A LEGITIMATE OR AN ILLEGITIMATE PROBLEM?

How School Nurses Establish a Logic of Distinctions among Children who are Overweight or Suffer from Obesity

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Overweight and obesity among children has gained increased attention as one of the most unequally distributed health problems. This article draws on interviews with school nurses, who in their daily work handle this problem. Their responses articulate a discrepancy between the general view on overweight and obesity as a "disaster" for the afflicted children and the practice of turning "a blind eye" to specific cases. The aim is to examine how the school nurses in their dealing with the problem handle this discrepancy and make it logical. It is argued that a distinction between "legitimate" and "illegitimate" is apparent in the school nurses' understanding of overweight and obesity. This distinction depends on how they, in moral terms, categorize foods and habits, children and parents.

Keywords: overweight and obesity, children, school nurses, moral balancing, the morality of time

In medical research, on the political agenda and in the media debate, overweight and obesity have attracted increasing attention in the last decades (Sandberg 2004; Monaghan 2008; G. Nilsson 2011); this attention has constituted a discourse of obesity seen as a global epidemic (cf. WHO 1998; Lissner et al. 2000; Moyers, Bugle & Jackson 2005). The rise of awareness has in particularly been applied to children (Flodmark, Lissau & Pietrobelli 2005; Reilly 2007). Altogether, the different inputs in the matter have reinforced a consensus in understanding overweight and obesity as a serious public health problem (Carlsson 2007; Nylander 2010; Skott 2013).[1] This is not least due to the fact that it is considered one of the most unequally distributed health problems (Karnehed 2008; Singh, Siahpush & Kogan 2010; Sjöberg et al. 2011; Socialstyrelsen [The National Board of Health and Welfare] 2011b). There is a recurrent notion, apparent in both medical research (Lissner et al. 2000; Rasmussen et al. 2004; Magnusson 2011) and more generally (Sandberg 2004; Nilsson 2008) that overweight and obesity can be linked to socioeconomic vulnerability, more specifically that it can be explained in terms of social class and ethnicity. As a result, strategies and policies have been formulated on all political levels (internationally, nationally, locally), in order to deal with the problem and to try to attain better levels of health equity (cf. CSDH 2008; Socialstyrelsen 2011a; Stigendal & Östergren 2013). By extension, different professional groups

have come to engage in the monitoring, prevention and care of the afflicted children. School nurses have been identified as key persons for communicating lifestyle and health recommendations to pupils (Harjunen 2003; Pyle 2006; Clausson 2008; Rich & Evans 2008; Steele et al. 2011). At the same time their importance is thought to have been largely overlooked in the prevention and treatment of overweight and obesity (Moyers, Bugle & Jackson 2005; Morrison-Sandberg, Kubik & Johnson 2011). The need for further research to identify and understand the barriers in the work of school nurses is therefore being argued (Nauta, Byrne & Wesley 2009).

This article addresses the work that school nurses in Malmö, Sweden, perform on a daily basis. Every second year over a period of at least nine years, these nurses monitor the weight and bodily development of the pupils, and also carry out so-called health talks with them.[2] The aim is to study how school nurses, in their professional practice, act in relation to the public health discourse on overweight or obesity among children and to examine potential discrepancies in how they see the problem. Is their work marked solely by medical understanding and political guidelines, or do they have scope for making their own definitions and creating their own practices? What role does cultural conceptions and the moral basis on which they treat individual cases play in their interpretation of the problem? Are there differences in how they deal with the problem, depending on how they categorize the children and parents they encounter? Do their presumptions about the city district in which they work, and of the inhabitant profile there, influence their work?

Theoretical Point of Departure

As an epistemological basis for approaching these questions, a constructivist perspective is applied; in order to problematize the cultural aspects associated with the acknowledgement of a public health problem. Sociologist Lee F. Monaghan argues that the "obesity epidemic" has been simultaneously co-constructed by various moral entrepreneurs with medical experts as the creators of the problem, media serving as amplifiers and politicians as the ones legitimizing the matter (Monaghan, Hollands & Pritchard 2010; cf. Evans 2010; F. Nilsson 2011). In this perspective the school nurses can be seen as administrators or enforcers of the obesity epidemic discourse. As such, their daily practice can be understood in Foucauldian terms as bio-pedagogy, having a significance and function based in a wider context of bio-power, fulfilling part of the endeavour of modern society to control the bodies of the citizens and to fit them into a given frame of normality (Monaghan, Hollands & Pritchard 2010; cf. Foucault [1974]1993). Other researchers, however, draw attention to the circumstance that school nurses quite often work without guidelines or supervision and instead rely on their own ideas of how to conduct the work (Neymark & Wagner 2006; Reuterswärd & Lagerström 2010; Müllersdorf et al. 2010). Many studies show that school nurses perceive preventive work to reduce overweight and obesity as being difficult for various reasons, such as a lack of time, knowledge and support (Moyers, Bugle & Jackson 2005; Steele et al. 2011).

Thus, there is not necessarily any immediate relation between the discursively substantiated medical and political will to curb the problem and the actual work of the school nurses (cf. Steele et al. 2011). Rather, it becomes important to investigate the correspondence or discrepancy between the obesity discourse and the daily practice of the individual nurses. It will be argued that school nurses establish their own logics, from which their work situation is made manageable. For the purpose of describing how this is done, the dichotomy legitimate and illegitimate overweight and obesity are employed. The analytical layers of these two concepts will be elaborated throughout the article by applying three separate, but coherent, theoretical frames. Together they will help demonstrate how a certain view on morality operates on all these layers, determining who is *doing*, as well as *being*, right or wrong in the eyes of the school nurses. American sociologist Howard S. Becker's ([1963/1991]2006) view on deviance and the construction of the "publically labelled wrongdoing" is paired with likewise American anthropologist Richard Wilk's take on moral balancing in

relation to consumption (Wilk 2001). This is to elaborate how the distinction is done between legitimate and illegitimate overweight and obesity by means of cultural conceptions of certain foods and habits. An intersectional perspective, drawing on British sociologist Beverly Skeggs' studies on gender and class, leading up to the concept of "respectability" (1997), is used to further emphasize the significance of how ascribed subject positions have presupposed associations to (im)morality. This perspective is then elaborated further with a post-colonial take on how otherness in terms of nationality, ethnicity and place are morally charged and becomes central for how the distinction is done. This approach is applied in order to enable a problematized understanding on the cultural micro level of how the views and practices of the school nurses are made logical to themselves, but also in order to, in a systematic way, illustrate the multifaceted meaning of the dichotomies legitimate and illegitimate overweight and obesity.[3]

A Negotiable Problem?

The article is based on eleven interviews with school nurses in Malmö, mainly carried out during 2011. Malmö is a socio-economically segregated city with ethnic diversity and increasing differences in the population's state of health (Stigendal & Östergren 2013). The political administration is divided into city districts with a certain amount of self-government concerning matters such as school health. However, specialized treatment of children suffering from obesity is conducted on a regional level at the Child Obesity Unit at the Skåne University Hospital (SUS). Thus, there are two sides of the efforts made. On the one hand, work is carried out by school nurses in the city districts, where the socio-economic situation of the inhabitants differs considerably between the districts. On the other hand, there is an offer of treatment which is centrally organized, proposing to be equal for all children.

This study as a whole aims to cover contrasting structural preconditions for handling the problem and to show how supposed socio-economic differences among the inhabitants has influenced the way in which professionals have communicated health issues with families with children suffering from overweight or obesity. For this purpose, a selection was made in which those districts with characteristics corresponding to a particularly high, alternatively low, socio-economic status was included, as well as a particularly high or low degree of ethnic diversity. The selection was based on the official statistics of Malmö's population with regard to living standards, labour, income, level of education etc. (Malmö stad 2010). The reason behind this was not to compare the actual problem in each district, but to show how the professionals' knowledge and awareness of the structural conditions in their own or in other city districts are expressed in their accounts of their work. In this article, it is the cultural conceptions, norms and categorizations in the daily work of the school nurses that are specifically emphasized.

In the interviews, topics such as how the nurses perceived the problem, both in general and more specifically, were covered, as were their views on pupils and parents, both in terms of identity and habits. Their notion of opportunities or barriers in their daily preventive work was also discussed. The practices and views described in the interview material are markedly similar. It varies, however, whether they are referring to a general definition within the public health discourse or to specific situations in their work with individual children. In answer to the direct question if they consider overweight and obesity as a serious problem, all school nurses give affirmative answers. The problem is described as extremely serious, almost as a disaster that urgently needs to be dealt with for the sake of society as a whole, and in particular for each afflicted child. They are in agreement that as professionals they need to work actively with preventing the problem and confirm this as being part of their instructions (cf. Steele et al. 2011; Morrison-Sandberg, Kubik & Johnson 2011).

A recurrent part of their work is to perform health screens in order to monitor the pupils' weight. This procedure is defined in what is sometimes mentioned as "the handbook".

> We have our handbook for reference. Is the BMI 25? Then we should start a dialogue. Is it 30? Then we send the child to the Department for Child Obesity. We simply follow the handbook […] I am a rigid kind of person [laugh] so this suits me fine. And it is equal for all.

In this quotation, it is clear that the school nurse bases her definition of the problem on the medical understanding of deviations in weight. This is the same definition, drawn from policy, that is being used by authorities in the City of Malmö and the Region Skåne. Children who have an age-adjusted BMI (Body Mass Index) of 25 are considered overweight, while those with a BMI over 30 suffer from obesity. Overweight children are offered support in the form of scheduled talks with the school nurse and those who suffer from obesity are referred to further treatment. This approach makes the work situation for the school nurse relatively unproblematic, or "rigid", as she laughingly describes it. At the same time, she points out the advantage of it being "equal for all".

Nevertheless, this is a relatively unusual attitude (cf. Moyers, Bugle & Jackson 2005; Nauta, Byrne & Wesley 2009). On the contrary, BMI is often described as a far too blunt method of determining who is overweight and who is not. A vast majority of the interviewed school nurses choose not to use the method at all, or if so, rather in addition, to using their own experienced eye in estimating what is normal and abnormal. They consider this to be a better judge (Fioretos, Hansson & Nilsson 2013). In actual fact, the judgement concerning what might, or might not, be defined overweight and obesity, was not particularly clear-cut. It was open for individual interpretation.

> I have started to raise the level of what I consider as overweight. Children usually do not follow growth charts exactly. This is when I think, "I can turn a blind eye to this kind of overweight, no need to draw attention to this child." Perhaps we need to widen our view concerning overweight. In some ways, we must accept that we may put on a few extra kilos.

This description demonstrates how the guidelines are not followed "rigidly". Trusting her own experience, the nurse adjusts her estimate according to what she considers to be a more correct understanding of bodily variation than is allowed by BMI. Her pragmatic view seems to challenge the official estimate of what is, or is not, the normal weight of a child. The examples are chosen to illustrate the discrepancy between the understanding that overweight and obesity are a "disaster" for the afflicted child, in accordance with the public health discourse, and the tendency of turning a blind eye to specific cases. This is a reminder that medical problems are social and cultural constructions, not only on a general discursive level, but also concerning individual cases (Rubington & Weinberg 2003). The school nurses are thus important actors when it comes to "creating" the problem, not only in the "administration" of it (Monaghan 2010). A main argument in this article is consequently that overweight and obesity are a negotiable problem in the views and practices of school nurses in Malmö.

In order to elaborate on this discrepancy, I propose to use Howard S. Becker's interactionist theory of deviance. In his classic book *Outsiders*, Becker has studied how society labels people as deviant (in his case, marijuana users and jazz musicians) by identifying problems, formulating rules and keeping a lookout for offenders (Becker [1963/1991]2006). A central approach for Becker is the constructivist view of deviance as something that is created by the person who labels the deviant, instead of something that is produced by, or is part of the person who is described as deviant. Applied to this case, "society" (in terms of e.g. medical science, politics or the media) can be said to have labelled overweight and obese children as deviant; more specifically, discursively reinforcing a consensus in describing their individual bodies as part of a serious public health problem within the context of a "global epidemic". Based on this, a standard has been formulated concerning the normal weight of a child's body and when it becomes overweight – the BMI-chart. School nurses are then instructed to monitor the children, keeping a watch on their weight and to take action if they deviate from normality.

In a few cases, the school nurses' work is described as such; this was seen in the first of the two examples above. A more important question, however, is why a majority of them tend to view the problem as negotiable. In reference to Becker's theory, an answer might be that a characteristic of keeping a check on offenders is a recurrent need to "compromise with evil" (Becker [1963/1991]2006). One of Becker's examples concerns the way the police handle offenders of the law, more specifically marijuana users. Since the police lack the resources to deal with all crimes, which they are expected to do as custodians of the law, they are forced to give priority to certain crimes and to postpone or ignore dealing with other. The consequence of this is that in practice those cases that are left without attention are no longer labelled as offences. This is similar to how the school nurse above chooses not to see the overweight, despite the fact that as a professional nurse, she is expected to deal with it according to the guidelines. It is simply impossible to manage all the children who are overweight (cf. Steele et al. 2011; Morrison-Sandberg, Kubik & Johnson 2011; Reuterswärd & Lagerström 2010). Instead she suggests that it might be better to change the definition. Meanwhile she stretches the limits of what is normal, now fitting what was formerly (and officially still) considered as overweight into normality.

A clue to understanding how school nurses deal with this dilemma is found in a significant phrase in the quotation: "I can turn a blind eye to *this kind of overweight*." In Becker's view, the custodians of the rules, the police, or in this case the school nurses, need to justify their inability to deal with all marijuana users, or here, children who are overweight. To achieve this, they must formulate their own reasons for the distinction they make between which deviations to deal with and which to ignore. They must establish their own logic to work within. Considering this line of thought, it becomes important to examine which criteria are at play in this logic of distinction. Which new "rules" do they formulate, that construct deviance when broken? In the following two sections, the school nurses' views on the causes of overweight and obesity will be discussed in terms of criteria for distinction.

Creating a Logic of Distinction

A recurrent theme in the interviews is various explanations of what causes overweight and obesity among children. Medical research strongly supports a genetic explanation (Lindroos & Rössner 2007). However, both researchers and the school nurses of this study appear to be in agreement that the most suitable preventive measure at present is to make changes in habits concerning eating and exercise (Nowicka & Flodmark 2008). Consequently, it should be possible to address the problem by aiming for a balance between the intake of energy (in the form of food) and the spending of energy (in the form of physical activity). In the accounts of the school nurses, this formula does not seem to apply without reservations. Neither food nor physical activity constitutes neutral occurrences in the interviews. Instead it is apparent how historically constructed cultural norms and conceptions are allowed to influence the assessment. The moral charge of different foods and habits will be further elaborated below, but first some general remarks about the cultural significance of body and weight are called for.

The point of departure in the anthology *Fat: The Anthropology of an Obsession*, is that "fat means a lot of different things to a lot of different people" (Kulic & Meneley 2005: 1). Fat, in other words, is accompanied by strong culturally contextualized connotations. For example, in different times, and different parts of the world, the fat body has varyingly come to represent either the rich or the poor. From a Western, Protestant perspective, overweight people have long been understood as individuals unable to restrain their desires. Fatness has been understood as a sign of failure, carelessness and neglect (Sandberg 2004; Døving 2007; Nilsson 2008). The ethnologist Fredrik Nilsson offers a historical perspective on how moral entrepreneurs were concerned with obesity and created the idea of a public health crisis (F. Nilsson 2011; cf. Cohen [1972]2007). In this perspective, being overweight or obese is by definition something negative. Public health issues are still permeated with expectations of self-regulating citizens who are aware of risks and are able to take

responsibility for themselves (Bildtgård 2002; cf. Foucault [1974]1993). A central idea in the book *I skötsamhetens utmarker* (On the Edges of Propriety) (Börjesson, Palmblad & Wahl 2005) is that deviating groups are incorporated in a moral order, in which habits and lifestyles are structured and described in relation to a moral responsibility for the problem. Institutions for public welfare such as school health constitute arenas for negotiating moral questions.

However, it is not only in relation to "normal weight" that overweight and obesity are organized hierarchically in a moral order. The various causes of why the problem occurs are also morally evaluated in the same manner. A right way and a wrong way concerning the habits leading up to the problem seem to be represented in the accounts of the school nurses. There is legitimate and illegitimate overweight and obesity. In the former case, the child and parents are relieved of the responsibility for the overweight of the child; in the latter case, they are held responsible. This distinction can be understood with the concepts of badness and sickness (Conrad & Schneider 1992). Monaghan writes that even after the point when a deviance such as obesity is defined in medical terms (obesity is today considered a disease, while overweight is seen as a state of risk), there is still a fine line between "sickness" and "badness". The amount of compassion and care an overweight person is considered to deserve depends on which side of this narrow line she or he is positioned (Monaghan, Hollands & Pritchard 2010). In this case one could argue that the nurses' various descriptions of the causes imply that certain kinds of overweight and obesity more easily can pass as "sickness" and therefore be seen as legitimate, while others tend to be regarded as the effects of "badness" and are thus considered illegitimate. This assumption is illustrated with the description made by one of the school nurses as to why one of the girls at her school had become overweight.

> It is possible that she has a slightly slower metabolism. Perhaps it is a bit unfair. She might be "allergic to calories," as we say. And she likes food very much. She always took second helpings, she liked eating. And she ate very quickly; she had already finished two helpings, while the rest of the family had one.

Here, part of the problem is presented as unfair and as a combination of unfortunate circumstances. The cause is described as a biological disorder in the form of a slow metabolism; in combination with the circumstance that the girl eats fast, this has resulted in overweight. When compared with allergy, which is a diagnosis with no immediate connection to lifestyle, the situation is given a medical status as a disease (cf. Kleinman 1988).[4] The responsibility is moved from the girl and her family to become a biological variation outside of her control.

Nonetheless, the example does not only contain a biological explanation, it also refers to the girl's eating habits. The "allergy" is only triggered in combination with eating too much. This might have led to negative associations, implying that the girl was grabby and unable to restrain herself, but it does not. Contrarily, the responsibility of the family is not questioned. A relevant point here is to reflect on the cultural norms and values, which indirectly come to light. This might provide a clue as to how the school nurse assesses the family in moral terms. Cultural anthropologists and food ethnologists have long problematized the cultural meaning of our eating habits (cf. Mauss [1923–24]1972; Douglas 1972), describing the set of cultural norms that regulate what is edible in a certain context, and how and when food should be eaten (Belasco 2008; Jönsson 2013). A central phrasing in the quote is that the girl "had already finished two helpings, *while the rest of the family had one*." The conveyed image is that of a family sitting down together to eat a meal, possibly home cooked, probably dinner.

The ethnologist Håkan Jönsson describes how a family who gathers for regular meals consisting of home cooked food is a powerful normative ideal in Sweden in the twenty-first century. It is often considered crucial for keeping the family together (Jönsson 2005). Dinner is particularly bound to ideals of eating together and to health (Wilk 2010; Anving 2012). An opposite to this ideal is when members of

a family microwave their fast food, one at a time and eat alone, perhaps even without sitting down to eat. This eating habit is contrary to normative behaviour and is even assumed to threaten the cultural order of the meal as well as the unity of the family (Jönsson 2005). The circumstance that the eating habits of the family referred to in the quote, live up to this normative ideal might be what leads the school nurse to regard the overweight of the girl as legitimate, thereby relieving the parents from responsibility. Thus, it is possible to maintain that the biological explanation in the quotation is intended to be supportive of normative moral behaviour.

So far, the intention has been to show how the family's responsibility for the overweight or obesity of the child is negotiated to become lesser in the school nurse's description of their habits and lifestyle. In the following section, it will be shown how instead the responsibility is ascribed to the family and the problem is regarded as something that has nothing to do with biological disorder.

Moral Balancing and the Morality of Time

The school nurse quoted above consider the overweight of a girl to be "unfair"; this implies that she sees some overweight as "fair", in the sense that it is self-induced. In the following this discrepancy will be illustrated with an example that describes families whose children, as the school nurse sees it, become overweight because of their lifestyle.

> There might be difficulties in setting boundaries. The children are allowed sweets every day for instance. And they eat more biscuits out here than in other parts of Malmö, it is part of their background somehow. But you cannot have biscuits in the morning for breakfast, now can you?

According to this nurse, the overweight has not emerged by chance; it derives from a certain lifestyle. It does not originate in a coincidence of a slow metabolism in combination with a good appetite. Instead, it is caused by eating certain kinds of food, more specifically, overdoing the sweets and biscuits. The explanation not only makes the family responsible, but actually blames it for the overweight. This becomes clear in the suggestion that these families eat more biscuits than other families, but also explicitly in the formulation: "But you cannot have biscuits in the morning for breakfast, *now can you?*" The overweight appears as an immediate result of "badness" in Conrad and Schneider's (1992) use of the term and consequently becomes illegitimate in the eyes of the school nurse. The nurses thus argue from the basis of a particular morality associated with certain habits or certain kinds of food in a specific cultural context. The cultural meaning of the biscuit has long been a focus for anthropology and food ethnology (cf. Mauss [1923–34]1972; Douglas & Nicod 1974). The social anthropologists Runar Døving and Maja Garnaas Kielland (2013) describe an interesting paradox in that it is culturally mandated for women to bake cakes, but accompanied by negative connotations to eat them.

Anthropologist Richard Wilk has long taken an interest in the connection between consumption and morals. He maintains that certain, quite often similar, choices of consumption for various reasons are defined as good or bad. Wilk states that from a Western point of view, to keep gold bars in the bank is regarded to be well-advised and sensible, but to wear thick gold chains around one's neck and wrists is considered vulgar and ostentatious (Wilk 2001). Similarly, in an article of how "the society of today" is represented in popular medical texts on obesity, I have shown how various foods are regarded as either good or bad, which in turn influences the understanding of them as more or less healthy. One example is a sausage bought at the local hot-dog stand, which normally, in terms of nutrition, has been regarded as "junk food for industrial workers and labourers" (Arnstberg & Björklund 1991). In comparison with a hamburger from a global hamburger chain, however, the sausage becomes charged with positive values such as nostalgia and the "small-scale" of it. In such a way, the sausage is given the aspect of better and healthier food (G. Nilsson 2011).

Considering food such as cake and biscuits, crisps, sugared drinks, fast food and sweets, these have become negative symbols for overweight and obesity,

independent of what actually caused the problem in each individual case (Sandberg 2004; Døving 2007; G. Nilsson 2011). Thus, to consume these symbols becomes an example of what Becker terms "publicly labelled wrongdoing" (Becker [1963/1991]2006; cf. Monaghan, Hollands & Pritchard 2010; Døving & Garnaas Kielland 2013). Contrarily, the consumption of food that in a certain cultural context is labelled as good, implies health – as when dinner is had as in the quote above. Börjesson, Palmblad and Wahl consider health and social adjustment to be closely associated, creating ideals concerning lifestyle. "Adjustment to prevailing cultural norms and values, seems to be the central point around which the medically resounding word health revolves" (2005: 113, translation from Swedish). In view of this reasoning, consumption of such food that is discursively labelled as examples of "wrongdoing", makes the obesity illegitimate per se, while the opposite case may be seen as legitimate.

A particularly noteworthy point in the quotation above is how cultural conceptions of right and wrong are associated with time. In the school nurse's description, it is clear that she structures eating in accordance with what I would like to term a morality of time. Consequently, eating biscuits and sweets is not only seen as unsuitable with regard to nourishment; from a cultural perspective, the time when it is eaten is also wrong. This is distinctly phrased in the sentence "you cannot have biscuits *in the morning for breakfast*," but also in the statement that the children are allowed sweets "*every day*", which implies a deviation connected with time. This is reminiscent of Døving and Garnaas Kielland's description of how the notion "Saturday all week" (in the meaning of eating sweets every day) is thought to lead to social decay in Norway. Again, we are dealing with a cultural order of a meal, in which eating and drinking at a certain time can be perceived as deviating and perhaps even harmful, while eating and drinking the same thing might be entirely acceptable at a different point in time. As stressed by Døving and Garnaas Kielland, "cake is taboo outside of certain ritual settings" (2013: 89). In a Swedish context, eating biscuits for breakfast is wrong, while serving seven kinds of biscuits and cakes for afternoon coffee on Sundays is, according to tradition, right. Sweets every day is wrong, while eating sweets on a Saturday is right.

Wilk suggests a feasible analytical approach that would enable an understanding of the strong ties between time and moral, based on the idea that society is organized according to a recurrent chronological rhythm between sin and guilt, pleasure and restraint. This can be seen in the strict division between working hours and leisure time in modern society. With reference to Nichter and Nichter (1991), Wilk writes that every day and year throughout life is structured according to this rhythm. It consequently applies to eating; legitimate indulgence takes place while having a break, at weekends, holidays or after retirement (Wilk 2001). Descriptions of society in popular medicine are shown to include severe criticism of our present day society concerning matters that are regarded as a shift in our chronological division between pleasure and restraint (G. Nilsson 2011). One medical expert writes that after changes in the food act, "which previously prohibited sales of food after seven o'clock on weekdays and after three o'clock on Saturdays," it is today possible "to buy food and beverages all day and night at seven-eleven shops in practically every street" (Marcus 2007: 32, cited in G. Nilsson 2011: 210). According to this account, instead of the security of regulated opening hours, there is a problem of things being far too accessible. From this point of view, the association of the school nurse between food consumption and the wrong kind of lifestyle in the example above is entirely logical; this influences her understanding and attitude towards the overweight of the child.

Comparing both quotations above, it is apparent that a moral distinction is established in the school nurses' accounts of the causes of overweight among children between those who eat sweets every day along with biscuits for breakfast, and those who eat too many helpings of home cooked dinner. According to this logical order, bodily deviations are sorted hierarchically; in the end, this creates two entirely different problems – legitimate and illegitimate overweight and obesity. A consequence is that while

those who eat too much dinner and those who eat too many biscuits both risk becoming bodily deviant, in the sense that they become overweight or obese in comparison with somebody of "normal" weight, only the latter (and their family) are defined as deviant. By *doing* what is publically labelled as wrong, the individual is made to *be* wrong. These aspects should be employed when trying to understand which "rules" school nurses apply for the assessment of overweight and obesity, in order to make their work situation logical to themselves.

However, this does not explain the matter entirely. I would argue that the difference between legitimate and illegitimate overweight and obesity are also connected with the contrary situation in which the individual is considered to *do* wrong, because she or he is deemed to *be* wrong. This is made clear in the quotations above through the implications of a different "background" "out here". That is to say, the explanation is indirectly related to vague conceptions of "culture" and place. This circumstance will be elaborated below, but first another side of "being wrong" will be discussed. This concerns the moral norms of parenthood.

Respectable Parents

The expectation of self-regulating citizens has a long history (Foucault [1974]1993). According to Börjesson, Palmblad and Wahl (2005), to be a member of society entails certain qualifications; the individual is expected to live up to norms concerning health, capability and productivity. Similarly, Rose and Novas claim that a biological membership in society is given to individuals who freely submit themselves to the expectations of society concerning a healthy and sensible lifestyle (2005). Those who do not "choose health" are understood to be irresponsible and irrational; they take unnecessary risks and become a burden to others. These expectations are applied even more so to parents. Generally, parenthood is associated with responsibility and morality. In her doctoral thesis, the scholar of pedagogy Petra Roll Bennet describes the strong connection between being a good parent and the child's health (2006). Good parenthood per definition involves taking care of the child's health, which includes listening to professionals who communicate health matters (Hörnfeldt 2009). Seen in this light, it is possible that when parents are perceived not to be listening to the advice of the school nurses, this influences not only the school nurses' experience of how the families manage to deal with their children's overweight; it also affects their opinion of them as more or less insufficient in their ability of being parents.

In many of the interviews, school nurses express a pessimistic view on the capability of the families. They are often described as not able, or even unwilling to change the lifestyle that is seen to have caused the problem. The school nurses display a notable resignation towards the families' lack of interest in what according to the nurses is the welfare of the child, instead "letting" the children become overweight or even obese (cf. Moyers, Bugle & Jackson 2005; Neymark & Wagner 2006; Nauta, Byrne & Wesley 2009). In the previous section, the child's overindulgence in sweets and biscuits is expressed as a deficiency in the capability of the parents, specifically in their difficulties in "establishing boundaries". However, the parents who did not manage to draw such a line for the girl who had too many helpings of her dinner are not pointed out as incapable parents. This indicates that the charge of not taking responsibility is negotiable. The school nurses' assumptions about the actual habits and food, which cause overweight in specific cases, affect how parents are assessed and whether they are seen as good parents or less capable parents.

Subsequently, there may be consequences when the school nurses determine if and how the overweight of the child should be treated (cf. Moyers, Bugle & Jackson 2005; Steele et al. 2011). In the encounter with a parent who appears to be actively involved in trying to curb the problem as perceived by the school nurses, it may well be that a decision is made that the family does not need professional help. Contrarily, if the parents are understood to be less involved, the school nurse may come to the conclusion that it is of no use to try to offer help. In the following example, we meet a school nurse who describes the mother of a girl with weight problems.

> There is one girl, who I am about to refer to further help […] she has an exceedingly ambitious mother. The girl plays tennis twice a week and likes physical exercises at school. I am not in the least worried about her. If her mother had not insisted, I would not have [referred her to further help], they are coping well with it themselves.

Here it is plain that the school nurse has a positive opinion of the mother. The mother is described as exceedingly ambitious. As a result of this view, the school nurse says she trusts the mother's ability to manage the daughter's weight problems herself, without professional help (even though, paradoxically, the overweight had arisen under the care of the mother). Here it is central to question what it is that causes the school nurse to come to her conclusion. Why is she not worried about the girl? One explanation can be related to the previous discussion in this article: the lifestyle of the family is seen in a positive light; they are *doing* right. The girl is said to play tennis twice a week and to enjoy physical exercise at school. Roll Bennet describes how people who deviate from the moral imperative that regulates the responsibilities of parenthood (in this case, "letting" the daughter become overweight) are required to account for the deviation in a moral tale (Roll Bennet 2006; cf. Gleichmann 2004). One interpretation might be that the school nurse accepts the mother's description of the daughter playing tennis and enjoying physical exercises at school as such a moral tale, thereby accepting the mother's "failure". However, in this section this thinking will be elaborated further by not only reflecting on what the girl and her family say that they *do*, but also who they are considered to *be*. When applying the concept of legitimate and illegitimate overweight and obesity, there must also be added the dimension of ascribed subject positions and their presupposed associations with moral values.

A key to answer the question of who the school nurse considers the described, ambitious mother to be in terms of social categorizations, can be found in the statement that the mother "insisted" on being referred to the Child Obesity Unit. That is to say, she exhibits knowledge of the structural setting of health care, she has understood the girl's right to receive specialist care and she is capable of articulating her wish to the school nurse. Visiting the school nurse could be understood as a hierarchically organized encounter between the private and the professional. The mother somehow has balanced the subordinate position as a "private" person, able to make demands beyond the nurse's suggestions. The ability to make demands does something to how the surroundings regard this individual (cf. Hörnfeldt 2009). Research on encounters in health care supports the idea that if patients are knowledgeable in matters of their own health problem, the way the health care is organized and if they have proper command of the language, such patients are ascribed a superior position (cf. Lukkarinen Kvist 2001; Songur 2002; Björngren Cuadra 2006). In the interviews, it is quite common that the nurses, more or less explicitly, express a notion of the described families as being either similar or different from themselves and their own families. In this particular case it could be argued that the nurse understood the mother in terms of similarity.

From an intersectional perspective, a subject position is a relational concept that receives its meaning depending on context. This calls for a reflection on how the school nurses themselves could be categorized in terms of gender, social class, nationality, ethnicity etc. What other power structures are at play in these encounters? Three aspects providing insight into the private circumstances of the school nurses occur in the interviews: All of them are women. All but one lack immigrant experience; instead, they generally position themselves as "Swedes" when speaking of foods and habits, recurrently stating such things as "In Sweden, we…". None of them live in any of the more socio-economically vulnerable city-districts. Those who work in these districts, on the contrary, tend to use their experience of living somewhere else as a component in a polarized understanding of the city. Altogether, this means that the hierarchical relationship, which normally, when visiting a care facility, originates from the dichotomy professional–private, is additionally based in categories such as social class and ethnicity.

It is thus relevant to reflect upon how the school nurse categorizes this "exceedingly ambitious" mother and the extent to which this categorization influence how her parenthood is valued in terms of morality. A possible interpretation is that the school nurse's account of the mother might be understood as an acknowledgment of the equal position of the mother in relation to herself and as an expression for a sense of similarity in class. This could be elaborated with the use of the British sociologist Beverly Skeggs' concept respectability (1997). In her studies of British working class women, Skeggs has highlighted the relation between social categories, in her case the intersectional relation between gender and class, and morality. She describes how the behaviour and habits of people are valued differently depending on ascribed or self-perceived, hierarchically arranged, "identity" and "belonging". This acts as a foundation for placing a person in a subordinate or superordinate position in society, forming a hierarchy of (greater or lesser) respectability. Respectability is often understood in terms of normality, and this is usually based in a middle-class perspective. Norms representing respectability and what is considered as morally correct is thus, according to Skeggs, associated with the lifestyle and values of the middle class.

Correspondingly, good and respectable parenthood might be said to represent a middle-class view of how children should be brought up (cf. Hörnfeldt 2009). Applied to this study, it could be maintained that overweight and obesity which is seen to have arisen through habits and lifestyle in line with normative middle-class moral, can be understood as legitimate. It is further legitimized if the parent, under whose care the child became overweight, is considered respectable and as such is ascribed a superordinate position. Roughly, legitimate overweight and obesity can be said to afflict the children of the middle class, while illegitimate overweight and obesity are associated with lower-class children.

The point is, according to Skeggs, that the concept of respectability is not primarily significant for those who are already considered respectable through their middle-class position. It is, however, significant for the deviant Other, who tries with varying success to pass as respectable. This is apparent in the quotation above. A mother of an overweight or obese daughter (a deviant in comparison with children of "normal" weight), might have been considered to have failed in her ability as a parent. However, this is not the case; in the school nurse's account, there is no reproach against the mother. She does not even need to try to attain respectability to be relieved of the responsibility of the daughter's weight problems, because she is already assumed to be respectable per se, for instance by "insisting" on professional help.

In this section, I have commenced a discussion about the necessity of further problematizing the distinction between legitimate and illegitimate overweight and obesity, not just relating it to expectations of *doing* the right thing, but also to *being* right. By describing parents from the nurses' point of view, as having a greater or lesser degree of respectability, my aim is to show that the view on overweight and obesity is not disconnected from structural inequality. On the contrary, when deviation is ascribed to somebody, this is based on a distinction between persons who have a subordinate or superordinate position in society. In the final section, the analysis will be elaborated further by adding a postcolonial perspective that opens for a discussion on how Otherness in terms of nationality and ethnicity are morally charged and becomes central for how the distinction between legitimate and illegitimate overweight and obesity is made logical to the school nurses.

Using Culture and Place as a Means of Making Distinctions

In relation to the example above, the school nurse's positive opinion of the mother's capability can be understood as an utterance of inclusion in terms of a similar social position. In the following it will be shown how families, on the opposite end of the spectrum, are excluded from respectability as parents by being mentioned as different. Here morality and respectability are associated with conceptions of culture and place. The school nurse's use of "culture" should be understood in a popular perspective. This refers to an essentialist view on identity, belonging

and "background" as something inevitable and unchangeable. More specifically, "culture" in their use of the word, seems to be a less problematic way of speaking of people with immigrant experience, and their imagined deviation from the "normal". Normal, in this sense, could be understood as "Swedish", and is not, in the same way, considered as being "cultural". Culture is thus per definition a deviation.

This view on culture is illustrated in a previous quote, where the school nurse explained overweight by stating that certain families eat "more biscuits than other families" because of their "background". The background referred to is, from the nurse's perspective, to be understood as something supposedly different in terms of nationality, ethnicity or religion. In addition, this background is further believed to influence the habits of the individual for the rest of her or his life. In this way the school nurse clearly connects habits, which she sees as leading to health problems, not only to the family, but to an entire group of people. Thus, while certain eating habits are "normalized" (and respectable), others are turned into cultural markers. They are "culturalized":

> Well… I think it has to do with… their culture. That it is not seen as important to eat breakfast. And also what to eat for breakfast may not always be that important. I know of children who get money to go down and buy a sugared doughnut and eat on the way to school.

To turn a certain habit or lifestyle into a cultural marker sets two parallel processes of creating stereotypes into action. Firstly, when a parent who gives the child money to buy a doughnut is defined as belonging to a specific "culture", she or he is simultaneously ascribed an array of habits and characteristics that these school nurses associate with this "culture". Recurrent in the interviews is that a family that eats a lot of biscuits, simultaneously is understood to be a family that does not eat breakfast; that does not come to meetings with the school nurse; that does not let their daughters go out and be physically active and that stays up late in the evenings. Secondly, the habit of "giving the children money to buy sweets on the way to school" is added to the set of habits and behaviour that are assumed to characterize people of a certain "culture"; this is then applied to all people who are presumed to "belong" to this culture (cf. Fioretos, Hansson & Nilsson 2013). Culture can be considered to cause, but also explain, the Otherness of the Other (Björngren Cuadra 2006; Fioretos 2009; Öhlander 2005). Paradoxically, this "culturalization" contains both acquitting people from responsibility and charging them with responsibility for a supposed negative habit. The school nurses can be said to relocate the responsibility for the overweight of the child from the individual family to all those who are considered to belong to this particular culture (cf. Steele et al. 2011). Individual choices have not caused the problem; this is the result of the "culturally" established habit of for example eating sweets instead of breakfast. It is the culture and not the lifestyle of the family that constitutes the "publicly labelled wrongdoing" (Becker [1963/1991]2006). In the interviews, it is more or less explicitly expressed that the habits of the entire culture ought to change, independent on the weight of the children.

Initially the question was posed concerning what distinction the school nurses make between what they consider normal or deviant, in order to make their work situation logical. As described above, such a distinction is drawn between habits and behaviour that are considered to have, or not have, a certain degree of morality. Subsequently, the perspective was broadened to include a discussion on how respectability and class constitute grounds for their understanding of the problem. This can be further elucidated with the point that legitimate and illegitimate overweight and obesity are simultaneously separated with ascribed identity in the form of belonging to a certain culture (cf. Hörnfeldt 2009; Pripp 2001).

Even more apparent in regard to yet another circumstance accommodated within the scope of the school nurses' dichotomized view of overweight and obesity, this concerns how they situate the problem geographically.

> Irregular meals are a problem in Rosengård. And not enough physical activity. But in Limhamn, why do children become fat there? Don't all people there have regular training habits and eat breakfast? Most anyway. The parents work, they get their children up and they have breakfast together. But here [in Rosengård], I think it is mostly the irregular eating habits. They do not eat so many times a day. And when they eat, it is late in the evening. This is perhaps not the way for children in Limhamn. There, they start early, they eat breakfast and then in the evening, they do not eat later than six or seven o clock. Here, it is the other way around. Here, the children eat their first meal in school, perhaps for lunch at half past ten. This moves everything forward.

Instead of describing the complexity of the problem, the interviewee links different explanations with different places (cf. Bredström 2010). Habits are assorted using two contrasting city districts in terms of the socio-economic situation of the population. This should not be regarded as a coincidence. Descriptions of places are never neutral or ideologically innocent (Jansson, Wendt & Åse 2010; cf. Mulinari & Sandell 2007). Clearly, the city districts recurrently serve as a way of sorting right from wrong, healthy from unhealthy, moral from immoral and consequently legitimate from illegitimate. In such a way, normality and respectability are literally situated in the wealthy city district Limhamn, while deviance and immorality is encountered in the socio-economically vulnerable Rosengård.

To understand the function of the rhetorical use of the city districts, the dramaturgy of media needs to be explained, especially when it comes to the way in which Rosengård is being described (Ristilammi 1994). The Swedish scholar of cultural geography, Paulina de los Reyes, states that Rosengård constitutes the embodiment of foreign and problem-filled elements in a society otherwise considered free from conflicts. Unemployment, overcrowded and poor living conditions and other social problems have become phenomena seen to distinguish Rosengård and its population from the rest of society. Rosengård is conceived as a spatial exception to the Swedish nation, and the deviant position of the inhabitants in relation to an image of Swedishness is confirmed (de los Reyes 2007: 107).

From this perspective, to situate overweight and obesity in certain city districts such as Rosengård could be regarded as part of a process of nationalistic exclusion. People are made to appear as deviant, they are excluded and placed in a subordinate position even though they live within the borders of the nation (Jansson, Wendt & Åse 2010; cf. Mulinari & Sandell 2007). Such a perspective shows that the view, apparent in the interviews, of overweight and obesity along with how it is handled, affects the individual children and in the long run also influences people's general sense of alienation or national feeling.

Conclusion

Previous international research on school nurses' views on overweight and obesity consistently shows that the nurses perceive the problem to be increasing and therefore important for society to counteract. Simultaneously it is considered to be a difficult task to address in the school nurses' work practice. This is attributed to an absence of time, knowledge and support, but also to a frustration over families' lack of interest in what the nurses see as the welfare of the child (Moyers, Bugle & Jackson 2005; Nauta, Byrne & Wesley 2009; Steele et al. 2011). The descriptions made by the school nurses in this study are in line with these findings on a general level, but in the analysis a qualitative ambition to explain the barriers on a detailed level, has been added. What are the reasons for these feelings and experiences and what are the consequences for the school nurses' actions in encountering different families? Instead of focusing on how the work with overweight and obese children affects the school nurses' perception of the problem, the matter has been addressed from an opposite point of view; taking an interest in how school nurses' cultural conceptions and norms affect perception of, and their work with, overweight and obese children. While this field of research is increasing, as school nurses are assumed to have a

significant role in communicating health issues to children, this approach has until now been missing.

The overall aim was to study how school nurses, in their professional practice, act in relation to the public health discourse on overweight or obesity among children. On a general level, their view of the problem was found to be in accordance with the medical understanding and the political will to curb the problem. But simultaneously, on the individual level, they are able to turn "a blind eye" to some cases. Clearly, overweight and obesity among children is a negotiable problem in the daily practice of the school nurses. It was argued initially that they establish their own logic of distinction, from which their work load is made manageable. How this logic of distinction is constructed has been examined throughout the article. Two central concepts were applied – legitimate and illegitimate overweight and obesity. In the former case, the child and parents are relieved of the responsibility for the overweight of the child; in the latter case, they are held responsible.

Specific foods and eating habits led the nurses to identify the overweight or obesity of the child as either legitimate of illegitimate. Of central importance in this distinction were a culturally constructed moral balancing and a certain morality of time. While those who eat too much dinner and those who eat too many biscuits both risk becoming overweight or obese, only the latter (and their family) are defined as deviant. By *doing* what is publically labelled as wrong, the individual is made to *be* wrong. It was argued, however, that this logic also worked in the opposite direction in which the individual was considered to *do* wrong, because she or he was deemed to *be* wrong. Thus, when applying the dichotomy, there must be the added dimension of ascribed identity. It was described how the school nurses' moral values of parenthood are based on their categorization of the family, both in terms of respectability and culture. Overweight and obesity that have arisen under the care of a respectable parent was understood as legitimate while overweight or obesity dependent on the cultural belonging of the family was perceived as illegitimate. Simultaneously, "culturalization" to some extent both acquitted the individual family from responsibility and charged the larger group of people with responsibility, thus constituting the whole culture, or even all the inhabitants in Rosengård as "publicly labelled wrongdoers".

Overweight and obesity are not a simple question of description according to estimations of BMI. It is not a case of sorting the schoolchildren of Malmö in the categories of normal weight and overweight. Instead, the problem is turned into deviance by relating it to other matters or categories, which are regarded as deviant from the school nurses' point of view. This is the light in which we should understand the question asked in the quote above: "in Limhamn, why do children become fat there?" Even though children in wealthy Limhamn, to a similar extent have an increased BMI, these children are not made to constitute the problem. Overweight and obesity among children, in the school nurses' view of it as well as in the general discourse, emerge when the "wrong" people do the "wrong" things.

Notes

1 This does not imply that this discourse remains unquestioned, on the contrary. In recent years, the field of critical obesity studies and fat studies has emerged and developed alongside other constructivist research fields (cf. Pieterman 2007; Monaghan 2008; Murray 2008; Probyn 2008; Gard 2009; Wright 2009).

2 The article draws on empirical material collected within the frame of a larger study, financed by the Swedish Institute for Health Science, 2010–13, studying how various professional groups discuss health with children (and their parents) with the purpose of preventing overweight and obesity. Altogether, 28 interviews were carried out with paediatric nurses, dietitians, principals, teachers and health communicators; 11 of these were with school nurses. I have chosen to focus explicitly on school nurses in this article due to the dominance of their perspective in the empirical material as a whole, but not least because of the important role they are ascribed as the ones assigned to "define" a child in terms of overweight.

3 In this article, only a few direct quotes from the interviews are used, and some quotations are reused in the analysis time and again. This does not mean that the quotes reflect unique statements in the material as a whole; on the contrary, the interviewed school nurses

are surprisingly consistent. Instead, the idea is thus for this approach to fill a methodological function of emphasizing the different layers of meaning within the empirical examples.

4 Describing obesity as an "allergy to calories" is a way of explaining the matter that has become widely used among the school nurses. The phrase was coined by the dietician Paulina Nowicka and the paediatrician Carl-Erik Flodmark at the Child Obesity Unit at SUS in Malmö. It was used to explain the genetic influence on the metabolism, in order to lift the heavy responsibility for the situation from the affected child and her or his family (Nowicka & Flodmark 2006: 53).

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