To Entrap and Empower:  
Maternal Responsibility in an Age of Neo-liberal Health

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# CONTENTS

**THESIS SUMMARY** ........................................................................................................................................... VII

**DECLARATION** .................................................................................................................................................. IX

**ACKNOWLEDGEMENTS** ......................................................................................................................................... X

**PART 1**

**INTRODUCTION** ................................................................................................................................................ 1

*Themes that shape the thesis* ........................................................................................................................................ 6
*A multifaceted study of discourses* .................................................................................................................................. 7
*The research ‘lens’: Congenital health problems* ......................................................................................................... 8
*Terminology* ................................................................................................................................................................ 10
*Structure of the thesis* ..................................................................................................................................................... 12

**CHAPTER 1: ESTABLISHING THE THEORETICAL CONTEXT** ........................................................................ 14

*Personal beginnings* ..................................................................................................................................................... 14
*Neo-liberalism* .............................................................................................................................................................. 22
*Responsibility in the context of neo-liberal health* ........................................................................................................... 22
*Individualism* ................................................................................................................................................................ 23
*Individualism and its tension with mothering* ................................................................................................................ 28
*Pregnant embodiment* .................................................................................................................................................... 29
*Medicalisation of reproduction and mothering* .............................................................................................................. 30
*Risk society* .................................................................................................................................................................. 34
*Ideologies of mothering* .................................................................................................................................................... 35
*Maternal responsibility* ................................................................................................................................................... 36
*‘Mother blame’* ............................................................................................................................................................. 37
*Men, reproduction and responsibility* ........................................................................................................................... 38
*Gendering public health research and highlighting the gaps* .......................................................................................... 39
*Conclusion* .................................................................................................................................................................... 41

**PART 2**

**CHAPTER 2: METHODOLOGY** ........................................................................................................ 44

*Constructionist epistemology* ......................................................................................................................................... 44
*Applying a critical approach to gendered understandings* .............................................................................................. 45

**HERITAGE OF CRITICAL THEORY** ............................................................................................................... 45

**DISTINCTIVE FEATURES OF A CRITICAL APPROACH TO RESEARCH** .......................................................... 46

**FEMINISMS AND FEMINIST RESEARCH APPROACHES** ........................................................................... 47

**A POST-STRUCTURALIST PERSPECTIVE** ............................................................................................................. 48

*Foucauldian understandings* ....................................................................................................................................... 49

**POWER** .................................................................................................................................................................. 49
CHAPTER 3: METHODS ........................................................................................................ 59

- Research lens: Congenital health problems ................................................................. 59
- Level of existing understanding .................................................................................... 59
- Severity ....................................................................................................................... 60
- Visibility ..................................................................................................................... 60
- Support ....................................................................................................................... 60
- Specificity of case studies ............................................................................................. 60
- Foetal alcohol spectrum disorder .................................................................................. 61
  - Medical texts ............................................................................................................. 63
  - Health education resources ...................................................................................... 66
    - Analysis of the medical literature and health education resources ......................... 68
- Content analysis ........................................................................................................... 68
- Critical discourse analysis ............................................................................................ 69
  - Interviews ................................................................................................................. 70
- Participants ................................................................................................................... 71
- Sampling and recruitment processes ............................................................................ 72
- Data collection: In-depth interviews ............................................................................. 74
  - Analysis of interviews .............................................................................................. 78
- Stage 1: Post-interview note taking .............................................................................. 78
- Stage 2: Transcription .................................................................................................. 78
- Stage 3: Post-transcription discourse analysis .............................................................. 78
  - Distribution of findings ............................................................................................. 79
  - Emotion and participant benefit .............................................................................. 80
    - Interviews as a process of jointly generating knowledge ........................................... 81
  - Supplementary research activities .............................................................................. 82
- Antenatal appointments ................................................................................................ 82
- Vitamin supplements .................................................................................................. 82
- Informal conversations .................................................................................................. 82
- Academic events .......................................................................................................... 83
  - Ethical considerations .............................................................................................. 83
- Research merit and integrity ......................................................................................... 84
- Justice .......................................................................................................................... 84
- Beneficence .................................................................................................................. 84
CHAPTER 6: “HIS JOB IS ALREADY DONE”: EXCLUDING AND EXCUSING MEN FROM REPRODUCTIVE RESPONSIBILITY ................................................................. 139

- Men as sperm, health as virility and women as ‘risky’ ................................................................. 139
- ‘IRON MAN FOOD FOR SPERM’: MENEVIT ............................................................................... 140

MENEVIT AND CHOICE BASED FERTILITY ............................................................................... 146

- Reinforcing male exclusion through a lack of information ....................................................... 148
- Men’s exclusion from antenatal spaces ....................................................................................... 149
- Men as peripheral to reproduction ............................................................................................. 150
- The absence of relationality ........................................................................................................ 151
- ‘This is a woman’s job’ ................................................................................................................ 155
- Safe sperm and risky eggs ........................................................................................................... 159

WOMEN’S RESPONSIBILITY TO CONTROL GENETICS ........................................................... 161

- Men are sexual, women are reproducers .................................................................................... 162
- Uncertainty equates to no risk for men but potential risk for women ........................................ 165
- Conclusion .................................................................................................................................. 168

CHAPTER 7: THE POWER TO CONSTRUCT: DE-EMPHASISING UNCERTAINTY AND LEGITIMISING WOMEN’S GREATER RESPONSIBILITY ........................................ 169

- Blaming through framing: Spina bifida equals maternal deficiency ........................................ 169
- Disappearing uncertainty: Pregnancy and alcohol just don’t mix! .......................................... 172
- Evidence-based medicine: Standardising uncertainty .............................................................. 178
- Bio-power and the reinforcement of medical authority ............................................................ 183
- Supposed moral neutrality ......................................................................................................... 189
- Reductionism: The reinforcement of biological linearity .......................................................... 191
- Conclusion .................................................................................................................................. 193

CHAPTER 8: CONGENITAL HEALTH PROBLEMS AS AN EXTENSION OF THE MATERNAL SELF ......................................................................................... 195

- Performing maternal responsibility: Butler ................................................................................ 195

EMBODIMENT ............................................................................................................................. 198

- Maternal intuition as mothering ability and maternal devotion ............................................... 199

THE TYPE AND TIMING OF MATERNAL INTUITION ................................................................ 201

MATERNAL INTUITION AS COMMITTED MOTHERING ............................................................. 204

MATERNAL INTUITION AS A POTENTIAL FORM OF EMPOWERMENT .................................... 205

- Congenital health problems as evidence of women’s failure .................................................... 207
- Congenital health problems as evidence of maternal insufficiency ........................................ 210
- Embodied responsibility and an inability to “move on” ........................................................... 212
- Personal responsibility for making up for prior ‘wrongs’ .......................................................... 214
- Battling with medical staff: Women’s struggle for credibility ................................................... 217
- Conclusion .................................................................................................................................. 219
PART 4

CHAPTER 9: UNDERSTANDING MATERNAL RESPONSIBILITY IN THE CONTEXT OF NEO-LIBERAL HEALTH: BROADENING THE FOCUS ................................................................. 222

Contributions made by this research................................................................. 222
The individualisation of responsibility for child health outcomes................ 225
The gendering of responsibility ..................................................................... 226
The authority of medical and public health discourses................................. 228
Women’s engagement with, and negotiation of, public health and medical messages .......... 230
Constructions of the ‘good’ mother ............................................................... 231
Women as social resources ......................................................................... 232
The construction of a broad ranging maternal responsibility........................ 233
Implications of a normalised exclusion of men ............................................. 234
A partiality of understanding ....................................................................... 235
Broader effects for women............................................................................ 236
Conclusion and recommendations ............................................................... 237

SUGGESTIONS FOR PRACTICAL STRATEGIES AND FUTURE RESEARCH ......................................................... 239

APPENDICES........................................................................................................ 241

APPENDIX 1: Description of selected congenital health problems .................. 241
SPINA BIFIDA ...................................................................................................... 241
CONGENITAL NAEVUS ................................................................................... 242
CONGENITAL HEART DISEASE ....................................................................... 244
FOETAL ALCOHOL SPECTRUM DISORDER ................................................. 245

APPENDIX 2: List of search terms ................................................................. 247
APPENDIX 3: Details of the selected medical journal articles ......................... 248
APPENDIX 4: Information sheet for women who mother children with congenital health problems .......................................................... 249
APPENDIX 5: Letter of invitation sent to medical professionals ....................... 251
APPENDIX 6: Information sheet for medical professionals ................................ 252
APPENDIX 7: Interview schedule for interviews with women who mother children with congenital health problems .......................................................... 254
APPENDIX 8: Interview schedule for interviews with medical professionals ............ 258
APPENDIX 9: Participant consent form .......................................................... 263

REFERENCES ................................................................................................. 264
THESIS SUMMARY

This thesis explores the ways in which maternal responsibility for child health is constructed and perpetuated through medical and public health discourses in Australia. The main aim of the research is to examine the micro-dynamics through which pervasive social understandings about the responsibilities of women for their children’s health are created. An extensive literature exists which investigates ‘mother blame’, however this thesis extends existing literature by exploring how women come to be held responsible for their children’s health, particularly within the current context of neo-liberalism. The findings also contribute knowledge about the potential for public health and medical discourses to reproduce gender inequality, including maternal responsibility.

In order to explore how maternal responsibility is constructed through public health and medical discourses I apply the research lens of congenital health problems. Using this lens allows me to illuminate discourses of maternal responsibility through a study of the ways that responsibility becomes attributed and negotiated in the event of a ‘less than desirable’ child health outcome. Given the contextual location of the research, the micro-dynamics under analysis pertain specifically to the current neo-liberal social context, where individuals are continuously educated about the power of personal choice in determining life events and about the positive role of health advice in helping people to make health enhancing choices. My use of this particular research lens, therefore, offers insight into what happens when, for the most part, women have complied with what they understand to be the regimen of advice surrounding pregnancy and yet still experience a ‘less than desirable’ outcome. This highlights a perceived failure of technologies of the self, which has remained previously unexamined in the literature on pregnancy and maternal responsibility.

The data that inform the research include narratives from open-ended interviews with women who have a young child with a congenital health problem and with medical professionals. In conjunction with the interview data I analyse health education resources for pregnant couples and medical literature about the cause and prevention of congenital health problems.

The research methodology is underpinned by an understanding of discourse as the means through which social processes and social identities are constituted, performed and transformed. Therefore, my focus throughout the analysis is on eliciting the underlying meanings and social implications that arise from information and experiences related to child health. I utilise a critical post-structuralist feminist epistemological paradigm which allows for an analysis of the operations of power and marginalisation in influencing the construction of maternal responsibility. The theoretical underpinnings of this thesis are informed by...
Foucault’s theories of governmentality and bio-power, Beck’s concepts of individualisation and risk and Butler’s work on performativity.

The findings reveal that, consistent with neo-liberal ideology, women are represented as having the ability, and responsibility, to control child health outcomes, regardless of social, biological or environmental constraints. Within this individualising discourse, reproduction is constructed as a process that primarily (or solely) involves the bodies and behaviours of women. This ignores the relational nature of reproduction and obscures the complex intersections of social and biological factors that influence child health. The absence of relational and environmental considerations lays a foundation for women to be held ‘legitimately’ responsible for the (eventual) health status of their children. Contributing to the power of the constructions that emerge from public health and medical discourses is the underlying representation of reproduction as a ‘natural’ process which is, therefore, unaffected by social context and best understood through ‘objective’ science.

The findings suggest that women give resonance to the discourse of maternal responsibility by regulating their bodies and behaviours before, during and after pregnancy. The findings also demonstrate, however, that women express agency and actively negotiate the dominant discourses to establish their own understandings of maternal responsibility.

Overall, the research reveals that public health and medical discourses provide a powerful framework for shaping women’s responsibility for child health within the current neo-liberal social context. Through their engagement with this framework, women replicate, oscillate between and, in some cases, resist dominant discourses as they rationalise and embody personal responsibility for their children’s health.
DECLARATION

This work contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution. To the best of my knowledge and belief this thesis contains no material previously published or written by another person, except where due reference has been made in the text.

I give consent for this copy of my thesis, when deposited in the University of Adelaide Library, to be made available for loan and photocopying, subject to the provisions of the Copyright Act 1968.

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________________________________________  __________________________
Toni Delany                                Date
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