

Enacting knowledge, power, and equity:
understanding the public appetite for
preventive obesity regulations

Lucy Farrell

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School of Public Health
Faculty of Health and Medical Sciences
The University of Adelaide

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Abstract

This thesis critically examines public views about the use of preventive obesity regulations in Australia. An extensive body of social science scholarship has demonstrated that the dominant neoliberal ideology of healthism has engendered anxiety in the public imagination about the obesity epidemic, as well as perpetuating an intensely moral discourse of personal responsibility for obesity. How public support for regulatory interventions is generated in this ideological and emotionally-charged climate has not yet been established.

This is important in the context of increasing calls from public health advocates for regulatory interventions to address obesity and attenuate the disproportionate burden on those of lower socio-economic circumstances. As regulations are controversial in the prevailing neoliberal political context, public support is wielded by advocates as valuable political currency.

A mixed-methods research program within a critical public health framework was undertaken to examine public views. First, the role of emotions in shaping the discourses that underpin public views were examined through an affective-discursive analysis of comments attached to online news articles about preventive obesity regulations. Focus groups were then conducted to identify how dominant ideological and discursive framings of regulations reflect the experiences of disparate socio-economic groups, which are differentially configured as 'at risk' of obesity in public health scholarship. Finally, a representative cross-sectional survey was conducted to ascertain levels of support for specific regulations, and to interrogate socio-demographic variations in views.

Extending Wright and Harwood's (2009) concept of biopedagogy, I argue that in the prevailing neoliberal context obesity is widely read as a morally reprehensible embodiment of ignorance. As such, broad public support for preventive obesity regulations is generated through the capacity of these measures to correct perceived knowledge deficits and to institute moral culpability. My findings demonstrate that public support for regulations is enmeshed with classed and gendered norms that actively (re)produce ignorance as the cause of obesity, by legitimising and privileging certain lifestyles and forms of knowledge.

Key to my argument is the ways in which neoliberalism and healthism have created an environment in which 'the public' as a collective body are positioned as victims of the obesity epidemic. I show how this collectivisation, in concert with expert public health knowledges which locate the obesity problem in the problematised behaviours of those from low socio-economic conditions, engenders support for interventions which incite people to behave in ways that align with distinctly classed and gendered imperatives around body weight and diet.

Through a critical examination of public views, this thesis provides new knowledge about how preventive obesity regulations extend the responsabilisation and moralisation of individuals in relation to obesity. I argue that the deployment of claims of public support for regulations in public health advocacy is contingent upon a constellation of knowledge/ignorance/power that precludes the insights of those from low socio-economic conditions from obesity policy development. This forecloses consideration of possibilities for effective and equitable resolution to the obesity problem, and thereby undermines the emancipatory potential of preventive obesity regulations.

Declaration

I certify that this work contains no material which has been accepted for the award of any other degree or diploma in my name, in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text. In addition, I certify that no part of this work will, in the future, be used in a submission in my name, for any other degree or diploma in any university or other tertiary institution without the prior approval of the University of Adelaide and where applicable, any partner institution responsible for the joint-award of this degree.

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Abbreviations and acronyms

The following is a list of frequently used abbreviated terms. All terms are written in full the first time they appear.

ABS	Australian Bureau of Statistics
AFGC	Australian Food and Grocery Council
ANPHA	Australian National Preventive Health Agency
AoIR	Association of Internet Researchers
BMI	Body Mass Index
COAG	Council of Australian Governments
FSANZ	Food Standards Australia and New Zealand
GST	Goods and Services Tax
HSR	Health Star Rating
IRSD	Index of Relative Socio-economic Disadvantage
LGA	Local Government Area
NHMRC	National Health and Medical Research Council
OBPR	Office for Best Practice Regulation
OECD	Organisation for Economic Co-operation and Development
Opal	Obesity Prevention and Lifestyle
PEACH	Parenting, Eating and Activity for Child Health
RIA	Regulation Impact Assessment
SNAP	Smoking, Nutrition and Physical Activity
WHO	World Health Organization
WPR	What's the Problem Represented to Be?