

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

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## THESIS SUMMARY

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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

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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.

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*Toni Delany*

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*Date*

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