

“Poor Fat Kids”: Social Justice at the Intersection of Obesity and Poverty in Childhood

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“Pobres niños gordos”: Justicia social ante la intersección de la obesidad y la pobreza en la infancia

ABSTRACT: Obesity and poverty in childhood are widely studied phenomena and despite mixed results, some findings are without doubt: they come with various experiences of mental, physical and social harm, have therefore negative effects on the well-being of children, and they intersect in relation with race, class and gender. In this contribution we analyze child obesity and poverty from a philosophical social justice perspective, which has, to a large extent, so far neglected this topic. We show how they compromise social justice and argue that there is an obligation to implement structural changes to assist the affected children and their families. However, we make also clear that such interventions must not happen in accordance to the current neoliberal fitness and health ideology and its related narrow individualism.

RESUMEN: La obesidad y la pobreza en la infancia son dos fenómenos ampliamente estudiados y a pesar de resultados ambiguos, algunos resultados no dejan lugar a duda: ambos fenómenos viene acompañados de diversas experiencias de daño mental, físico y social, y tienen, por tanto, efectos negativos sobre el bienestar de los niños, así como también se da una intersección con cuestiones de origen étnico, clase social y género.

En este artículo analizamos la obesidad y la pobreza infantil desde una perspectiva filosófica sobre la justicia social, la cual ha desatendido el tema hasta ahora en gran medida. Mostraremos cómo obesidad y pobreza comprometen la justicia social y defenderemos que existe una obligación de realizar cambios estructurales para ayudar a los niños afectados y sus familias. No obstante, también dejaremos claro que este tipo de intervenciones no deben realizarse de acuerdo a la ideología neoliberal actual de apología de la forma física y la salud y el individualismo limitado asociado a esta.

KEYWORDS: Social Justice, Obesity, Child Poverty, Childhood

PALABRAS-CLAVE: Justicia social, obesidad, pobreza infantil, infancia

1. Introduction

The “obesity epidemic” is now widely depicted as one of the foremost public health concerns of the 21st century, which has to be countered by all means (Wright und Harwood 2009). Especially children, and along with them also their mothers, are the targets of manifold campaigns, interventions, programs and policies to reduce their body weight and to make them fit and healthy (Flynn et al. 2006). Most of these measures focus on the individual’s responsibility and what she should do, such as exercise more and have healthy eating habits, and often neglect the wider social context and embedding. Furthermore, the normative underpinning and justification for interventions that target such sensitive areas of human life as bodily autonomy, health, self-esteem, parental autonomy or perceptions of beauty is still underexplored in philosophy.

In our article, we want to break-up the common, overly individualistic view on obesity and rather look at it from a perspective of justice that asks what society might owe those children. Furthermore, we want to focus on the relationship



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of obesity and poverty in childhood, which is an even more compelling case for justice, as we want to show. We will argue that, firstly, the intersection of obesity and poverty in childhood should be understood as an injustice, which demands structural changes, and that, secondly, these changes have to be implemented as a critical reaction to the neoliberal bio-politics that are themselves oppressive and harmful.

In the first part of this paper, we will present a capability based framework of justice for children, which claims that every child is entitled to live and grow up in conditions that do not compromise their well-being and well-becoming. In the second section, we will discuss the knowledge about childhood poverty and obesity and its effects on the child as well as on her future life course. We will argue that the intersection of obesity and poverty in childhood violates the claims of those children for justice, and that this raises certain obligations towards them. Children are entitled to grow up in non-poor and healthy conditions. Furthermore, we will argue that obesity cannot be understood as an autonomous decision in childhood, but one that is dependent on external conditions, such as the access to information, education, exercise and sports, parenting and food. We conclude that it is also not the sole responsibility of the parents to provide for their obese children, but rather a societal and political responsibility. In the third section, we will discuss the bio-politics of obese and poor children and the problems a regulation of these bodies faces. Although we are in favor of measures to help children overcome their obesity, which have to target the whole social environment of these children, we are critical of the blame-filled anti-fat discourse and its construction of obesity as a personal failure and anti-social behavior, especially in conjunction with poverty. Rather than individualizing obesity – similar to the individualization of poverty – it should be acknowledged that it is a social problem which is neither in control of children nor their parents.

2. Social Justice for Children

Social justice is, without doubt, one of the key concepts of political philosophy. The discussions about its exact meaning and scope have become highly sophisticated, and by now, different theories and schools have emerged disputing the most adequate understanding of the concept (Kymlicka 2001; Bird 2006). Interestingly, children do not appear prominently in these discourses. Usually, questions of justice are

debated with a focus on the fully rational and healthy adult, with a clear identity and elaborated life-plans. And even though there have been some valuable attempts to address the issue of justice for children explicitly and in its own right (Archard 2004; Archard and Macleod 2002; Adams 2008), it is still undertheorized and in need of further elaborations. We cannot fill this gap in this article. However, we want to sketch roughly what social justice for children minimally demands from one particular theoretical perspective: the capability approach as developed by Amartya Sen and Martha Nussbaum (Sen 2009; Nussbaum 2011). Although it is true that also in Sen's and Nussbaum's works children and childhood are only treated superficially, we suggest that it can be extended to the issue in question, and in fact, there have already been some valuable attempts to go into this direction (Macleod 2010; Biggeri, Ballet, and Comim 2011; Dixon and Nussbaum 2012). Despite the focus on the capability approach, we by no means want to suggest that it is the only theoretical framework for conceptualizing justice for children adequately. We rather see it as providing a basic understanding that is acceptable for most theories of justice, which might add some further claims and distinctions. In addition, the capability approach has already found its way into the social scientific literature on child poverty, particularly concerning questions of measurement. This indicates that its general direction is appealing when it comes to children, even though its correspondent normative claims have never been comprehensively spelled out with all its consequences for the theory.

So what are the claims of the approach and what do they mean if extended to children? Probably the most important feature of the approach is that it sees a person's capabilities – or real freedoms – to be and to do certain things as the central information when it comes to assessing her well-being. These "things" are termed human functionings, and some of the most frequently cited in the literature are "being well-nourished", "to appear in public without shame" and "being educated". With this emphasis, its advocates delimit the approach from other theories in political philosophy, which focus, for the purposes of social evaluations, on a person's resources (income and wealth, primary goods), mental welfare (e. g. subjective happiness) or a country's aggregate economic indicators (GDP, GNP) (Nussbaum 2011; Venkatapuram 2011). Now, not all beings and doings are of equal moral and social significance. Taking a swim on a hot summer day is certainly enjoyable for most people, but it cannot be compared in its value for human well-being, e. g.

with the consumption of the medicine one needs to treat a heart disease. Within the approach, it is a controversial issue how the most important functionings and capabilities (which are, as we have seen, real freedoms to achieve functionings) can be identified (Crocker 2008). However, there is reasonable agreement that some of them are so central to the life of every human being that there exists an entitlement of justice for everyone to have the option to achieve them. Mobility, living disease-free lives, satisfying nutritional requirements, being clothed and sheltered and taking part in the life of the community, for instances seem to be achievements everyone has reason to value (Sen 2004; Venkatapuram 2011; Nussbaum 2011).

To be clear, the general focus in the capability approach is on the rational agent. Therefore, its advocates usually claim that there exists a duty of justice to secure a variety of *capabilities* up to a certain threshold, but in the end it depends on the individual and which choices she in fact makes. The freedom to realize a specific kind of life according to one's values is, according to the approach, probably the most important constituent of a mature person's well-being.

Where does this leave children and the entitlements they have as a matter of justice? First of all, it is clear that children deserve, from a capability perspective, the same moral concern as adults, and that all other claims regarding them are infused by this basic assumption. But due to their special status, their entitlements look different from those of adults. First of all, their well-being is not so much influenced by their real freedoms to choose the life they see fit for them as by a broad range of effectively achieved functionings. In the case of children, it is not so much their freedom to be educated that counts, but their actual receiving the education they need for an adequate development. This does not mean that their choices are totally ignored. Children should have a saying in all matters affecting them, and only by participation and inclusion they will manage to learn how to live self-governing lives. However, it would be wrong, neglectful and irresponsible to give them full authority over their circumstances in the same way it is generally demanded for adults (Brighouse 2003). As a consequence, and this is the first central insight we should bear in mind, it can be argued that children are, as a matter of justice, entitled to a certain level of well-being as expressed by means of their functionings. Which functionings count is a complicated matter that can only be decided in close dialogue with empirical research. But the dimensions of (bodily and psychological) health, safety, education, sociality, emotionality and subjective happiness certainly

play a key role in their well-being as children (Fernandes, Mendes, und Teixeira 2011; UNICEF IRC 2013). If children do not reach a certain level of functioning in these domains, this is an indicator that they suffer from a disadvantage; from the perspective of the capability approach it is, thus, crucial and a question of justice to make, also as a society, a reasonable amount of efforts to address their situation.¹

But not only the actual well-being is considered when issues of justice for children are debated. In addition, it must be acknowledged that children generally grow-up into adults and that the quality of their childhoods has an enormous influence on the well-being later on, which includes essentially, as we have already noted, the freedom to live an autonomous live. Insofar, it is definitely also a question of justice and social responsibility that a society be organized in a way that grants all its children – as far as this is possible – a reasonably open future when they get to a stage where genuine self-government is possible (Feinberg 1980; Noggle 2002). Or to put it differently, a range of important life chances should be available to them when they leave childhood – and these chances should not only exist formally. What counts are effective or substantive freedoms, which are indeed feasible to a person, not just on paper but in real live (Sen 1992; Sen 1999).

In summary, justice for children relates on this minimal account both to the guarantee of a certain level of well-being in childhood and to the claim that one should enter adulthood with the inner and outer resources to lead a flourishing life, an aspect that has been termed "well-becoming" (Ben-Arieh et al. 2014). If a social phenomenon capable of being influenced and changed can be proven to endanger these two aspects, it also jeopardizes a just society for children. And this is exactly, or so we want to argue, what is happening regarding to child obesity. We therefore will now turn to some empirical insights which underline some of the ways a child's well-being and well-becoming (as expressed by her functionings and capabilities) gets affected by her obesity.

3. Obesity and Poverty in Childhood

In this section we will now turn our attention to the relation of obesity and poverty in childhood and examine it within our theoretical framework of justice for children. We want to make three points: first, that poverty and obesity in childhood intersect

and do have adverse effects on the actual well-being and the future well-becoming of those children; second, that the causes for obesity and poverty in childhood are structural; and third, that this triggers certain obligations of justice towards those children and their families.

The adverse effects of obesity during childhood and their underlying causation are the topics of ongoing inquiry from different disciplines. We want to distinguish three types of effects. First, there are adverse effects on the health and the physical well-being. Although there are still some uncertainties, a predominant part of the medical literature suggests that obesity during childhood increases the risk of certain illnesses in later life, especially cardiometabolic diseases (e.g. diabetes, elevated blood pressure, lipids, ischaemic heart disease, and stroke), and therefore leads to an increased mortality (Flynn et al. 2006; Han, Lawlor, and Kimm 2010; Reilly and Kelly 2011). Especially the increased prevalence of Type 2 diabetes in children and the prospect of the associated macro and micro-vascular complications have been highlighted as a serious health risk. Also nutritional deficiencies (like vitamin D and iron deficiency), orthopaedic complaints and impaired mobility, pulmonary disorders, asthma and polycystic ovary syndrome symptoms have been found to be associated with obesity during childhood.

Second, obesity during childhood has adverse effects on the psychological, mental and emotional well-being. Obese children are more often targets of bullying, humiliation, denigration and negative peer perception (Lumeng et al. 2010; Sgreci and Faith 2011). They are aware that their bodies are perceived as “ugly”, and themselves as “lazy”. It has been studied that obese children often do want to act against their obesity and thrive for a “normal” weight and body size, but are unable to succeed and make several experiences of failure and deficiency (Mériaux, Berg, and Hellström 2010). Obesity can impact self-esteem and self-perception negatively and is associated with depression, anxiety disorders and other mental health problems (Griffiths, Parsons, and Hill 2010; Russell-Mayhew et al. 2012). These adverse psychological effects of obesity, which can lower the subjective well-being, are much more present in the everyday life of those children than the aforementioned health risks, which often unfold not before adulthood. Obesity is a visible, and therefore also social condition that is often stigmatized and ridiculed, and children often do not dispose of the necessary coping mechanisms to deal with these adversities.

Third, there are adverse effects on the social participation and inclusion of those children. The health problems that come with obesity, the psychological distress and the social framing of obesity do influence how obese children can participate in social activities and how they are and feel included. Experiences of loneliness and exclusion, as well as voluntary retreat in order to avoid possible embarrassing and socially difficult situations, are among the possible results (Pizzi and Vroman 2013; Strauss and Pollack 2003). Shielding oneself from the psychological and social harm of victimization by staying at home, where one can have "everything one needs" in video games, television and food might be employed as a coping strategy, but this only enhances the risk of staying obese. Studies have also reported that obesity impacts the ability to develop and sustain close friendships and romantic relationships, even influencing the probability of marriage in later life (Alice Cheng and Landale 2011; Pearce, Boergers, and Prinstein 2002). The wide-spread prejudice against obesity as being the result of laziness is also relevant on the labor market and in job search, where obese persons are more often disqualified from being hired and less often nominated for a supervisory position; such negative effects of obesity in adulthood, however, are not in our focus here but are dealt elsewhere (Giel et al. 2012).

Given these often lifelong consequences, identifying the underlying causation of childhood obesity and possible methods of its prevention is an urgent need. The general trajectory is that children, as well as adults, are more likely to be overweight and obese as the prosperity level in a society rises, which leads to a stable access to highly nutritional food and a decreased necessity of physical activity. The highest rates of obesity can therefore be found in the most developed states of the western world (USA, UK, Europe, Australia), where they have significantly increased over the last twenty and thirty years. Today more than one third of the children in those countries are obese (Moreno Aznar, Pigeot, and Ahrens 2011). Of particular interest for our argument here is the fact that in richer societies, obesity is more prevalent among children with a lower social status and among those living in poverty. Obesity and poverty intersect and, as it seems, fortify each other and its adverse consequences. If growing up in poverty means being more likely obese, then this is another dimension of disadvantage these children face, which makes it even more difficult for them to cope with their situation and to escape poverty in later life (Jenkins and Siedler 2007). Obesity adds to the many obstacles children from low socio-economic families already face: they are more likely to become excluded because they are poor and

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because they are obese, and they are stigmatized because of their poverty and their obesity. Obesity has developed from a sign and marker of a higher social position into one of lower social status.

The reasons for this relationship between obesity and poverty in childhood are still not fully understood, but at least two conditions appear to contribute to their junction here. First, the neighborhood in which poor children grow up often lacks adequate opportunities to play and to be active outside, either because playgrounds, sports fields or parks are scarce, broken or completely missing, or because the environment is perceived as insecure due to crime or heavy traffic, leading parents to avoid letting their children to go and be outside (Gilliland et al. 2012; Huybrechts, Bourdeaudhuij, and Henauw 2011). Poor children are more likely to grow up in "obesogenic" environments, in which they do not find much opportunities to be physically active, developing, as a consequence, "obesogenic" behavior (Wickins-Drazilova and Williams 2011). Second, the parents of children with a low socio-economic status often face problems and distress themselves, which makes it more difficult for them to counter the "obesogenic" environment and behavioral patterns of their children. The lack of money to buy healthier food, to pay for sports clubs memberships or for equipment, the lack of time to accompany their children to go out and be active due to long working hours or the lack of information about healthier lifestyles, nutrition and the risks of obesity, all can further contribute to obesity during childhood (Johnson, Pratt, and Wardle 2011; Wells et al. 2010). Lack of access to health care or a general reluctance towards the health care system might also be an influence. Another important factor is the intergenerational persistence of obesity: obese parents often transmit involuntarily behavioral patterns sustained by themselves to their children, such as using food for stress relief or sedentary and inactive lifestyle.

So far, the knowledge we discussed all points to the conclusion that obesity and poverty in childhood are entangled, and that they both contribute to a restricted well-being and lower chances of well-becoming of these children. Furthermore, it seems that parental behavior and choices are not solely to blame for the obesity of their children, although they are an important influence. Parents and care givers living in poverty have less opportunities and means to manage the task of staying healthy and active in an "obesogenic" environment, in which fast food, the usage of car for mobility and sedentary activities are cheap, easy to access and predominant. Obesity is rather a social product than an individual choice, a truism especially for

children who are inadequately equipped to have a real choice whether or not to grow-up in an "obesogenic" environment or are imposed with an unhealthy life style. This substantiates our claim that obesity poses a violation of certain justified claims of justice of these children. They are in significantly inferior positions to develop and obtain the capabilities and functionings to which they are entitled, especially to live a healthy life and to develop self-confidence and self-respect.

But what does this mean for the design of a more just society for both children and adults? The diagnosis of an injustice can only be the first step, demanding to ask further for the involved responsibilities and to look for interventions. It looks as if there are at least three types of agents involved, who all share certain responsibilities based on their relationship to these children and their situation: the parents and families, the children themselves, and the state and its institutions. We have already discussed both the influence and the limitations of parents and families. Then there are still the children themselves, who have, according to our view of an evolving capacity of autonomy, at least from a certain age and developmental status on to take some responsibility for themselves and their lives. It is obvious that young children are in a weaker position, as are children who grow up in disadvantaged conditions. Their responsibility is indeed limited, but it would be overly paternalistic and itself discriminating to deny them any agency in this matter (Hill et al. 2004). Finally the greatest responsibility lies on the hands of the state and its institutions: they are to arrange education, health care and other public services in a way that "obeseogenic" environments are reduced and that both parents and their children are equipped with the knowledge and the resources to counter their obesity-promoting behavior. This can be reached by different measures, which are still in debate; it is nonetheless clear that the particular status of poor children is a sensitive issue here, which needs more attention (Milteer, Ginsburg, and Mulligan 2011; ten Have et al. 2011). If there is a clear link between the social and natural environment and obesity, then it is a justified claim that these environments should be changed. The intersection between poverty and obesity is a clear indicator that poverty reduction and social services targeting these aspects can also be benefitting, which adds to the long list of social favorable externalities of poverty reduction and decreasing social inequality. It is this bigger picture that is often overlooked in the public and scientific debate about childhood obesity, which focuses rather on the individual and her shortcomings.

4. Regulating the young, poor and obese body

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So far we have argued that the intersection of obesity and poverty in childhood is a violation of justice and that there is an obligation to implement structural changes to counter it. Now we want to turn our attention to the difficulties that arise in the way to exercise those obligations, given the superstructure of current capitalism. We want to show, in particular, how the present social and political discourse on obesity and the measures to counter it create marginalization and exclusion, and that, accordingly, there are also violations of justice happening in the way obesity is perceived and governed in modern western societies. As a consequence of this necessary critique of the current biopolitics of childhood obesity (Wright and Harwood 2009), we will argue that it is particularly important to implement measures against the development of obesity in childhood in a reflective and inclusive way, which is not interfused by neoliberal conceptions of the fit and healthy body. There are high risks attached even to the best-intentioned attempts to help obese children, and the philosophical discourse on justice for children itself is not immune to the danger of becoming an involuntary partner in crime in the exclusion and denigration of obese children.

A first thing to note is that the current discourse on obesity is highly moralized and influenced by a neoliberal and libertarian notion of individualism. This means that the individual person is positioned as being primarily responsible for her choices in life without taking the wider social, economic and political context into account (Benforado, Hanson, and Yosifon 2004; Rail, Holmes, and Murray 2010). Furthermore, a particular form of the body – the fit one – is of central importance for the neoliberal, who constructs it as “a desirable, commodified site of transformation for the consumption of globally available symbolic capital” (Azzarito 2009, 183). Obesity, according to this reasoning, is constructed as a personal lifestyle choice, and losing weight, simply a decision one has to make, as Phillip “Dr. Phil” Calvin McGraw puts it in the opening phrase of his bestseller “The ultimate weight solution” (McGraw 2003). However, it is not just a lifestyle choice among others. Obesity is frequently stereotyped as an extremely negative condition one simple has a duty to avoid. This becomes particularly clear when the negative influence of obesity on people’s health is publicly affirmed and discussed or, when the World Health Organisation labels obesity a “disease”, currently causing a global epidemic (WHO 2014) at immensely high social costs. Hence, obesity is not only described

as harmful on the individual but also – and maybe more importantly – on the societal level. To be clear, the WHO's approach to the alleviation of obesity is not the narrow individualistic one preferred by neoliberal ideology; what often remains of its messages in the public discourse is, however, the identification of obesity as a dangerous and deviant phenomenon that needs to be combated. Indeed, attempts to reduce overweight among the population have been termed a "war on obesity" (Kurzer and Cooper 2011), a formulation also to be found frequently in the mass media and everyday usage. Such an attitude, combined with the mentioned focus on the individual, easily leads to images of obese people and children as the ones to blame not only for their overweight but for the costs society has to bear for them in terms of health care, unemployment and decreasing productivity (Cawley 2010). Being fat is, according to a widespread and publicly affirmed opinion, something one should be ashamed of.

Discourses, which stress personal freedom and responsibility are also extremely influential in public policy decisions, particularly in the US (Brownell et al. 2010). Influenced by lobbying efforts of the food industry, there is an established rhetoric against any attempts of government intervention, which are interpreted as an attack on individual liberty and freedom of choice. And even if Obama's administration has made numerous efforts to look at obesity as a public health issue, the individualisation of responsibility for one's own life situation is still deeply rooted, not only in the US but in most countries where neoliberal forms of governmentality are established.

As a consequence of these attitudes, obese people are often automatically categorized as lazy, weak-willed, greedy and as a risk factor for a good society. Despite the evidence that obesity is bad, they do not manage, or so it is argued, to control themselves. They are blamed for failing to get the right balance between eating and exercise and for not fitting into "normal" and healthy categories. Or, to put it differently, due to personal failure they are not able to regulate their bodies according to the dominating conceptions of health and the example of a good and able bodied citizen – and consumer. As was argued elsewhere, this discourse generates pressure on individuals by placing them under constant surveillance and pushing them towards monitoring themselves and their bodies (Rail, Holmes, and Murray 2010). In this sense, there are entire "biopedagogies" at work, which can be understood as normalizing and regulating practices of "life itself" (Rose 2007) in different institutions and levels of society. They define standards of normality and

thereby segregate and “manage” individuals according to their positions in such a frame of reference (Harwood 2009). There is also strong evidence that “body size” plays an increasingly important role in society’s conception of normality. It has become an important axis of signification that is a social category used to differentiate members of a society. Such axes reflect a distinction between social groups and allow an analysis of power structures and systematic social disadvantage. Gender, race, social class, sexuality, religion, national identity, disability and age are now well-studied axes of signification that should be studied in relation to each other, since they can be seen as intersecting mechanisms of power, which co-produce exclusion and marginalization (van Amsterdam 2013; Lykke 2011). From such a perspective, it becomes clear that body size categorizations can function very similar to racist, ableist and misogynist logics in establishing social hierarchies. It can even be argued that having a “deviant” fat body is particularly stigmatizing in a neoliberal perspective of the subject, since it is – as shown above – connected to personal failure and not a characteristic one cannot change easily.

The body, then, is much more than pure biology. It is a site where social meanings are manifest and where identities are established and negotiated (Gard 2009). In this context, it is important to note that the concept of health used in the obesity discourse is an elusive one. Although it is frequently presented as a “neutral” scientific concept, it has been pointed out that it is extremely value-laden and full of cultural significance. Health is often primarily linked to a specific body shape and associated with ideals of beauty that are intertwined with elements of the dominant racist, sexist, heterosexist and ableist ideology (Rail, Holmes, and Murray 2010). Consequently, if people do not conform to the ideal of a white, thin and able-bodied citizen, the concept of health is a powerful tool to pathologize the working classes, ethnic minorities and the poor, and to legitimate class and racial privilege (Azzarito 2009).

In this discourse on obesity, children play an important role – it has been recognized that childhood is the most important phase in its prevention. However, the dominant opinion is that it is primarily the parents’ duty – with a special focus on the mother – to ensure that children have a “normal” body size (Maher, Fraser, and Wright 2010). This, again, reflects the neoliberal ideology, according to which individual citizens are almost exclusively responsible not only for themselves, but also for their offsprings. Of course there are government

programmes in many countries aiming at reduce childhood obesity; however, they usually focus on a narrow conception of the fit and healthy body, ignoring factors such as class, ethnicity, poverty and culture, which shape a child's identity and self-perception. Children and their families are directed to make better nutrition choices and to exercise more, which, again, put the pressure on individuals without taking the bigger picture into account. And this is exactly why a society's undifferentiated dealing with obese children can easily serve to reinforce moral boundaries against minorities and the poor (Campos et al. 2005, 58). Furthermore, it is often the case that images of an ideal fit and healthy body are put forward, which (a) cannot be achieved realistically and (b) do not reflect culturally shaped conceptions of beauty and health (Azzarito 2009). Not surprisingly, children who do not conform to the purported ideal of health and beauty, often perceive programmes to control obesity as stressful and inducing anxiety and guilt (Rich and Evans 2009). They are at risk of feeling ashamed for themselves, of the further reduction of their self-esteem and of developing or maintaining eating disorders (Lowry, Sallinen, and Janicke 2007).

Following from these considerations, it is clear that measures to reduce the prevalence of obesity in children have to be carefully implemented, taking socioeconomic and cultural factors of a society into account. Preventing obesity must not happen in accordance to the current neoliberal fitness and health ideology and its related narrow individualism, but rather leave room for culturally and socially shaped experiences of the body. Some projects and initiatives show that such an approach is feasible and that it is possible both to work on a positive body image for all children participating and to reduce eating disorders and obesity levels (Beausoleil 2009). However, such undertakings must always happen in a critical social perspective and work on the reduction of racism, sexism and ableism. Most importantly, they must break with the all-embracing images of neoliberal ideology.

5. Conclusions

In our article, we have argued that the intersection of obesity and poverty in childhood affects many different dimensions and aspects of children's lives and their claims for growing up in accordance with what justice demands. Each child is entitled to

conditions that support their well-being and well-becoming. Poverty and obesity disrupt those claims in different but interrelated ways. Foremost obesity adds to serious health risks already connected to poverty. Furthermore, stigmas attached to obesity as well as poverty also have striking similarities in how they exclude, harm and dominate those who fall short of the expectations of 'normality'. Poverty research, which has far too long neglected how poverty disrupts the psychological and social well-being of children and rather focussed on more easily measurable factors such as household income, now presents us with overwhelming evidence that especially "inner" dimensions of poverty are experienced as harmful (Ridge 2011; Yoshikawa, Aber, and Beardslee 2012), urging critical research on obesity to also take them more seriously, avoiding a solely medical point of view. Shame, sadness, the fear of being identified for being different, isolation, loneliness and the self-perception of being ugly and lazy weigh hard on those children's minds and bodies, and not all of them have the resources and abilities to cope with these burdens. The social production and perception of poverty and obesity threaten their well-being, and well-becoming and it is an societal and political obligation to intervene, but in ways that are not harmful themselves.

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Notes

1. The phrase "reasonable efforts" relates to circumstances, in which the relevant level of functionings of a child can only be achieved at extreme costs, which exceed the demands following from justice (Kelleher 2013).