Consuming health, negotiating risk, *eating right*: Exploring the limits of choice through a feminist intersectional lens

By Barbara Parker

Abstract

In the health-risk society, food choice is framed through public health nutrition and dietary risks which are produced through nutritionism and econutrition. Dietary guidelines recommend the consumption of functional foods to target bodily health (Scrinis 2013; Mudry 2010), whereas ecological nutrition pushes sustainable diets for planetary health (Mason & Lang 2017; Friedberg, 2016). These healthy eating discourses construct dietary food risks and reorient ideas about what constitutes good food and eating right. This paper explores how food risk discourses extend the moralizing of healthism through emerging public health nutrition discourses and the 'new public health.' I suggest that in considering what constitutes eating right, dietary health risks extend individual responsibility for bodily health to increasing responsibility for the health of our environment or ecosystems, exercised as choice over the foods one chooses to eat. The feminine-citizen-subject is particularly targeted because as Moore (2010) contends, hegemonic femininity is constructed through beliefs about health and the healthy body. Thinking through feminist intersectionality (Crenshaw, 1991) however, I draw attention to the limits of choice and individualized approaches to managing food risk given the structural constraints of food and health.

Introduction

Dietary food risks are everyday health risks associated with food choice constructed through public health nutrition or lay and popular nutrition, which medicalize food, often through binaries that construct foods as either good/bad, clean/unclean or healthy/unhealthy for the body (Lupton, 2005). These food risk discourses extend the moralizing of healthism through market neoliberalism and 'choice,'¹ which is taken up through gendered subjectivities. Food choice is constructed through nutritionism ideology and corporate nutritionism, which recommends functional foods

that can target bodily health (Scrinis, 2013; Guthman, 2011; Mudry, 2009). Moreover, environmental or ecological nutrition urges citizens to eat foods that are sustainably produced (Mason & Lang, 2017; Freidberg, 2016; Cannon & Leitzmann, 2005), and thus good for the planet as well as individual health. By employing a feminist intersectional lens (Crenshaw, 1991), I draw attention to the limits of choice in food risk discourses given the structural constraints of health.

In this paper, I explore how feminine subjectivities,² health and bodies are shaped by contemporary meanings about dietary health and food risks. Discourses that promote *eating right* are constituted through dietary

1 Although neoliberalism is a contested concept, Harvey (2005) describes market liberalism or neoliberalism as unfettered deregulation and increasing individualized responsibility for everyday life.

2 Feminine subject positionalities are fluid subjectivities, taken up by cis-gendered, non-binary and trans individuals through gender expression..

health risks, which extend individual responsibility for bodily health to increasing responsibility for the health of our environment or ecosystems, exercised as choice over the foods one chooses to eat and the feminine-citizen-subject is particularly targeted. More specifically, these discourses work to produce meanings about hegemonic feminine-citizen subjectivity and the belief that one must exert concern for environmental risk through food choices. This reinforces the connections between responsibility for health which extends to the health of the environment as embodied through individualized everyday food practices, enforcing ideas about ethical eating and healthy citizenship (Kimura, 2018; MacKendrick, 2018; Parker, 2015). Building on Moore's (2010) argument that health is ideologically about gender in the 'new health paradigm,' I consider how public health nutrition constructs discourses about eating right and dietary food risks, which individualize health through market neoliberalism and choice and in so doing, effectively reinforce hegemonic femininities and the boundaries of good citizenship.

Connell's (1995) theory of hegemonic masculinity sets up our understanding that there are multiple masculinities and femininities performed through food practices (Cairns & Johnston, 2015a, b). Gender is a relational construct that is performed through social interaction, produced through discursive practices (West & Zimmerman, 1987; Butler, 1990) and shaped by structures of social difference (McCall, 2005; Risman, 2004). Valentine (2007) reminds us to think about "identities in terms of doing" or as a "situated accomplishment" (West & Fenstermaker, 1995, in Valentine, p. 14). In other words, we 'do' gender and intersecting social positionalities such as social class, race, ethnicity and sexuality in our daily interactions with others—resisting, eschewing, taking up and re-embedding subjectivities—constrained by social structures, which are material, historically specific and culturally produced through food practices, such as shopping, cooking or preparing food and cleaning up (Brady, Parker, Beylea, 2018). In feminist food studies, there is a rich literature that elaborates the many ways in which gender and its intersections are produced through food systems and food practices including food preferences, where foods themselves are perceived as either feminine (light) or masculine (heavy) (eg. salads or quiche vs. meat) (Parker, Brady, Power, 2019; Brady, Power, Gingras, 2012). Moreover, as Cairns & Johnston (2015a) point out, the hegemonic feminine-subject is white, middle class, able-bodied, heterosexual and

performed in relation to different gendered subjectivities through everyday food practices.

In what follows, I engage with a range of literatures including the sociology of health promotion, which draws on governmentality and socio-cultural theories of risk, critical dietetics and nutrition, gender theory, feminist intersectionality, and public health nutrition. I explore the convergences of emergent social meanings about gender, food femininities, health and risk, which promote healthy eating and eating right as a choice of productive citizenship (LeBesco, 2004). I examine public health nutrition discourses produced through nutritionism, the Giessen Declaration, the "New Nutrition Science" project (Cannon & Leitzmann, 2005), and food guidelines that recommend sustainable diets for the 21st century.

My aim is to contribute to feminist critiques of 'the new paradigm of health' where Moore (2010) writes, "we are urged to make the body a task, a project, an object: whether it is devising a fitness regime, watching what you eat, or monitoring the body's functions, the practices recommended in the new paradigm of health involve seeing the body as an object that *in and of itself*" (p. 111, original italics). Foucault's (1977; 1991) theories of governmentality, and biopolitics whereby power is taken up through the body, are useful analytical frameworks to understand the entrepreneurial relationship of individuals to their food practices where citizens are encouraged to manage dietary health and food risks as the predominant strategy to achieve health. Yet, because health is constructed as a choice to be exercised through careful assessment of risks framed by public health nutrition (Pedersen & Lupton, 1996), the structural aspects of gender, race and class remain hidden or sedimented within normalizing discourse. By employing a feminist intersectional perspective, I suggest that we can uncover how identities and subjectivities co-construct and constitute one another through food practices and their exercising of choice through food risk discourses, which reinforce and reproduce systems of power, privilege and oppression.

Risk, Governmentality, and Gendered Food Practices

Risk is a central governance strategy in the health-risk society (Dean, 1999; Lupton, 1999). Risk as an apparatus of governmentality and biopolitics emerged in the 1970s and 1980s alongside neoliberalism, as a political project,

following the transition from the welfare state (Rose, 2007; Dean, 1999; Lupton, 1999). Through biopolitics, individuals discipline their own health and the risks associated with health by self-regulating and exercising self-control over their individual body (Crawshaw, 2012; Rose, 2007, 1999; Lupton, 2005). Biopolitics frame power as productive, exercised by all citizens through their bodies and actions (Foucault, 1977, p. 25). Thus, for Foucault, power is relational. Okasala (2014) says,

Power cannot be conceived of as an external relation that takes place between pre-constituted subjects, but has to be understood as constituting the subjects themselves: their constitution only becomes possible in the shifting, contested and precarious field of power relations. (p. 40)

Feminists find this abstraction of power useful in destabilizing power, in that it explains how gendered subjectivities and identities are constituted through embodied, discursive practices (Cairns & Johnston, 2015a; Okasala, 2014; Sawicki, 1996). Yet, power also constrains as competing food-health discourses order bodies in social space through the material and structural conditions of gender, race and social class (Cairns & Johnston, 2015b, p.28). For Foucault, disciplinary power through biopolitics controls individual bodies and the social body politic through self-surveillance measures and the surveillance of others through which bodies are socially and culturally constructed to legitimate social order. Such obvious tensions of power are exercised at the level of the individual alongside structural constraints exposed through dietary health risks, which now extend beyond lifestyle risks to encompass the environmental risks of unsustainable diets. Although dietary food risks are taken up through self-surveillance, self-monitoring and self-control as a means to choose health, there are limits on which and how individuals are able to manage food risks as evidenced by high levels of food insecurity and precarity experienced in neoliberal economies, where opportunity, access, knowledge and/or desire for healthy choices is severely constrained by economic and social structures (Power et. al., 2019; Kimura, 2018; Carney, 2015).

Food practices are all the decisions, actions, interactions and conscious or unconscious thinking about food, including what to eat or feed others. Responsibility for health and nutrition through food practices continues to overwhelmingly be gendered, producing and reinforcing hegemonic femininities, yet it is only recently that

scholars have turned their attention to understanding how intersectional identities and subjectivities are constructed and co-constructed through food (Parker et al., 2019; Brady et. al. 2018; Cairns & Johnston, 2015a). Less attention has focused on dietary and food risk discourses and how these also reproduce social differences and boundaries of exclusion/inclusion (Montelius & Giritli Nygren, 2014).

Similar to other social practices, food practices are constructed discursively and provide a critical site for the production of social meaning about health, healthy eating and eating right. In the health-risk society, food is medicalized through health and nutritionism discourses, which reduce food and bodies through their purported functional relationship—at the expense of other ways of knowing food (Scrinis, 2014; Guthman 2014; Hayes-Conroy & Hayes-Conroy, 2013). Nutrition, through corporate nutritionism makes claims about the health benefits of particular foods and nutrients on the body, which is then marketed through food packaging, labels and advertising (Scrinis, 2014).

Public health nutrition reinforces reductive thinking about food through nutritionism, which is woven through national and school food guidelines, medicalizing food through epidemiological science to encourage everyone to manage the lifestyle risks of food that can lead to diabetes, “obesity,”³ cardiovascular diseases and certain cancers. As mentioned, recent public health nutrition has taken up emerging frameworks for health based on sustainable nutrition and econutrition recommending individuals consider plant-based diets and the environmental impacts of their food choices (Mason & Lang, 2017; Friedberg, 2016). Now, individuals are expected to manage lifestyle and novel environmental risks of diet, which also effectively draws boundaries around who can be a good eater, reinforcing beliefs about gendered subjectivities and successful citizenship.

Healthy eating advice and information about food is available everywhere—online through social media (Facebook, Instagram, Twitter), in the press (traditional forms of media and journalism), through health professionals who rely on health promotion materials to inform the public on how to make the right food choices and the never-ending stream of diet books. Individuals filter enormous amounts of contradictory dietary health information about nutrition and food systems to

3 “Obesity” is placed in quotation marks to recognize that it is a contested concept (Campos et. al., 2005).

evaluate dietary food risks in their pursuit of health. For instance, in addition to thinking about food budgets and the costs of food, individuals consider calories, micro and macro nutrients, levels of food processing, cooking methods (should the food be baked, fried or steamed?), farm-to-fork socio-political concerns such as food miles and farming practices (organic or not), and food justice (Johnston & Baumann, 2009; Ristovski-Slijepcevic, 2008; Parker, 2015).

This uncertainty about diet frames decisions about what to eat in the health-risk society. The problem of consumption and choosing a diet that is good, healthy and pleasurable as opposed to one that is bad or unhealthy and worrying is compounded by the current industrial and global food system where food and eating have become synonymous with risk (Jackson, Watson & Piper, 2013; Fonte, 2002; Caplan 2000). Although food risks often appear neutral and objective, it is clear from sociocultural analyses of risk, that food risk is socially constructed, fluid, contested and constructed through place (Parker, 2015; Montelius & Giritli Nygren, 2014; Lupton, 2005). For individuals calculating risk, emotionality also features into decision making, often more than any rational calculation proposed by experts (Lupton 2013; Thirlaway & Heggs, 2005).

Individuals engage with gender ideology, performing gendered subjectivities and identities through their consideration of food choices when they decide to eat particular foods that either take up or resist gendered food norms such as light, heavy or vegan foods (Cairns & Johnston, 2015; Szabo, 2014; McPhail, Beagan, Chapman, 2012; Lupton, 1996). As Montelius & Giritli Nygren (2014) suggest, gendered subjectivities are also shaped by 'doing' food risk. That is, when making decisions and managing food risks, individuals also perform gendered identities (p. 432) and risk operates as a 'technology or practice of the self' (Lupton, 1999), which has the unintended effect of moralizing food choice.

Moreover, food practices produce racialized and classed food identities that are embodied through intersecting gendered subjectivities (Parker et. al., 2019; Forson-Williams & Wilkerson, 2014; Cairns & Johnston, 2015a,b; Szabo, 2014; Harper, 2010; Forson-Williams 2006). Through 'practices of self' individuals discipline their bodies and "fashion their existence as an ethical project of self" (Lupton, 1995, p. 12). For instance, by engaging in certain food practices (i.e. veganism or vegetarianism) individuals take up their body as a project

in highly individualized ways, expressing subjectivities and identities through bodily practices when exercising food choice. Lupton (1996) explains that "such practices 'inscribe' or 'write' upon the body, marking and shaping it in culturally specific ways which are then 'read' or interpreted by others" (p. 15). Thus, the materiality of the body is not just embodied, but also culturally mediated (Lupton, 2005), and this extends to matters of food and the practices of eating.

Individuals embody their food choices through their food practices and navigating food risks. In the process, embodied food practices produce normative and non-normative bodies such that in western cultures, the hegemonic, cis-gendered feminine body continues to be constructed as thin, white, healthy, controlled and civilized whereas larger bodies are perceived as unhealthy, out of control and uncivilized (Biltekoff, 2013; Farrell, 2011). The belief that the healthy body is thin is a strong cultural value shaping dominant discourses and normative ideas about health and bodies, hence widespread fears about "obesity," and the deeply embedded culture of fat shame (Guthman, 2011; Farrell, 2011). As Moore (2010) reminds us, "the body is inextricably bound up with a sense of self according to the historical conception of femininity, though it is a sense of self that reflects a complex and dialectical relationship between objecthood and subjecthood." (p. 111). These contradictions are embodied and women living in larger bodies are vilified, face stigma and routinely have their health care concerns dismissed by health care practitioners (McPhail et al., 2016).

The feminine body has long been viewed as the unhealthy Other whereas, the healthy body was historically coded as masculine.⁴ Moore (2010) contends however, that it is through the 'new paradigm of health' that we witness a shift in thinking about healthy bodies as feminine bodies (p. 108). Moreover, Charles and Walters (2008) assert that femininity is constructed around the notion of "worrying about health" whereas masculinity is often seen as "a lack of concern about health" (p. 118). Through discursive changes arising from neoliberal conceptions of health and Foucauldian 'technologies

4 As Moore (2010) writes, the second wave feminist and Women's Health Movement of the 1970s and 1980s was intent on deconstructing how medicalization positioned women's bodies as inferior because of their gender. Women's bodies were objectified and vulnerable because of their unpredictable hormones and menstrual cycles. Moreover, because the health profession was intent on controlling women's bodies through medicine, health activists and academics worked to collectively take control over women's health, bodies and reproduction.

of self,' individuals are made to take responsibility for their health by paying close attention to their bodies and managing health risks associated with ill health. Moore (2010) states that the 'new paradigm of health' seen today "requires self-surveillance and a heightened risk consciousness, both of which are likely to be more pertinent to women [or the feminine-subject]" (p. 104). In the neoliberal context, hegemonic femininity is constructed by showing concern for health, particularly for mothers, who take up this responsibility for children through health guardianship (MacKendrick & Cairns, 2019; Moore, 2010; Nettleton, 1996).

Cairns and Johnston (2015a) theorize the "do-diet" to account for choice and empowerment in women's food practices (p. 154). Taking up Gill (2007), Cairns and Johnston advance the idea that neoliberalism is embodied when women in their study express what they call a "postfeminist sensibility" to calibrate their constraint and consumption within their food practices (p. 156). They state, "the healthy feminine subject chooses wisely in the interest of health and ... 'look[s] good' as a natural outcome" (p. 171). Power and its accompanying privilege are made invisible through the "do-diet" and responsibility for choosing healthy foods is taken up as an individual project through careful discipline (p. 155). Health becomes equated with making the right food choices, which are embodied through the neoliberal subject (Cairns & Johnston, 2015a). Yet the neoliberal subject is not static in their identity, but rather, an intersectional subject, whose subjectivity and identity is fluid and contested. This produces a complicated relationship to food practices, health and food risk, particularly given the constraints of structural identities that are shaped by social and economic inequities.

Feminist Food Studies, Intersectionality and Risk

In feminist food studies, an intersectional perspective opens up possibilities for analyzing the intersections of subjectivities and structured identities shaped by gender, race, class, and sexuality in relation to food, food practices and food systems. (Parker et al., 2019; Brady et. al., 2018; Forson-Williams & Wilkerson, 2016). Moreover, an intersectional approach demands attention to the political and structural relations of power (McCall, 2005) upheld and normalized in contemporary food culture.

An intersectional lens illuminates how accounts of

food risk are constructed through the structures of gender, race, and social class as these are constituted through themselves and in relation to one another. Subjectivities and identities take shape and are embodied through dynamic axes of power, constantly reworking themselves through the very structures themselves, that produce and reproduce intersections of privilege and oppression. Social identities are fluid subjective positions that individuals constitute through social interactions, which are structured through culturally produced histories (Choo & Ferree, 2010). An intersectional lens provides a way of recognizing and resisting how one can simultaneously experience being marginalized and marginalizing others through everyday social practices (Hillsburg, 2013). Intersectionality thus seeks to understand the entangled complex structures and social relations that contour how we think about intersecting identities and subjectivities that are structured discursively and materially through the consumption and production of food, produced through transnational food systems.

Keane (2014) and Hankivsky (2012) call for more intersectional studies of health, while Olofsson et. al., (2014) argues we need to consider intersectional perspectives on sociocultural theories of risk and governance strategies that maintain structural health inequalities. According to Oloffson et al. (2014), an intersectional perspective will,

highlight the necessity of an analysis of the construction of risk, not only from the perspective of discourses that interpolate individuals into certain subject positions, but also from a perspective that acknowledges the power dimensions of risk constructions, and that the performativity of risk takes place along lines of difference. (p. 419)

Further, they suggest that risk features "into the processes by which norms of gender, ethnicity and class are socially, performatively and intersectionally inscribed in language, minds, and bodies" (p. 423). Although it is not without critique,⁵ there is also a need to consider how risk as a social construct intersects with the material and socially mediated realities and lived experiences of individuals across the prism of social difference. Given the numerous health and dietary food risks, and the imperative of health that risk governance demands

5 As Olafson et. al. (2014) describe, there is concern that relative theories of risk overlook material realities, which when using intersectionality might stagnate social justice or political activity.

through the “new” public health, an intersectional perspective on health and risk as mutually constituted through social interaction and the material conditions of food opens up possibilities for theorizing the complexity of food-health-identity. Specifically, an intersectional lens enables us to uncover how food choice is used through market neoliberalism, which is gendered, classed and racialized to mask the social inequalities of food, food practices and food systems. For instance, gendered and racialized experiences of poverty intersect for many low-income and poor women who are forced to make choices about ‘healthy’ food as this is available in their community or a foodbank they visit (Martin et al. 2019; Carney, 2015).

Choice and the “commercialization of health” have not gone unnoticed by feminists (Lippman 1999, p. 285). Having choice stems from market neoliberalism, which as Lippman points out, is conceptually different from the language of empowerment and choice that women used in the Women’s Health Movement of the 1970s, where choice meant self-determination over the body. Just as feminist health activists maintained that the “right to choose” health cannot take place “in isolation from the social and political structures in which they are embedded” (Lippman, 1999, p. 282), it is necessary to remind us that structural constraints remain, if they are not more deeply embedded now. Although accessing healthy food is presumed to be a choice available to everyone in the same way, with little regard for the intersection of structural constraints of income or racial inequality, this is not the case as evidenced by food deserts in racialized communities where the only food available to purchase is at the convenience store or Northern store. As Lippman (1999) explains,

There is a tendency in much biomedical literature to locate all influences / constraints on choice internally and to assess an individual’s knowledge, competence, emotional state, understanding, and so on, as potential, and self-changeable, impediments to her ability to choose ...[while] some of the strongest of these constraints / barriers to authentic choice derive from social structures and policies established and maintained by those with power” (p. 283).

While the dominant individualized approach to health is a central pin within neoliberalism, it continues to fail us by not foregrounding the social structures that shape our abilities to engage with health through equitable

access to food and participation in food systems. An intersectional feminist approach to health, however, recognizes that poor health is a condition of the structures of patriarchy, colonialism, imperialism, and capitalism (Hankivsky, 2012). These deeply embedded structures shape health outcomes, conceptions of health and our ability to access food systems and have food practices that are meaningful beyond narrow conceptions of health. Thus we must maintain our commitment to choice as a fundamental human right and matter of social justice (Lippman, 1999), but we must recognize that choices are constrained through powerful governance structures such as public health nutrition and food industries, which not only define our options for choosing health, but health itself.

The ‘New’ Public Health and Constructions of Food Risk

Sociologists of health and illness have written widely about the ‘new’ public health (Moore, 2010; Nettleton, 1996; Kickbusch, 2007; Crawford, 2006; Petersen & Lupton, 1996). Following the adoption of the Ottawa Charter for Health Promotion in 1986 by the World Health Organization, the ‘new’ public health emerged as a turning point in western thinking about health. The Ottawa Charter conceptualized health holistically (mind-body-spirit) (Crawford, 2006), and promoted the idea that responsibility for health should be individualized, thus encouraging the development of entrepreneurialism in relation to health and wellness (Moore, 2010). Women and mothers became the target of much of the health promotion literature produced through this new paradigm of health (Nettleton, 1996). MacKendrick (2018) notes that this is still the case for women, when it comes to environmental toxins and health. Given the Shanghai Declaration (2016) message that “people’s health can no longer be separated from the health of the planet” (World Health Organization, 2016), it is no coincidence that individual health and planetary health are becoming an individualized responsibility of successful citizenship.

The ‘new’ public health focuses on population health, and the health of the environment. It governs through lifestyle and environmental risk discourses, which have become a “new morality system” (Petersen & Lupton, 1996, p. ix). Risk, as an epidemiological concept, shifts the discursive focus from controlling infection **to** prevention, particularly of “lifestyle diseases” such as heart disease, cancer or “obesity” and health risks, which become quantifiable

through surveillance measures, thereby constructing populations, or bodies, as 'at risk' (Petersen & Lupton, 1996; Nettleton, 1996). Calculable risks function as an apparatus or extension of governmentality through public health discourse, to which health promotion programs and recommendations alert the public of health risks. These risks are designed and communicated to empower individuals to make healthy choices that promote individual health, while at the same time construct ideas about what constitutes healthy citizens. Communication of dietary health risks in particular are also taken up widely by the media, which regularly share new nutrition research and information, human interest stories about diet and health, and alert the public about dietary food risks in terms of food safety. These media reports range from food product safety recalls because of salmonella, *E. Coli* or listeria contamination in the food system,⁶ to new and often contradictory evidence about the healthiness of particular foods (for example, eggs, soy, red meat).⁷

As responsibility for health and the maintenance of a healthy body increases, self-surveillance also increases, particularly for those diseases such as cardiovascular disease, cancer, and "obesity," which are linked to identifiable lifestyle risks and which are individualized through family health histories and genetic testing. Crawford's (1980) concept of healthism accounts for the medicalization of everyday life where individuals actively pursue health with all their means (money, time, energy). For many, diet and making healthy food choices are at the core of this bodily and moral enterprise. For example, prescriptive public health nutrition advice to reduce consumption of saturated fat or salt is thought to be important for the achievement of health, and there are moral consequences for those who do and do not reform their dietary habits, as we witness through "obesity" discourses (Campos et. al., 2005, Guthman, 2011). Those who are in control of their bodies and food practices are deemed good, healthy citizens, whereas those who do not reform their diets are viewed as morally inferior (Guthman, 2011; Farrell, 2011). Thus, managing health risk becomes a "dividing practice" that sets up distinctions between self / other (Crawford, 2006, p. 414), where some experience their body as privileged, while others find themselves marginalized.

Juxtaposed against public health nutrition dietary lifestyle risks are increasingly salient concerns about the environment and sustainability of our industrialized food system. Public health practitioners, scholars and policy analysts argue that food production and food consumption overlap to the detriment of both human and environmental health creating a myriad of new nutritional risks related to food, the environment and the climate (Mason & Lang, 2017; Freidberg, 2016; Gussow, 2006; Cannon & Leitzmann, 2005; Gussow & Clancy, 1986). These risks emanate from global-scale food production where food is mass-produced and transported great distances increasing potential sites for bacterial contamination (e.g. *E. Coli*), has less nutritional quality because of deteriorating soil conditions, and numerous other potential unknowns associated with increasing use of biotechnology, all of which lead to changes in our ecosystems, human diet and the human microbiome (Mason & Lang, 2017; Guthman & Mansfield, 2012). These novel public health dietary risk discourses, produced through econutrition and concerns about the environment and sustainable agriculture are taken up alongside lifestyle risks by individuals in making choices about what to eat and through their wider food practices. Moreover, these emerging food risk discourses construct new forms of knowledge and novel ways of thinking about healthy foods, which unintentionally produce and reproduce intersectional subjectivities that are gendered, classed and racialized.

Extending Healthism through Nutritionism

Public health nutrition and health promotion are grounded in nutritionism ideology. Nutrition and nutritionism feature strongly in how individuals construct meaning about good food and eating right (Parker, 2015). Nutritionism discourses produce highly scientific and technical ways of knowing about food, situating food knowledge within a biomedical framework that is focused on micro (vitamins, minerals, trace elements, etc.) and macronutrients such as fats, proteins and carbohydrates and the biochemical properties these nutrients produce (Scrinis, 2008). Nutritionism produces knowledge about biotechnology (GMO foods) and the science of fortified foods, such that we see calcium- and vitamin D-fortified milk and omega-3 eggs in the supermarkets (Scrinis, 2008). Moreover, nutritionism encourages the public to know superfoods (Sikka, 2019), or the naturally occurring micronutrients such as antioxidants and lycopene found in blueberries or tomatoes respectively as a way to know healthy food. Nutritionism takes nutrition science,

6 For recent examples see: <http://inspection.gc.ca/about-the-cfia/newsroom/food-recall-warnings/eng/1299076382077/6493846>

7 For a recent example see: <https://www.nytimes.com/2019/09/30/health/red-meat-heart-cancer.html>

reduces epidemiological knowledge about nutrients and bodies produced at the level of population health, and promotes it at the individual health level as a functional means to achieve health. As a nutrient-based approach to food, it positions eating as solely utilitarian, seeing nutrients and calories in causal relationships with wider bodily functioning (Scrinis, 2013; Mudry, 2011).

For Scrinis (2013), this scientific dietary knowledge is filtered through public health nutrition, and nutritionism features in health promotion and the food guidelines that are put out by government public health agencies. Thus, nutritionism is one of the ways in which neoliberal citizens are encouraged to engage with food. As with other measures of health promotion that moralize health and maintain social differences (gender, race, ethnicity, class), nutritionism also constructs novel dietary health risks that set individuals up to experience food through the neoliberal practice of exercising choice as a means to achieve health. Nutricentric accounts of food have been critiqued by many food and public health scholars who argue that it is overly reductionist in its approach and neglects other ways way most people engage with their food (Scrinis, 2013; Biltekoff, 2013; Mudry, 2011).

Yet, nutritionism has been taken up by the food industry through what Scrinis (2013) terms “corporate nutritionism.” Corporate nutritionism is one way in which the food industry advertises food to consumers using technical, but suggestive, marketing to sell food for its potential health producing qualities. Scrinis (2008) contends that through nutritionism we see more closely the medicalization of food, which shifts the focus of eating in the western neoliberal context to one concerned with the physiological aspects of the body, de-emphasizing socio-cultural and traditional meanings of food. Thus, nutritionism ideology extends healthism by producing new meanings about the macro and micro nutrients of food and their effects on bodies, which through corporate nutritionism sells us ideas about healthy foods and bodies, further embedding ideas about choice into our food practices and food systems. This increasingly moralizes what constitutes healthy eating and food practices and unintentionally cements the dividing practices of food, which is revealed through an intersectional lens when we look closely at social class, race, and ethnicity, among other axes of identity. Structured inequalities limit who is able to choose foods that are either naturally functional (blueberries for instance) or those that have been fortified to be healthier foods (ie. omega 3 eggs).

The “New Nutrition Science Project” and Environmental Risks

In 2005, the ‘new nutrition science’ project emerged from the Giessen Declaration at the 18th International Congress of Nutrition held in Germany (Cannon & Leitzmann, 2005). The Giessen Declaration seeks to reconceptualize nutrition through the ‘new nutrition science’ project and transform nutrition science (Cannon & Leitzmann, 2005, p. 677). In the twenty-first century, nutrition science must reorient the way public health nutrition constructs relationships between people, food, nutrition and the environment. As Cannon and Leitzmann (2005) explain, this requires breaking away from the strict biomedical foundations, from where it operated in the nineteenth and twentieth centuries and instead, the ‘new nutrition science’ must not only consider the biological, but also the social and environmental aspects of nutrition. This represents an enormous shift in how public health nutrition reorients knowledge about what constitutes healthy diets and healthy foods and in so doing, reframes dietary and food risk.

Ecnutrition, or ecological nutrition and nutrition ecology are central to this new framework for nutrition science. According to Cannon and Leitzmann (2005), “the ecological approach to food and nutrition considers food systems as a whole, prefers variety and biodiversity, and is concerned with the impact of food systems and dietary patterns on other aspects of life and the whole living and physical world” (p. 792) As Wahlqvist (2008) states, it must consider the impact of climate change and threats to human security (fresh water, arable land and energy), and be aware of “shortages of healthy food commodities” and consider the governance of food systems (p. 5). Moreover, a food systems approach fits with ecological nutrition as it relates people to place or the physical world (Cannon & Leitzmann, 2005), recognizing that good nutrition must incorporate agriculture and thinking about how and where food is grown or produced. Although there will continue to be a focus on biology and the new nutrigenomics,⁸

8 Nutrigenomics “is the application of genomics to create genetically modified ‘nutraceuticals’ or ‘functional foods’ whose nutritional profiles are changed so that their manufacturers can make health claims of protection against specific diseases” (Cannon & Leitzmann, 2005, p. 681). These authors acknowledge debates on biotechnology, which on the one hand, seek the precautionary principle and limited use, as opposed to others who see the great benefits of genetically modified foods such as Vitamin A fortified “golden rice.”

epistemologically, the 'new nutrition science' project seeks to expand knowledge about the relationships between people, food, nutrition and the environment—which have now been taken up by public health nutrition through food guidelines, as one example.

The principle of econutrition is embedded within new food guidelines, first in the UK with the Eatwell Guide, produced and promoted by the National Health Service (Public Health England, 2016), followed more recently with the new Health Canada's food guidelines (Health Canada, 2019). Both health promotion food guidelines construct healthy eating through nutritionism ideology and move towards a framework of econutrition recommending sustainable dietary practices for population and individual health that also sees culture as integral to food practices (McConnell Foundation, 2019). For example, both the Eatwell Guide and the Health Canada Food Guidelines recommend meatless or alternative sources of protein instead of animal-based proteins, which are reported to have high environmental costs. Although there may be benefits of ecological nutrition (Carlisle & Hanlon, 2014; Mason & Lang, 2017), the unintended effects will likely reassert social inequalities produced through nutritionism and lifestyle dietary risks, given that sustainably produced foods (for instance, locally grown and organic) are not a choice for many because of lack of access and / or affordability (Biltekoff, 2013; Guthman 2008). Moreover, sustainable agriculture does not begin to address the historical legacies and ongoing impacts of colonization and violence against Indigenous women and their communities (Pictou et al., *forthcoming*).

New sustainable dietary guidelines, produced and promoted by public health nutrition, have the potential to lead to further monitoring of one's health, as individuals are confronted with new forms of dietary risk that relate to good environmental stewardship. Specifically, and as we have already seen through the activism of alternative food movements and food justice advocates, ethical eaters consider the environmental risks related to the food system (Johnston, Szabo & Rodney, 2011; Beagan et. al. 2015), and expert knowledge produced through public health nutrition concerning the environmental costs of diets will lead to further entrenching ideas about what constitutes good food, while reaffirming who can *eat right*.

For public health nutrition, these novel environmental risks have led to a paradigm shift in conceptualizing

population diet, widening parameters to include the effects of the global eco-system on food production as these are known to effect nutrition and the environment (Mason & Lang, 2017; Cannon & Leitzmann, 2005). Sustainable dietary guidelines take into account both lifestyle and environmental risks, for example, eating less meat because of potential impacts of saturated fat and cholesterol on the body and the possible effects of animal production on the environment is central to this new nutrition science and managing these novel environmental food risks becomes a new way to safeguard health that moves food risk beyond that of lifestyle risk or nutritionism.

Individuals are made responsible for their health by seeking out information and making 'good choices' about all aspects of their lives as this is the moral duty of citizenship (MacKendrick, 2018; Petersen & Lupton, 1996).⁹ Municipalities and communities are held accountable by the governance structures of public health agencies (World Health Organization, 2016) as 'healthy' living and wellness information proliferates online, in lay and media accounts and through health promotion literature. Although health itself is subjective, for individuals, the *promise* of health exists through every decision about food and food practices. Consumption decisions and making 'good' choices about food and dietary health risks are central to the contemporary western political economy of neoliberalism. Not only has health become a product that is marketed to consumers across everyday life, but health itself is a 'technology of the self' as individuals are encouraged to avoid risk by making good food choices that will reflect health and morality. Everyone is encouraged to pursue health through their food choices by 'voting with their fork' and shopping their way to a healthier, more sustainable world (MacKendrick, 2018), but it is the feminine-citizen-subject who is particularly targeted because as Moore (2010) contends, hegemonic femininity is constructed through beliefs about health and the healthy body. It is through these liberalizing discourses that we witness the convergence of gender ideologies, economic policies and health—which demand deeper reflection and questions about the structural constraints of inequitable food systems and access to food.

9 MacKendrick (2018) writes about this as 'precautionary choice', or choices exercised through careful judgement of knowledge(s) known, when the unknowns are not yet known.

Discussion

Food risks produced through public health nutrition, framed by nutritionism ideology and econutrition, are emerging forms of dietary and health risk replacing earlier forms of dietary risk that related to particular foods or nutrients (ie. the pervasive fear of fat that took hold in the 1980s). As before, individuals are expected to engage with these novel ways of knowing food and health through careful risk assessment when making decisions about what to eat, which now includes knowing nutritionism and sustainable food systems. Although food choice is structured by food systems and a medicalized framing of food and bodies, choice is individualized and individuals become responsible for their health and bodies through their food choices. As pointed out by Moore (2010), the healthy body is conceived of in feminine terms, and heightened body awareness leads to deeper responsibilities for health (p. 108), which the feminine-citizen subject assumes responsibility for through food choices that consider individual bodily health but also the health of the environment. Given the deep structural and material constraints of economic and racialized disparities, individualized choice produces and reproduces inequalities as some individuals are deemed unhealthy and unproductive citizens because they can not participate in choosing the right foods to eat.

As Biltekoff (2013) reminds us, “the concept of dietary health is inseparable from cultural values” (p. 151) and “defining a good diet is also inevitably a social, political and moral act” (p. 153, emphasis added). Through her genealogy of public health nutrition she demonstrates how messages about dietary health and eating right have changed over time through nutrition science and food guidelines, with the unintentional effect of producing normative ideas about the middle class. Class distinctions between the middle and working classes, produced through food and food practices, operate through multiple food discourses that define good food practices and ‘ethical eating’ (Johnston & Baumann, 2009; Johnston, Szabo, & Rodney, 2011), extending harmful, racialized ideas about who can know how to eat the right foods (Kimura et. al., 2014; Guthman, 2008). These racialized dietary health and food risk discourses exist through settler-colonialism reinforcing ideas about proper diets, eating right, and disease etiology, which we see not just in terms of conceptualizations of health, but also individual and population health, and health policy and health outcomes (McGuire-Wood,

2019; Hay, 2018). The unhealthy Other continues to be constructed through dietary discourses about health risk, which reinforces social inequality and injustice.

As healthy eating discourses morph into the twenty-first century, the new morality risk discourses conceptualize environmental risks through the ‘new’ nutrition science project and public health nutrition which proposes a deeper engagement with econutrition (Cannon & Leitzmann, 2005; Lawrence, Lyons, & Wallington, 2010; Gussow, 2006). These new environmental food-health-risk discourses produce new meanings about health and healthy bodies, while also reinforcing ideas about gendered subjectivities. Lifestyle and environmental risks, as a central governance strategy and communicated through the discourses of public health nutrition are integral to these social meanings. Through nutritionism, didactic advice about foods signals what nutrients and micronutrients are healthy while, simultaneously, signaling others as unhealthy and risky. Healthism operates by extension through nutritionism and econutrition discourses, as these settle in as new threads in public health nutrition and produce new forms of health risk discourses through dietary guidelines and health promotion. These dietary risk discourses ensure that individuals are not only responsible for individual health, but also responsible for the health of the environment and planet. In order to understand how these discourses mutually constitute each other, we must turn an intersectional lens on these relationships between food-health-risk to expose the ways in which our ideas about health and healthy food act as dividing practices to maintain hierarchies of social difference, oppression and privilege, produced through race, ethnicity, able-bodiedness, sexuality, and gender.

Conclusion

This paper highlights how public health dietary risk discourses, including nutritionism and econutrition are shifting public health nutrition messages about good health and *eating right*. In so doing, individual responsibility for health expands beyond individual bodies and requires individuals to take responsibility for the environment. Food practices have become a central site to negotiate this discursive terrain. Gender ideologies take shape in relation to ideas ‘against health,’ particularly as ideas about healthy eating and good food are contested within a framing of food that promotes individualized responsibility rather than acknowledgement that it is social structures that create and maintain structural

inequalities and barriers to eating right. The feminine-citizen-subject may be risk averse and health-seeking (MacKendrick, 2018; Cairns & Johnston, 2015a; Parker, 2015), but in so doing, deepens hegemonic gender ideologies that entrench social differences, privilege and oppression through the exercising of choice in the neoliberal context. By employing a feminist intersectional perspective, we can uncover how structured identities (McCall, 2005) elucidate social inequalities that are maintained through dietary health risks

References

- Beagan, B., Chapman, G. E., D'Sylva, A., & Bassett, B. R. (2008). 'It's just easier for me to do it': rationalizing the family division of foodwork, *Sociology*, 42(4), pp. 653-671.
- Biltekoff, C. (2013). *Eating Right in America: The Cultural Politics of Food and Health*, Duke University Press
- Bunton, R., Nettleton, S., & Burrows, R. (1995). *The Sociology of Health Promotion: Critical analyses of consumption, lifestyle and risk*. London & New York: Routledge.
- Butler, J. (1990). *Gender Trouble: Feminism and the Subversion of Identity*, New York, NY: Routledge
- Brady, J., Parker, B., Belyea, S., & Power, E. (2018). Filling our Plate: A Spotlight on Feminist Food Studies, *Canadian Food Studies*, Special Issue: *Feminist Food Studies*, 5(1): 1-7.
- Cairns, K. & Johnston, J., (2015a). Choosing health: embodied neoliberalism, postfeminism, and the "do-diet", *Theory & Society*, 44(2), 153-175. DOI:10.1007/s11186-015-9242-y
- Cairns, K. & Johnston, J. (2015b). *Food and Femininity*, London: Bloomsbury.
- Cairns, K., J. Johnston, & S. Baumann. (2010). Caring About Food: Doing Gender in the Foodie Kitchen. *Gender & Society*, 44(2): 591-615.
- Campos, P., A. Saguy, P. Ernsberger, E. Oliver, and G. Gaesser. (2005). The Epidemiology of Overweight and Obesity: Public Health Crisis or Moral Panic?, *International Journal of Epidemiology* 35(1): 55-60.
- Caplan, P. (2000). 'Eating British Beef with Confidence': A consideration of consumers' responses to BSE in Britain. In P. Caplan (ed), *Risk Revisited* (pp. 184-203). London: Pluto Press.
- Carlisle, S. and Hanlon, P. (2014). Connecting Food, Wellbeing and Environmental Sustainability: Towards an Integrative Public Health Nutrition, *Critical Public Health*, 24(4): 405-417.
- Carney, M. (2015). *The Unending Hunger: Tracing Women and Food Security Across Borders*, Oakland, California: University of California Press.
- Collins, P.H. and Bilge, S. (2016). *Intersectionality*. Malden, MA: Polity
- Connell, R. W. (1987). *Gender and Power: society, the person and sexual politics*. Stanford, CA: University of Stanford Press.
- Crawford, R. (1980). Healthism and the Medicalization of Everyday Life, *International Journal of Health Services*, 10(3): 365-388.
- Crawford, R. (2006). Health as Meaningful Social Practice, *health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine*, 10(4): 401-420.
- Crawshaw, P. (2012). Governing at a distance: Social marketing and the (bio)politics of responsibility. *Social Science and Medicine*. 75(1), 200-207.
- Crenshaw, K. (1991). Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color, *Stanford Law Review*, 43 (6): 1241-99
- Dean, M. (1999). *Governmentality: Power and Rule in Modern Society*, London: Sage.
- Farrell, A. E. (2011). *Fat Shame: Stigma and the Fat Body in American Culture*, New York & London: New York University Press.
- Finucune, M.L., and Holup J.L. (2005). Psychosocial and Cultural Factors Affecting the Perceived Risk of Genetically Modified Food: An Overview of the Literature, *Social Science & Medicine*, 60(7): 1603-1612.
- Fonte, M. (2002). Food Systems, Consumption Models and Risk Perception in Late Modernity. *International Journal of Sociology of Agriculture and Food*, 10(1), 13-21.
- Foucault, M. (1977). *Discipline and Punish: The Birth of the Prison*, New York: Vintage Books.
- Foucault, M. (1988). Technologies of the Self. In Martin, L. H., Gutman, H. and Hutton, P.H., (eds), *Technologies of the Self: A Seminar with Michel Foucault*. (p. 16-49), London: Tavistock.
- Foucault, M. (1991). "Governmentality." In *The Foucault Effect: Studies in Governmentality*, edited by C. Burchel, C. Gordon, and P. Miller, 87-104. Hemel Hempstead, UK: Harvester Wheatsheaf.
- Freidberg, S. (2016). Wicked Nutrition: The Controversial Greening of Official Dietary Guidance, *Gastronomica: The Journal of Critical Food Studies*, 16(2): 69-80.
- Gussow, J. D. (2006). Reflections on Nutritional Health and the Environment: The Journey to Sustainability, *Journal of Hunger & Environmental Nutrition*, 1(1), 3-25.
- Gussow, J. D. & Clancy, K. (1986). Dietary Guidelines for Sustainability, *Journal of Nutrition Education and Behavior*, 18(1): 1-5.
- Guthman, J. (2008). "If only they knew": Colour Blindness and Universalism in California Alternative Food Institutions, *The Professional Geographer*, 60(3): 387-397

- Guthman, J. (2011). *Weighing In: Obesity, Food Justice and the Limits of Capitalism*, University of California Press.
- Guthman, J. and Mansfield, B. (2012). The Implications of Environmental Epigenetics: A New Direction for Geographic Inquiry on Health, Space, and Nature-Society Relations, *Progress in Human Geography*, 37(4): 484-502.
- Guthman, J. (2014). Introducing critical nutrition: A special issue on dietary advice and its discontents. *Gastronomica: The Journal of Food and Culture*, 14(3), 1-4. <http://doi.org/10.1525/gfc.2014.14.3>.
- Hankivsky, O. (2012). Women's Health, Men's Health and Gender & Health: Implications of Intersectionality, *Social Science & Medicine*, 74(11): 1712-1720.
- Harper, B. (2010). Ed. *Sistah Vegan: Black Female Vegans Speak on Food, Identity, Health & Society*, Brooklyn, NY: Lantern Books
- Harvey, D. 2005. *A Brief History of Neoliberalism*. Oxford: Oxford University Press.
- Hay, T. (2018). Commentary: The Invention of Aboriginal Diabetes: The Role of the Thrifty Gene Hypothesis in Canadian Health Care Provision, *Ethnicity & Disease*, 28(1): 247-252.
- Hayes Conroy, A. & J. Hayes Conroy. eds. (2013). *Doing nutrition differently: Critical approaches to diet and dietary intervention*. New York, NY: Ashgate Publishing.
- Health Canada. (2019). Canada's Food Guide. <https://food-guide.canada.ca/en/> Accessed October 21, 2019.
- Hillsburg, H. (2013). Towards a Methodology of Intersectionality: An Axiom-based Approach, *Atlantis: Critical Studies in Gender, Culture & Social Justice*, 36(1): 3-11.
- Jackson, P., Watson, M., & Piper, N. (2013). Locating anxiety in the social. The cultural mediation of food fears. *European Journal of Cultural Studies*, 16(1), 24-42.
- Johnston, J. & Baumann, S. (2009). *Foodies: Democracy and distinction in the gourmet foodscape*. New York, NY: Routledge.
- Johnston, J., Szabo, M., & Rodney, A., (2011). Good food, good people: Understanding the cultural repertoire of ethical eating. *Journal of Consumer Culture*, 11, 293-318.
- Keane, H. (2014). Feminism and the Complexities of Gender and Health, *Australian Feminist Studies*, 29(80): 180-188.
- Kickbusch, I. (2007). Editorial: Responding to the Health Society. *Health Promotion International*, 22(7), 89-91
- Kimura, A.H. (2018). Hungry in Japan: Food Insecurity and Ethical Citizenship, *The Journal of Asian Studies*, 77(2): 475-493.
- Kimura, A.H., Biltekoff, C, Mudry, J., and Hayes-Conroy, J. (2014). Nutrition as a Project, *Gastronomica, The Journal of Food & Culture*, 14(3): 34-45
- Lawrence, G., Lyons, K., & Wallington, T. (2010). *Food Security, Nutrition & Sustainability*, London: Routledge.
- LeBesco, K. (2004). *Revolting Bodies: The Struggle to Redefine Fat Bodies*, Amherst & Boston: University of Massachusetts Press.
- Lupton, D. (1995). *The Imperative of Health: Public Health and the Regulated Body*. London, Thousand Oaks, New Delhi: Sage Publications.
- Lupton, D. (1996). *Food, the Body and the Self*, Sage Publications.
- Lupton, D. (1999). *Risk*, London: Routledge.
- Lupton D. (2005). Lay discourses and beliefs related to food risks: an Australian perspective, *Sociology of Health & Illness*, 27(4), 448-467. DOI: 10.1111/j.1467-9566.2005.00451.
- Lupton, D. (2013). Risk and Emotion: Towards an Alternative Theoretical Perspective, *Health, Risk & Society*, 15(8): 634-637.
- MacKendrick, N. (2018). *Better Safe than Sorry: How Consumers Navigate Exposure to Everyday Toxins*, Oakland California: University of California Press.
- MacKendrick, N. and Cairns, K. (2019). The Polluted Child and Maternal Responsibility in the US Environmental Health Movement, *Signs*, 44(2): 307-332. <https://doi.org/10.1086/699340>
- Martin, B. Mycek, M.K., Elliott, S. and Bowen, S. (2019). Low-Income Mothers and the Alternative Food Movement: An Intersectional Approach, In Parker, B., Brady, J., Power, E. & Beylea, S. (Eds.), *Feminist Food Studies: Intersectional Perspectives*, Toronto and Vancouver: Women's Press.
- Mason, P. & Lang, T. (2017). *Sustainable Diets: How Ecological Nutrition can Transform Nutrition and the Food System*, New York, NY: Routledge
- McCall, L. (2005). "The Complexity of Intersectionality." *Signs* 30 (3): 1771-1800
- McConnell Foundation, (2019). The Revised Canada Food Guideline. <https://mcconnellfoundation.ca/canada-food-guide-sustainable-food-systems/>
- McGuire-Wood, L. (2019). The Colonial at the Indigenous Dinner Table: Complicating Food as Memory Work in the Tsilhqot'in Land Claim Trial Transcripts and Tracey Lindberg's Birdie, in Parker, B., Brady, J., Power, E. & Belyea, S. (2019), *Feminist Food Studies*, Vancouver and Toronto: Women's Press.
- McPhail, D., Beagan, B. & Chapman, G. (2012). "I Don't Want to be Sexist But ..." Denying and Re-Inscribing Gender Through Food, *Food, Culture & Society*, 15(3), 473-489.
- McPhail, D., Bombak, A., Ward, P. and Allison, J. (2016) Wombs at risk, wombs as risk: Fat women's experiences of reproductive care, 5:2, 98-115. DOI: 10.1080/21604851.2016.114375

- Montelius, E. & Giritli Nygren, K. (2014). 'Doing' risk, 'doing' difference: towards an understanding of the intersection of risk, morality and taste. *Health, Risk & Society*, 16(5), 431-443.
- Nettleton, S. (1996). Women and the New Paradigm of Health & Medicine, *Critical Social Policy*, 16(48): 33-53.
- Olofsson, A., Zinn, O., Griffin, G., Nygren, K. G., Cebulla, A., & Hannah-Moffat, K. (2014). The mutual constitution of risk and inequalities: intersectional risk theory, *Health, Risk & Society*, 16(5), 417-430.
- Okasala, J. (2013). Feminism and Neoliberal Governmentality, *Foucault Studies*, 16: 32-53.
- Parke, B. (2015). *Women's Food Practices, Risk and Responsibility: Constructing Healthy Food Through Lifestyle/Environmental Risks and Place*, Unpublished doctoral dissertation. Charles Sturt University, New South Wales, Australia.
- Parker, B., Brady, J., Power, E., & Belyea, S. (2019). *Feminist Food Studies: Intersectional Perspectives*, Toronto and Vancouver: Women's Press.
- Petersen, A. & Lupton, D. (1996). *The New Public Health: Health and Self in the Age of Risk*, Sage Publications.
- Power, E., Belyea, S., & Collins, P. (2019). It's not a food issue; it's an income issue": using Nutritious Food Basket costing for health equity advocacy, *Canadian Journal of Public Health*, (online February 7): 1-9. <https://doi.org/10.17269/s41997-019-00185-5>
- Public Health England. (2016). The Eatwell Guide. <https://www.gov.uk/government/publications/the-eatwell-guide>
- Risman, B. (2004). Gender as a Social Structure: Theory Wrestling with Activism, *Gender & Society*, 18(4): 429-450.
- Ristovski-Slijepcevic, S., Chapman, G.E., and Beagan, B.L. (2008). Engaging with healthy eating discourse(s): ways of knowing about food and health in three ethnocultural groups in Canada. *Appetite*, 50(1): 16178.
- Rose, N. (1999). *Powers of Freedom: Reframing Political Thought*, New York: Cambridge University Press
- Rose, N. (2007). *The Politics of Life Itself: Biomedicine, Power, and Subjectivity in the Twenty-first Century*, Princeton, NJ: Princeton University Press.
- Sawicki, J. (1996). Feminism, Foucault and "Subjects" of Power and Freedom. Hekman, Susan J., (Ed.), *Feminist Interpretations of Michel Foucault*. (p. 159-178). University Park, Pennsylvania: The Pennsylvania State University Press.
- Scrinis, G. (2013). *Nutritionism*, Columbia University Press.
- Szabo, M. (2014). Men nurturing through food: Challenging gender dichotomies around domestic cooking, *Journal of Gender Studies*, 23(1): 18-31.
- Thirlaway, K.J. & Heggs, D. A. (2005). Interpreting Risk Messages: Women's Responses to Health Story, *Health, Risk & Society*, 7(2): 107-121.
- Valentine, G. (2007). Theorizing and Researching Intersectionality: A Challenge for Feminist Geography, *The Professional Geographer*, 59(1): 10-21.
- Wahlqvist, M. (2008). New Nutrition Science in Practice, *Asia Pacific Journal of Clinical Nutrition*, 17 (S1): 5-11.
- West, C. & Fenstermaker, S. (1995). Doing Difference, *Gender & Society*, 9(1): 8-37.
- West, C. & Zimmerman, D.H. (1987). Doing Gender, *Gender & Society*, 1(2): 125-151.
- World Health Organization. (2016). *Shanghai Declaration on promoting health in the 2030 Agenda for Sustainable Development*, <https://www.who.int/healthpromotion/conferences/9gchp/shanghai-declaration.pdf?ua=1>, Accessed October 21, 2019.

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