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### **Mothers reframing physical activity: family oriented politicisation, transgression and contested expertise in Australia.**

**Belinda Lewis<sup>1</sup>**  
**Damien Ridge<sup>2\*</sup>**

<sup>1</sup> School of Applied Communication, RMIT University, Australia

<sup>2</sup> Department of Primary Health Care, University of Oxford

\* Damien Ridge now works within the School of Integrated Health, University of Westminster

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**Mothers Reframing Physical Activity: Family Oriented Politicism,  
Transgression and Contested Expertise**

Belinda Lewis, PhD<sup>\*1</sup> & Damien Ridge, PhD<sup>2</sup>

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1. School of Applied Communication

RMIT University

Melbourne

AUSTRALIA

2. Department of Primary Health Care

University of Oxford

Oxford

UNITED KINGDOM

**Address for correspondence:**

\*Dr Belinda Lewis

School of Applied Communication

RMIT University

GPO Box 2476V

Melbourne 3001

Victoria

Australia

**Email:** [belindalewis2@wildmail.com](mailto:belindalewis2@wildmail.com)

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**ABSTRACT**

Mothers of young children are a population sub-group with one of the lowest levels of physical activity. This paper presents the findings from a qualitative study with 40 Australian mothers of children under school age. The research aimed to understand the tensions, dilemmas and trade-offs which women experience around physical activity within the contexts of their everyday lives as mothers of young children. The analysis shows that, in contrast to health promotion messages which frame physical activity as a positive and healthy behaviour, mothers of young children perceive activity as being both enhancing and threatening to their health and social relationships. Restrictive stereotypes of the 'good' mother make it difficult for many women to prioritise their own physical activity needs over their childrearing and domestic responsibilities. Nevertheless, women's involvement in physical activity is often underpinned by the maternal 'ethic of care' as something which can help them cope better with the challenges of being a mother and contribute to the wellbeing of the family. This article takes as its departure point the notion that the maternal 'ethic of care' creates previously unrecognised opportunities in relation to physical activity. For many mothers, physical activity can also be a way of challenging hegemonic discourses and extending what it means to be a good mother in contemporary society. Although largely overlooked by contemporary health promotion, it is women's family-oriented politicisation and resistance to dominant meanings about motherhood,

health and the 'ideal' body which create alternative possibilities for their participation and enjoyment of physical activity during early motherhood.

**Keywords:** physical activity, women, mothers, health promotion, health professionals, qualitative research, cultural studies

## 1. INTRODUCTION / BACKGROUND

*'I had never previously understood how much was asked of parents, day and night, and for how long, and I began to wonder how they all coped, and where I had been to have missed something so obvious for so many years'*

Godfrey 2000, page ix.

### **Physical activity and women's health**

In response to the high burden of disease associated with physical inactivity , increasing participation in physical activity has been identified as a major health priority in most First World nations (WHO 2003). In Australia, over half of all adults (57%) are not active at levels sufficient to maintain their health and women are identified as one of the key priority groups. Mothers of young children are a sub-group with one of the lowest levels of physical activity (Armstrong et al 2000), with recent studies suggesting that up to two-thirds of these women are not 'adequately active' for health benefit (Brown et al 2000, Brown et al 2001).

Whilst the health benefits of regular physical activity have been well documented for the general population (USDHHS 1996), there are additional benefits which are especially salient for mothers of young children. Physical activity can help to prevent many of the physical and mental health problems commonly experienced during early motherhood, including postpartum weight gain and poor body image (Devine et al 2000, Ohlin and Rossner 1994, Goodwin 1997), postnatal depression (which affects

17% of new mothers), low back pain (44%) and extreme fatigue (69%) (Brown and Lumley 1998, Edmunds 1999).

The years of establishing a young family constitute a major life transition for women in terms of their social, occupational and biological lives and this profoundly influences their interest and ability to be involved in physical activity (Warrick 1996). Recent Australian literature argues that mothers' physical activity participation is constrained by a combination of structural and ideological influences (Lewis 2002, Brown et al 2001). Ideological influences include restrictive gender expectations and narrow stereotypes of the 'good' mother (Lo Cascio et al 1999). Structural constraints include: the workload and multiple responsibilities of motherhood; lack of discretionary time and energy; lack of social support from partners, friends and family; and lack of childcare. For low income women, constraints also include lack of private transport and the cost of equipment, memberships, attendance at facilities and childcare (Brown et al 2001, Cody and Lee 1999).

Women's decision making about physical activity is influenced and shaped by their multiple roles and responsibilities in families, workplaces and communities. However, much physical activity promotion is focused on health behaviour at the level of the individual and it has failed to take these influences seriously. Professional recommendations about physical activity 'many times tend to be dissociated from everyday lived reality for women' (Vertinsky 1998, p.97). The voices of mothers themselves about the paradoxes, trade-offs and areas of ambiguity which they experience around being physically active constitute a significant gap in the published research (Lewis 2002, Vertinsky 1998).

### **Understanding motherhood**

To date, much research and health promotion practice has been underpinned by the assumption that physical activity has positive effects on women's lives and that women consciously participate for health reasons (Vertinsky 1998, Warrick 1996). Recent critical literature has contested the authority of professional discourses around health behaviour, suggesting that the tensions between professional discourses and lay perceptions actually offer important insights for health promotion work (Lupton 1995, MacDougall 1999). Indeed, whilst low physical activity participation levels are construed to be a problem from the 'expert' perspective of public health professionals, little is currently known about how women understand their own patterns of physical activity.

Feminist perspectives argue that researchers need to listen to what women have to say about their physical activity needs within the totality of their lives in families and communities (Drew and Paradise 1996). Although quantitative surveys have provided valuable information about women's physical activity participation, they offer limited insights into the various meanings and contexts within which it is framed (Lo Cascio et al 1999). Whilst the existing published research about women's physical activity includes very few qualitative studies, this mode of enquiry can address such shortcomings. In turn, these understandings can help us to critically reflect and improve upon existing health promotion strategies. That is, to 'negotiate mutual actions to improve those situations which women themselves would like to alter' (Labonte in Vertinsky 1998).

The qualitative research presented in this paper aimed to understand the different ways in which women make sense of physical activity within the contexts of their everyday lives as mothers of young children. Using in-depth interviews, modified grounded theory and the critical insights of feminist sociology and cultural studies, the analysis moves beyond simple identification of 'barriers and supports' to develop a deeper understanding of the tensions, dilemmas and trade-offs which women experience around physical activity.

Whilst the findings here may be at odds with the discourses of health professionals and recent feminist analyses, this article takes as its departure point the notion that early motherhood creates opportunities not just constraints in relation to physical activity. We argue that this challenging life transition creates a window of opportunity for health promotion which is currently under-utilised. During early motherhood, physical activity is recast by women in terms of coping with the emotional and physical demands of everyday life as mothers of young children. By working more closely within women's own frame of reference, health professionals might make better progress toward developing strategies to support women's physical activity during early motherhood and on throughout adult life.

## **2. METHODS**

The research questions explored in this paper include:

- How do women understand physical activity in relation to their own health, the health of the family, or other areas of their lives once they are mothers of young children?
- How does the role of 'mother' frame the multiple meanings which these women construct around physical activity? How do women negotiate these multiple and often competing meanings?
- What are the ways in which professional or 'expert' discourses around physical activity are received, contested and re-produced by these women?

### **Research design**

The qualitative research described in this paper was the first phase of a multi-phase study exploring potential strategies for building the capacity of health-related professionals, service providers, local government and community groups to work collaboratively with mothers of young children to facilitate their participation in physical activity. The research was conducted in two adjoining local government areas in Melbourne, Australia between 1998 and 2000. It involved 40 individual, in-depth interviews with mothers of at least one child aged under 5 years. Basic proficiency in spoken English was a prerequisite for participation in the interviews due to the limited resources available for the study. Otherwise, there were no other grounds for exclusion from the research.

### **Sample selection and recruitment**

Qualitative studies of women and physical activity have typically relied upon convenience samples and consequently have largely represented the views of middle-class, white, married women (Vertinsky 1998, Yeager et al 1993). One of the aims of

the current study was to address this imbalance by recruiting a wider range of informants.

The choice of data collection method helped to ensure that women experiencing social disadvantage were well represented. Women in caregiver roles are often limited in their ability to attend focus groups and this method of qualitative data collection can lead to selection bias - excluding women who experience social or geographic isolation, lack of transportation or childcare (Eyler et al 1998, Thomas et al 1998). In order to address this limitation, this study utilised individual interviews in women's own homes.

Unlike the probability samples and statistical guidelines used in quantitative research, the rationale for sampling in qualitative research is to provide rigour, depth and meaning. Sampling involves the purposeful selection of information-rich cases for in-depth study. Sample size is determined when data saturation is achieved, that is, when no new information is yielded from new cases sampled (Mays and Pope 1995). A purposive sampling strategy was chosen to ensure that the broad range of different experiences and perceptions was identified rather than to draw conclusions regarding generalisable results. Using 'maximum variation sampling' (Patton 1990), respondents were recruited to include women from a range of socioeconomic backgrounds, marital and employment status, age, number/age of children, and level of physical activity participation. Snowball and opportunistic sampling were also used to fill the sampling frame.

The profile of participants shows that a diverse sample was obtained, including:

- **Women from a range of socioeconomic backgrounds.** Approximately half of all participants had not continued any education past secondary school (n=18) and/or lived in areas where the Index of Social Disadvantage (ISD) was below the state average (n=22) (Australian Bureau of Statistics 1996).
- **Women at various stages of motherhood.** Thirteen women were first-time mothers. Over half of participants were caring for a baby aged under one year. Almost half were mothers of two or more children aged under five years.
- **Women with no workforce participation through to those with full time work.** Approximately half of the women combined childrearing with part-time or full-time employment.
- **Single and married women.** Five women were lone mothers and the remainder were in married or de facto relationships.
- **Teenage mothers and older mothers.** Half of participants were aged between 30 and 39 years, two were teenage mothers and three were aged over 40 years.
- **Women involved in varying levels of physical activity.** Women were classified into activity levels using the NSW Health Promotion Survey (Bauman et al 1996). The sample included sedentary women, women engaged in walking and/or irregular activity and those involved in vigorous activity .

Women were recruited through Maternal and Child Health Centres, Community Health Centres, Playgroups, Pre-schools, Child Care Centres, Fitness and Recreation Centres and Community Support Services. Fliers were distributed to women at each location and short, informal 'talks' about the research were held at existing groups. These talks were the most effective way of recruiting hard-to-reach women such as less active women and those from low education/low income backgrounds.

### **The interviews**

The interviews were all conducted by the first author in women's homes or workplaces and at times of day to suit each woman. Interviews ranged in length from 40 to 120 minutes and were recorded with the consent of each participant.

A semi-structured discussion format was used to openly explore a series of existing concepts identified in previous research (Wright et al 1996, Bull 1995, Corti et al 1995).

Topics included: main issues and concerns about being a mother, expectations and experiences about physical activity, concepts of healthy levels of activity, perceived barriers and enablers to participation, including social, cultural, and physical environments.

Activities were also used as stimulus material including i) photos of mothers participating in a range of physical activities, ii) life history: each woman sketched a diagram of her 'life history' in relation to physical activity, and iii) sorting tasks: using cards which represent social influences on women's physical activity. A recursive model of interviewing was used so that women could direct the content of the interviews towards their own experiences and concerns.

### **Data management and analysis**

Following the interviews, the recorded interviews were professionally transcribed and all names changed to pseudonyms. The data was organised, coded and analysed using the software package NUD\*IST 4. The analysis developed as a cyclical and reflexive process. Preliminary analysis occurred concurrently with data collection and codes were continually revised and reshaped as data collection and analysis progressed (Patton 1990). Two of the transcripts were double coded by colleagues and the codes

checked, compared and refined. In the final stage of the analysis, all 40 interviews were coded using this coding framework.

The interview data was initially explored using principles of grounded theory (see Strauss and Corbin 1990) in order to allow meaning to emerge from the data. The framework used for analysis and interpretation was based on the research map outlined by Layder (1993) which provides a stratified model for exploring social life at four, interrelated levels: self, social activity, settings, and broader socio-cultural contexts. Layder's research map seeks to extend the traditional 'grounded theory' approach to qualitative research by making multiple cuts back and forth across i) the empirical data gathered in the field, and ii) existing theoretical frameworks (Layder 1993).

The current analysis identifies the key issues of concern to women and draws on theoretical perspectives which critically examine these issues, including the sociology of motherhood, health and the body (Vertinsky 1998, Gilding 1997, Richards 1997) and cultural studies (Lewis 2002, Lupton 1995, de Certeau 1984). New paradigms, such as cultural studies have been used to understand the social and cultural dimensions of health issues such as HIV/AIDS and smoking but have not been widely applied in physical activity research. This approach is concerned with the ways in which texts, discourse (the ways language is used), and everyday practices work in relation to knowledge, power, culture and social change (Lewis 2002). Cultural studies perspectives provide opportunities for critical reflection on the politics of public health and help to explain the successes and failures of attempts to address complex public health issues (Tulloch and Lupton 1997).

Analytical techniques included extensive analytical notes and manual techniques such as posters, flow charts and a series of analytical grids (Miles and Huberman 1984 ). Key themes were selected for more in-depth interrogation based on the following criteria:

- i) data analysis revealed this to be a prominent theme
- ii) literature review identified the theme as a key topic for inquiry
- iii) previous research had identified the theme but not explored its inherent paradoxes and contradictions.

### **3. FINDINGS**

*Thirty minutes on most days of the week? Nice to think it would happen but boy...  
what a daydream. I think it should be done, but the reality is quite different.*

Rosalie (three children, full time mother, walks when she can)

The data shows that mothers of young children are well aware of public health messages promoting regular physical activity. However, acting on this advice is not as straightforward as these expert recommendations suggest. Firstly, mothers face significant practical constraints such as lack of time, energy, childcare and money. Secondly, they also need to resolve tensions around being active which relate to their relationships, responsibilities and identities as mothers. Thirdly, physical activity for women involves multiple and at times competing meanings which can be at odds with those represented in 'expert' health promotion discourses. Whilst women's narratives do include notions of physical health, discipline and bodily control, physical activity is also interwoven with women's ideas about being a good mother, wellbeing, pleasure

and transgression. As discussed below, the meanings women attribute to physical activity create definite opportunities (and not just constraints) that need to be grasped by health professionals if physical activity is to be promoted during early motherhood.

### **Being a 'good' mother: the ethic of care**

*Mothers really are the backbone of the family. They really truly are.*

Joanne (two children aged under five, full time mother, active)

*I've always imagined that the woman in the house is like this tent peg, you know the main stay of the tent. Once she goes down in a screaming heap, well that's it. The whole lot collapses in on top.*

Robin (three children, part-time work, no regular activity)

Mothers see themselves as central to the health and wellbeing of the family and they expressed the shared belief that happy, healthy mothers are better placed to bring up happy, healthy children. But here lies the key paradox for these women. Although women are aware of the importance of caring for themselves, the maternal 'ethic of care' associated with culturally endorsed notions of the 'good' mother can make it difficult for them to prioritise time for self over their childrearing and domestic responsibilities. This is a central theme which underpins women's decision-making around physical activity.

Nevertheless, a crucial point made by women is that, for mothers, physical activity is often underpinned by the 'ethic of care'. That is, physical activity is not necessarily about 'time for self' and thereby in conflict with their notions of being a good mother. Physical activity is often quite consciously constructed around the needs of others and this provides a satisfying resolution to the tensions they experience between self care and the care of others. In particular, being physically active together with partners and/or children can be seen as a way of strengthening relationships and contributing to the wellbeing of the family by providing active role models, shared family time, and a healthy active family environment for growing children:

*It's not so much a 'Let's go and do this, it's going to be good for me'. It's more, 'This is an opportunity to spend time with my partner and my son.' It's more a means of having time together...That's nice...The reason for walking is a bit different ...it's not an exercise thing.*

Lola (one child, full time employment, walks regularly)

*I'd like to be able to keep up with my children. I don't really want to sit on the sidelines watching them running up and down . I think it's really important to be involved in your children's life. .. Actually getting in there and doing it with them...It just shows them that we actually really care - we're actually doing it together.*

Deb (two children under five, part-time work, active)

Furthermore, when women do take time out for themselves to be active, this can also be seen as a resource for maintaining their own mental health and thus 'being a good mother'. Being active can play a meaningful role in stress relief; coping with the bodily

transitions involved in becoming a mother; maintaining social contact with other women; and transgression of restrictive social expectations:

*I believe you've got to look after yourself to be a good mum, and if that means ... fulfilling my needs then that's what I need to do.*

Casey (two children aged under five, works full time, active)

Whether physical activity is seen as important 'time for self' or as a way of being active with family and friends, it has much more positive meanings for women when it is constructed as something which can help them cope better with the challenges of being a mother and contribute to the wellbeing of the family. The findings here suggest that 'ethic of care' associated with being a good mother actually helps women to justify the time, energy and cost of being active. Furthermore, it creates alternative possibilities for their participation and enjoyment of physical activity.

#### Paradoxes around taking time for self

Whilst women expressed the shared belief that taking time for oneself could help them cope with the challenges of being a mother, there were inherent paradoxes associated with actually taking this time. As found in previous studies (see Lo Cascio et al 1999), women described having limited access to time for themselves and consequently 'time' is perceived as a scarce commodity which needs to be used wisely. *\*\*Time for oneself is often fragmented, it is usually grabbed in short bursts and, because it is organised around the unpredictable demands of young children, it is difficult to plan and seldom under their own control.*

Women's talk about taking time for oneself also uncovered some anxieties which are barely recognised in the physical activity literature. For some women, especially first-time mothers, perceptions of taking time out for oneself can be about failure and not coping. To have no need for time out for oneself means that a mother is coping well, has it all under control, and is 'good':

*You know, wanting to be a good mother and wanting to put a good meal on the table. Also feeling that if anyone dropped in that if the place was out of control it would look like I wasn't capable of running a house.*

Robin (three children, part-time work, no regular activity)

Decisions about taking time out were strongly influenced by desires to live up to the 'good mother' stereotype (see Brown et al 1997, Richards 1997). Women were well aware that time out helped them to feel better about themselves and the demands of being a mother, and yet they also felt they needed to fulfil the expectations of the 'good' mother in order to 'deserve' this time.

Additionally, many women feel they need to 'pay back' the time they organise for themselves. Time is a veiled currency which they have to both 'earn' and 'repay' in order to care for themselves. A recurring theme for women was the 'value' of their time. Consistent with recent feminist analyses (Benn 1998, Richards 1997) and motherhood studies (Warrick 1996, Brown et al 1996), many of the mothers interviewed held strong beliefs that parenting young children is an undervalued social role; that the considerable contributions of parents to community life are poorly

acknowledged; and, that the complexities of contemporary parenting are under-recognised at the social, economic and political level.

*Some people say, 'Oh I don't know how you do it'...But to live up to these expectations of being a bit of a supermum, I think, 'You don't know the half of it. You really don't'. I feel on the surface it might all look good but it's not really that good...I've had to struggle really hard ...*

Casey (two children aged under five, works full time, active)

Almost every woman talked about the need for greater acknowledgment of the increasingly complex and demanding work that mothers do, believing that this would help them feel justified in taking time for self-care rather than constantly relegating their own needs in ways which continue to undermine their health and wellbeing:

*I think that there's some kind of attitudinal shift has to occur...I think one of the most damaging things has been a range of discourses about superwomen. And the failure of feminism to come to terms with that... I think it's very important for women to feel that they can talk about these things... But I also think that it has to go beyond that. It's completely useless if it's not having an effect elsewhere - health professionals, government... in work places.*

Lorraine (one child under five, works part-time, swims regularly)

#### Active and less active women:

There were differences between active and less active women in the ways physical activity was related to being a good mother (see Figure 1). Less active women tended

to view time for physical activity as 'selfish' - time away from their responsibilities which could undermine the wellbeing of their family. Relegating one's own needs was considered a 'natural', almost integral part of being a good mother:

*As far as I'm concerned the mother goes to the back seat and everyone else comes in first... I think when you've had them you tend to grow up more and you prioritise more...you learn that you're not so important.... It's all part of it isn't it?*

Jemma (three children, full time mother, no regular activity)

On the other hand, more active women tended to see physical activity as helping them to be a 'good mother' - providing stress relief, more energy and the chance to create an active, healthy family culture for their children:

*I don't think enough women realise that they're a person too and that they're entitled to ... have time to themselves, to do things they enjoy. Yes there's a trade off ...but I prefer to live my life. I think that you are a better mother when you do all that because you're happier within yourself.*

Kim (single mother of two children, works part-time, active)

For active women, notions of being a good mother were far less about narrow stereotypes of what 'good' mothering entails, and more about working out ways to bring a sense of balance and wellbeing into their lives. This often involved 'letting go' of strict routines and standards of domestic order which leave little energy for pleasure and play. These women acknowledged the social pressure to feel guilty about taking time for themselves, but they had quite consciously challenged the traditional good

mother discourse to create positive meanings around time for physical activity. For these women, the maternal 'ethic of care' included the notion of self-care and their practices around physical activity provided an opportunity to extend the boundaries of what it means to be a 'good' mother in contemporary society.

Figure 1 below summarises the differences between active and less active women in relation to the meanings associated with physical activity.

Figure 1: Differences between active and less active women

### **Physical activity: enhancing and threatening for women's mental health**

As we have seen, women's decision-making around physical activity is organised around their key concerns: being a good mother, juggling multiple roles and responsibilities and maintaining their own mental health. However, in contrast with health promotion messages which frame physical activity as health enhancing, women also perceive activity as potentially threatening to their wellbeing, particularly in relation to their mental health.

Mental health, or '*staying sane*', is seen by women as a vital resource needed to care for their young children. All women were aware of postnatal depression and saw it as a significant threat to their own wellbeing and that of the family. In contrast to health promotion discourses which emphasise the physical benefits of physical activity (NHFA 2001), mothers in this study were primarily interested in the mental health benefits such as social contact with other women, stress relief, elevated mood,

relaxation, confidence, and improved body image: *'being a better mother', 'coping better', 'being a nicer person to be around'*.

Nonetheless, almost all of the mothers interviewed had experienced feelings of anxiety, stress, and disappointment associated with their efforts to participate in exercise programs, classes or sporting activities. This level of stress could actually negate any sense of activity enhancing their health.

*Swimming is supposed to be the least stressful thing you can do but the whole time you are worrying. You're not actually having time to yourself... You rush.... organising all the kids things, organising childcare. You've always got a time restraint...You're still anxious. Yeah ... very anxious.*

Kiera (two children under five, one disabled, full time mother, no regular activity)

Anxiety associated with physical activity was strongly connected to women's feelings about their own bodies. Women like Grace, wanted to feel that her body was more under control before she would even consider exercising:

*I keep saying I'll go back to exercise. But till I get a body I'm not going to the pool. (laughs) I'm not putting bathers on...Until I get that weight down I'm not going to join anything really.*

Grace (three children, works part-time, no regular activity)

As women talked about physical activity, they were frequently drawing on discourses around stereotypes of the 'ideal' healthy female body as being slim, compliant and

under control (Vertinsky 1998). Rather than inspiring them to be active, these narrow and unrealistic stereotypes serve to undermine women's confidence, satisfaction and pleasure in being active :

*I was so self conscious I thought everyone was going to stare at me and say what's she doing in here ? I wasn't that big but I felt like I was. I just didn't look how I usually look.*

Deb (two children under five, part-time work, active)

Women also expressed concern about contemporary medical and health-related discourses which frame physical activity primarily in terms of weight management (Bull 1995). From the perspective of mothers, the emphasis on physical activity for weight control reinforces the notion that they must continually work to 'discipline' and control their bodies rather than celebrate the joy of movement for pleasure, relaxation and social connection. Women also had their own theories about the ways that concerns about body shape and weight can be responsible for mothers engaging in exercise practices which potentially threaten their mental health and their ability to be a 'good' mother:

*One friend in particular, she was very desperate to get back to her weight....Her mother was there often ... coming over to the house every day so she could go to gym every day. Five days a week. ...That's all she talked about...She gave up breast feeding. She was absolutely positive that she was not going to lose her weight while she was breast feeding... She just believed if she stopped eating and exercised a lot, that it would happen really quick.*

Molly (two children under five, full time mother, walks regularly)

The culture of conventional fitness and recreation facilities was considered to intensify women's concerns about the stresses of being active. In these settings, where individual performance, weight loss and body shaping goals are highly valued, many mothers situate themselves as marginal before they even set foot inside the door:

*Where they go wrong I think is how it's set up down there... It doesn't have to be just all getting fit and getting your body into shape...They don't have any sort of motherly kind of things...where you'd feel comfortable ... Look, the last thing you need for your self confidence after having a child, is to go down and do aerobics amongst all these stunning women... You just think, 'Oh, am I here? .....No thanks!'*

Gretta (two children aged under five, full time mother, active )

In making a clear decision against participation in activity at conventional facilities, women were consciously taking steps to avoid these stresses and preserve their mental wellbeing . Physical activity was considered far more likely to enhance their health in a family-oriented atmosphere which is more relaxed, where body size and shape are de-emphasised, and the wider social and mental health benefits of being active are prioritised over performance and appearance goals.

### **Family-oriented politicisation: pleasure and transgression**

As we have seen, physical activity can be a site where dominant meanings about motherhood, health and women's bodies are contested. For mothers, being active can

be more about the pleasure of transgression and resistance to social constraints than conforming to health promotion messages urging people to become more active.

Taking time for oneself to be physically active can be an expression of resistance to restrictive stereotypes and a way of extending the boundaries of what it means to be a 'good' mother:

*It's important because ... whatever you do you're always a mum... So going to netball, I'm just a person there. Sort of gives you back your independence. Freedom. You're ... your own person again.*

Kelly (two children aged under five, works part-time, active)

For women like Angie, taking time to be physically active was in part an expression of resistance to stereotypes of maternal obligation. These women were willing to share domestic and childcare responsibilities with their partners and tended to be more relaxed about standards of domestic order - opening up the space for *'him to do things his way'*. Time out for physical activity was used as an opportunity to loosen restrictive gender role expectations, giving fathers time to be involved with their children:

*He's the father. He can do his bit. Walking after dinner has worked out really well...It just sort of fell into place. It hasn't upset anybody. Occasionally I miss the favourite television program, but hey ... it's worth it.*

Angie (two children aged under five, works part-time, walks regularly)

In particular, mothers expressed resistance to dominant discourses about physical activity and the 'ideal' female body. Women talked about feeling saturated by the

profusion of media representations, services and consumer products oriented around physical activity and the quest for weight loss:

*You get sick to death of it and I'd rather turn off. They say you should lose weight but they're constantly saying it... It's too much on the TV. If you've got weight on, you feel guilty ... So you just switch off about the whole issue.*

Sasha (two children, full time mother, active but not regularly)

Although most mothers agreed they would *'like to get back into shape'*, very few were interested in striving toward idealised, stereotypes of the slim, healthy female body. Rather, within the context of the physical changes associated with pregnancy and breastfeeding and the continual demands of caring for young children, they considered it unrealistic and unachievable. Mothers of young children feel marginalised by these stereotypes and feel that they are the *'other'* for whom the normal relationships between health, fitness, and body shape simply do not apply.

For some mothers and particularly those with more than one child, this sense of being marginal appeared to be liberating. Their resistance to discourses which promote the physical benefits of activity (including weight control and body shaping) rather than social and mental health benefits seemed to create the space to generate new meanings around physical activity:

*A lot of celebrities have been so thin after they have a baby... One of my girl friends said to me, God did you see Nicky Buckley (TV celebrity), she's got such a stomach still after she had her baby. I said, 'Isn't that just so fantastic'... I loved it so much*

*that she was normal...and she was willing to wait. You know, let it go naturally. I think that needs to happen more.*

Molly (two children under five, full time mother, walks regularly)

These women had chosen to modify their expectations, reaching the conclusion that standards are '*different for mothers*'. In doing so, it appeared that women were able to blur the boundaries of cultural ideas about healthy bodies. Discourses around physical activity and bodily control might be used to define others' lifestyle needs but they were rejected in a personal sense because they were not seen as relevant or achievable within women's everyday lives as mothers. Women like Rosalie described a 'release' from restrictive social expectations regarding the size and shape of their bodies. Being active in this less restrictive context was not only more enjoyable but also empowering – a real achievement of everyday feminism:

*I'm very proud of my body...If the weight dissipated off my stomach would I be happier? Probably not. No. I'm proud of what my body achieved... in childbirth ...in producing three children in the way that I did... I mean that's a fairly wonderful and terrific thing. It's amazing what the female body can achieve. Yeah, proud of being a woman. I say that without hesitation.... It's wonderful!*

Rosalie (three children, full time mother, walks when she can)

#### **4. DISCUSSION**

Recent critical literature has drawn on feminist approaches to gender, identity and motherhood to elucidate the constraints which mothers experience around physical activity. These studies point to the important issues of i) women's limited access to leisure time, ii) the workload of motherhood, including the gendered division of labour within the family, and iii) restrictive social expectations of motherhood whereby the maternal 'ethic of care' results in mothers relegating their own needs for self care (Vertinsky 1998, Warrick 1996, Drew and Paradise 1996). Recent sociological research has also highlighted the increasing compression of women's time as they attempt to combine motherhood, paid employment and a whole host of other family and community responsibilities (Benn 1998, Gilding 1997, Bittman 1995) and the negative implications for their leisure participation and general wellbeing (Brown et al 2001). There is general agreement that more egalitarian relationships, with equity of leisure access for both partners and shared responsibility for domestic work and the wellbeing of children, are likely to enhance women's opportunities for involvement in physical activity (Lo Cascio et al 1999).

Clearly, mothers of young children will be unlikely to have the time, energy, resources or support which they require to participate in regular physical activity until significant structural issues are addressed. However, large scale macro changes in the way society is organised are notoriously slow and there are many things happening at the 'micro' level of everyday life which need to be mapped and understood as a starting point for change (Layder 1993). The analysis we present here draws on aspects of cultural studies and post-structuralist theory to suggest that the emphasis on the structural determinants of health behaviour tends to underestimate the potential for individual 'agency' or action toward socio-cultural change (Lupton and Barclay 1997, Foucault 1987, 1981, de Certeau 1984). As sociologists such as

Anthony Giddens (1987) have pointed out, although it is true that the larger structural forces in society shape the everyday lives of individuals, it is also true that the everyday practices of individuals shape those same larger structural forces and that the two are in a dialectical relationship with one another - each informing, producing and reproducing the other.

A cultural studies approach proposes that this 'dialectic' involves a process of negotiation, through which hegemonic discourses are continually subject to contestation and new attempts to define meaning (Hall 1982). That is, our identities and social practices are always 'in the making'. For social transformations to take place, it not only requires changes in structural power relations and the material conditions of women's lives but also changes in discourses, representations and everyday practices. A cultural studies analysis acknowledges the power of individual agency toward generating women's own subjective forms of 'freedom' within the constraining power structures of society and, importantly, provides possible points from which transformations in social practices and power relations may take place within the context of wider, slower social change (Layder 1993, Robertson and Minkler 1994).

While sociologists such as Pierre Bourdieu (1991, 1984) have attempted to integrate a notion of culture into an analysis of social structures and health behaviour, the current analysis draws on the work of cultural analysts such as Michel de Certeau (1984). de Certeau argues that although Bourdieu's 'habitus' theory describes how people adjust their practices to social structures, his theory does not adequately explain the 'gaps' (p.57). That is, the ways in which people, through their own tactics of consumption and choice, creatively get around these

constraints. For de Certeau, there is a political dimension to people's everyday practices. The discourses and practices of resistance can be inherently emancipatory – right down to the seemingly trivial practices of everyday life. This 'political agency' involves creatively constructing self-gratification, value and meaning within constraining social structures and making of them a microphysics of personal wellbeing (see also Foucault 1981). For de Certeau, this represents an unconscious political expression. It is critically outside the language of politics in a conventional sense and is constituted around sensibilities which are not in themselves political, but rather 'pleasurable'.

An underlying theme in the current analysis is that social reality for mothers is 'double-edged'. In relation to physical activity, it appears that motherhood creates more opportunities than previously thought. By way of illustration, 'restrictive stereotypes of a good mother' can constrain women's participation in physical activity. However, women also use physical activity as a way of challenging hegemonic discourses and extending what it means to be a good mother in contemporary society. This dialectic offers ongoing possibilities for constraints to be contested, challenged and subverted and new cultural meanings around physical activity during early motherhood to be generated. Clearly, women's family-oriented politicisation and resistance to dominant meanings about motherhood, health and the 'ideal' body actually create alternative possibilities for their participation and pleasure in physical activity. This level of agency also creates the space for women themselves to contest the professional and popular discourses which inhibit their participation. We contend that by better acknowledging the double-edged nature of women's experiences, it is possible to rethink motherhood as an 'opportunity' and not just a 'crisis'. And this is where the potential for effective transformation – at both the micro and the macro level – is most likely to take place.

In the current study, women's narratives are underpinned by troubling social discourses around two seemingly contradictory forces. On the one hand, there are discourses around 'superwomen' who competently juggle multiple roles and competing demands on their time. On the other hand, there are stereotypes of maternal obligation and restrictive social expectations of the traditional 'good' mother. This tension makes it difficult for women to prioritise their own needs for self-care. Whilst recent feminist literature (Brown et al 1996, Richards 1997, Drew and Paradise 1996) proposes that, within this context, the maternal 'ethic of care' is problematic because it causes women to question the legitimacy of taking time out for self care, our analysis suggests that it may be too simplistic to claim that the maternal ethic of care is simply a barrier to women's physical activity. It also creates important opportunities for women. Whether women are active or not, the ethic of care is absolutely central to women's decision-making and it is the underlying principle which they use in weighing up the effort against the rewards to be gained from being physically active. Where previous research has tended to frame women's physical activity as 'time for self' and argued for strategies to encourage women that they are justified in taking this time (Lo Cascio et al 1999), the current analysis suggests that a better approach is to reframe physical activity in terms of women's own 'ecological' models which move beyond a focus on the self to encompass the flow-on, family-oriented benefits associated with mental wellbeing, family and social connection. Women are doing this anyway. Some women have boldly claimed that 'good' mothers are those who engage in pleasure through physical activity.

This study shows that mothers of young children face considerable challenges, but they are far from being victims of a lack of knowledge and skills associated with physical activity. They have their own strategies for making physical activity both

pleasurable and possible. The way forward in facilitating physical activity for women with young children is to better understand these strategies and then do whatever is practicable to support these.

The study reinforces the fundamental importance of action to create more supportive social contexts for mothers' physical activity. Women seek opportunities to be active in mother-baby friendly environments with people who understand the challenges of early motherhood. More specifically, these women seek out contexts which:

- Legitimise the importance of 'time out' for women's mental health
- Emphasise the wider health and social benefits of physical activity over weight management and performance goals
- Promote body comfort: celebrate the bodily transitions of motherhood rather than intensifying body dissatisfaction for women
- Balance medicalised notions of discipline and control with mother-centred pleasure, play, transgression, social interaction and release.

Much has been written about the ways in which women's body size and shape occupies a central space in the discourse of medicine and the health and fitness industry (Lupton 1995). Our findings suggest that cultural pressure on women to achieve a slender, socially-approved body often works to reduce mothers' confidence about whether they are 'ready' to be active. Whilst most women want to regain control of their bodies after the changes of pregnancy and birth, they are also seeking opportunities to be physically active in contexts which release them from social expectations of ideal, healthy women's bodies as being fit, slim, compliant and under control (Vertinsky 1998). This study suggests that health professionals promoting

physical activity may need to rethink the ways in which they talk about physical activity, releasing it from the discourse of weight control and re-framing it in ways which emphasise improved mental health and social wellbeing. The findings also emphasise the need, within popular and 'expert' physical activity discourses, to challenge restrictive stereotypes of the ideal, healthy body, creating new ways to celebrate the bodily transitions associated with becoming a mother.

In our study, mothers contest the expertise of much health promotion surrounding women's physical activity. Critical perspectives have argued that 'expert' health promotion is frequently limited by discourses of individualism, medicalisation, and healthism (MacDougall 1999, Vertinsky 1998). Furthermore, professional discourses continue to frame physical activity primarily in terms of individual health (Bercovitz 1998, MacDougall 1999b, Labonte 1994). Our study indicates that health promotion messages which emphasise individual health and fitness over the collective interests of family, friendship networks and community are unlikely to resonate with the way mothers of young children understand the role of physical activity in their lives. In Australia, recent health promotion policies have framed the issue of physical activity primarily in terms of physical health benefits (Bauman et al 2002, NHFA 2001). In contrast, for mothers, physical activity is considered 'healthy' when it strengthens women's relationships and identities as mothers. By moving away from the medical and cosmetic benefits of activity to acknowledge the transgressive qualities, pleasures and more wide-ranging wellbeing and social benefits, health professionals may be able to reframe physical activity in ways which relate to women's everyday understandings.

In conclusion, this qualitative study makes a significant contribution to our understanding of women's perceptions and practices around physical activity when they are mothers of young children. The maternal ethic of care creates previously unrecognised opportunities in relation to physical activity . Furthermore, women's family-oriented politicisation and resistance to dominant meanings about motherhood, health and the ideal body creates alternative possibilities for their participation and pleasure in physical activity. This study questions the wisdom of public health policy and health promotion practice which singles out and prioritises physical activity without taking into account broader socio-cultural contexts. It highlights the importance of acknowledging the voices of women about the meanings and significance of physical activity in their everyday lives, as well as their considerable agency to challenge social conventions and effect change. The findings should cause us to reflect on health promotion discourse surrounding physical activity for women and to rethink our approaches to the design and evaluation of physical activity interventions.

In this study, and in contrast to most existing research, mothers with low income and/or education were well represented. The analysis of women's perceptions and practices showed emerging differences between these women and those who were more socially advantaged but the scope and time-frame of the study precluded a more detailed analysis. If the inequalities in women's physical activity participation are to be addressed, it is most important that this is the focus of further research.

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\* Corresponding author