

Childhood Obesity and Restrictions of Parental Liberty

A Response to “Paternalism, Obesity, and Tolerable Levels of Risk”

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ABSTRACT

This paper responds to Michael Merry’s recent contribution on childhood obesity. Merry’s analysis highlights the difficulties in finding an appropriate balance between children’s and parents’ interests in antiobesity interventions and emphasizes the importance of weight stigma and its effects on the obesity debate. He concludes by recommending both a greater focus on policies that address society’s contribution to childhood obesity and a greater involvement of obese individuals in the policy debate. This response focuses on three points. First, a more explicit recognition of parents’ interests can support the case for the kinds of policies Merry has in mind. Second, while the perspective of obese individuals may make an important contribution to the policy debate, more direct interventions may be necessary to reduce weight stigma. Third, I consider connections between antiobesity interventions that restrict parental liberty and weight stigma.

This article is a response to:

Merry, M. (2012). Paternalism, Obesity, and Tolerable Levels of Risk. *Democracy & Education*, 20(1). Article 3. Available online at <http://democracyeducationjournal.org/home/vol20/iss1/3>.

CHILDHOOD OBESITY HAS become a public health concern in many countries. Questions about the role of parents have been prominent in the debate, in relation both to the factors leading to childhood obesity and possible strategies for reducing it. On the one hand, parents are often seen as being in a unique position to make crucial contributions in the reduction and prevention of childhood obesity; parents are called on, for example, to ensure that children eat nutritious food, are physically active, and develop healthy eating and exercise habits. On the other hand, parents are often seen as responsible when children become overweight, and a number of policies restrict parental liberties in the pursuit of childhood obesity prevention. At the extreme end, this includes calls to take very obese children out of their parents’ care, but many less controversial policies, such as restrictions on the kinds of foods children are allowed to bring to school, mandatory physical education classes, and compulsory weigh-ins at school, may restrict to greater or lesser extent parents’ control over certain aspects of their children’s lives.

As Merry emphasizes in his paper “Paternalism, Obesity, and Tolerable Levels of Risk” (2012), the normative issues at stake in the

debate surrounding childhood obesity are complex. The focus of Merry’s paper is on two of the problems that contribute to this complexity. First, in some cases states have to intervene to protect children’s welfare and interests when their parents are failing to discharge their duties of care; at the same time, we must recognize both parents’ interests in making important decisions with respect to their children’s lives and the risks involved when states interfere

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Acknowledgements: I would like to thank Garrath Williams for helpful comments.

with or take over from parents. Second, Merry cautions that the debate about childhood obesity proceeds in an environment in which obesity is highly stigmatized; prejudice and negative attitudes toward obese people are common and widespread.

I agree with many of Merry's conclusions, such as the importance of addressing the structural factors that contribute to the rise of obesity (and its unequal distribution among socioeconomic groups) and the (often neglected) role of weight stigma in the obesity debate. In this paper, I hope to push Merry's argument for these conclusions in a slightly different direction. First, I suggest that a closer examination of parents' interests could help us strengthen the argument for the structural, environmental policies that Merry favors. Second, while I agree with Merry's suggestion that we should ensure better representation of obese individuals in decision making around antiobesity policies, I also note some limitations of this strategy in relation to concerns about weight stigma. Finally, I briefly comment on the connections between the two issues at the center of Merry's argument by considering the possible stigmatizing effects of policies that restrict parental liberties.

The first problem Merry identifies in his paper is that we have to find an appropriate balance between parental authority and children's welfare: When children's well-being is at stake, it may be both necessary and legitimate to restrict parents' liberties. Striking a balance between parental liberty and children's interests requires that we assess the severity of the restrictions imposed on parents, the harms that would be prevented by a particular intervention, and any harms imposed by the intervention itself.

With respect to the harms to be prevented, health risks are at the center of the debate around childhood obesity. Newspaper headlines often focus on severely obese children for whom many weight-related health problems have already materialized. It is important to note, however, that with respect to less extreme cases, there is, in fact, a good degree of uncertainty among scientists about the exact health risks overweight children face. The body mass index (BMI) cut-off points that are commonly used with adults are related to mortality risks at the population level; however, the BMI categories used to classify children as overweight or obese are not based on such data and their relationship to health risks is not clear. In fact, some researchers in the field have cautioned that these categories are "arbitrary" (Voss, Metcalf, Jeffery, & Wilkin, 2005). This makes it very difficult indeed to evaluate the health risks associated with increasing childhood obesity rates and the risks that individual overweight children face.

In evaluating the harms that would be prevented by interference with parental liberty, we must also, as Merry emphasizes, be realistic about how good states are in intervening in these kinds of cases. For example, if obese children are to be removed from their parents because the children's weight is seen as evidence of parental neglect, we must compare the children's situation within their family to the arrangements they can realistically expect if removed from the family. But even with respect to less dramatic interventions—for instance, what food children are allowed to bring into school—the relevant comparison cannot be not some ideal standard of care but rather the most likely outcome of the intervention.

Merry is careful to point out that any authority parents have over their children must always be conditional on their fulfilling their duties toward their children. However, I suggest that a closer inspection of parents' interests could in fact strengthen the argument for the kinds of structural policies Merry argues for in the final section of his paper: The obesogenic environment is problematic not just because of its negative effects on children's health and well-being but also because it interferes with parents' interests. Unlike policies that restrict parental liberties to further children's well-being, structural policies can promote both children's and parents' interests.

A number of philosophers have begun to explore what interests parents may have in the relationship to their children. Brighouse and Swift (2006), for example, argue that parents are not only charged with the responsibility for their child's well-being and development but also have an interest in being in this kind of relationship, in developing flourishing relationships with their children and, to this end, shaping various aspects of their children's lives. These interests, for Brighouse and Swift, may even ground parental rights against state interventions (although such rights are limited and conditional). On this view, external barriers, such as poverty or inflexible working conditions, can prevent parents from developing their relationships with their children; conversely, policies that address such barriers can support parents in developing these relationships. Such measures can then be interpreted not only as responding to what may be good for the child but also as meeting the interests of parents.

This argument seems to apply acutely to the childhood obesity context. The obesogenic environment often interferes with the decisions that parents would like to make on behalf of their children. For example, the food industry recognizes that even though small children may not make their own food purchase decisions, their "pester power" can be harnessed to powerful effect. Parents who aim to reduce the amount of processed food their children consume may well find it difficult to insist on a healthy diet when their children repeatedly request carefully marketed, unhealthy food.

The equity dimension of the childhood obesity debate that Merry highlights in his paper can also be captured from this perspective. In the developed world, childhood obesity rates tend to be higher among the most disadvantaged groups, such as low-income families. It is when we consider the position of low-income parents, many of whom have to juggle several jobs, inflexible work schedules, or long commutes, that the ways in which the obesogenic environment interferes with parents' relationships with their children become particularly apparent. Such parents face difficult trade-offs: Given the time and financial constraints they face, providing an inexpensive yet unhealthy fast-food meal instead of a (healthy) home-cooked dinner can free up valuable family time (Devine, Jastran, Jabs, Wethington, Farell, & Bisogni, 2006). Concerns about the price and availability of healthy foods and the limited access to safe and attractive opportunities for children to be physically active are particularly salient for low-income parents.

Considering parents' interests can therefore strengthen one of the conclusions Merry draws in his paper: that states should focus on the structural factors that make childhood obesity more likely,

for example, by restricting advertising for unhealthy foods to children or ensuring the availability of affordable, healthy food. Such policies not only protect children's well-being but can also support parents. Thus, rather than focus on interventions where parents' and children's interests have to be weighed against each other, there is a strong case for advocating policies that further the interests of both children and their parents.

Merry's second broad concern focuses on the wide-spread stigmatization of obesity in contemporary societies and its implications for the obesity debate. We know that overweight and obese individuals face stigmatization and discrimination in many areas of their lives. Children, too, are exposed to stigmatization and teasing based on their weight (Neumark-Sztainer, Falkner, Story, Perry, & Hannan, 2002). Importantly, weight stigma may also extend to the parents of overweight children, who are often—as Merry emphasizes—regarded as responsible for their children's weight and labeled *irresponsible* if their children are obese.

Merry suggests that deliberation about the kinds of policies implemented to address obesity should include overweight people; this can make decisions more legitimate and ensure that they are informed by a wider range of perspectives. In the context of childhood obesity, we also want to hear from the parents of overweight children, as they can give insight into the difficulties of parenting an overweight or obese child, the problems they face, and their perception of and attitude toward different kinds of policy strategies that aim to address childhood obesity.

Such efforts would, of course, be very welcome and could significantly alter the way the debate about obesity progresses. It is crucial, however, that we recognize the limitations of this strategy when it comes to combating the effects of weight stigma. Being the target of stigmatization does not automatically make individuals challenge negative attitudes; in fact, obese individuals often appear to share negative attitudes toward obese people (Rudman, Feinberg, & Fairchild, 2002). This suggests that involving obese people in decision-making processes may not be sufficient to prevent weight stigma from influencing policy decisions.

In addition to greater involvement of stigmatized groups in decision-making processes, we should also consider more direct approaches to challenge weight stigma. A few studies have investigated the potential of school-based interventions to reduce weight stigma among children. For example, Irving (2000) introduced a puppet program for primary-school children to increase body-size acceptance, healthy self-concept, and healthy attitudes about food and eating. Similarly, Haines, Neumark-Sztainer, Perry, Hannan, & Levine (2006) developed an intervention that was meant to prevent or reduce teasing as well as unhealthy weight control behaviors in fourth to sixth graders. More broadly, the strategies that inform mass-media campaigns that aim to reduce stigma and prejudice in other areas may also be applied to address weight stigma; legal protections, for example against weight-based discrimination in the workplace, could also challenge the status of weight stigma as "one of the last acceptable forms of prejudice" (Stunkard & Sorensen, 1993, p. 1037).

Reducing stigma and negative attitudes toward obese individuals will likely prove a difficult task, and more work needs to be

done to determine effective methods that can achieve this goal. In the obesity context, the language of responsibility and false assumptions about individuals' ability to control their weight may play an important role in sustaining negative attitudes (Puhl & Heuer, 2010). This suggests that a better understanding of the causes of obesity and the limited control that individuals have over their weight could also help combat weight stigma.

This brings me to the final point I wish to raise in relation to Merry's paper. Policies that restrict parental liberties in an effort to address childhood obesity may, in fact, further entrench weight stigma. This can be seen most clearly in the debate surrounding the suggestion that parents of very obese children may be subject to charges of neglect, which can lead to state intervention in the family through child protective services and may result in children being placed in foster care. This has been proposed most recently by Murtagh and Ludwig (2011) but has also been the subject of earlier debates (see Alexander, Baur, Magnusson, & Tobin, 2009, and Viner, Roche, Maguire, & Nicholls, 2010, for commentary).

Some have argued that the charge of neglect can be disentangled from implicit judgments about parents' actions. Varness, Allen, Carrel, & Fost (2009) note that "charges of medical neglect should not be moral judgments but rather are a means to protect children from harm" (p. 404). It is difficult to see, however, how charges of neglect could not imply parental wrongdoing, even if we explicitly acknowledge the complex etiology of childhood obesity. This suggests that the kinds of normative judgments that are implicit in—or can be read into—particular policies and the broader effects of these judgments must be taken into account when we are considering policies that restrict parental liberty.

Merry's paper draws attention to two important concerns that characterize the normative issues around childhood obesity: the need for interventions to strike the right balance between protecting children's and parents' interests and the influence of weight stigma on how we approach and understand childhood obesity. He suggests that our policy focus shift away from parents toward broader structural problems and that our decisions about obesity seek to integrate the perspective of overweight people. As I argued here, a more explicit focus on parents' interests can support Merry's first conclusion: A clearer recognition of how obesogenic environments not only threaten children's well-being but also hinder parents in developing flourishing relationships with their children could help strengthen the case for such policies. Broader policies may also be necessary to challenge negative perceptions of obese adults, obese children, and the parents of obese children. Given current perceptions of obesity, policies that restrict parental liberties may communicate a simplistic understanding of the causes of childhood obesity and further contribute to weight stigma.

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