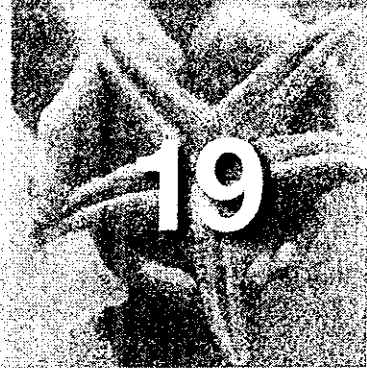


Understanding Twenty-first-century Childhood



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KEY CONCEPTS

- Economic, developmental, citizen and global perspectives
- Gender, race and class
- Sociology of childhood

As we approach the end of the first decade of the twenty-first century, governments and opinion leaders in developed countries argue to intervene early in the health problems of children. The early intervention agenda is concerned about such problems as childhood obesity leading to higher rates of chronic diseases, which may finally arrest the trend for each generation to live longer than the last. Meanwhile, indigenous children in developed countries face much higher rates of illness, disease and premature death. In developing countries, too many children will not even live long enough to start school. That their survival itself is perilous is due to factors that should, with greater political will, be prevented. The health of children is therefore firmly on moral, political and health agendas around the world.

One of the central themes of this book, that health is a contested concept, is particularly apt when we consider the health of children. This chapter synthesises four frameworks, or ways of characterising children and their health, from the many theories and strategies found in the literature and practice about childhood and health: the economic child, the developing child, the citizen child and the global child. Each framework is influenced by the cross-cutting actions of gender, race and class, which are powerful determinants of children's health in their own right.

Gender matters because in early childhood, socialisation, feeding practices and access to schooling are determinants of development. Early gender inequity, when reinforced by power relations, biased norms and day-to-day experiences in the family, school, community, and broader society, goes on to have a profound impact on adult gender inequity (Irwin, Siddiqi and Hertzman 2007).

Race matters because in developed countries such as Australia, Indigenous infant mortality continues to be much higher than for non-Indigenous infants (Baum 2008) and racism has been experienced by children in their contact with the health system (Paradies 2007).

Socio-economic status has a gradient effect on development and health outcomes throughout the life-course because it is not just about a difference between children from rich and poor families, rather, 'any additional gain in social and economic resources to a given family results in commensurate gains in the developmental outcomes of the children in that family. This step-wise relationship between socio-economic conditions and early childhood development is called a "gradient effect"' (Irwin, Siddiqi and Hertzman 2007, p. 9).

This chapter proposes four approaches to childhood and encourages you to think about how to combine them in different ways, depending on the problem or issue of concern.

THE ECONOMIC CHILD

The high priority given to economic ways of thinking is pervasive and profoundly affects how we think about children. From former United States president Bill Clinton's electioneering aphorism 'It's the economy, stupid' to Australian families who sponsor children in developing countries, the economy is inescapable. This section presents three meanings of economic:

- *economism* as a theory to underpin strategies
- *risk and futurism* as the foundation for campaigns to change children's lifestyles
- *pragmatism* by researchers who use economic arguments because policy is not automatically developed on the basis of evidence.

Economism

The obvious link between childhood and economics is when children are seen as potential consumers of many types of goods and services. Indeed, some authors are debating whether the combination of adultifying, commodifying, and sexualising that goes with conceptualising the child as consumer are leading to the death of the very notion of childhood itself (Darbyshire 2007). Health professionals have taken particular notice of companies marketing to children threats to health such as:

- cigarettes (Wellman et al. 2006; Slater et al. 2007)
- alcohol (Hastings et al. 2005; Henrikson et al. 2008)
- unhealthy food (Nestle 2006; Carter 2006)
- speed and cars (Sutherland and Thomson 2003).

In addition to marketing and consumerism, economics plays its part in defining childhood through an organised system, which this chapter calls *economism*. Economism combines individual choice with the assertion that the free market is the best way to organise the production and consumption of all kinds of goods and services, including those that determine the health of our children. Tesh et al. (1988) note that the dominant ideology of individualism focuses inquiry on the individual and explains health choices as individual choices in isolation from the collectives (communities) within which individuals exist. Individualism sits well with a theory adopted by economists, sociologists, political scientists and psychologists. Known as Rational Choice Theory, it: ‘stems from the idea that all action is fundamentally rational in character and that people calculate the likely costs and benefits of any action before deciding what to do’ (Scott 2000, p. 126).

Rational choice theory assumes that complex social phenomena are best understood by the individual actions of which they are composed. Individual human action is the elementary unit of social life, and social institutions and social change results from the action and interaction of individuals (Scott 2000). A famous example of individualism is the statement by the former prime minister of the United Kingdom, Margaret Thatcher, during an interview with *Woman’s Own* magazine on 31 October 1987:

There is no such thing as society. There is living tapestry of men and women and people and the beauty of that tapestry and the quality of our lives will depend upon how much each of us is prepared to take responsibility for ourselves and each of us prepared to turn round and help by our own efforts those who are unfortunate (www.margaretthatcher.org/speeches/displaydocument.asp?docid=106689).

Economism is apparent in contemporary Australia where policy about health, education and childcare has moved to transform support for children from universally available, publicly funded and provided services, to for-profit services that are available selectively to those who can pay, or who are subsidised by governments. Box 19.1 is edited from an opinion piece from the *Age* newspaper of Melbourne, written at the time of a highly publicised series of financial problems experienced by a private, for-profit, child care operator. It reflects contrasts and tensions between a collective ideology that thinks services such as child care should be provided for the public good and an ideology arguing that

the market is best placed to deliver services that satisfy individual needs in ways that are also best for society as a whole. (Chapter 2 of this book discusses the arguments for collective approaches to public health: see sections 'New public health' and 'Where to now, public health?')

BOX 19.1**Child care: not as easy as ABC**

DEBORAH BRENNAN, *The Age*, 28 February 2008

THE DRAMA surrounding child-care group ABC Learning suggests it is time to rethink aspects of Australia's approach to the provision of early childhood education and care.

At the very least, the anxiety generated by the collapse of the company's share price should make policy makers and politicians reflect upon the consequences of Australia's heavy reliance upon a single provider. At an international symposium held at the University of New South Wales last week, visitors from the USA, the UK, Sweden and Canada expressed amazement at the structure of the Australian child-care market and especially the dominant position of ABC Learning.

ABC's founder and chief executive Eddy Groves (named Australia's richest man under 40 in 2006) has claimed in the past to own at least 30 per cent of the Australian long-day-care market ...

No other country allows one company to dominate child care in this way ... In many European countries, the government provides child care as a community service and profit-making is not permitted. Australian families are uniquely exposed to the fortunes of a single corporation.

Australian child care has undergone considerable change in recent years. Until the 1990s, most child care was provided by non-profit, community-based organisations. This changed in the early 1990s when the Australian government stopped paying operational subsidies to non-profit care services, and placed the money in the hands of parents to spend in the marketplace. The belief was that places would spring up where they were needed and that parents could choose the type of care they preferred ...

Why does this matter? First, many families value the ability to choose between providers of different types. By introducing subsidies that parents can use to buy child care from any approved provider, governments intended to increase diversity and choice for parents.

But the reality for many parents is that their options have been reduced. Many small owner-operators have sold out to ABC or to one of the corporate chains that ABC has now absorbed. Community-based child care, highly valued by many families, has been marginalised in many parts of Australia and barely exists in some communities ...

Second, the interests of shareholders and the interests of children are likely to conflict. Shareholders seek high returns on their investment while children require high-quality care that is expensive to deliver.

Australia's regulations are well below the levels suggested by international research and early childhood educators have lobbied hard to strengthen the regulations governing group sizes and staff qualifications. Their efforts have been resisted by powerful private providers. Would any government be willing to strengthen child-care regulations if threatened with the prospect of corporate flight?...

Deborah Brennan is Professor at the Social Policy Research Centre, University of NSW

Source: Deborah Brennan, *The Age*, 28 February 2008

Box 19.2 shows how for-profit companies are designing electronic games that respond to concerns about social relationships and physical activity in children by using economic strategies. This clearly exemplifies how economism defines the role of the child as consumer and target of marketing, assuming that marketing encourages rational choices to be rewarded by the market, and ultimately benefiting society by improving physical activity and social relationships in the next generation of adults.

BOX 19.2 Toys, health and the market

Irwin Toy creates the ME2, a handheld product that collects 'motion points' in the real world and converts those points into online currency.

... When the ME2 is connected to your computer, access to an online 3D virtual world is granted. ...

While the ME2 is a handheld gaming device, it also acts as a pedometer, a tool used to measure the distance or energy people exerted when they go for a walk or a jog. When the ME2 is attached to a child's belt or is in his pocket, the device collects 'action points'. When the ME2 is later connected to a computer, these points are then uploaded to an online account, and then become the currency used to purchase items in the online world. Do you need to buy a boat to cross a virtual river in the online world to solve a challenge but don't have enough points to buy it? Well, go outside and walk around the block to gain more points. Do you need to purchase a virtual flashlight to see inside a cave but don't have the currency? Take a ride on your bike across town in the real world, collect points on your ME2, and you'll have enough credits online to

BOX 19.2 (cont.)

purchase that item! The ME2 is a brilliant solution for online engagement as well as promoting physical activity in the offline world.

In addition to the release of the product, there will be a social networking component. Members will be able to communicate with other avatars in an open chat manner...

Source: www.360kid.com/blog/?cat=21, 22 February 2008

Risk and futurism

Individualism has focused attention on children's behaviours and the need for them to be changed. This is often done by framing what children do as risky and then setting out to remove the risk from childhood. Tim Gill reflects the fears of many authors that childhood is becoming undermined by risk aversion. He argues that activities enjoyed by past generations of children without a second thought have now been redefined as troubling or dangerous, and adults who allow these activities are labelled as irresponsible. Society as a whole seems unable to cope with any adverse outcomes for children. He argues his case on the basis of case studies of playground safety, antisocial behaviour, bullying, child protection, fear of strangers and online risks. He confined his argument to developed nations, particularly the United Kingdom (Gill 2007).

Risk refers not only to children's behaviours, but the:

once innocent spaces of childhood such as streets, parks and other public places [which] have become redefined as areas where children are in potential danger from other children or from some of the adults usually defined as their protectors. Even the private spaces of childhood such as family homes have re-emerged as places of power and sites where the abuse of children by adults intimately connected with them becomes a distinct possibility. While the empirical evidence to demonstrate the frequency of the public and private risks confronting children falls far short of the moral panic surrounding notions of risk and safety, the upshot has been to locate contemporary childhood in increasingly risky environments (Leonard 2007, p. 421).

In the study of childhood, risk discourses often go hand-in-hand with futurism, which resonates with Qvortrup's (1994) observation of the tendency to view children as *human becomings* rather than *human beings* and includes economic arguments to care for children in order to produce healthy and economically functioning adults.

Twenty-first-century futurism is reflected in the South Australian government initiative, the *Premier's Be Active Challenge*, 'as part of the government's efforts to set South Australia's children on the path to an active and healthy life'. Announcing the program in April 2007, the Minister for Education and

Children's Services said: 'We want children to turn off the television and computer games and turn to physical activity ... The healthy habits we teach children today can help to reduce their risk of type 2 diabetes, heart disease and other obesity-related health conditions in the future ...' (www.ministers.sa.gov.au/news.php?id=1541, accessed 6 February 2008).

Pragmatism

The third meaning of economic argues the case for early intervention by focusing on the economic costs to governments of doing nothing and watching today's children grow into adults with expensive chronic diseases. Researchers need neither embrace individualism, rational choice theory nor the market as the solutions to children's health. Rather, researchers adopt pragmatic economic arguments because they know that policy making is a political process of making choices that are influenced by values and principles. Researchers would like policy to be based on research evidence, but know that evidence may suggest actions that are politically unacceptable: for example, the food industry rejects calls for reforms about children and food by shifting the blame for childhood obesity to the lack of exercise (King, Turnour et al. 2007).

A good example of pragmatism is the analysis of the New South Wales Childhood Obesity Summit held in 2002, which concluded that evidence of the magnitude of the problem and the economic cost to the health system were critical for publicity and developing the case for action, and this was never contested by any of the powerful interest groups attending (Nathan, Develin et al. 2005).

Box 19.3, from an alliance of researchers whose work is concerned about the social, economic, behavioural and physiological determinants of the health of children, demonstrates how pragmatic, futurist economic arguments can be powerful ingredients of a mission statement.

BOX 19.3

The Australian Research Alliance for Children and Youth (ARACY)

Mission and vision: working together to enhance the well-being and life chances of children and young people

Over many years, evidence has been accumulating of a serious decline in the health and well-being of many children and young people. Despite Australia's wealth and impressive intellectual capacity, and to the frustration of the thousands of professionals who have made it their lives' work to optimise the development of up and coming generations, the decline continues.

True, there are individual pockets of outstanding achievement where Australian researchers and practitioners have led the world, and there is every reason to be proud of this. But there is also a darker picture.

BOX 19.3 (cont.)

Over the last 30 years there have been substantial increases in many major childhood disease categories and disabilities, including mental health disorders, type 1 diabetes, behavioural problems, and neurological and developmental problems such as cerebral palsy and autism. ...

The increases are so substantial that the nation's health and welfare systems cannot afford to meet the demand for treatment and services. For many of these diseases there are no effective treatments.

At an individual, family and community level the cost is unbearable.

ARACY has been established to reverse these trends so that Australia can begin to tell a better story about its children and young people.

Source: www.aracy.org.au

THE DEVELOPING CHILD

Psychology often characterises childhood as a journey from conception to adulthood via a series of developmental stages. As Qvortrup (1994, p. 2) put it, 'adulthood is regarded as the goal and end-point of individual development or perhaps even the very meaning of a person's childhood.'

A developmental stage has an indicative range of chronological age, but more importantly describes a cluster of hurdles, tasks, characteristics or milestones that the child who develops healthily must achieve. Healthy children achieve the major goals of a stage and are then ready to move to the next one. Children become unhealthy if they do not achieve the milestones for the current stage, and may then become more unhealthy because they are slower and slower at moving through subsequent stages. Development within and through stages is not exclusively biologically pre-programmed and age related. Rather, it depends on the environment, stimulation and socialisation. Especially in the early years, significant adults such as parents, teachers and other caregivers assume great importance in helping the developing child through these stages. As children move into adolescence, their peers assume much more importance in their lives. One of the most prominent stage theories is by Erik Erikson. Table 19.1 shows the tasks for each stage and consequences of either achieving or not achieving the required tasks within the indicative age ranges.

Another influential theory was developed by Jean Piaget, who started his career as a biologist and became a psychologist concerned with uncovering developmental changes in cognitive functioning from birth through adolescence. Piaget likened intellectual development to biological development and saw cognition as a way of organising and adapting to the environment. While Piaget

Table 19.1 Erikson’s psychosocial stages summary chart

Stage	Basic conflict	Important events	Outcome
Infancy (birth to 18 months)	Trust vs. mistrust	Feeding	Children develop a sense of trust when caregivers provide reliability, care, and affection. A lack of this will lead to mistrust.
Early childhood (2 to 3 years)	Autonomy vs. shame and doubt	Toilet training	Children need to develop a sense of personal control over physical skills and a sense of independence. Success leads to feelings of autonomy; failure results in feelings of shame and doubt.
Preschool (3 to 5 years)	Initiative vs. guilt	Exploration	Children need to begin asserting control and power over the environment. Success in this stage leads to a sense of purpose. Children who try to exert too much power experience disapproval, resulting in a sense of guilt.
School age (6 to 11 years)	Industry vs. inferiority	School	Children need to cope with new social and academic demands. Success leads to a sense of competence, while failure results in feelings of inferiority.
Adolescence (12 to 18 years)	Identity vs. role confusion	Social relationships	Teens need to develop a sense of self and personal identity. Success leads to an ability to stay true to your self, while failure leads to role confusion and a weak sense of self.
Young adulthood (19 to 40 years)	Intimacy vs. isolation	Relationships	Young adults need to form intimate, loving relationships with other people. Success leads to strong relationships, while failure results in loneliness and isolation.
Middle adulthood (40 to 65 years)	Generativity vs. stagnation	Work and parenthood	Adults need to create or nurture things that will outlast them, often by having children or creating a positive change that benefits other people. Success leads to feelings of usefulness and accomplishment, while failure results in shallow involvement in the world.
Maturity (65 to death)	Ego integrity vs. despair	Reflection on life	Older adults need to look back on life and feel a sense of fulfilment. Success at this stage leads to feelings of wisdom, while failure results in regret, bitterness, and despair.

Source: http://psychology.about.com/library/bl_psychosocial_summary.htm, accessed 6 February 2008

defined periods or stages of development, he did not suggest that children move from discrete stage to discrete stage, as if they are walking upstairs. Rather, development is thought to flow along in a cumulative manner, each new stage becoming integrated with previous steps.

For Piaget there is a critical change starting from about 11 years old that involves the transition between thinking and reasoning processes, which signify the move from childhood to adult ways of thinking. Children aged between seven and 11 are at the concrete operations stage during which they develop the use of logical thought to solve concrete problems, but cannot apply logic to verbal and hypothetical problems. By the time children reach 11 to 15 years, their cognitive structures mature and they are able to apply logical operations to all classes of problems including hypothetical problems and problems involving the future. However, during adolescence, formal thought is egocentric as they try to reduce human behaviour to what is logical and cannot reconcile their ideals with reality (Wadsworth 1971).

Of course, a developmental approach need not confine its gaze to the relationships between adults and children. The Commission on the Social Determinants of Health has synthesised knowledge about early childhood development and concluded that the global environment can influence child development through its effects on the policies of nations, multilateral economic organisations, industry, multilateral development agencies, non-governmental development agencies, and civil society groups:

A major feature of the global environment in relation to children's well-being is the element of power in economic, social, and political terms. Power differentials ... particularly between nations, have many consequences, including the ability of some nations (mainly resource-rich ones) to influence the policies of other nations (mainly resource-poor ones) to suit their own interests. Although power differentials may have invidious effects on early childhood development, they can be exploited for the benefit of children, too (Irwin, Siddiqi and Hertzman 2007, p. 12).

THE CITIZEN CHILD

Rights

The United Nations Convention on the Rights of the Child (1989) (UNCROC) is the most famous and powerful expression of rights for children. It was proclaimed by General Assembly resolution 1386 (XIV) of 20 November 1989 and has the most signatories of any international treaty. Table 19.2 shows the Plain Language Version of the Convention.

Australia signed the Convention on 22 August 1990, ratified it on 17 December 1990, and it came into effect for Australia on 16 January 1991. On

22 December 1992 the Attorney-General made the Convention an international instrument within the terms of the *Human Rights and Equal Opportunity Commission Act 1986*. In 1998, a Standing Committee of the Parliament of Australia discussed the Convention and noted that it had aroused misgivings with some in the Australian community who considered that it gave children and governments too many rights, thereby inhibiting parents' rights. While the Committee expressed support for the principles of the Convention, it argued that implementation must recognise the family as the fundamental unit of Australian society and have due regard for the rights and responsibilities of parents as primary carers (Parliament of the Commonwealth of Australia 1998).

Table 19.2 The United Nations Convention on the Rights of the Child
(Plain Language Version)

1	All children have the right to what follows, no matter what their race, colour, sex, language, religion, political or other opinion, or where they were born or who they were born to.
2	You have the special right to grow up and to develop physically and spiritually in a healthy and normal way, free and with dignity.
3	You have a right to a name and to be a member of a country.
4	You have a right to special care and protection and to good food, housing and medical services.
5	You have the right to special care if handicapped in any way.
6	You have the right to love and understanding, preferably from parents and family, but from the government where these cannot help.
7	You have the right to go to school for free, to play, and to have an equal chance to develop yourself and to learn to be responsible and useful.
7	Your parents have special responsibilities for your education and guidance.
8	You have the right always to be among the first to get help.
9	You have the right to be protected against cruel acts or exploitation, e.g. you shall not be obliged to do work which hinders your development both physically and mentally.
9	You should not work before a minimum age and never when that would hinder your health, and your moral and physical development.
10	You should be taught peace, understanding, tolerance and friendship among all people.

Source: www.un.org/cyberschoolbus/humanrights/resources/plainchild.asp

Rights approaches lead us to derive research questions that contrast with those from needs and deficit approaches. For example, the United Nations System's Standing Committee on Nutrition's Working Group on Nutrition, Ethics and Human Rights (UN 2006) asked in what ways can the international human rights framework be actively used in fighting child obesity through a focus on the corporate food sector and more responsible marketing practices than are typically seen today? (UN 2006)

Rights approaches lead us to work across sectors. The European Commissioner for Human Rights marked World Teachers Day on 5 October 2006 as follows:

On World Teachers' Day, we need to think of ways to support teachers across the Council of Europe region in creating rights-based schools ... The school environment is a crucially important location for learning about and practising human rights from an early age ... As the UN Convention on the Rights of the Child states, the purpose of education is ultimately to prepare the child for a 'responsible life in a free society, in the spirit of understanding, peace, tolerance, equality of sexes, and friendship among all peoples, ethnic, national and religious groups and persons of indigenous origin' as well as 'respect for the natural environment' (Hammarberg 2006, p. 1).

Whether we consider child labour in India or child abuse in Australia, we need more than abstract statements of rights. On 31 March 2008, the Hon. E. P. Mullighan QC presented to the South Australian Parliament accounts of people who, while placed in the care of the state and churches as children, suffered long-term, systematic physical and sexual abuse that left them scarred for life and deprived of any semblance of human rights. In the preface to the report, the Commissioner said:

Nothing prepared me for the foul undercurrent of society revealed in the evidence to the Inquiry; not my life in the community or my work in the law as a practitioner and a judge. I had no understanding of the widespread prevalence of the sexual abuse of children in South Australia and its frequent devastating and often lifelong consequences for many of them ... I was not prepared for the horror of the sexual cruelty and exploitation of little children and vulnerable young people in State care by people in positions of trust and responsibility (Mullighan 2008).

The Commissioner started his report by showing how important it was for these adults to tell their story, to be listened to and finally to have a voice:

Some witnesses previously had not been able to say what had happened to them. An elderly woman, who had been in State care as a child, said early in her evidence: 'Who is ever there for frightened little girls in cupboards?'

Now you are there because you give me a voice and I wanted to say that ... According to one witness: 'You get told so many times not to say anything and someone suddenly says, "I want to hear what you have to say"'. Some of the witnesses had always wanted to tell. One said: 'I never forgot nothing because I knew one day, through all I went through, that one day I would get a voice out there, out in the world, because virtually, when I got brought up in the homes and taken away at six, it was virtually, I didn't know, the world was shut out to me' (Mullighan 2008).

The Mullighan Commission demonstrates that signing the United Nations Convention on the Rights of the Child is not enough. Children need a voice. The children's rights agenda has shaped child research by fostering a realisation that children and young people have a right to be consulted, heard and to appropriately influence the services and facilities that are provided for them. The 'participation and involvement' agenda challenges researchers to consider ways of actively and meaningfully involving children in all aspects of the research process (Darbyshire, Schiller and MacDougall 2005). The rights and participation agendas were furthered significantly by the development of a theoretical framework to guide research and practice: the sociology of childhood (MacDougall, Schiller et al. 2004).

Sociology of childhood

Virginia Morrow charts the history of the sociology of childhood, which she describes as a relatively new project that grew out of sociology's neglect of children at the micro and macro levels. The Danish sociologist Jens Qvortrup argued that there were plenty of sociologically relevant discussions of children (as well as psychological, behavioural and medical studies), but few grounded in children's experiences of their daily lives. In the United Kingdom, Allison James and Alan Prout devised a framework that led to research acknowledging children's agency and seeing them as social actors in their own right. Their paradigm has the following key features:

- childhood is understood as a social construction
- childhood is a variable of social analysis
- children's social relationships and cultures are worthy of study in their own right, independent of the perspectives and concerns of adults
- children are, and must be seen as, active in the construction and determination of their own social lives, the lives of those around them, and of the societies in which they live.¹

The sociology of childhood underpinned a study commissioned by the South Australian government involving children under 12 years defining their meanings

and views about physical activity in order to plan strategies to increase children's participation. The qualitative study indicated that children were enthusiastic participants in the research and appreciated the opportunity to communicate their views. It showed how 'physical activity' and 'exercise' had little meaning for children, who described them as terms adults use. 'Play' and 'sport' had powerful, contrasting meanings for children, with 'play' seen as child-centred and 'sport' as controlled by adults. Children had mixed views on the power of sporting heroes as role models, on computers and television as the enemy of physical activity, and on links between physical activity and health status. The conclusions were that adults can design strategies with children that challenge the views adults hold about children (MacDougall et al. 2005).

The participation agenda also leads to practical action. In the outer southern suburbs of Adelaide, the community development section of a progressive local government redeveloped an ageing park and, in the process, built engagement and trust with the local community. They involved local primary school children in researching, planning and costing the design and they had a real budget with which to work. In a focus group evaluating the project, one child said:

You get to make your own playground. Not many kids will get the chance to do that.

Because we made it, because kids have better ideas and more imagination ... kids know what they want to go on a playground.

(Department of Public Health, Flinders University, forthcoming)

THE GLOBAL CHILD

The lives of children across the world are often inextricably linked. Box 19.4 shows that governments are attempting to curb the use of child labour in developing countries. However, families from developed countries often visit the hotels and resorts in which children work, wearing clothes and sports shoes produced with child labour.

Child labour illustrates how globalisation affects a whole range of the social determinants of health by its effects on power, resources, labour markets, policy space, trade, financial flows, health systems, water and sanitation, food security and access to essential medicines. While not exhaustive, this list covers the principal pathways linking globalisation to health (WHO 2007).

In its report on the state of the world's children, the United Nations Children's Fund (UNICEF 2008) started from the position that child mortality is not just a sensitive indicator of a country's development, but is telling evidence of its priorities and values. UNICEF combines a rights and economics approach when it argues that investing in the health of children and their mothers is not

only a human rights imperative, it is also a sound economic decision towards better futures for countries.

Progress has been made since 1990 in improving the survival rates and health of children, even in some of the poorest countries. Nearly 75 per cent of the 62 countries making no progress or insufficient progress towards the Millennium Development Goal on child survival are in Africa, where in some countries HIV and AIDS has reversed previously recorded declines in child mortality. Achieving the goal in these countries will require a concerted effort. However, at current rates of progress it is unlikely that the world will achieve the Millennium Development Goal to reduce the global under-five mortality rate by two-thirds between 1990 and 2015: this would mean reducing from 9.7 million in 2006 to 4 million by 2015.

According to UNICEF (2008):

The causes of and solutions to child deaths are well known. Simple, reliable and affordable interventions with the potential to save the lives of millions of children are readily available. The challenge is to ensure that these remedies—provided through a continuum of maternal, newborn and child health care—reach the millions of children and families who, so far, have been passed by (p. vi).

BOX 19.4**Child labour**

In October 2006 the Union Government in Tamil Nadu, India, added employment of children as domestic help or servants in restaurants, hotels, motels, tea shops, resorts or other recreational centres to the list of occupations prohibited for children.

The legislation reflects the rights of the child to not be exploited, to have access to education and to be cared for by the state and by adults. However, history shows that children and adults serve as labourers who are bonded to moneylenders. In many cases this goes back generations to when a member of the family took out a small loan with a moneylender. Rates of interest were so high that families could not repay even the interest. So moneylenders, who also owned businesses, forced children to work to pay off the loan. As the loan continued, the bonded labour continued through the generations, with nobody really knowing how much the original loan was worth. In turn, this reflects the hierarchical, caste system in India.

Source: F. Tesoriero 2008 pers. comm.;
www.thehindu.com/2006/10/25/stories/2006102503670500.htm

Similarly, the Knowledge Network on Early Childhood Development wrote in its final report to the Commission on the Social Determinants of Health that some societies are more successful than others at fostering greater equity by:

providing a range of important resources to children as a right of citizenship, rather than allowing them to be a luxury for those families and communities with sufficient purchasing power. Importantly, an equity-based approach is also the successful path to creating high average early childhood development outcomes for a nation. Societies that demonstrate higher overall average outcomes for children are those in which disadvantaged children are developmentally stronger than disadvantaged children in other nations, whereas, in all nations, children at the higher ends of the socio-economic spectrum tend to demonstrate relatively strong outcomes (Irwin, Siddiqi and Hertzman 2007, p. 9).

DETERMINANTS IN EACH APPROACH

For the *economic child*, the determinants of health and well-being according to *economism* are primarily individual behaviours of children and their families that are fundamentally rational and are therefore influenced by the rewards and punishment of the economic market. According to the *risks and futurism* argument, powerful determinants of the becoming adult's health are the lifestyle choices made by children and their parents. Risks come in two forms: risks to the current health of the child through such things as accidents in playgrounds and risks to future health caused by overeating and physical inactivity. The *pragmatic* approach to the *economic child* does not need to take a stand on a particular determinant of health, but is careful to advocate and communicate using economic language in order to engage policy makers.

Determinants for the *developmental child* lie in good quality interaction between adults and children. Institutions and services that protect, educate and nurture children are critical determinants because they enrich environments or protect children from harmful environments. Recent thinking has placed the conditions for child development within a social determinants model, arguing that broader social factors are important determinants of the ability of families, institutions and countries to set the conditions for effective child development.

For the *citizen child* approach, determinants of a good life for children lie in the political, social and economic decisions or non-decisions that confer rights to children in the here and now of their lives, knowing that as children assume control over their lives and environments (in age- and setting-appropriate ways) they are better placed to grow into healthy citizens. There are important economic decisions to be made of course, involving redistribution of income to

improve equity while allocating expenditure for universal services predicated on the public good. In these ways, political decisions invoke ideals of citizenship and equity within which settings and services combine to improve the lives of children who gradually achieve more and more control over their lives.

The *global child* needs rights and is fundamentally influenced by politics and economics, too often for the worst. The fundamental determinants of life and death are gross inequities, which owe their existence to the ways in which those with power and wealth control decision making. This approach disagrees with the tenets of economism that the market reigns supreme and that improved health inevitably follows increases in the average wealth of a society.

USING AND SYNTHESISING THE FOUR APPROACHES TO CHILDREN

*Incy Wincy spider, climbed up the spout,
Down came the rain
and washed the spider out.
Out came the sunshine,
And dried up all the rain.
Incy Wincy spider,
climbed up the spout again.*

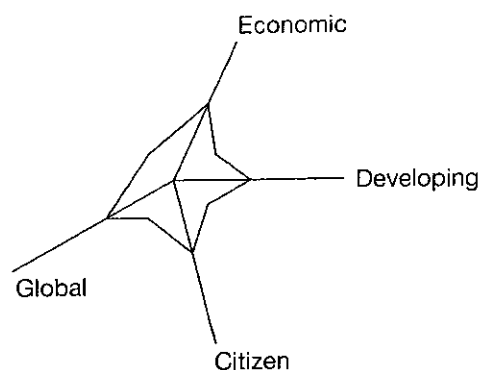
These frameworks are neither mutually exclusive nor in competition with each other and can be used in different ways:

- a practitioner in child health may draw on several of these frameworks when thinking about one health problem, then use quite a different combination when acting on other health problems
- a researcher may adopt one framework that helps them to answer their research questions
- advocates may use one framework to explain the problem at hand, another to derive policy recommendations, and yet another to support their arguments for policy change and resource allocation
- the reflective practitioner in childhood health should be able to locate the combinations of theories or frameworks they are using, work out which are the dominant ones, then ask critically whether they are using the right framework for the problem at hand.

One way to think about how to mix and match the four approaches is to use a spider diagram, as shown in figure 19.1. The spider diagram enables us to define a problem or goal in relation to childhood, then consider how much each of the four approaches contributes to solving the problem or achieving the goal.

The importance of each approach is demonstrated by moving up or down each approach's axis. It is called a situational model because the relative importance of each approach varies from problem to problem.

Figure 19.1 Incy Wincy: a situational, spider-web model of childhood



The political briefing from the WHO Commission on the Social Determinants of Health's Knowledge Network on Early Childhood Development is an ideal way to close this chapter as it illustrates the interconnectedness of the economic, developmental, citizen and global approaches to childhood: each influenced by gender, race and class.

BOX 19.5

Synthesising the economic, developing, citizen and global child

Early child development: investment in a country's future

'The early years of life are crucial in influencing a range of health and social outcomes across the lifecourse. Research now shows that many challenges in adult society—mental health problems, obesity/stunting, heart disease, criminality, competence in literacy and numeracy—have their roots in early childhood. Economists now assert on the basis of the available evidence that investment in early childhood is the most powerful investment a country can make, with returns over the lifecourse many times the amount of the original investment. Governments can make major and sustained improvements in society by implementing policies that take note of this powerful body of research while, at the same time, fulfilling their obligations under the UN Convention on the Rights of the Child.

Research now shows that children's early environment has a vital impact on the way their brains develop. A baby is born with billions of brain cells that represent lifelong potential, but, to develop, these brain cells need to connect with each other. The more stimulating the early environment (social interaction), the more positive connections are formed in the brain and the better the child thrives in all aspects of his or her life, in terms of physical development,

emotional and social development, and the ability to express themselves and acquire knowledge.

We know what kinds of environments promote early child health and development. While nutrition and physical growth are basic, young children also need to spend their time in caring, responsive environments that protect them from inappropriate disapproval and punishment. They need opportunities to explore their world, to play, and to learn how to speak and listen to others. *Parents and other caregivers want to provide these opportunities for their children, but they need support from community and government at all levels.* For example, children benefit when national governments adopt “family-friendly” social protection policies that guarantee adequate income for all, maternity benefits, financial support for the ultra-poor, and allow parents and caregivers to effectively balance their time spent at home and work. *Despite this knowledge, it is estimated that at least 200 million children in developing countries alone are not reaching their full potential.*

Political leaders can play an important role in guaranteeing universal access to a range of early child development services: parenting and caregiver support, quality childcare, primary health care, nutrition, education, and social protection. In the early years, the health care system has a pivotal role to play, as it is the point of first contact and can serve as a gateway to other early childhood services. To be effective, services at all levels need to be better coordinated and to converge at the family and local community in a way that puts the child at the centre.

These kinds of family-friendly policies and practices clearly benefit children and families, but they also result in economic benefits to the larger society. Globally, those societies that invest in children and families in the early years—rich or poor—have the most literate and numerate populations. These are the societies that have the best health status and lowest levels of health inequality in the world.

Success in promoting early child development does not depend upon a society being wealthy. Because early child development programs rely primarily on the skills of caregivers, the cost of effective programs varies with the wage structure of a society.

Regardless of their level of wealth, societies can make progress on early child development by allocating as little as \$1.00 in this area for every \$10.00 spent on health and education.

Child Survival and Child Health agendas are indivisible from Early Child Development. That is, taking a developmental perspective on the early years provides an overarching framework of understanding that subsumes issues of survival and health. A healthy start in life gives each child an equal chance to thrive and grow into an adult who makes a positive contribution to the community—economically and socially.'

Source: Irwin, Siddiqi and Hertzman 2007, p. 5

SUMMARY

- Understanding four different approaches to childhood demonstrates the importance of theory to explaining health.
- Childhood, like health, is contested along ideological lines.
- Childhood in the twenty-first century is dramatically different according to gender, race, class and the countries in which children live.
- Researchers, practitioners, governments, institutions and citizens need to debate which of the following combination(s) of approaches to childhood are most useful for a particular purpose: the economic, developmental, citizen and global child.

DISCUSSION TOPICS

- 1 What combinations of the four approaches to childhood do you find most useful in explaining the issues presented in the boxes in this chapter?
- 2 What do you think it would take for governments around the world to take action to reduce dramatically the preventable causes of premature child death?
- 3 What do you think are the relative contributions of psychological, familial, institutional and socio-political factors in creating healthy children in both developed and developing countries?

FURTHER READING

- Christensen, P. and James, A. (eds) 2000, *Research with Children*, Falmer Press, London.
- James, A. and James, A. L. 2004, *Childhood: Theory, Policy and Practice*, Palgrave, London.
- James, A., Jenks, C. and Prout, A. 1998, *Theorizing Childhood*, Polity Press, Cambridge.
- James, A. and Prout, A. 1990, *Constructing and Reconstructing Childhood*, Falmer Press, Basingstoke.

USEFUL WEBSITES

- WHO Commission on the Social Determinants of Health, Early Childhood Development Knowledge Network:
www.who.int/social_determinants/resources/e.cd_kn_final_report_072007.pdf
 This website contains the final report of the Early Childhood Development Knowledge Network of the WHO Commission on the Social Determinants of Health. This document is extremely useful for synthesising the latest evidence about the causes of and solutions to problems in early childhood.
- United Nations Children's Fund (UNICEF): www.unicef.org/
 UNICEF exists because children have rights, need a voice and should not be dying from preventable causes. It prepares valuable statistical and analytical reports or

scorecards about the health and well-being of the world's children and engages in advocacy and programs. This is a useful website to check regularly for updates and discussion of current issues around the world.

Save the Children: www.savethechildren.org.au/index.html

Save the Children is a non-government organisation that works from a rights perspective around the world to ensure that all children, regardless of gender, race, country of origin or religious belief, have the means for survival, receive protection and have access to nutrition, primary health care and basic education. You can use a search engine to check the websites of Save the Children in various countries around the world.

Centre for the Study of Childhood and Youth: www.cscy.group.shef.ac.uk/index.htm

The Centre for the Study of Childhood and Youth was established in 2002. It is a multi-disciplinary research centre committed to contributing to the improvement of children's and young people's lives. Through research and dissemination it is actively involved in creating a greater understanding of the lives of children and young people in modern society and in helping to develop and shape local, national and international policies. Allison James, a key player in the Centre, is a pioneer of the sociology of childhood. This website provides information about research, seminars, conferences and new books and reports.

Australian Research Alliance for Children and Youth:

www.aracy.org.au/AM/template.cfm?section=home1

The Australian Research Alliance for Children and Youth (ARACY) was founded by a group of eminent experts and organisations in reaction to increasingly worrying trends in the well-being of Australia's young people. They saw the need to work together in new collaborative ways in order to find solutions to the complex problems affecting our children and young people. This is a useful website to explore how experts attempt to transfer their research into practice by using the latest information technology to span the distances of the nation and act as a broker of collaborations, a disseminator of ideas and an advocate.

NOTE

1. See Morrow 2003, pp. 110–14, for an extended discussion of this paradigm and its history.