggest that *Today's Parent* is written for female readers because of the lack of representations of fathers. While Hays' (1996) variables in defining intensive mothering were somewhat identified in my findings, there is still limited empirical evidence regarding women's exposure to this ideology. Empirical literature exploring the extent to which all mothers actually embrace intensive mothering ideals is limited in social science literature and requires future research. Ultimately, future research is needed to address how different groups of mothers and fathers respond to the information in parenting magazines, how different families handle children's eating and issues with children being labeled overweight, and the extent to which different groups interpret childhood obesity as a problem. Without this knowledge, social scientists and health care providers cannot understand how diverse groups of parents understand health problems, respond to the increasing stigmatization of obesity, and interpret information to change their parenting practices.

Also, there is limited literature investigating how expert knowledge in media changes parenting behaviour surrounding the management of children's eating and weight. It would be interesting to investigate whether expert testimonies in parenting magazines are more persuasive than the information quoted from parents and opinions put forth by authors. For instance, if the information is provided by an expert, then do parents take this information more seriously, or are emotional appeals most powerful? The evidence demonstrating that experts promote child agency by suggesting children be responsible for specific areas of regulating their eating practices seems to be a new finding in the social science literature. It is unclear if this information encourages parents to allow children to regulate their own food. Finally, there is limited literature analyzing how the purported obesity epidemic influences the behavior of children, and how children respond to obesity messages seen in the media.

My analysis of *Today's Parent* reflects previous literature findings, as I showed that the articles target mothers specifically, and for the most part ignore fathers' voices. Unfortunately, without future research it is unclear how parenting magazines influence parenting practices in the home. It is clear however, that *Today's Parent* uses expert knowledge to identify responsible and irresponsible practices for how parents should manage their children's eating and weight, and blames mothers for the weight issues of their children, defining a difference between a good and bad mother.

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Appendix One: Coding Sheet for *Today's Parent* Articles

Coding instrument was filled out for every article coded, resulting in one coding sheet saved per article.

Article Author:

Article Date:

Article Title:

Identification of problems

1. What problems are identified? (if the problem is specific to childhood obesity, the code will read childhood obesity, if the problem is more generally about overweight children or weight problems, the code will not mention obesity: this is to clarify between articles that specifically mention obesity vs. overweight children)

examples: feeding problems, food problems, weight problems, future health problems, nursing problems, fussy eaters, etc.

Description

2. How is obesity presented? (this includes even if the article does not specifically say obesity, but discusses overweight children)

a problem a health concern a parenting issue a medical issue

Description

3. Are child health related concerns due to overweight children / obesity mentioned? Yes No
examples: diabetes eating disorders adult diabetes adult weight gain

Description

4. Is obesity reported as an epidemic? Yes No

Description

5. Is other alarming language used to describe obesity? Yes No
examples: danger grim time bomb death killer

Description

6. Quantitative Support for number 5: List and Count descriptive words used to describe obesity (including counting the word epidemic)

Description

7. Is someone or *something* labeled as responsible for overweight children / obesity?
Yes No
who or what is mentioned?

Description

8. Are overweight children presented through images? Yes No

Describe Image

9. Are other consequences besides ill health mentioned about overweight children / obesity?
Yes No
what is mentioned? examples: behavior issues developmental issues

Description

10. Is there any *positive* information surrounding overweight children / obesity mentioned?
Yes No
examples: breast fed vs bottle fed does not determine obesity, weight gain in the first year is not a concern, most overweight babies will not become overweight adults, parents have the power to determine their children's future

Description

11. How is children's weight defined as *normal* or *abnormal*?

examples: weight for appropriate age group, weight based on gender, weight during puberty

Description

12. Other / Miscellaneous findings

Description

Assumptions about Mothers, Fathers and Children

Mothers

13. Are there images of mothers and how are they represented? (Describe the images of mothers)

Yes No

examples: Mother with business clothes on Mother wearing an apron and gloves

Describe Images

14. How are women / mothers represented?

examples: specifically highlighted as nurturing, caring, loving etc.

Description

15. Quantitative Support for number 14: List and Count descriptive words used to describe women / mothers

Description

16. Is race, class, or sexual orientation information about mothers presented through text?

Yes No

Description

17. What specific mothering issues are acknowledged?

examples: issues with work, guilt of being away from home, stress

Description

18. In response to number 17, what recommendations are listed for dealing with mothering issues?

Description

19. How is marital status of mothers presented?

examples: being single is an issue, being single is a struggle, getting your partner to help you, managing children while searching for love

Description

20. Are there any *other* assumptions about mothers that are implied through the text or images not captured from the previous questions?

Description

21. Other / Miscellaneous findings

Description

Fathers

22. Are there images of fathers and how are they represented? (Describe the images of mothers)

Yes No

examples: Father in a business suit Father in the kitchen

Describe Images

23. How are men / fathers represented?

examples: specifically highlighted as caring, strong, supporting, bread winner, etc.

Description

24. Quantitative Support for number 23: List and Count descriptive words used to describe men / fathers

Description

25. Is race, class, or sexual orientation information about fathers presented through text?

Yes No

Describe Text (examples)

26. What specific fathering issues are acknowledged?

examples: issues with work, guilt of being away from home, stress

Description

27. In response to number 26, what recommendations are listed for dealing with fathering issues?

Description

28. How is marital status of fathers presented?

examples: being single is an issue, being single is a struggle, getting your partner to help you, managing children while searching for love

Description

29. Are there any *other* assumptions about fathers that are implied through the text or images not captured from the previous questions?

Description

30. Is there any evidence that the article responsabilizes fathers for children's eating or weight?
Yes No
how?

Description

31. Other / Miscellaneous findings

Description

Children

32. Is there an assumption that children are vulnerable and / or in need of constant care?
Yes No

examples: recommended time managing children, time spent with children, regulation of children

Description

33. Quantitative Support for number 32: List and Count descriptive words used to describe children and childhood

Description

34. Are there examples of how children can help manage their own eating / weight? Yes No
what is mentioned?

Description

35. Do the articles suggest asking / soliciting for child input in feeding strategies? Yes No
what is mentioned?

Description

36. Are specific roles suggested for children for managing food and diet? Yes No

Description

37. Other / Miscellaneous findings

Description

**Suggestions for Managing Children's Eating / Weight
(what do the articles specifically suggest for managing children's eating and weight)**

38. Does the article identify specific eating / weight management techniques as good or bad?

Yes No

39. If yes, are these techniques specific for mothers or fathers? Yes-Mother
Yes-Father
No (ie. Gender neutral)

If number 39 is no, continue in this section or,

if number 39 is yes, continue to specific Mother / Father section

40. In response to number 39, if no, what practices are identified as bad that does not identify a specific parent responsible?

Description

41. Quantitative Support for number 40: List and Count descriptive words used
examples: bad irresponsible harmful inappropriate

Description

42. In response to number 39, if no, what practices are identified as good that does not identify a specific parent responsible?

Description

43. Quantitative Support for number 42: List and Count descriptive words used
examples: good appropriate beneficial useful

Description

44. Are parents (ie. gender neutral) suggested to be physical role models for children? (this includes the physical actions performed by parents) Yes No
examples: parents should eat their vegetables if they want their children to eat them,
parents should go for long walks if they want their children to go for walks, parents
should maintain a healthy average weight if they want their children to have a healthy
average weight
how?

Description

45. Other / Miscellaneous findings

Description

Managing Eating / Weight: Mothers

46. What parenting practices are singled out as being the sole responsibility of mothers?
examples: cooking cleaning regulating children's diet nothing is singled out in this
specific article

Description

47. Which mothering practices identified as bad?

Description

48. Quantitative Support for number 47: List and Count descriptive words used
examples: bad irresponsible harmful inappropriate

Description

49. Which mothering practices identified as good?

Description

50. Quantitative Support for number 49: List and Count descriptive words used
examples: good appropriate beneficial useful

Description

51. Are mothers suggested to be physical role models for children? (this includes the physical actions performed by mothers) Yes No

examples: mothers should eat their vegetables if they want their children to eat them,
mothers should go for long walks if they want their children to go for walks,
mothers should maintain a healthy average weight if they want their children to have a
healthy average weight
how?

Description

52. Other / Miscellaneous findings

Description

Managing Eating / Weight: Fathers

53. What parenting practices are singled out as being the sole responsibility of fathers?
examples: physical activity of children cooking nothing is singled out in this specific article

Description

54. Which fathering practices identified as bad?

Description

55. Quantitative Support for number 54: List and Count descriptive words used
examples: bad irresponsible harmful inappropriate

Description

56. Which fathering practices identified as good?

Description

57. Quantitative Support for number 56: List and Count descriptive words used
examples: good appropriate beneficial useful

Description

58. Are fathers suggested to be physical role models for children? (this includes the physical actions performed by fathers) Yes No
examples: fathers should eat their vegetables if they want their children to eat them,
fathers should go for long walks if they want their children to go for walks,
fathers should maintain a healthy average weight if they want their children to have a healthy average weight
how?

Description

59. Other / Miscellaneous findings

Description

Techniques of Persuasion

(how does the article try to persuade mothers / fathers to manage children's eating / weight)

60. What *general techniques* are recommended for managing children's weight? (ie. what type of information is used to encourage a change in behaviour)

examples: recipes, advice, emotions, feeding practices (ie. Breast feeding), nutritional value of food

Description

61. In response to number 60 if *emotional* is a technique, what is said to provide an emotional connection with the reader?

examples: a personal decision for the mother / father to make, quoting experiences from mothers / fathers, using examples of child experiences, parents judging themselves as good/bad parents

Description

62. Who is referenced or quoted for promoting these techniques? (can be more than one type of expert referenced, include all types of experts referenced)

examples: doctors, child psychologists, nutritionists, authors of specific books
examples of specific organizations referenced: Society of Obstetricians and Gynaevologists, Statistics Canada, etc.

Description

63. In response to number 62, what is referenced by the specific people or institution?
examples: statistics, health information, medical research

Description

64. Does the article discuss specific research done on women / mothers? Yes No
what type of research? examples: Medical research focus group interviews

Description

65. Does the article discuss specific research done on men / fathers? Yes No
what type of research? examples: Medical research focus group interviews

Description

66. Does the article use moral assumptions to justify weight management techniques? Yes No
how?
examples: obligation of parent to do the right thing, bodies should be regulated to prevent health costs

Description

67. Other / Miscellaneous findings

Description

Appendix Two: Code Book for *Today's Parent* Articles

Code Book Legend:

Descriptive codes are underlined only and were coded based on more descriptive passages with mostly explicit information.

Analytical codes are underlined and italics and were coded based on analyzing the descriptive codes and often appeared while finding themes, common passages and assumptions presented by the authors and those the authors referenced.

Identification of problems

1. What problems are identified?

Poor family nutrition – poor family nutrition is a problem because of health consequences; may identify this as an issue for the whole family, not just for children specifically.

Child overweight problem – identifies that a child has a weight problem resulting in the child being overweight – this code is specific to children who are described as “overweight” and not as “obese” to keep information separate from “obese children” to see if the information around overweight children is discussed differently than obese children.

Childhood obesity – health risk – identifies childhood obesity is a problem because of the health risks associated to the weight of the child.

Childhood obesity – general – identifies childhood obesity is a problem but does not identify a specific issue surrounding obesity. The information is more of a general discussion about the measurement of obesity and research surrounding obesity.

Childhood obesity – resources – identifies that childhood obesity is a problem and that resources supporting children who are obese is also a problem, ie. lack of resources.

Weight of Babies – identifies issues and concerns surrounding the weight of babies, specifically when babies are born and their weight post-delivery.

Underweight children – identifies that underweight children are an issue due to health concerns.

Mom eating disorder – identifies specific eating disorders mothers have before, during and after pregnancy.

Women dieting – identifies that diets are a problem and that women are more likely to be on a diet than men. The passage / article specifically emphasize issues around dieting and recommends better approaches surrounding weight management for adult women (this code is not about children, it is specific to adult women dieting): “If you are a woman, chances are pretty

good that you are currently: on a diet; planning to begin one; feeling guilty because you have just broken one. According to the National Institute of Nutrition in Ottawa, an astonishing 40 percent of females over age 12 were trying to slim down in 1994, many of whom were already at a normal or healthy weight... But here's the latest news from the weight-loss front: Dieting is dead!" (Rafelman, March 1998, p. 22).

Feeding in restaurants and out of the home (ie. family vacations, etc.) – identifies that feeding children in restaurants, if done inappropriately, is a problem, ie. throwing food, running around etc.

Feeding problems – identifies issues around feeding children due to various reasons (ie. children won't eat what is on their plate, children threw a fit when asked to eat something they do not want, or more general fussy eating issues etc.). This is a general code to capture a variety of feeding problems, these feeding problems are not related to health concerns but are mostly just mothers asking for help about how to get children to eat more vegetables, how to prevent tantrums, and techniques to get past feeding lags / specific picky eaters: "'I don't like that,'" was his standard response to whatever we put on his plate, usually followed by, "Can I have French fries?"... "Eating is one of the few things toddlers have control over. If they see that taking control over this bothers their parents, they may continue to try to get a reaction by producing power struggles over food" [says Jennifer House, dietitian]" (Pitman, March 2011, p. 154).

Child Body Image – identifies that children have issues with their body and experience self-esteem issues.

Inactive Children – identifies that children who are not physically active is an issue due to possible weight gain from being inactive.

Breast Feeding – identifies that mothers receive numerous amounts of information regarding breast feeding and how this can be an issue for mothers and feeding patterns. Also identifies how mothers experience emotional issues surrounding breast feeding (ie. feeling like a bad mother who cannot breast feed).

Bottle Feeding – identifies the controversy between breast feeding vrs bottle / formula feeding and how mothers are dealing with the decision to bottle feed.

Infant Feeding – Health Concern – specifically identifies health concerns around feeding infants.

Specific Consumption – Health Concern (this is for either increasing or decreasing a specific item due to health concerns) – identifies health concerns regarding the consumption of something specific (ie. fat, juice, soy) and recommends this consumption to be regulated. This also includes if there is a lacking in a specific consumption (ie. iron, fibre) which can result in health concerns and suggests how this can and should be regulated as well: "Consequently, health experts recommend that we double the amount of fibre we currently consume and that we

get our kids into hi-[fibre] eating habits while they're young. But knowing the benefits of fibre is one thing; getting kids to eat it is another" (Schwartz, April 1996, p. 82).

Unexplained Change in Child Behaviour / Development – identifies (usually through a mother expressing concern) that a child's behaviour has changed, such as a decrease in appetite, decrease in energy, increase issues of self-esteem, change in growth (no longer a change in height and is 2 years old) etc.

No Problem Identified – article does not identify a specific problem and is more geared towards education / information about children and eating (ie. the nutritional quiz does not identify a specific problem but is just a general question and answer quiz). This code is different than the "other" code because an article that does not have a problem identified may still dictate proper techniques parents should follow to manage children's eating and weight.

Other – Education / General Information – the purpose of the article is mostly to provide information and let parents make up their own minds about how to use this information in their child rearing. There is limited direction towards "parents should do this" and limited relation to specifically identifying children's eating and weight issues. Basically, no specific problem surrounding children, parents (mothers and / or fathers), eating, or weight management was identified, and the purpose of the article is to educate on a specific topic: Examples, different types of yogurt, if you can dye your hair while breastfeeding, difference between saturated and unsaturated fats, identifying popular nutrition myths.

2. How is obesity presented?

Future health concern – indicates that if obese children become obese adults there are future health concerns, may or may not list specific health concerns such as diabetes, high blood pressure etc. This is specific to health problems children will experience in adulthood.

Current Health Problem – identifies that currently there are health issues (including type 2 diabetes and depression) that are from children being obese. This is specific to health problems children will experience during childhood.

Parenting Issue – suggests that the actions or the weight of parents influences the weight of their children and suggests that parents are to blame for their overweight children: "Current studies indicate that children with one overweight parent have a 40 percent chance of following suit. It rises to as high as 80 percent when both parents are overweight" (ie. blames parents for their physical weight in this example) (Jarosiewicz, August 1992, p. 17).

Emotional concern – suggests that overweight / obese children experience negative emotional consequences due to the weight of their body (ie. teasing, bullying, shaming).

Limited Knowledge – the article identifies that there is limited knowledge and gaps in the understandings of obesity. The article itself raises more questions than answers and does not identify obesity as a specific problem for children.

National Financial Problem – identifies that obesity is a national financial issue for Canada and Canadians: “obesity costs Canada about \$2 billion annually” (Murphy, February 2008, p. 102).

Family Financial Problem – identifies that obesity can be a financial issue for families due to the cost of seeking treatment and medical advice: “There are registered dietitians, for families with money, insurance or access to a funded clinic” (Murphy, February 2008, p. 100).

3. Are child health related concerns due to obesity mentioned?

Yes/No

Heart disease

Child diabetes

Adult diabetes

High blood pressure

Bone and joint problems

Breathing problems

Adult heart attack

Adult stroke

Life Span – identifies that the current generation of children might not out-live their parents

4. Is obesity reported as an epidemic?

Yes/No

5. Is other alarming language used to describe obesity?

Yes/No

6. Quantitative Support for number 5: List and Count descriptive words used to describe obesity (including counting the word epidemic)

Epidemic

Crisis

Greatest Health Risk

7. Is someone or *something* labeled as responsible for obesity?

Yes / No

Weight of parents – argues that the weight of the child’s parent(s) influences the weight of their children.

Limited exercise – specifically identifies that limited exercise can lead to weight gain: “Turn off the TV! Research has shown that watching TV lowers the child’s metabolism so much that he is actually burning fewer calories than if he were just resting or reading a book” (Pitman, February 1994, p. 22)

Poor nutrition – specifically identifies that poor nutrition can lead to weight gain.

Parental actions – specifically identifies how parental actions can lead to weight gain.

Socio-Economic Status (SES) – specifically identifies how socio-economic status may influence the weight of children: “One is that obesity tends to be more prevalent in low socio-economic groups. This is something she [Susan Crawford – SFU Nutritionist] has observed in her own research. She’s not sure why, but suspects it has to do with poor nutrition and less access to recreational opportunities. So schools with middle-class populations might not look like that different from the way they did a generation ago” (Hoffman, February 2000, p. 24).

Lifestyle changes – identifies how lifestyles have changed in recent years with an increase in television watching, video games and computers, fewer kids walking to school, and more junk food consumption etc.

Mother’s Weight – identifies that the weight of the mother (pre, during, or post pregnancy) influences the weight of children.

8. Are overweight children presented through images?

Yes / No

Normal Weight Child Pic – shows an image of a child that is normal weight.

Overweight Child Pic – shows an image of a child that is overweight (can be a cartoon, or just an image representing a child possibly being overweight. For example, one article had a photo of a normal weight child standing in front of a wall with an overweight shadow reflecting off the wall and behind the child).

9. Are other consequences besides ill health mentioned about obesity? what is mentioned?

Yes / No

Bullying / Teasing – passages demonstrate that overweight children may also experience bullying or teasing from child peers: “Despite his good looks and pleasant personality, his weight problem often makes him the target of classmates’ jokes” (Jarosiewicz, August 1992, p. 17).

Future overweight – identifies that overweight babies become overweight children, and / or overweight children tend to become overweight adults: “Several research studies have suggested

that overweight children tend to become overweight adults. The preteen years may be the best time to turn that trend around” (Pitman, February 1994, p. 21).

Self-esteem – identifies that overweight children may have issues with self-esteem.

Eating Disorders – identifies that eating disorders may be an issue for children coping with their bodies and their weight change (not necessarily just for children who are overweight, can occur with children who feel they are overweight as they go through puberty and feel they are becoming fat, even if they are not).

Emotional Problems – identifies that children may develop emotional problems from being overweight such as depression.

Drug Use – identifies that children experience pressure or issues surrounding weight gain (or the thought of weight gain) and may experiment in “risky behaviour” such as drug use (steroids are included in this code).

10. Is there any *positive* information surrounding childhood obesity mentioned?

Yes / No

Fat babies/Children not always Fat adults – passage indicates that overweight children do not always become overweight adults: “Fat babies and children do not always become fat adults,” says Lorna Moscovitch, a Montreal area dietician” (Jarosiewicz, August 1992, p. 17).

Probably fine – identifies that the weight of the child most likely will not cause ill health concerns, as the current weight of the child is “probably fine”: “The little girl with the stocky build-square shoulders, no waist, solid-looking legs- is probably just fine, even though she doesn’t look like a fashion model. And the little boy with a generally round build is probably fine, too” (Pitman, February / March 1995, p. 46).

11. How is children’s weight defined as *normal* or *abnormal*?

Standard Growth Curves – *Today’s Parent* identifies that the standard growth curves (with the help of Claire Friefeld, a Montreal-based dietician and nutritionist) are based on the child’s sex, age, height and weight, thus a normal weight is based on the calculation of all four factors: “By referring to Standard Growth Curves which are based on the child’s sex, age, height and weight, your child’s paediatrician can help you determine if there is a real problem” (Jarosiewicz, August 1992, p. 17).

Setpoint theory – *Today’s Parent* identifies that research suggests there is a setpoint theory for normal weight: “setpoint theory... suggests each body has a ‘preferred’ weight which it continually tries to achieve. Children’s bodies also come in various shapes and sizes, and some are naturally heavier than others. “Weighing more than the norm doesn’t mean that there is a problem,” says paediatrician Dr. Miriam Kaufman” (Pitman, February 1994, p. 21).

Height – identifies that height influences what is defined as normal weight: “Recent research has suggested that a much wider range of weights is acceptable at each height than was once believed” (Pitman, February / March 1995, p. 45).

Race – identifies that race influences what is defined as normal weight: “Current standards for height and weight are based on a Caucasian population, so any statistics are not helpful for kids who are non-white” (Pitman, February / March 1995, p. 45).

Muscle mass – identifies that muscle weighs more than fat, thus body weight is influenced based on how fit or fat a child is: “We also know that muscle weighs more than fat, so muscular Jimmy may weight more than his less-athletic friend Bob. But it’s really the amount of body that that is important in determining whether we are fat or fit” (Pitman, February / March 1995, p. 45-46).

Gender – identifies that gender influences what is defined as normal weight.

12. Other / Miscellaneous findings

Unique Bodies – identifies that individual child bodies are unique: “Each body is unique, programmed genetically to its own individual weight” (Jarosiewicz, August 1992, p. 17).

Contradict Previous Knowledge – identifies what previous research stated, then provides a new hypothesis and uses evidence: “At one time many researchers believed that a person’s weight was based on a simple equation: the number of calories taken in (through eating) minus the number of calories used up (through exercise); whatever was left over got stored as fat. People who were fat were therefore greedy (because they ate too much) and lazy (because they didn’t exercise enough) and had no will power. Continuing research on weight gain and weight loss has discovered that it isn’t quite so simple. Heredity, for example, turns out to be a very important factor. Research shows that children who were adopted at birth grow up to have body types and weights which correlate closely with those of their birth parents – and not the adoptive parents who raised them” (Pitman, February 1994, p. 21).

Parental reaction – identifies how parents react to overweight children (can be in a negative or positive way): “In a society where thinness is held up as the ideal, parents often worry quite unnecessarily about a plump child” (Pitman, February 1994, p. 21).

Societal influence – identifies that societal perceptions of weight influence individual ideas and understandings of overweight children: “Just looking at the child can be terribly misleading. Our ideas about what people of normal weight should look like have been strongly influenced by the fashionable trend towards thinness” (Pitman, February / March 1995, p. 45).

Professional Help – identifies that parents should seek professional help if their children begins to experience emotional issues surrounding their weight, (ie. eating disorders, depression, etc.), or if they feel their child is too thin (experiencing weight loss at a young age).

Research / Studies – references specific research / studies done on or about overweight / obese children.

Healthy Lifestyle – identifies the importance of a healthy lifestyle for children.

Recommends BMI Chart – specifically recommends to review the Body Mass Index chart.

Slim Doctors – recommends that doctors too should lead by example and slim down and exercise more.

Government Regulation – recommends governments to make changes regarding the health of children (eating and fitness) and may suggest a specific mandate or policy that should be used to encourage healthier children.

Increase Weight of Babies – Health concern – identifies that the increasing weight of babies born can have future health consequences, including childhood obesity.

Inactivity Epidemic – identifies how inactivity / limited exercise is not only an issue, but is increasingly being labeled as an “epidemic”.

Limited Resources for Obese Kids – identifies that there are limited resources for obese children to seek medical help, non-profit help, or access to financial help – may also identify how government funding focuses on prevention and not treatment.

Behaviour Modification – specifically identifies that behaviour modification is more appropriate for managing obesity than medical treatment: “Still, experts who looked at the Bernstein diet would prefer to see more emphasis on behaviour modification as well as physical activity” (Murphy, February 2008, p. 102).

Blames Mothers – Body Image – specifically identifies that mothers and their feelings about their body image can pass on to their children and encourage them to have issues with their body image: “Parents, too, may be passing on their own obsessions. “If mom is always asking, ‘Do I look fat in this?’, pretty soon her child is going to be looking at his own bum in the mirror,” Russell-Mayhem [psychology professor] says” (Pitman, April 2009, p. 51).

Prevent Discrimination – identifies that discrimination towards overweight children should be prevented. This is coded in number 12 because it does not distinguish that parents are responsible for this education and that it is a broader concept, that “we” collectively should change the process of discrimination against obese children

Eating Disorder Information – identifies specific information surrounding eating disorders.

Obesogenic Environment – identifies that obesogenic environments (ie. less opportunities for physical activity and great exposure to fast foods) influences the weight of the population / children.

Assumptions about Mothers, Fathers and Children

Mothers

13. Are there images of mothers and how are they represented? (Describe the images of mothers)

Yes / No

MotherWChild Picture – the article shows an image of a mother with a child (does not include an image with a man / father). Image can be of a cartoon, drawing, or of a real mother and child.

Mother Only Picture – the article shows an image of only a mother. Image can be of a cartoon, drawing, or of a real mother.

14. How are women / mothers represented?

Susceptible to eating disorders – passages identify that women are susceptible to eating disorders by highlighting statistics and personal experiences: ““There is clear evidence of an increased incidence of eating disorders since the late 1960s. That spike is still ongoing, and what we are seeing today is this first large group reaching their early-to mid-20s, the prime parenting age” [says Dr. Blake Woodside]” (Unknown Author, April 1995, p. 22).

Insecure – a passage identifies that women are insecure about something specific (ie. their body, friendships with other mothers).

Nurturing – identifies that mothers are nurturing as they have a bond with children that is both emotional and physical, and are accepting and understanding towards children.

Responsible with Food – identifies that a good mother is responsible with the food they feed their children: “But MVP [moderation, variety, portion size] reminds me how to be a good (or at least good enough) mom” (Lewis, March 2006, p. 10).

15. Quantitative Support for number 14: List and Count descriptive words used to describe women / mothers

Guilty

Good

16. Is race, class, or sexual orientation information about mothers presented through text?

No codes

17. What specific mothering issues are acknowledged?

Eating disorders – identifies eating disorders as an issue for mothers.

Dieting – identifies dieting as an issue for mothers.

Breast Feeding – identifies that breast feeding can be a struggle for mothers, both in the sense of performing the act of breast feeding, and the issues surrounding deciding when to use a bottle / formula: “While their message should continue to sound out loud and strong, it’s understandable that what some parents hear is: Any new mother who isn’t breastfeeding just isn’t trying hard enough” (Connell, March 2004, p. 10).

Feeding Post Breast Feeding – identifies the issues surrounding making decisions about what, when, and how to feed children after breast / formula feeding and how this can be a struggle for mothers due to the amount of information and “what is best” information available.

18. In response to number 17, what recommendations are listed for dealing with mothering issues?

Seek profession help – comments (either through the article author, experts, or referencing other mothers) state that the mother should seek profession help if they cannot gain control over their issue.

Setting Goals – recommends setting realistic goals to achieve slow progress in resolving the issue stated: “Before beginning a weight-loss program, it is important to establish a reasonable goal. Trying to look like the 18-year-olds on the runways is not a realistic objective for most of us” (Rafelman, March 1998, p. 24).

Education – women should educate themselves more about the issue to generate a more appropriate response to the issue: “The next step is education. If you’re not sure how to go about losing weight... consult a nutritionist... she can get you started on a program that’s right for you. Keep in mind that diets that ignore your personal preferences and leave you feeling deprived are probably doomed to fail” (Rafelman, March 1998, p. 24).

Respect Yourself – recommends finding a way for women to respect themselves: “Learn to respect yourself and to honour your body by providing it with the best possible food” (Rafelman, March 1998, p. 24).

Healthy Lifestyle – recommends a balanced healthy lifestyle surrounding both healthy eating and physical activity (may recommend some ways to do this, ie. eat more protein, work out 3 days a week, etc.).

Setting a Good Example – identifies that mothers should set a good example for their children surrounding eating issues. For example, identifies issues about what to feed children post breast / bottle feeding, when to introduce grains, cake, cookies, are chicken, and notes at the end of the article that mothers should just focus on setting a good example and it will be fine.

Expert Guidance – recommends seeking information from doctors or other professionals about how to correct an issue. This code is different than “seek professional help” code because it requests seeking emotional help such as counselling, this code requests asking a question to a doctor about “can I breast feed and smoke” etc.

Someone to Help – recommends getting someone to help out with the issue, either a family member or a friend (ie. if breastfeeding is too tiring, use a bottle and get your husband to help).

No Recommendation – the article identifies a specific problem that mothers are experiencing and then does not recommend any information as to how to deal with this mothering issue.

Un-logical Recommendation – through an analytical code, I coded some recommendations as un-logical based on the issue brought to hand and its recommendation to help with this issue. For example, the article identifies how breast feeding is a struggle for mothers, and how making decisions of what to eat post breast feeding can be struggling because of all the amounts of information about what’s right and what’s wrong, then the articles recommendation is to “set a good example” – this is not a logical recommendation, how does setting a good example help mothers find out when to feed grains vrs dairy? When to stop breast feeding? Etc.

19. How is marital status of mothers presented?

No codes

20. Are there any *other* assumptions about mothers that are implied through the text or images not captured from the previous questions?

Competent – a passage identifies that a good mother is competent in her parenting skills: ““They need to take a hard look at how competent they feel in their parenting role and seek help if they aren’t coping” [says Dr. Woodside]” (Unknown Author, April 1995, p. 22).

21. Other / Miscellaneous findings

Better Mom – identifies specifically what makes mothers good or bad: “The bottom line is I’m a better mom because I work out. I’m happier when I look good and I get to be a role model for my kids” (Reinke, November 2008, p. 36).

Fathers

22. Are there images of fathers and how are they represented? (Describe the images of mothers)

Yes / No

FatherWChild – an image with only a father (no mother) and children (number of children not emphasized, can be 1 or more children present). Image is described in code sheet for appropriate article.

23. How are men / fathers represented?

No codes

24. Quantitative Support for number 23: List and Count descriptive words used to describe men / fathers

No codes

25. Is race, class, or sexual orientation information about fathers presented through text?

No codes

26. What specific fathering issues are acknowledged?

No codes

27. In response to number 26, what recommendations are listed for dealing with fathering issues?

No codes

28. How is marital status of fathers presented?

No codes

29. Are there any *other* assumptions about fathers that are implied through the text or images not captured from the previous questions?

No codes

30. Is there any evidence that the article responsabilize fathers for children's eating or weight?

No codes

31. Other / Miscellaneous findings

No codes

Children

32. Is there an assumption that children are vulnerable and / or in need of constant care?

Yes / No

Vulnerable – identifies through an example of when children are vulnerable: “Kaufman says: “Every child who is perceived as vulnerable gets teased, because the other kids see they can hurt him. If you can persuade your child to ignore it, eventually the teasing will stop.” Meanwhile, though, it can be pretty painful, and parents may need to give extra support at home” (Pitman, February 1994, p. 22).

Guidelines – identifies that if guidelines were not in place children would be clueless in how to deal with eating and meal planning.

33. Quantitative Support for number 32: List and Count descriptive words used to describe children and childhood

Vulnerable

Support

34. Are there examples of how children can help manage their own eating / weight? what is mentioned?

Yes / No

Decide for Themselves – identifies that children should decide for themselves how much they eat and when they eat: “Children, when allowed to decide for themselves how much to eat, will naturally regulate their food intake” (Greey, June 1998, p. 50) and “children, on the other hand, ought to be left in charge of what they actually consume” (Greey, June 1998, p. 50).

35. Do the articles suggest asking / soliciting for child input in feeding strategies? what is mentioned?

Yes / No

Food Choice / Meal Planning – identifies that parents should ask their children to select a specific meal or specific food item (ie. favorite peppers, healthy snack etc.), this way the child has input / makes a suggestion for what food the child eats.

36. Are specific roles suggested for children for managing food and diet?

Yes / No

Self-Regulator – article identifies that children can and should “self regulate” their own eating to manage their own bodies. This is seen in the “decide for themselves” code for question 34, but is also present for information surrounding infants with breast feeding and the beginning of hard

food, for example: “Avoid schedule. “You want your baby to attend to her own feelings of hunger, not the clock,” says Evan. That means you feed on demand, even if your baby is growing quickly. Evans explains that trying to get the baby to wait a longer time between feedings or to stick to a schedule can lead to overeating; the overly hungry baby will eat more than she really needs and, over time, this suppresses the natural appetite controls... It gives him more opportunities to self-regulate” (Pitman, February 2008, p. 107).

Passive Food Helper – article identifies that a child’s role is to help with the food, however, not to the extent that they get to decide what they eat, but are expected to help with meal preparation even when the meal is decided for them: “Invest in a good vegetarian cookbook, and invite your child into the kitchen to help you create meatless dishes” (Spicer, February 2009b, p. 101).

37. Other / Miscellaneous findings

Identifies Child Agency – specific passages (not provided by expert, that code is at question 63) give children agency by acknowledging that children should either “be in charge”, “make their own decisions”, “control the decision” or “be involved in” with regards to managing eating and weight: “Arm your kids with a few health-conscious cookbooks and involve them in meal planning by letting them pick out recipes and help in the preparation” (Giffen, November 1995, p. 132).

Won’t do it themselves – the article identifies indirectly that if parents or schools do not intentionally plan out specific time for children to exercise, children seem to be unable to do this themselves, as if children will not decide to participate in physical activity unless prompted to but adults / superiors.

Suggestions for Managing Children’s Eating / Weight

(what do the articles specifically suggest for managing children’s eating and weight)

38. Does the article identify specific weight management techniques as good or bad?

Yes/No

39. If yes, are these techniques specific for mothers or fathers?

Yes – Mother

No – Gender Neutral

40. In response to number 39, if no, what practices are identified as bad that does not identify a specific parent responsible?

Limited food variety – diets that rely on limited food variety are an inappropriate feeding behaviour: “The equation [diet equation that computes calories in and calories out] doesn’t compute if your diet relies on the same thing all the time” (Greey, April 1992, p. 42).

Unrealistic standards – identifies that parents must not set unrealistic standards as each child’s body is unique and requires to be managed differently: “Learning to eat healthily takes time; don’t expect instant results” (Jarosiewicz, August 1992, p. 17).

Nagging – identifies that nagging is a harmful practice for managing the weight of children: “Once a problem is identified, it is important to proceed with caution. Dr. White says nagging and constantly watching are the worst things parents can do” (Jarosiewicz, August 1992, p. 17).

Forceful – identifies that parents should never be forceful when trying to get children to eat specific food or change eating patterns: “Parents should never force the issue, and they should keep in mind that children won’t starve themselves” (Spicer, October 2011, p. 134).

Constantly watching – identifies that constantly watching the actions and weight of your child is a harmful practice for managing the weight of children: “Once a problem is identified, it is important to proceed with caution. Dr. White says nagging and constantly watching are the worst things parents can do” (Jarosiewicz, August 1992, p. 17).

Adult diets – suggests that adult diets should not be used on children as it may impair the health of children.

Reward or Punishment – suggests that food should not be used as a reward or punishment technique.

Bribery – suggests that food should not be used as bribery: “Bribery is also out. Offering candy or dessert to make a child finish her meal teaches that sweet foods are the only ones worth eating” (Jarosiewicz, August 1992, p. 18).

Child diets – suggests that children should not actually lose weight as the child should maintain their current weight and grow into it. This means that child diets are harmful to the development of children.

TV watching – identifies TV watching as a bad practice for weight management due to the consequences of limited physical activity.

Deprive – identifies that depriving your child of food or activities because of their weight is harmful for the child.

Criticism – suggests not to tease, shame, or criticize your child if they are overweight because these actions are harmful for the child: “Don’t tease. Never tease your child about his body, or try to shame him into losing weight. “I was always bugging my son about his weight,” one mother remembers, “until a friend asked me: ‘Would you love him more if he were thing?’ I was shocked by the question, and it make me realize what I was doing. What he needs from me is love and support, not teasing and criticism.” Because our society places such a high value on a

slim body, overweight children are often subject to teasing from other children” (Pitman, February 1994, p. 22).

What not to say – identifies specific things that should not be said to children regarding eating and weight as they can be hurtful for children to hear: ““You’d be so attractive if you just lost some weight.” This comment (and many others like it, including “You’ve got such a pretty face!”) is often made with good intentions. In fact, though, it is incredibly hurtful. The underlying message is, “but, of course, you’re not attractive now.”” (Pitman, February / March 1995, p. 46).

Formula Feeding – identifies issues around formula feeding and that it should be regulated for specific use to decrease chances of health concerns.

Limit Supplements – different from formula feeding, supplements are identified as a supplement in addition to the child’s regular eating patterns – the idea is to feed children a supplement for extra nutrition – however, this was discussed in the articles as something to be limited and most likely not needed to improve feeding problems.

41. Quantitative Support for number 40: List and Count descriptive words used

Double Standard

Starved

Caution

Worst

Damage

Never

Strenuous

Deprive

Cruel

Shame

Vulnerable

Hurt

Unacceptable

Insulting

Hurtful

Dangerous

Terrible

Struggle

Stop

Wrong

Pushing

Should Not

Disservice
Compromised
Alarmed
Problem
Overuse
Compromise
Limit
Reduce
Bad
Avoid
Definitely Not
Concern
Overwhelm
Force
Issue
Unfair

42. In response to number 39, if no, what practices are identified as good that does not identify a specific parent responsible?

Food attitudes – attitudes towards food encourage children’s behaviour with foods. For example a relaxed attitude towards vegetables may encourage children to eat vegetables, forcing children to eat specific foods can cause family conflict, and reserving treats (candy, chips, cake, etc.) for special occasions can make children want these treats more often.

Food variety – providing a variety of foods for children to eat encourages good family nutrition: “variety is the password for good family nutrition, for our bodies require lots of different foods to satisfy dietary needs” (Greey, April 1992, p. 42).

Family Exercise – recommends regular exercise for every family member as it promotes health benefits for the whole family.

Child Exercise – recommends regular exercise specifically for children as it promotes health benefits for children.

Son vrs Daughter – identifies differences in feeding patterns between sons and daughters as good practices based on the developmental processes happening that differ based on gender.

Long term approach – identifies that a long term approach is appropriate for the child’s well-being for weight management (does not need to provide an example of a long term approach): “Solving a weight problem shouldn’t damage the child’s self-esteem if it’s approached on a long term, non-pressure basis” (Jarosiewicz, August 1992, p. 17).

Non-pressure approach – identifies that a non-pressure approach is appropriate for the child’s well-being for weight management (does not need to provide an example of a non-pressure approach): “Solving a weight problem shouldn’t damage the child’s self-esteem if it’s approached on a long term, non-pressure basis” (Jarosiewicz, August 1992, p. 17).

Realistic approach – identifies that a realistic approach is appropriate for the child’s well-being for weight management (does not need to provide an example of a realistic approach): ““A realistic approach,” says Dr. White, “is to make small adjustments to the child’s eating habits to slow down weight gain and allow her to grow into her weight”” (Jarosiewicz, August 1992, p. 17).

Healthier choices – suggests that there are specific foods to use and avoid when feeding children. This also includes substituting for healthier foods in specific recipes: “Friefeld also suggests that instead of giving up certain foods altogether we learn to make healthier choices. “If you’re making cheesecake, use ricotta in place of cream cheese” [says Friefeld]” (Jarosiewicz, August 1992, p. 17).

Planning ahead – suggests taking specific actions to plan ahead for proper feeding techniques.

Appropriate atmosphere – the environment in which children are fed is important and influences the child’s eating behaviours. This includes recommending for parents to eat with their children, and bringing up appropriate dinner conversation to get children to enjoy the act of eating and to support appropriate eating behaviours for their children: “What’s really the best type of vitamin for your children? Sitting down for a family meal, says Issenman [paediatrician]. “We’re now understanding the role of home-cooked meals in children’s nutrition. Eating at home as part of a family, turning off the television while eating and avoiding highly processed foods are the best ways to get good nutrition” [says Issenman]” (Scianna, June 2006, p. 46).

Emotional support – instead of suggesting specific eating techniques and food preparation, specific passages identify “good” emotional support needed for children: “You may not be able to prevent or stop all the teasing that goes on in the outside world, but you can make your home a safe haven for your child, a place where she knows she will be accepted, loved and never teased about her size (or anything else, for that matter)” (Pitman, February / March 1995, p. 45).

Prevent teasing – identifies that teasing is harmful for children and parents are responsible for preventing or stopping teasing from happening as much as possible: “If the teasing happens in your presence, be firm about stopping it. As an adult, you need to make it very clear that this kind of behaviour is unacceptable. Be firm and straightforward about your feelings with the child who has made the comment, and don’t permit it to continue. If you only hear about the teasing afterwards, encourage your child to express his or her feelings” (Pitman, February / March 1995, p. 46).

Follow Your Heart – identifies that parents should listen to their heart when responding to an issue with their children: ““Listen to your heart,” says Joanne Faris, who is currently expecting her seventh baby. “When you hear that cry, and everything you feel tells you to go and comfort her, just go and comfort her”” (Pitman & Bennett, May 1994, p. 82).

Involve children in decisions – suggests that children should be involved in a specific aspect involving weight management and eating (ie. meal planning, planning or suggesting exercise ideas): “Arm your kids with a few-conscious cookbooks and involve them in meal planning by letting them pick out recipes and help in the preparation” (Giffen, November 1995, p. 132).

Cooking together – identifies that cooking with children can help them learn what kind of food to eat and help prevent picky eating because they get to help with the process instead of being surprised at the dinner table. This code is different than “involving children in decisions” because this code does not identify that children get to choose what they eat, just that they get to help prepare what they eat, which is decided by the parent, child agency is not present in this code: “Involving kids in meal prep gives them some ownership in the process, which may make them more willing to try new stuff” (Wood, October 2008, p. 152).

Division of Responsibility – identifies that feeding patterns surrounding children should be based on a division of responsibility – with parents responsible for providing the food, and children responsible for when and how much they eat of it. This code is different than “involve children in decisions” because this code does not recommend children to be involved in meal planning, it only acknowledges that children should determine when or how much they eat: “A parent’s job is to offer lots of food choices, especially those that are nutrient-dense. Then it is up to the child to decide how much to eat” (Greey, July 1999, p. 43).

Entertaining Children – identifies that entertaining children is a good practice for parents as it will result in some sort of benefit: “Play with what’s available. Cloth napkins are a good diversion when turned into impromptu puppets held up with cutlery [suggestion for dealing with long waits for food in a restaurant and to prevent children from acting out]” (Pocock, April 1997, p. 79).

Monitor Food Intake – identifies that parents should monitor food intake for children. This can mean monitoring specifically fat content, protein content, sugar etc. Specifically, acknowledges that what children eat should be monitored and not be randomly decided.

Authoritative – identifies that parents should be authoritative regarding feeding and eating decisions: “Wilkoff [paediatrician] maintains that parents today need to be more authoritative. For example, Wilkoff says parents should stick to a planned menu only rarely serve an alternate meal to their picky eaters” (Greey, July 1999, p. 46).

Breast Feeding – identifies breast feeding to be the best feeding option for infants.

Educate Children – identifies that parents should take the time to educate their children about something specific (ie. body changes due to puberty, health information about food etc).

Expert Guidance – identifies that parents should seek expert guidance regarding a specific eating / weight management technique, this includes both health care professionals and reading for specific information about a topic (ie. vegetarianism): “If a child is still heavy after gaining most of his height, [paediatrician Karen] Leslie suggests consulting a physician or paediatrician for a plan of action” (Pitman & Bennett, April 2004, p. 182).

On Demand – identifies that parents should be on demand when it comes to feeding, meaning scheduling feedings is not the best practice for infants, but that parents should be feeding when children are hungry, making parents on stand by, waiting for their children to be hungry: “That means you feed on demand, even if your baby is growing quickly” (Pitman, February 2008, p. 107).

Other

43. Quantitative Support for number 42: List and Count descriptive words used

Good

Great

Sensible

Need (Need to)

Ideal

Benefits

Personal

Sensitive

Appropriate

Important

Encourage

Prevent

Helpful

Safest

Ideally

Normal

Responsible

Support

Desirable

Parent’s Job

Superior

Should

Better

Gradually
Best
Essential
Common Sense
Suitable
Acknowledge
Require
Critical
Provide
Be careful
Consistent
Have to

44. Are parents (ie. gender neutral) suggested to be physical role models for children? (this includes the physical actions performed by parents). How?

Yes / No

Setting a good example – article recommends that parents set a good example through their physical actions involving the use of food, physical activity, or attitude towards food (ie. mom and dad should not eat chips if they want their children to stop eating chips): “And model eating vegetables yourself. Watson-Jarvis says that one of the best predictors of a child’s vegetable intake is that of her parents” (Hoffman, September 1997, p. 93).

Weight Issues – while the passage does not explicitly suggest that parents should set a good example the same way the “setting a good example” code does, these passages acknowledge that the weight of a parent is an issue that suggests further evaluation: ““If the other family members are overweight, there is a risk for this preteen to become an overweight adult.” Even if there is no family pattern of obesity, she says, if the weight gain seems excessive, it makes sense to “look at nutrition within the family and how the family models healthy activity”” (Pitman & Bennett, April 2004, p. 182)

45. Other / Miscellaneous findings

Changes for family – suggests that the practices identified as good in numbered 42 should be implemented for the whole family to benefit the well-being of the overweight child: “These changes will have to be made by the whole family. It is unfair to deny an overweight child access to foods that are available to thin members of the family” (Jarosiewicz, August 1992, p. 18)

Respect child appetite – suggests a level of child agency by identifying that parents should respect their child’s appetite, thus if a child is hungry they should be fed and not restricted.

Blame Parents – a passage identifies that issues surrounding children’s weight or eating patterns is the fault of the parent: “Are you setting a good example? Or is there a household double standard that finds mom or dad noshing on a bag of chips while pushing veggies and fruits on the kids? If you want your child to eat well, you have to eat the right stuff too” (Greedy, April 1992, p. 42). Or, “sometimes we contradict ourselves: We say all the right things to our kids, then we look in the mirror and let our children hear us mumble, “I hate my body. I’m not eating until all this fat is gone.” For preteens, especially girls, that kind of example can encourage a negative body image. So we need to be aware of our own attitudes toward food” (Greedy, June 1998, p. 52).

Reflect on Themselves – identifies that parents understand actions of their children as a reflection of good or bad parenting: ““Parents get worried and anxious when they perceive their children as not eating right” [says Janet Morrison]. What’s worse, they often take it personally. Morrison points out that parents tend to judge themselves according to how their children eat. If their child is a “good” eater, then they feel like good parents” (Greedy, June 1998, p. 50).

Explicit Responsibility – a specific passage identifies parents specifically responsible for a certain action or behaviour, most likely uses the term “should be responsible” to demonstrate how the passage is explicit in identifying responsibility. This code is different than the “*Blame Parents*” code because it only recognizes direct responsibility: “[Satter] says parents should be responsible for providing a variety of nutritious foods at scheduled mealtimes, as well as snacks throughout the day” (Greedy, June 1998, p. 50).

Managing Eating / Weight: Mothers

46. What parenting practices are singled out as being the sole responsibility of mothers?

No Codes

47. Are specific mothering practices identified as bad? which practices?

Mothers Dieting – identifies that mothers who diet is a bad practice as it can encourage negative eating behaviour and self-esteem issues for children.

48. Quantitative Support for number 47: List and Count descriptive words used

Negativity

49. Which mothering practices identified as good?

Expert Guidance – identifies that mothers should seek expert guidance regarding a specific eating / weight management technique.

Breast Feeding – identifies breast feeding to be the best feeding option for infants.

Planning ahead – suggests taking specific actions to plan ahead for proper feeding techniques.

Mother Balanced Diet – Breast Feeding – identifies that mothers should have a balanced diet while breast feeding not specifically for their milk, but for the health and well-being of the mother: “But that doesn’t mean you can consume three meals of cupcakes and pop a day because, while the milk you make will still be good for your baby, your body can become depleted of nutrients (and your health will be affected) if your diet is poor” (Pitman, January 2007, p. 78).

Mother Diet – Specific Consumption – identifies the importance of mothers diets, and identifies a specific food group, vitamin, etc. that mothers should consume for the benefit of their health and their children’s health.

50. Quantitative Support for number 49: List and Count descriptive words used

Good

Important

51. Are mothers suggested to be physical role models for children? (this includes the physical actions performed by mothers) . How?

Yes / No

Encourages Eating Patterns – identifies that behaviours of mothers encourage the eating patterns of children, specifically, mothers are most likely to be dieting than fathers, thus mothers should watch their dieting patterns.

Exercise – identifies that mothers should set a good example by exercising with their children.

Language of Mothers – identifies that the language and conversations held by mothers can influence how children (most likely daughters) view their own bodies and their weight.

52. Other / Miscellaneous findings

No Codes

Managing Eating / Weight: Fathers

53. What parenting practices are singled out as being the sole responsibility of fathers?

No Codes

54. Are specific fathering practices identified as bad? which practices?

No Codes

55. Quantitative Support for number 54: List and Count descriptive words used

No Codes

56. Are specific fathering practices identified as good? which practices?

No Codes

57. Quantitative Support for number 56: List and Count descriptive words used

No Codes

58. Are fathers suggested to be physical role models for children? (this includes the physical actions performed by fathers). How?

No Codes

59. Other / Miscellaneous findings

No Codes

Techniques of Persuasion

(how does the article try to persuade mothers / fathers to manage children's eating / weight)

60. What *general techniques* are recommended for managing children's weight?

Food management advice - specific passages suggest that the management of food (ie. which food is in the house, which food is eaten, attitudes towards food) is important for managing children's weight (ie. if you manage food properly, it will benefit the health of your family). This includes the recommendation of increasing and decreasing the use of specific foods.

Health information – identifies specific health information about either children, mothers, or fathers.

Statistics– identifies reports or studies that acknowledges specific statistics about eating and weight: “a 1990 health survey of 110,000 people in Ontario, reveals that a whopping 79 percent don't eat enough fruits and vegetables” (Greey, October 1993, p. 58) and, “many studies have demonstrated that 95 percent of the people who go on weight -loss programs - especially those emphasizing low calorie diets - will regain all the weight they lose” (Pitman, February / March 1995, p. 44).

Emotional consequences – identifies that parental behaviour towards children can cause emotional consequences for the child (ie. shaming is cruel, criticism can lead to self-esteem issues): “Don't tease. Never tease your child about his body, or try to shame him into losing weight. “I was always bugging my son about his weight,” one mother remembers, “until a friend

asked me: ‘Would you love him more if he were thin?’ I was shocked by the question, and it made me realize what I was doing. What he needs from me is love and support, not teasing and criticism.” Because our society places such a high value on a slim body, overweight children are often subject to teasing from other children” (Pitman, February 1994, p. 22).

Emotional Support – acknowledges the importance of emotional support in the home for the children: “We would encourage you to, first of all, help your overweight child to feel loved and accepted no matter what his or her size. From that foundation, you may be able to help your child become physically fitter through regular, sustained exercise and maintaining his or her weight while continuing to grow taller” (Pitman, February / March 1995, p. 45).

Emotional – Mother – passages discuss emotions mentioned from mothers to provide information regarding children’s eating and weight: “Trina Fraser worries. She agrees that Austin appears energetic and appropriately developed, but her son’s eating just doesn’t seem “normal”” (Pocock, April 1997, p. 77).

Exercise advice – identifies specific information about exercise and recommends specific activities.

Prevention – acknowledges the importance of preventing future health concerns surrounding children’s weight.

Healthier Recipes – identifies specific recipes to replace older recipes with as the new ones listed in the article are healthier.

Long term approach – identifies that some of the information provided may be difficult and challenging, but the information is meant for a long term, healthier approach that encourages sustainability and is not a quick fix towards health or weight issues: “Expect change to happen slowly... It can take a long time to learn to like lower-fat foods and in the process, there may be one step backwards for every two steps forward. Finding time to incorporate exercise into your family’s schedule can also be challenging, and there may be weeks or even months when you find yourselves returning to more sedentary ways. But remember that you are not looking at a short-term diet to help your child lose weight, but a new-and healthier –way of life” (Pitman, February / March 1995, p. 46).

Mother advice – provides life experiences and stories from other mothers regarding children (ie. advice provided by mothers, not necessarily specifically for mothers, can be for – gender neutral – parents information).

Father advice – provides life experiences and stories from other fathers regarding children (ie. advice provided by fathers, not necessarily specifically for fathers, can be for – gender neutral – parents information).

Specific reference – author references information from a specific source for the article. For example, quoting someone from a specific restaurant when discussing how to eat out with your children, referring to a specific chef when talking about cooking specific food etc. Note, to keep this information separate from the “expert knowledge” category it was not coded in number 63 in order to specifically isolate for what doctors, nurses, Statistics Canada and NGO’s were quoted for saying. Information provided by a specific reference was coded under “specific reference” and a corresponding code under number 60. For example: “Katrina Hughes, coordinator of Ryerson Early Learning Centre in Toronto says that it’s not uncommon for preschoolers to go through these periods of reluctant eating. “There are many reasons why children may be fussy or picky eaters at times. Sometimes there’s a particular issue involved, and once it’s resolved, the eating behaviour changes”” (Pitman, October 1999, p. 120) was coded under “specific reference” and “child behaviour information” from number 60 codes. This was done because the majority of the time a “specific reference” such as a food critic, someone from the Kids Help Line, only provided a couple of sentences of information and it was decided to include this information in the broader codes of number 60 instead of the specific codes of number 63.

Expert knowledge – authors of the article references experts in specific areas (such as doctors, nutritionists, book authors) to make their argument clear that what the article is arguing / suggesting is the best information, and the most appropriate way to do things (note: some articles do not reference a specific person and just say “experts say”, this code does not capture “experts say” information): “But that doesn’t mean that meat and alternatives, or for that matter, dairy products, should be omitted from your diet. For many of us it may mean they need to be de-emphasized. “A lot of people are under the false impression that dairy products and meat are fattening or bad for you because of their potential association with heart disease. But that’s only if you choose high-fat products, warns Desjardins [Ellen Desjardins, public health nutritionist]” (Greey, October 1993, p. 54).

Experts Say – some authors do not provide specific people for their expert information and just say “experts say”. This code is to separate the information that has a specific expert from the information that is deemed as expert knowledge without a specific reference. This code includes if the article says “Dietitians say” without providing a name or specific reference: “Experts say that children learn good eating habits from the examples set by parents” (Greey, October 1993, p. 59).

Child behaviour information – identifies specific child behaviour information and acknowledges which behaviour is normal or abnormal, and how to respond to this behaviour.

Other

61. In response to number 60 if *emotional* is a technique, what is said to provide an emotional connection with the reader?

Mother Input / Concerns – identifies specific passages quoted from a mother that was interviewed about a concern they have or just a general input / story that identifies with the issue being discussed, and then the rest of the article addresses this issue.

Child experiences - a passage acknowledges how children experience certain things due to the emotional benefits or consequences of parental actions, this does not need to be quoted from a child directly, but the article may reference an expert or information about how children experience certain things due to parental action: “Be sensitive. Some children who have been teased about their size are reluctant to exercise in front of others” (Pitman, February 1994, p. 22).

Feel loved – a passage identifies the importance of children feeling loved in their home and by their parents: “We would encourage you to, first of all, help your overweight child to feel loved and accepted no matter what his or her size. From that foundation, you may be able to help your child become physically fitter through regular, sustained exercise and maintaining his or her weight while continuing to grow taller” (Pitman, February / March 1995, p. 45).

Children’s emotions – identifies that specific actions or phrases can hurt children emotionally and explains how and why: “You’d be so attractive if you just lost some weight.” This comment (and many others like it, including “You’ve got such a pretty face!”) is often made with good intentions. In fact, though, it is incredibly hurtful. The underlying message is, “but, of course, you’re not attractive now” (Pitman, February / March 1995, p. 46).

62. Who is referenced or quoted for promoting these techniques? (can be more than one type of expert referenced, include all types of experts referenced)

Book Author – author of a specific book referenced “Margaret Howard, co-author of *Eat Well, Live Well: The Canadian Dietetic Association Guide to Healthy Eating*” (Greey, April 1992, p. 43).

Non-profit organization – references a specific spokesperson from an NPO: example, Participation.

Non-government organization – references a specific spokesperson from an NGO: example, The Infant Feeding Action Coalition.

Specific Organization – references someone from a specific organization: “Dr. Gary Beauchamp [PhD] from the Manell Chemical Senses Centre in Philadelphia” (Hoffman, September 1997, p. 90).

Professor – identifies a professor of a specific area: “Dr. Donna White, a professor of psychology at Montreal’s Concordia University who specializes in the treatment of obese children” (Jarosiewicz, August 1992, p. 17).

Dietitian

Nutritionist

Paediatrician

Physician

Therapist

Psychiatrist

Psychologist

Psychotherapist

World Health Organization

Health Canada

Public Health Nurse

Canadian Paediatric Society

Dentist

Statistics Canada

Chiropractor

University – references someone who is affiliated with a university (research chair, etc.)

63. In response to number 62, what is referenced by the specific people or institution?

Food surveillance – monitoring food intake on a regular basis to assess which food has and has not been eaten: “Howard suggests a quick review of the family diet at the end of the day to determine if all the food groups have been properly covered” (Greedy, April 1992, p. 43).

Enhance food choices – recommends replacing or adding specific food as a healthy addition to meals or recipes: “cottage cheese is another healthy addition to many recipes – it boosts calcium and protein without all the fat or hard cheese” (Greedy, April 1992, p. 43).

Limit fat intake – recommends limiting our fat intake and suggests a specific amount or percentage of fat that is appropriate for our diet.

Food attitudes – attitudes towards food encourage children’s behaviour with foods (ie. a relaxed attitude towards vegetables may encourage children to eat vegetables, forcing children to eat specific foods can cause family conflict).

Family Exercise – recommends regular exercise for every family member as it promotes health benefits.

Child Exercise – recommends regular exercise specifically for children as it promotes health benefits for children.

Normal child weight – recommends that there is a way to measure normal child weight and suggests how to do so: ““Healthy weight is a range, not a number... each body is unique, programmed genetically to its own individual weight” [counsels Claire Friefeld]. By referring to Standard Growth Curves which are based on the child’s sex, age, height and weight, your child’s paediatrician can help you determine if there is a real problem” (Jarosiewicz, August 1992, p. 17).

Child behaviour information – identifies specific child behaviour information and acknowledges which behaviour is normal or abnormal, and how to respond to this behaviour.

Health information – identifies specific health information about either children, mothers, or fathers.

Child fears – emphasizes that specific things are feared by children: ““Thirty percent of Canadian nine-year olds are already afraid to gain weight,” points out Lambert-Lagace” (Bennett, February / March 1996, p. 79).

Statistics – identifies reports or studies that acknowledges specific statistics about eating and weight: “a 1990 health survey of 110,000 people in Ontario, reveals that a whopping 79 percent don’t eat enough fruits and vegetables” (Greey, October 1993, p. 58).

Parenting actions – identifies specific parenting actions and how these actions influence children’s eating / behaviours. This includes how parents eat, parents’ weight, how parents exercise and how parents’ attitude towards eating and exercise influences child behaviour.

Mother actions – specifically identifies mothering actions and how these actions influence children’s eating / behaviours.

Parent Reactions – identifies how parents react to specific problems and the issues with this reaction.

Prevention – acknowledges the importance of prevention surrounding children’s health and child eating disorders.

Breast Feeding – specific information about breast feeding is discussed by experts.

Identifies Child Agency – specific passages (provided by experts) give children agency by acknowledging that children should either “be in charge”, “make their own decisions” “control the decision” or “be involved in” with regards to managing their own eating and weight.

Medical Debate – specific passages identify a medical debate, meaning that two sides are being presented about a specific topic regarding health concerns (ie. debate between if soy products leads to future health concerns of children). This code is specifically about medicine debates, as Health Canada or NGO’s are referenced and debating between what information is accurate.

Other

64. Does the article discuss specific research done on women / mothers? what type of research?

Yes / No

Medical Research – references a medical research performed on mothers by a specific researcher / study.

65. Does the article discuss specific research done on men / fathers? what type of research?

No Codes

66. Does the article use moral assumptions to justify weight management techniques? how?

Exercise for health benefit – suggests that exercising is the right thing to do because it benefits the health of both parents and children: “Eating well is only half the energy equation. The health benefits of regular exercise are becoming even more apparent – and that goes for every member of the family” (Greey, April 1992, p. 42).

Eating for health benefit – suggests that eating (most likely a specific diet or product to be added to diet) is the right thing to do because it benefits the health of both parents and children: “It is particularly important that pregnant and nursing mothers get enough omega-3s, since studies show a strong connection between maternal omega-3 intake and a baby’s brain development and visual acuity” (Greey, September 2007, p. 65).

Obligation of parents – suggests that the parental actions surrounding eating habits influences the health of children and serves as a great benefit for the family: “Parents have got to be a partner in this move to enhance the health of our children” (Bedal, June 2006, p. 74).

Children Learn What Parents Do – article identifies that parents are role models because children learn based on the actions of their parents, thus, parents must correct their behaviour for the sake of their children. Thus, if you are a good parent, you should not do certain things

because your child will repeat this behaviour: “As a result, a great number of parents, especially mothers, have a love-hate attitude toward food. This negativity is bound to trickle down. In addition, children learn by watching, so when parents skip meals or don’t take the time to sit down to eat, kids get a definite message... For preteens, especially girls, that kind of example can encourage a negative body image. So we need to be aware of our own attitudes toward food” (Greey, June 1998, p. 52).

67. Other / Miscellaneous findings

Gendered Ad – WwC (woman with child) – Code ads that are alongside the article (ie. if the first page is to the right and the ad is to the left, or the last page is to the left and the ad is to the right), in this case, there is an ad with a woman and a child, and the image was described in the code sheet.

Gendered Ad – MwC (man with child) – there is an ad with a man and a child, and the image was described in code sheet.

Gendered Ad – Mommy – an ad specifically refers to mothers by using the words “mom” “mother” or “mommy”: for example in Pitman (February 1994) at the end of the article there is a full page ad for Huggies Pull-Ups saying “Mommy wow! Pull-ups have Leak Shields now” showing a picture of a diaper.

Hetero-Family Picture – the article shows an image of a hetero-normative family, with a mother, father, and child (does not need to have a child in the photo, just a mother and father is fine too).

Middle Class Study – identifies specifically a study done on a middle class population (ie. does not have findings regarding lower or upper class).

Mother Nature – uses the term “mother nature” to identify a natural, biological process: “Half of the calories in breast-milk come from fat (infant formulas have slightly less). In other words, Mother Nature wants babies to get about 50 percent of their calories from fat. That’s clear” (Hoffman, April 1999, p. 42).

Crying Baby Ad – shows an ad that involves a baby crying, looking up / distraught and has a message about how to properly care for children.

Appendix Three: Research Document List, *Today's Parent* Articles

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- Greey, M. (November 2007). Full of Beans. *Today's Parent*, 24(11), 67-70.
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