We have to live in the future

Colin MacDougall[1]*, Wendy Schiller[2] & Philip Darbyshire[3]

[1]*Flinders University, Australia;* [2]*University of South Australia, Australia;* [3]*Women and Children's Hospital, Adelaide, Australia*

Governments and health authorities are expressing concern about increasing levels of obesity, diabetes and physical inactivity in children. In response to such concerns, it is common to adapt strategies for adults to children, and to conduct adult-focused research. This paper describes a research study commissioned by the South Australian government that sought to involve children aged younger than 12 years in defining their meanings and views about physical activity. The research is being used to plan strategies to increase children's participation in physical activity. The qualitative study combined focus groups, drawing and mapping techniques and photographic methods with 204 children aged 4–12 years in metropolitan and rural South Australia. This paper reports results from two of the research questions: What are children's theories of physical activity, play and sport? What do children want to tell adults? Results indicate that children were enthusiastic participants in the research and appreciated the opportunity to communicate their views. The terms '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' child-centred and 'sport' 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 research demonstrates that children bring to the discourse about physical activity some ideas that challenge the views adults hold about children. It is recommended that strategies to increase children's participation in physical activity are designed using research with children.

Keywords: *Child-centred research; Physical activity; Children's perceptions*

Children, physical activity, participation and the future

The title of this paper comes from the words of a child in a focus group from a class of 9–10 year olds in an Australian capital city. The focus group was part of an Australian qualitative study of 204 children aged 4–12 years, and this paper reports results from two of the research questions:

*Corresponding author: Flinders University, Adelaide, Australia.

(1) What are children's theories of physical activity, play and sport?
(2) What do children want to tell adults?

'We have to live in the future' was an explicit message from the focus group to the government department that sponsored the research and would receive the final report and recommendations. That department, the South Australia Department of Human Services, commissioned the research to inform a physical activity strategy for primary school age children. This paper summarizes the research study, the methods used to seek the views of children and the major findings from the study.

Physical inactivity is a public health risk that is becoming more prevalent and is considered to be one of the most important risk factors for all-cause mortality (Sallis & Owen, 1999). Sufficient levels of physical activity are only achieved by one-half of the South Australian adult population (South Australia Department of Human Services, 2002). It is argued that being active everyday is important for children's physical, social, emotional, cognitive and spiritual health (Children's Health Development Foundation, 2000); however, many Australian children are not active enough to benefit their health. There is evidence that fitness has been declining in Australian school children over the past generation (Dolman *et al.*, 1999). Over 20% of Australian children are not active enough to benefit their health (Booth, 2000) and many are overweight or obese (Bauman *et al.*, 2002). In the United States the percentage of young people who are overweight has almost doubled in the past 20 years (Troiano & Flegal, 1998).

Health authorities encourage physical activity in young people because of the assertion that lifetime physical activity and health patterns are, or should be, established in childhood, such that active children would translate into active adults. Governments are concerned about increasing obesity and decreasing physical activity in children in developed countries and are exploring effective policies, research and health promotion programmes (Bauman et al., 2002). In May 2003 the South Australian government announced a Ministerial Physical Activity Forum, involving the six Cabinet Ministers responsible for the portfolios of Local Government, Planning, Recreation and Sport, Transport, Education, Health and Tourism. Each of these agencies delivers programmes and/or services that influence the physical activity levels of the South Australian population. The Forum is responsible for overseeing the implementation of a Physical Activity Strategy for South Australia. The Department of Human Services will implement a physical activity strategy for children aged 8–12, using the results of the research reported in this paper.

Contemporary research and practice increasingly promotes *community participation* as a hallmark of the design, delivery and evaluation of human services (MacDougall, 2001). Community participation is one of the six principles underlying the primary health care approach, and community action is one of the cornerstones of current education and health promotion orthodoxy. The World Health Organisation's (1986) Ottawa Charter for Health Promotion describes community participation as one of the primary health care principles underpinning all five approaches and, in relation to adults, Australian governments have moved to increase participation (Commonwealth of Australia, 1995, 2000).

The early childhood literature describes young children as a special population about which we know very little, but for whom participation in physically active play and physical activity programmes is preferable to adult-tailored fitness/exercise programmes (Seefeldt, 1984; Seefeldt & Voegel, 1989). Gallahue and Ozman (2002) agreed, arguing that children move to learn and, in so doing, 'learn to move'. In the process of establishing fundamental movement patterns they can achieve sufficient participation in physical activity. Pangrazi *et al.* (1996); established that 30 minutes per day of moderate physical activity is helpful for younger children to maintain fitness appropriate for their age and stage of development.

In the literature on participation and health there are two important beliefs. The first is that involving people in health initiatives improves the quality and effectiveness of these initiatives. The second is that participation helps overcome community and individual powerlessness and results in people being healthier (Putland et al., 1997). The current debate about social capital suggests that the fabric of civic society is an important determination of the health of a community, and encouraging participation helps to weave and strengthen this fabric (Baum, 2002). Participation, however, is a complex and contested concept involving power relationships. The four types of participation summarized by Baum (2002) differ in terms of the extent to which participation involves a transfer of power from the state or experts to communities or populations.

Particularly with children, the more the consultation or participation implies a transfer of power, the more contested it becomes. This is because it necessarily deals with issues of conflicting agendas and ideologies, power, organizational structure and the training and status of professionals. It is partly for this reason that the literature about children and participation contrasts sharply with the adult literature. There are relatively few examples of thorough programmes to consider children as advocates. The notion of changing institutional structures to advocate for children is contested, especially in relation to notions of democracy, citizenship and children's' rights (Aynsley-Green *et al.*, 2000). Recent literature addresses the devaluing of children's perspectives and calls for children's voices to be heard (Dockett, 2000). Some of the barriers that make it difficult to hear children's voices may be:

(1) The centrality in public opinion and politics of arguments emphasizing the responsibilities of family, parents and other adults for children (Aynsley-Green *et al.*, 2000).
(2) Institutional and professional structures with a tradition of doing things for and to children (Kalnins *et al.*, 1992; de Winter *et al.*, 1999).
(3) The assumption that, due to their developmental stage, children must be nurtured, guided and educated but not given adult-like responsibility (de Winter *et al.*, 1999).
(4) The idea that children cannot contribute to debates about their needs and the needs of other children derived from the observation that they lack the capacity for abstract thinking that characterizes later adolescence and adulthood (Connell *et al.*, 1975).

(5) The suspicion that standard research methods (such as interviewing) may not be applicable to children and that the most appropriate methodology for needs assessments is to seek the opinions of significant adults such as parents and service providers (Kalnins *et al.*, 1992; Sandbaek, 1999).

(6) The assumption that children can be treated like mini adults in human service campaigns and interventions (Kalnins *et al.*, 1992). Under this assumption, programmes for adults are modified for children by changing language and images, but not the underlying principles.

Helping children to articulate their opinions about the environment and stimulating the development of social responsibility is a crucial, but often forgotten, factor in the prevention of psychosocial problems and promotion of health and well-being for children. Thus a serious dialogue with children about matters concerning the quality of life should be considered not only a basic right, but also a precondition for the promotion of health and well-being (de Winter *et al.*, 1999).

The development of children and young people is now described as a process of interaction between individual and environment, taking place within a given culture and context. Children grow psychologically in response to the physical, cultural and social circumstances they encounter (Bricher, 1999).

Methodology

Research paradigm

The choice of the research paradigm was important. Quantitative methods are effective for measuring levels of physical activity across time, place and age, and for determining associations with demographic, psychological, social and environmental factors. Quantitative methods can also contribute to the assessment of impact and outcome of campaigns and strategies (Baum, 2002). However, this research deals with a very new area of inquiry that required an understanding of how children, at a particular developmental stage, experience, describe and respond to the notion of physical activity. Qualitative methods, informed by a constructivist paradigm (Crotty, 1998), became the methods of choice for gaining a deep understanding of children's descriptions and experiences of physical activity. This qualitative research should lead to ideas that are available to further investigations combining various mixes of qualitative and quantitative methods. However, at this stage of knowledge, quantitative methods are inappropriate and qualitative methods are favoured.

Focus groups and mapping

We used focus groups because they reflect the way children form ideas about their world by discussing topics and experiences in a group; frequently as part of the teaching process. Therefore, focus groups in the school setting were a natural way to conduct research. To plan our focus groups, we used our experience in research methods and child development to take into account effects of group dynamics, peer

pressure, gender dynamics and stage of development in the generation of discussion in the group. We took into account and modified good practice to apply to this age group in sampling (MacDougall & Fudge, 2001) and the issue of the group dynamics in planning and interpreting focus groups (MacDougall & Baum, 1997).

At the end of each focus group we invited children to draw and discuss a map of the social and physical environments in which they are most likely to participate in physical activity. Mapping elicited individual responses, individual interpretations and used non-verbal methods of eliciting information. It also allowed free responses and individual interpretations of the questions from the focus groups. Mapping allowed children to use a graphic expressive technique to elaborate on verbal concepts. Mapping also provided the opportunity for children to position themselves in the family, school and community. In some groups, we introduced an additional drawing task, inviting children to draw images or write slogans that could encourage other children to be more physically active.

Detailed notes about process, context and discussion were taken during each focus group by a non-participating observer, then transcribed and discussed with the facilitators before being confirmed and the facilitators then annotated maps with relevant explanations.

Photovoice

For photovoice (Morrow, 2001), we invited children from focus groups to help us further by taking photographs with a disposable camera that we provided. We selected children (including some with high and low activity and others on the basis of their maps), then provided them with a form and information sheet to take home seeking consent for us to provide a disposable camera for the children to use. We asked children, with adult supervision if necessary, to take photographs over the next week and to write a brief caption for each photograph, saying why they took it and what the photograph meant to them in relation to physical activity. Photovoice was designed to generate different and complementary information because of its visual (rather than verbal) nature and its potential to sharpen a focus on people and places that were important to individual children at home, at school and in the community.

Interviews with salient adults

We interviewed a sample of adults from the children's schools (Table 1) and sought their reaction to the responses emerging from interviews with children.

Table 1. Sample of seven adults

Place	People
Rural primary school 1	Principal
Rural primary school 2	Principal
Metropolitan primary school	Principal and three teachers

Quality and ethics

The principal researchers were all very experienced so they conducted most interviews with children and adults and analysed all the data. The South Australia Department of Human Services set up a local reference group that assisted the researchers and commented on the research. Formally constituted ethics committees at Flinders University, University of South Australia, and the Department of Education, Employment and Training approved the research design. The researchers established a technical reference group of international collaborators to assist with the research methodology and interpretation of data.

A requirement for rigour in qualitative research is triangulation of research methods. We used four data collection methods to triangulate data and to gain information from different modalities. Further requirements for rigour are researcher and discipline triangulation (Baum, 2002). Each of the three chief investigators is from a different discipline background and so brought discipline triangulation to the data analysis. In addition, we involved coresearchers, from a range of disciplines, in developing coding frames, liaised with the project's reference group and consulted with the international collaborators as needed.

Rationale for sampling and original estimate of sample

Sampling in qualitative research is purposive and theoretical (Baum, 2002; Crotty, 1998), so in this study the sample comprised children aged 8–12 years, from low socioeconomic rural and metropolitan areas, with an emphasis on those with low levels of physical activity. We sampled from schools because the school is both an institution that most children attend and an important contributor to physical activity. Guided by the saturation principle, we stopped sampling when we were no longer gaining new ideas or themes from the analysis of data. If taken to its logical extreme, however, adherence to the saturation principle would have made it difficult for us to propose a sample size, time line and budget. Therefore we used our experience as researchers to suggest a sample size to enable planning to take place.

The research plan originally estimated a sample of 10–20 focus groups, averaging eight children aged 8–12 years per group, from six to 14 schools; or 80–160 children, 40–80 children who would be asked to draw maps and 12 for photovoice. However, based on early experience in focus groups, we revised this and asked all children in focus groups to draw maps. In some groups, we offered more children the opportunity to use photovoice than others because of the group dynamics and level of interest. We offered cameras to children on the basis of them being judged high or low in physical activity, as well as demonstrating interesting features in their maps. We estimated a sample of 8–10 salient adults from schools in individual and small group interviews.

Table 2 presents the distribution of the sample of 204 children in focus groups and the mapping exercise by year and gender. In all but three groups (Ridgehaven Primary and Fisk St Primary Student Representative Council and St Teresa's Primary Year 3/ 4) there were about equal numbers of boys and girls.

Table 2. Sample of children: 204 in focus groups and mapping and 32 in photovoice

School	Focus group and mapping	Male	Female	Photo voice	Male	Female
Ridgehaven Primary	Year 3/4	5	5			
Ridgehaven Primary	SRC 3–7	3	9			
Ridgehaven Primary	Year 6/7 boys	13	0			
Ridgehaven Primary	Year 6/7 girls	0	13			
Reynella South Primary	Year 3–7	2	5	7	2	5
St Teresa's Primary (rural)	Year 2/3	3	3	3	1	2
St Teresa's Primary	Year 3/4	7	12	4	1	3
St Teresa's Primary	Year 4/5	6	6	1	1	
St Teresa's Primary	Year 5/6	7	7	2	1	1
St Teresa's Primary	Year 6/7	5	5	2	1	1
Gillies Plains Primary	Year 2/3 and year 4/5	5	6	7	4	3
Gillies Plains Primary	Year 6/7 boys	10	0	2	2	
Gillies Plains Primary	Year 6/7 girls	0	11	4		4
Paralowie (primary)	Year 2/3	5	4	n/a		
Paralowie (primary)	Year 5/6	4	6	n/a		
Paralowie (primary)	Junior Council	12	11	n/a		
Fisk St Primary (rural)	SRC R-7	3	11			
Total		90	114	32	13	19

Notes: In South Australia children commence school at age 5 in reception, then move through years 1–12. There are more children than cameras because some cameras were given to groups. Cameras were not distributed at Paralowie.

Results

This section summarizes the overall results (Table 3) and discusses in more detail children's views about the future, and issues on which they tended to disagree with common adult views.

Sport: meaning and decisions

'Sport' was immediately recognized in all focus groups with a distinctive meaning making it difficult to move the discussion to other topics. Sport was not distinguished from other terms merely by the activities involved, but because of the affect of purpose and competition (although fun was sometimes involved). Children perceived that talent for a sport was essential if they were to be selected for a sporting team. Then they needed the capacity to train and pay for transport and equipment—which was beyond the reach of many children interviewed.

The following excerpt from Metropolitan School C is typical of the way the word 'sport' had a particular meaning and was powerful in keeping the discussion in line with that meaning:

Table 3. Summary of results from children

Theme	'Sport'	'Play'	'Physical activity', 'exercise', 'fitness'[a]
Words and images: top of mind recognition	Immediate and distinctive	Immediate and distinctive: frequently energises children	Takes time to recognize Difficult to distinguish from 'sport' and 'play'
Activities	Team sports, individual sports Games, play	Group games and individual games Sports, individual activities Socializing	Mixture of activities included under 'sport' and 'play' as well as a broader range
Engagement and affect	High, enduring engagement Affect of purpose, competition, organization, often fun (not always)	High, enduring engagement Affect of fun, freedom, spontaneity, energy and physicality	No engagement, no distinctive affect 'Physical activity' is an adult word not used by children 'Exercise' can connote work, purpose, lack of fun
Choice, planning and decision-making styles	Adult-led, pre-planned rule-bound Hierarchical decisions, *power-over*	Child-centred, spontaneous and avoiding boredom Plan and adjust as they go Democratic decisions, *power-with*	No distinctive theme: mixes adult and child-centred decisions
Place, equipment and facilities	School, indoor and outdoor facilities Equipment as per rules Travel arrangements	School, home, friend's houses, parks Improvise with available equipment	No distinctive theme

Action: enablers and barriers	**Enablers**	**Enablers**	No distinctive theme.
	Adults to organize and transport	Adult encouragement	Some mention of 'Just do it'
	Facilities, clubs and equipment	Culture of democratic decision-making	
	Parental modelling	Time and space and enough equipment	
	Barriers	**Barriers**	
	Injuries	Not as popular with Year 6/7	
	Cost, distance and travel	Arguments	
	Lack of facilities, clubs		
	Bullying, put-downs, humiliation, gender issues		
Advocacy and effective messages	Fun and friends	Fun, friends	No distinctive theme actions
	Children as role models	Adult encouragement	
	Famous people talking about children or childhood		
	Show opportunities and possibilities		

[a]Fitness was more distinctive but was associated with slogans and clichés about health, without a detailed understanding.

Question: When physical activity is mentioned, what do you think about?

Answer: Running, exercise, all different sports.

Question: What types of sport would you be thinking of?

Answer: Soccer, swimming, football, basketball, netball, all the games that I play.

Question: Can you talk to me about exercise, do you think differently?

Answer: Weight-lifting/gym, muscle building, running/treadmill, people walking, stretching & warming-up, gym circuits, meditating, Taibo.

Question: If we talk about fitness, what do you think of?

Answer: Running around generally, fitness levels, walking/power walking, running/laps of the oval, long distance running, sport, how fit you are/fitness levels.

Question: Any difference between sport and fitness activity?

Answer: Both come under the one bracket.

   In this example, when the facilitator included the term 'sport' in the first question, the discussion turned to predominantly organized team sport. These meanings persisted despite question about 'exercise' and 'fitness'. Only when the facilitator asked about 'play' did the meaning change. Throughout this and the other three focus groups at Metropolitan School C, the dominant meanings of physical activity were associated with sport and it was difficult to get a broader discussion of physical activity on the agenda.
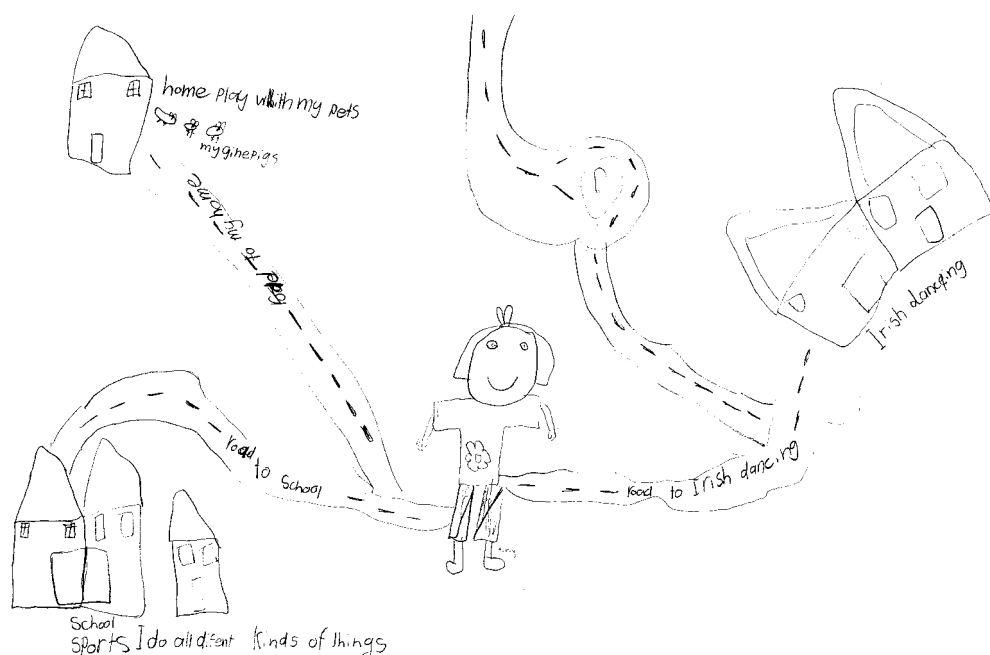

Figure 1.   'Mind map' of play and fun from a student council of 5–11 year olds at a metropolitan school

A powerful discriminator between 'sport' and other terms was the way choices were made. Adults were influential in making these choices, often within predetermined rules that required particular facilities and equipment. Adults were also important to provide money, resources, time and transport. Considerable school and community investment in clubs and facilities is necessary to maintain sport.

When Metropolitan School D year 5 and 6 boys and girls were asked who decides about sport they all said 'teachers', and some then said 'boring'. At Metropolitan School B, boys aged 11–13 years said 'Themselves, parents'. One boy illustrated a common role for parents when he said: 'I choose they pay!'

Year 3/4 at Rural School B said that for sport 'the fairest is the captain, the one who doesn't muck around. The coach picks them'. In terms of who organizes sport, they said: 'Coaches, teachers organise, Mum and Dad might organise, go at a particular time, the president of club, the captain of team might organise'.

Play: meaning and decisions

The meaning of 'play' was immediately recognizable in all focus groups as different from sport, physical activity and fitness. While distinctive, play did not dominate because discussion of play could move to discussion of sport and physical activity,
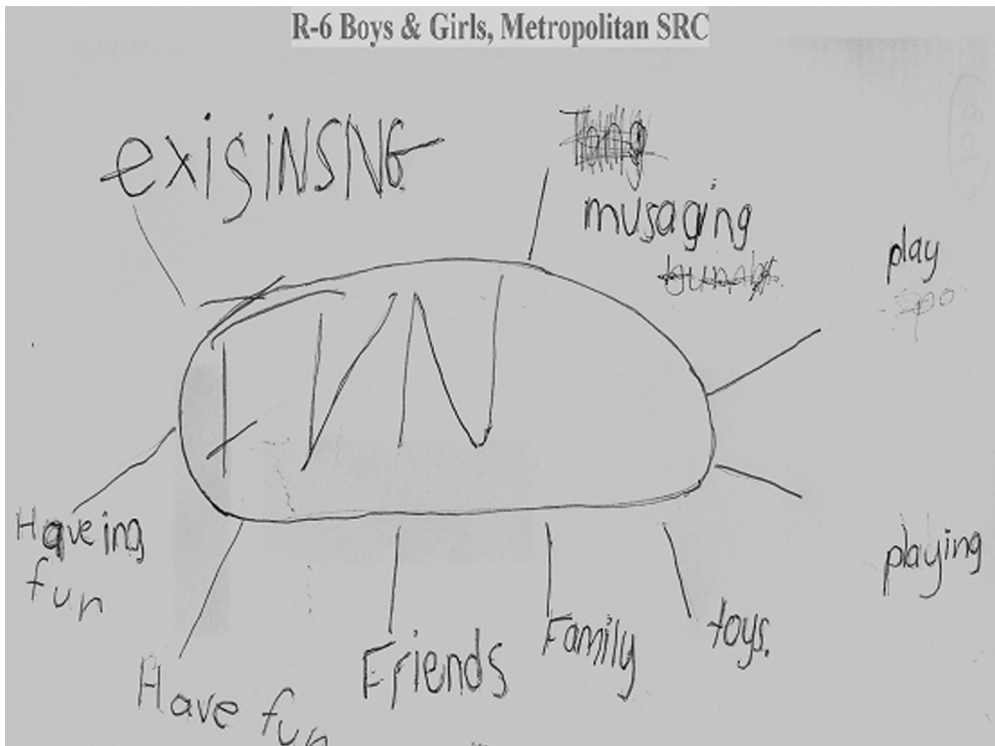

Figure 2.   'Mind map' of play and fun from a student council of 5–11 year olds at a metropolitan school

then back to play. Play, however, had a powerful enough meaning for children to counteract sport's distinctive attributes by moving the group discussion from sport to play. The terms 'physical activity', 'exercise' and 'fitness' could not do this.

Play was distinguished by 'fun', 'spontaneity', 'interactions with friends', 'not too competitive', 'not too aggressive'. For example, we saw earlier that at Metropolitan School C children from years 3–7 in the student representative council persistently defined physical activity in sporting terms. The following example repeats the earlier quotation about sport and physical activity, but introduces a question about 'play', with the new responses outlined in bold. It is important to note the way 'play' immediately changed the meaning of physical activity, introducing the importance of fun, friends, spontaneity and less structured activities:

Question: When physical activity is mentioned, what do you think about?

Answer: Running, exercise, all different sports.

Question: What types of sport would you be thinking of?

Answer: Soccer, swimming, football, basketball, netball, all the games that I play.

Question: Can you talk to me about exercise, do you think differently?

Answer: Weight-lifting/gym, muscle building, running/treadmill, people walking, stretching & warming-up, gym circuits, meditating, Taibo.
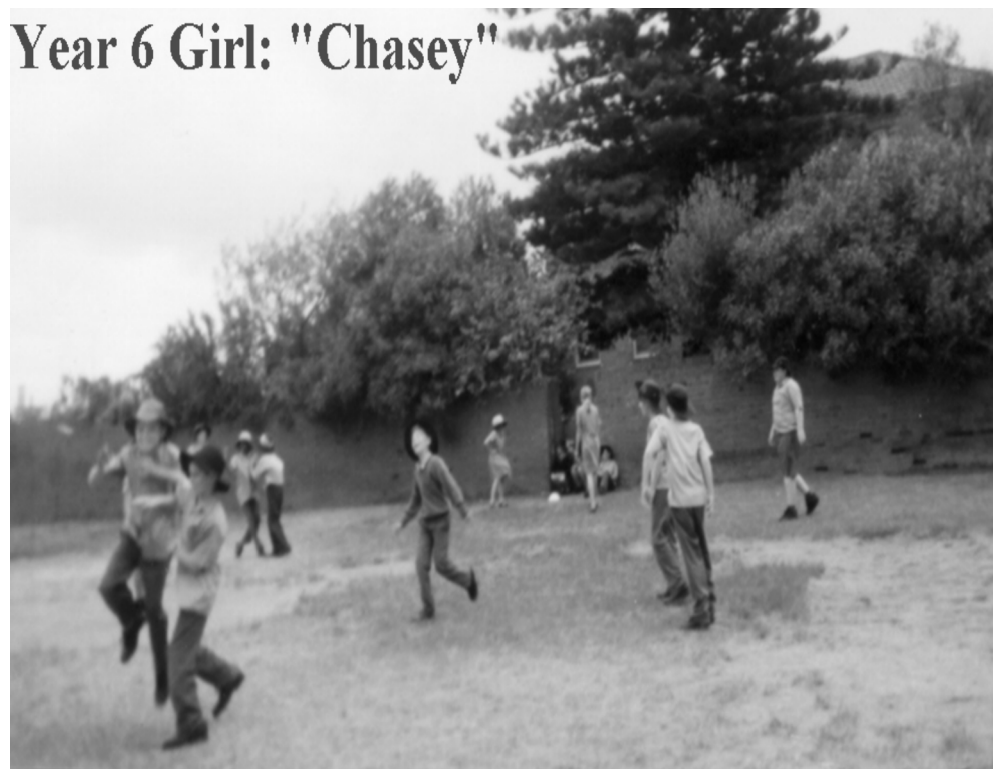

Figure 3.   Photovoice: 11-year-old girl's photograph of play

Question: If we talk about fitness, what do you think of?

Answer: Running around generally, fitness levels, walking/power walking, running/ laps of the oval, long distance running, sport, how fit you are/fitness levels.

Question: Any difference between sport and fitness activity?

Answer: Both come under the one bracket.

Question: If I mention play, what would you think about?

Answer: Games, climbing equipment, 4-square, hop-scotch, skipping, running, stuck-in-the-mud, ball-games, light sports/no rough play, playing with friends, it is more fun being with friends/more boring without friends, wider range of choices when with friends, play, fun, not too competitively, small groups of friends, can become too aggressive or competitively with too many people.

Another example, from Years 5/6 Metropolitan School D, shows in bold the energizing effect of the term 'play' and the way play is powerful enough to move the discussion away from sport:

Question: What does sport mean?

Answer: Netball, soccer, basketball, archery, football, tennis, volleyball, hockey, badminton, track running, table tennis, swimming, skiing, horse riding, golf, lawn bowls, bocce, hiking, dancing, kayaking, speedway, bike riding, extreme sports, car racing, lap swimming, walking, exercise, running.

    Injury.

    Winning and losing.

Question: What does play mean?

Answer: [Immediately all children sat up and their body language showed excitement and energy]

    Fun.

    Performing.

    No learning.

    Enjoyment.

    Running around.

    No policemen.

    Takes out the anger, if angry at teachers go out and have fun.

When we mentioned 'play' in a younger group of seven to eight year olds at a metropolitan school, one boy stood up, put up his hand and asked if he could do a role-play. He then demonstrated running around and playing chasey, to the delight of the group. We then encouraged children to move around, by jumping on the spot during the discussion and regularly breaking in to a game of chasey: this became known as the 'jumping focus group!'

Play, however, is not always physical. It can also include reading, watching television (TV), talking, playing alone with toys/games, dolls or stuffed animals. A number of focus groups mused, somewhat quizzically, that 'you play sport', as if they had trouble putting the two words together. In play, adults do not direct but

encourage without having to provide extensive resources. A powerful distinguishing characteristic of play is the way choices and decisions are made. Children choose, using processes that demonstrate age and gender differences. Children own play, and adjust the way they play depending on the numbers, abilities and preferences of children involved. They also take into account available facilities, equipment and the need to avoid boredom. Facilities and equipment certainly facilitate play, but do not have to be as prescriptive as those required for sport. Play reflected interactions between aged groups and a sense of neighbourhood and community.

When we examined how children choose activities at Metropolitan School C, the student representative council, years 3–7, said they 'talk it over with friends, discuss what to do, occurs spontaneously, depends on the sporting or play equipment available at the time, may join in game already under way'. In another junior council from Reception to Year 6 at Metropolitan School D, the group agreed that children decide on rules for play and adults decide rules for sport. They said that, for play, children in groups take turns at choosing a leader, make up a game and try to make it easy or fun. The student representative council (reception–year 7) at Rural School A said: 'Sometimes [a teacher] gives choices, but if there are no teachers they choose what most want to play'. They also suggested they 'put up their hands, get ideas, use a roster, and vote [for younger children]'. They also said 'if it is not what you want to do, put up with it or do something else'.

We asked children variations on: Where do you play? What do you do? Who chooses what you will play? How? Year 2/3 children at Rural School B answered as follows:

> Shared playground, everyone gets a turn [all kids agree].
> Choice of activity might have a bit of vote, majority rules.
> Sometimes one chooses.
> Some play on the see saw, some do other things.
> Can do more than one thing during lunch time.
> Play with two or three/three or four different people.
> Play with about seven people.
> Play different things.

Children want adults to love, listen and laugh with them

Children participated enthusiastically and enjoyed the research process. Year 6/7 children strongly argued that they wanted to be heard and often were not listened to. Older children articulated their desire to be treated as teenagers or young adults—for example, by moving from modified to adult rules and being consulted. Some of the ideas from children may surprise, or provide a different perspective from adult discourses. We told the year 5/6 group at Paralowie Primary that we would present our findings to a committee. We asked what we should say, and the children replied with the following ideas:

> Adults don't listen.
> Adults should be kids, show how we feel about things.
> Stop talking about politics.

Tell adults who is boss.
Be kids.
Enjoy life.
Make a life.
Parents' actions show us, sometimes they are wrong.
Stop talking about money and tell us what the future is going to be.
Experience it for themselves.
Talk about this research on the news.
Tell them to come and talk to us for a day.
Tell parents to love and care for us and not just to care about themselves.
We have to live in the future.

When we asked Paralowie's reception–year 6 student representative council the same question, they replied: 'Always have fun. Make new games.'

Children's views on TV as an enemy of physical activity

Children did not consider TV and computer games as barriers to physical activity. They see them as consistently coexisting and often promoting activity. Most expressed surprise and incredulity when we told them that many adults described TV and computer games as barriers to physical activity. They described a world in which homework, TV, the computer, sport and play could and should coexist. At the same time, they appreciated rules and guidelines for the TV and computer, and some expressed a desire for adults to take more control. Many were moved to try physical activity after seeing options on TV. Others said they could only watch TV for so long (often when bored) before wanting to play. Yet others combined activity and television by recording programmes to watch after they had enjoyed play or sport.

For example, rural School B years 3/4 said that 'TV gets started me started on sports. I watch my favourite TV show or do sport on another day. I do both. TV is better. I watch videos then do stuff after. I watch TV then go out and play.' The junior council at Metropolitan School D said 'there are more fun things than watching TV all day' and … 'rules were no TV until homework is done. You can do play and watch TV as well, can do both'.

Famous adults as role models

Children were divided about the value of using famous adults when promoting physical activity. Those who said it would work argued adults would have to refer to children or their own childhood. Rural School B years 4/5 were asked 'How can we persuade others to participate in physical activity?' They suggested: 'Use famous people. Meet them and they can teach sport—teach and tell people. We would believe them. Show about being fit and unfit—show how good it is to be fit'.

On the other hand, the year 5/6 group at Rural School B was asked, in small groups, to design campaigns increase children's participation in sport. One small group suggested using famous people, while others in the larger group said it would not work. We asked what would happen if Wayne Carey (a famous Australian Football

League footballer who was in the rural area at the time) walked in and said 'you should play football'. They immediately said they would not. However, they might if they heard Wayne Carey talking about when he was a kid, or they might if he said what happens if they did not play sport.

Children's links between physical activity and health status

Many adults understand the arguments about links between physical activity and health status, including the notion of a desirable minimum amount of activity (Wright *et al.*, 1996). In contrast, we found that children were unclear about how active they were in comparison with others, or whether they should do more physical activity. Some older children missed school-based physical activity when it was reduced to make way for more academic subjects.

Children did not have detailed interest in and understandings of health benefits of physical activity. Some mentioned weight, others fitness and others visits to the doctor. However, when questioned further, children could not elaborate on these links, Furthermore, when one group discussed messages to increase physical activity they said that showing adult health problems of low physical activity 'would not work' and 'we would not want to see that'. It is thus unlikely that strategies heavily based on health arguments would have high recognition or engagement.

At Metropolitan School B year 6/7 boys were asked 'What do you think we should do to encourage more children to be more active?' They replied '… tell them the good things about exercise—eg it's good for you, fun, do it or you'll die, good for your muscles'. However, these are very vague statements. Another group, at Metropolitan School A, said 'Sport is having fun, something to do with your body. Keep fit and healthy.' We prompted 'In what way?' The reply was 'Keep body working better, stop being stiff, do more before getting a stitch'.

Discussion

If children's views are going to help shape their futures, adult researchers need to listen to these views, conduct further research where necessary and consider how children's views can inform and shape practice. Three findings from our research shed some light on how children's views can shape their futures: the quality of children's participation, the centrality in play of child-centred decisions and rules and emerging ideas from children that could take their place on the research agenda.

First, the results reveal enthusiastic participation by children, their desire to be heard and a range of ideas that, at first glance, seem novel for adult researchers. These results fit with current thinking that one way to enrich children's psychosocial development is to expand and facilitate the possibilities for children to participate actively in their environment. The emerging social competence model of child development tries to enlarge the extent to which young persons are capable of responding adequately in their environment in day-to-day contacts. This contrasts with a deficiency model that largely determines the way of thinking and acting in child health

care (de Winter *et al.*, 1999). From the perspective of child health promotion this attitude helps teach people from a young age that they are not being considered as important social subjects, whose opinions and involvement really matter. On the contrary, they are clearly given the message that they are they are not worth listening to and that the institutions of society are anonymous entities that decide for them. From a developmental point of view, this denial of children's participation is to be considered a risk factor for adequate social and moral development as well as for the emergence of psychological problems (de Winter *et al.*, 1999). There is little doubt that children '… are a special population about which we know very little' (Seefeldt, 1984). Therefore, if we accept the principle that health promotion must address problems perceived by the public as important in the context of their everyday lives, we must seek to understand health as children themselves see it and within that their own relevant social contexts (Kalnins et al., 1992).

Second, children's participation gives rise to potentially useful distinctions such as the results about the principal differences between sport and play. Our results show that play is much more child focused than sport, involving spontaneous decisions and rules made for and by children. Moreover, results suggest that mixing images of play and sport could be counter productive.

The third way in which we can use children's views to shape their futures is to add to our research agenda ideas generated by children where, for example, our research suggested that children do not share the strong adult belief that TV and computers form barriers to physical activity. They are ambivalent about using adult sporting figures as role models. Interestingly, even when focus groups probed for more information, children did not demonstrate clear and persuasive connections between improved health status and increased physical activity. These findings deserve a place on the research agenda because they each refer to ideas that are often accepted by adults as being relevant for children, when they may have no place in a child's sense of the world.

Conclusion

Children have clear ideas about the places and spaces they occupy comfortably in their home, school and community. Their maps and photographs showed emotional attachments to these spaces and places. Play is a common denominator, is accessible and is owned by children. No other concept comes close in children's minds. Physical activity and exercise are adult concepts that mean organized activities. Sport requires talent, training and costs to the family.

Children were delighted for their voices and ideas to be heard. Their participation in the research demonstrates the salience and potential of the emergent sociology of childhood (James & Prout, 1997; Morrow, 2003), which emphasizes children as being active social agents who shape the structures and processes around them (at least at the micro-level). Strategies to increase physical activity should therefore cast children not as passive recipients of directives from parents, teachers, other adult influencers and their environmental settings, but as active influencers over their social

and physical worlds. This is important because, as United Nations Secretary General and Nobel Peace Prize Winner Kofi Annan said, 'Tomorrow's world is already taking shape in the body and spirit of our children'.

Acknowledgements

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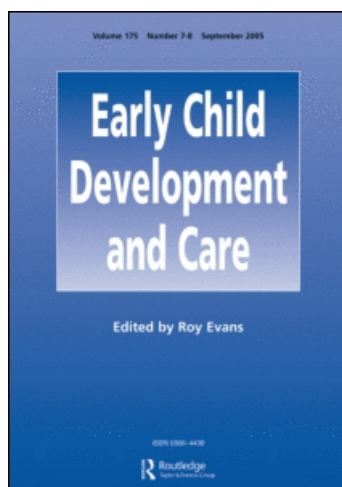
What are our boundaries and where can we play? Perspectives from eight- to ten-year-old Australian metropolitan and rural children

Colin MacDougall [a]; Wendy Schiller [b]; Philip Darbyshire [c]
[a] Department of Public Health, Flinders University, Adelaide, Australia [b] School of Education, University of South Australia, Adelaide, Australia [c] Children, Youth and Women's Health Service, Adelaide, Australia

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What are our boundaries and where can we play? Perspectives from eight- to ten-year-old Australian metropolitan and rural children

Colin MacDougall[a]*, Wendy Schiller[b] and Philip Darbyshire[c]

[a]Department of Public Health, Flinders University, Adelaide, Australia; [b]School of Education, University of South Australia, Adelaide, Australia; Children, Youth and Women's Health Service, Adelaide, Australia

This study took place in an inner metropolitan Adelaide school and a rural school on Kangaroo Island off the South Australian coast. We compare 33 eight- to 10-year-old children's accounts of what the area is like for them. What are the rules and boundaries and who sets them? Metropolitan children were found to have tighter boundaries and required adult supervision to use facilities that rural children could use unsupervised. Rural children negotiated freedom of movement by considering broad principles about safety. Findings increase our understanding of how children perceive movement within their communities, and suggest policies and environmental changes to increase freedom of movement. Study findings raise concerns about the way the environment is designed for social planning, and the importance of children's engagement and interaction with the natural environment.

Keywords: sociology of childhood; play; rules and boundaries

Introduction and plan of paper

Our approach to research draws on the sociology of childhood (James, Jenks, & Prout, 1998; Morrow, 2003), which emphasises that children are active social agents who shape the structures and processes around them and that children's social relationships and cultures are worthy of study in their own right (Lansdown, 2004; Mayall, 2000; Morrow, 2003).

A study with 204 four- to 12-year-old children in South Australia (see MacDougall, Schiller, & Darbyshire, 2004) concluded that children did all they could to ensure that play was child-centred, spontaneous, continually adjusted to avoid boredom and increase access to give all children the chance to have fun. Children wanted to make democratic decisions about what to play at school, home, friend's houses and in the community (MacDougall et al., 2004).

The research in this paper explores children's perspectives about places, spaces and communities in which children live which impact on their experiences of, and engagement in, play and physical activity (Karsten, 2005; Karsten & van Vliet, 2006; Tandy, 1999). Children can only make democratic, spontaneous decisions which

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*Corresponding author. Email: colin.macdougall@flinders.edu.au

involve them in moving around their communities with adult supervision at a distance, if the social norms and significant adults in their lives allow this (Karsten & van Vliet, 2006; Louv, 2005). Our research elicited children's perspectives on where they live, their boundaries and rules about moving through their communities.

We need children's perspectives because, in developed countries, successive policy and practice actions have produced a discourse of taking the risk out of child-hood and restricting children's boundaries: all in the name of keeping them safe and reducing risk (Evans, 2000; Gill, 2007; Louv, 2005). Introducing a study exploring children's perceptions and experiences of safety and risk in one highly contested area in Belfast, Northern Ireland, Madeleine Leonard wrote:

> Once innocent spaces of childhood such as streets, parks and other public places 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. … While the empirical evidence to demonstrate the frequency of the public and private risks confronting chil-dren falls far short of the moral panic surrounding notions and of risk and safety, the upshot has been to locate contemporary childhood in increasingly risky environments. (2007, p. 432)

As researchers, we believe that we must contribute evidence that takes into account those social, cultural, experiential and temporal contexts that shape children's patterns of leisure and activity (Haughton McNeill, Kreuter, & Subramanian, 2006; Wright, Macdonald, & Groom, 2003). As part of a larger study on places, spaces and play, children considered the following:

- What the area is like for a child growing up here?
- Rules and boundaries: what they are and who set them?

The study setting

One school is in inner western metropolitan Adelaide, the capital of South Australia, an area with a mixture of government and private houses and some industry. Like many areas close to Australian cities, there are changes in demographics as older houses are replaced by houses with smaller gardens, thereby increasing the density of suburban living. The rural school is on Kangaroo Island, which is off the South Australian coast and accessible by ferry or air. It is well-known as an ecotourism desti-nation and is sparsely populated with two main settlements and many farms of varying sizes.

Recruitment of participants

Information letters for parents/guardians, information sheets for children, and consent forms, were sent directly to parents/guardians by each school. Parents/guardians were asked to consent to the participation of their child, and provision was made on the consent forms for children to give their assent. Participants were advised that participation was entirely voluntary and they could withdraw at any time. The Chief Investigators, who are all authors of this paper, briefed teachers and leaders in each school at staff meetings.

Table 1 shows that in the two schools (one urban, one rural island) 33 children completed focus groups and graphics and 27 completed photovoice (see the next

Table 1. The sample of eight- to ten-year olds.

	Children in focus groups and graphics			Children completing photovoice		
	Boys	Girls	Total	Boys	Girls	Total
Metropolitan	7	6	13	6	6	12
% of class	35% of boys	58% of girls	41% of class	30% of boys	50% of girls	38% of class
Rural	8	12	20	7	8	15
% of class	73% of boys	86% of girls	80% of class	64% of boys	57% of girls	60% of class

section for descriptions of the methods). We used data from classes of eight- to ten-year olds after preliminary, year by year analysis of data from children aged three to 15 years in a broader study in these schools. The analysis showed that eight- to 10-year olds were distinctive in that they were starting to respond in detail about boundaries and rules, suggesting that this was a transition between the smaller boundaries and stricter rules for three- to seven-year olds; and the increasing freedom of children 11 years and over. We selected schools in two contrasting areas so we could incorporate into our analysis the contribution of geographical and social context.

Table 1 shows that in focus groups we spoke to between 35% and 86% of the children in each class, and that only a few children did not go on to complete the photovoice method. A higher proportion of rural children volunteered to participate than metropolitan children in this age group.

Data collection

Three methods of data collection were used with the children: focus group interviews, drawing/mapping and photovoice, to provide a rich, multifaceted perspective of children's experiences (see Darbyshire, Schiller, & MacDougall, 2005 for more information about mixed qualitative methods).

Focus groups

The focus groups were semi-structured and conducted by the authors. In each focus group, one of the researchers took written notes. The focus groups broadly followed an interview schedule, and this paper focuses on responses to the following questions/prompts:

- I don't live and go to school here so can you tell me what it is like for you growing up here? What is good? What is not so good?
- Where can you go by yourself? When do you have to get permission to go somewhere? Who from?

Visual data collection: mapping and photovoice

Towards the end of each focus group, the children were invited to draw graphics of the places, spaces and activities that they had been discussing. Each child was provided with a disposable film camera, containing film for 24 images, and asked to

take photographs showing where they played, who they played with and what they played, that is, what they believed depicted something of their worlds of physical activity (with adult help as necessary). The cameras did not have a flash to take clear photographs inside, so we suggested to the children that they take photographs outside. Children were asked to return their cameras to the school after two to three weeks. The photos were then developed.

Workshops were held within a month where the children's photos were returned to them and they were asked to select four photographs and arrange them on an A4 worksheet page using the following prompts:

- This is my favourite photo because …
- My favourite place to do activities is … because …
- This photo makes me feel … because …
- What I like doing best is … because …

During the workshops, the children discussed both their maps and their worksheets with their peers and the researchers. Notes were taken during the workshops, and the researchers assisted with the children's explanations and annotations of the graphics, as requested.

What children told us about where they live?

Focus groups

We coded the responses to the question about what is good about living in their area into themes, and Table 2 compares what the eight- to 10-year-old island and metropolitan children told us. It is apparent that the rural children appreciated the natural environment, and compared it to their conception of city life. Opportunities for play in the city revolve around gardens, parks and playgrounds and organised activities, in contrast with the rural children who played in large open spaces and gave evidence of their appreciation of this natural world and the freedom to explore that it offered (Louv, 2005).

Table 3 shows that rural children predominantly mentioned dangers from animals and water when asked about what is not good about living in the area. When prompted, they spoke about distance and traffic problems arising from speed and poor roads. Metropolitan children were more likely to refer to factories, safety and danger: all relating to the built, rather than the natural environment.

Graphics

Metropolitan children most frequently drew maps with considerable detail about the streets and houses near their house or school. They then annotated particular houses or features as places that they went to frequently, or which had meaning for them. The area that they mapped was quite small, and there was considerable detail about the built environment.

Figure 1 is typical of metropolitan graphics, showing fine details about a small geographical area. In this graphic, the child drew a map with school, home, playground and friends' houses. The child was accompanied by a parent outside the house, and pets were important. The 'bad people's house' is highlighted, showing how boundaries are constructed.

Table 2.   What children say is good about living in their area.

	Rural island	Metropolitan
Natural environment	Tropical paradise Lovely to have trees No pollution Fresh air Not noisy Have birds Sea seals and animals Go to Seal Bay and see the paradise of it National parks with wildlife	The creek is very important
Built environment	Not a big city Little groups of cities No traffic lights	Many live in (a suburb) Camden Park
Opportunities for play	Lots of kids have horses Heaps of space to ride around on a bike Lots of farms with room to play	Playgrounds are very important Lots of playgrounds In (suburb) Morphetville there are wetlands and I can watch horses Lives four houses from school and there are two parks – one at the back of the house
People	Nice people Not much drugs	Lives close to grandparents

Table 3.   What children say is not so good about living in their area.

	Rural island	Metropolitan
Natural environment	Snakes Kangaroo drowned dog in the dam and pulled its eyeballs out Sharks Wild koalas are dangerous Kangaroos	
Built environment		Factories
Opportunities for play		Not enough parks
People	Big kids look mean	Not safe
Prompt: what is dangerous that is not to do with animals? (Rural Island group only)	Everything is too far away Dirt roads are bumpy Road crashes Too much rain and roads get bogged Potholes [in roads]	

These particular island children's graphics depicted discrete places or activities with annotations showing that these activities and places were geographically distant from each other. In contrast to their descriptions in focus groups, rural children did not draw the natural environment in great detail. In Figure 2, for example, the graphic shows the child's activity in different areas of Kangaroo Island: each a considerable distance from the other. The graphic shows both organised sport and swimming in a river, as part of the natural environment. The depiction of teeth brushing reflects a

Figure 1.   Ten-year-old metropolitan child's map of the immediate area.

Figure 2.   Rural child's map of activities in the area.

number of unusual, or often humorous, depictions of physical activity in both graphics and photovoice.

Photovoice

The photographs taken by rural children complemented their glowing descriptions of their natural environment by showing large open spaces, rivers, the ocean, and playing and riding bicycles in large open spaces with few adults or built features. Figure 3 shows two of the four photographs from one boy: one an action photo of surfing and the other riding a small motorbike. The motorbike has a device limiting its speed and the boy is working with his parent on the farm – while also having fun. In his fourth photograph (not shown here) he again is on his motorbike and his annotation in response to the photo is 'What I like doing best is motorbike riding'. His response to the prompt of 'why?' was 'I can help my dad chase sheep and help him with his work'.

Figure 4 shows two photographs of a rural island girl with her dog and her horse. While metropolitan children also drew or photographed dogs and horses, they were invariably in smaller, fenced areas or in streets. Rural photographs showed larger spaces and fewer fences and boundaries, and children's pets were working dogs (e.g. dogs to herd sheep).

Metropolitan photographs, like the graphics, showed a much smaller geographical area and range of activities. There were many photographs of parks and playgrounds, and children doing activities in and around their houses. This included front and back gardens, driveways and garages or carports. Although these spaces were often quite small, they contained a lot of play equipment. These contrasted with the rural children who rode bicycles and played on equipment in gardens and paddocks which usually looked like large, natural open spaces. Nevertheless, metropolitan children told us how much they enjoyed playing in their gardens and that, in their eyes, playgrounds and parks were big. In Figure 5, for example, this metropolitan boy 'always plays in his backyard' and his favourite place is 'the park near my house because it is big and has lots of activities'. The photo of his bike in the backyard makes him feel 'happy and fit' and the fourth photo is of a park where he 'likes playing sport here' because 'it is so big'.

Two of the metropolitan children's photographs were of gardening. These were in the section of the photographic worksheet which called for a photograph which '*makes me feel …*' It may be that the metropolitan children were using gardening as a way of connecting with the environment. One child indicated that gardening was what she was best at, because she was 'really good at growing veggies (vegetables) for the family to eat'.

What children told us about their boundaries

The most specific information we have about boundaries comes from direct questions we asked during focus groups. Graphics and photovoice, while they do not specifically address boundaries, support the focus group discussions because, as discussed above, metropolitan children drew and photographed a much more restricted area and range of movement than rural children. Therefore this section reports results from focus groups.

Rural children, most of whom lived on farms, said that they can go anywhere as long as they can negotiate with their parents about safety in relation to risks and

Figure 3.   Photographs of a rural island child's activities.

Figure 4.   Rural island child's photographs of activities.

This photo makes me feel *happy and fit*

because *it is my bike and I ride it every day*

What I like doing best is *playing Sports here*

because *it is so big*

Figure 5.   Metropolitan child's selected photos.

dangers, most of which related to the natural environment (see Table 3). Because of distance and transport problems, most rural children moved between geographically disparate locations either by cars driven by family or friends, or by using school buses. In relation to the many sports rural children played, they were not in school teams but involved in clubs in the various towns and districts. They told us that they travelled between sports using different school buses to get to sport, training and friends' houses. So apart from those occasions, when rural children took buses or were transported by parents and friends, there were few places that were out of bounds.

Metropolitan children, on the other hand, have a very restricted range of movement that was determined by parental concerns about traffic and danger from people. They said they could:

- Go to two friends' houses by one path
- Ride bike between quiet streets but not in the busy street
- Go to local shops
- Walk around block to a little playground
- Ride a bike to shop and a quiet street

Table 4 shows that rural children perceived few places they could not go. Again, those places were predominantly characterised by danger from animals or the natural environment. Metropolitan children had far more restricted boundaries, determined by

Table 4.   Where children cannot go in their area.

	Rural island	Metropolitan
	Most said there were no places	Most said there were many places
Natural environment	Cliffs	Drain in the golf course
	Remarkable rocks with the sea around it	
	Holes in the ground near the walk in Seal Bay (a tourist destination by the sea with seals)	
	Rips when swimming	
	Dams and creeks	
	Wild pigs	
	Electric fences	
	Snakes in long grass	
	Snakes in ditches	
	Snakes in paddocks	
	Feral cats	
	Swooping birds	
	Fires in dry grass	
Built environment	No relevant comments	Outside gate
		Near the local shops
		The balcony of the house
		Round the block
		Near a path
		Where there are scorpions' hives and cobwebs in the cubby house
People	Don't go in anyone's car that you don't know	Where no one can see us

fears about traffic and people. Both groups indicated awareness of 'stranger danger' however (see Table 4).

When asked who sets rules and boundaries, metropolitan children replied that it was their parents, and that they accepted these decisions. For rural children it was not as simple as setting a rule or a boundary, rather, it was a process of learning to appreciate the opportunities and dangers inherent in the environment, and making sensible decisions to maximise their range of movement while minimising risk. It appeared that it was much more responsibility placed on children. However, it is important to note that the potentially high risk travel between places was undertaken by car travel or school buses.

What do these findings suggest for research, policy and practice?

An ecological framework for physical activity comprises three factors that link human agency with structure and environment: locating in space, moving through space and relating to people in space (MacDougall, 2007).

Locating in space refers to the way experiences of the settings where people live, work, shop, play, including the facilities and services they use. Children in this study located themselves not only in the immediate vicinity of their home (in a geographically defined community) but also away from their home; including in communities of interest. Rural children had larger boundaries around their houses, but needed adults to transport them between locations and communities of interest such as school and sport. Metropolitan children had smaller boundaries, and often needed adult supervision to use facilities that rural children could use unsupervised.

Moving through space refers to the way people move around either their immediate environment or geographic community and between locations or communities of interest. In this study, there are marked differences in how children moved through metropolitan and rural spaces. Rural children negotiated movement by considering broad principles about safety. These related to potential hazards for animals and the elements in the natural environment (encountering snakes in the fields, and taking care when swimming alone, or riding safely on a dirt track away from the farmhouse). For metropolitan children, movement was restricted by concerns about traffic safety and danger from people.

Relating to people in space refers to the way people relate to each other in their immediate environment, in families and social networks, in locations and as they move between locations. Children on the island had more responsibility for determining boundaries near their homes, but depended heavily on adults, friends and school buses for travel between disparate locations. In the metropolitan area, boundaries were determined by fears about relationships with potentially dangerous people.

Metropolitan children had less influence in negotiating boundaries, but accepted the rules from their parents. For these children, their negotiations about places to play were conducted principally in house gardens, parks and playgrounds. The island children demonstrated greater agency by working from their knowledge of the dangers of the natural environment to determine specifically where it was, and was not safe, to play. Our findings resonate with the sociology of childhood's argument that 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 (Morrow, 2003).

In our practice and our discussions with human service agencies, we frequently hear about the problems of children's shrinking metropolitan boundaries, as gardens get smaller and smaller as a result of increasing housing density in inner metropolitan areas. We also hear frequently about the problem of parks and playgrounds becoming less attractive for children as measures are taken to reduce risk of injury. While these forces are undoubtedly at work, children in the metropolitan school clearly told us how much they appreciated the playgrounds and parks in their area. They drew and photographed their back gardens, front gardens and driveways as sites of many and varied play and social activities (including a pyjama party on the backyard trampoline!) They did not tell us their house and garden was too small, or that the local playgrounds were boring. In fact, many captions on their photographs stated how big they perceived the parks and playgrounds to be. While, as adults, we may compare the spaces in which children play with those of another era, or in another place, we must not assume that children share our critical views. This does not mean that we cannot improve opportunities for children to play, merely that if we are going to take children's views seriously, we must not override them with our own discourse and generalisations (Evans, 2000), as these may not be relevant to children's perspectives today.

Our research also suggests a role for negotiation between children and adults in relation to rules and boundaries. In the metropolitan school, we discussed the children's accounts of their boundaries with a focus group of parents. One parent said they would like to see their eight-year-old child have more freedom of movement (when accompanied by older siblings), but had been criticised by other parents for doing so. Other parents agreed that they felt that supervising their children very closely was part of being a good parent, and wondered how to negotiate appropriately about rules and boundaries. There may be merit in parents conducting these negotiations with their children in a spirit of cooperation because, as the children told us, they understood the reasons for adult boundaries.

Further research could explore in more detail how children move around the communities, and what policies and environmental and cultural changes could increase freedom of movement in the various contexts in which children live. This would integrate health, education and recreation sectors which often are involved in research about physical activity. In both the rural and metropolitan areas, an immediate problem which needs to be rectified is the way in which environment is designed for motor cars and therefore does not provide safe environments for children's movement and in which to play.

We went into the study seeking contextual information from children and found how very much these perspectives differed between rural and metropolitan children. All this suggests how important it is to take context into account in research, which in turn suggests a role for participatory action research, leading to community development. Participatory action research 'seeks to understand and improve the world by changing it' (Baum, MacDougall, & Smith, 2006, p. 854). At its heart is collective, self-reflective inquiry that researchers and participants undertake, so they can understand and improve upon their practices. The reflective process is directly linked to action, influenced by understanding of history, culture and local context and embedded in social relationships. The process should be empowering and lead to people having increased control over their lives.

Community development would bring children, significant adults in their lives and relevant policy and practice sectors to create environments and structures that

maximise opportunities for physical activity and social interaction (Baum, 2008) to make it easier for children to exercise agency in decisions about play and moving through their communities. With such differences between metropolitan and rural children, and between rural children in different areas, quite clearly standard interventions programmes informed by generalising from research findings from very different contexts will not be effective.

In conclusion, we look forward to the day when Australian children can meet, in a forum endorsed and funded by leaders in government and civil society, and discuss how the natural and built environments can be preserved, enhanced and support the aspirations of young people. We hope the children and young people would then be able to say:

> Young people have a fundamental role to play in the formulation of policy on health and environment, in related decision-making processes, and in the building of a healthier and more sustainable world. We are already making real and positive change in our local communities, countries and internationally. (World Health Organization, 2004, p. 3)

Notes on contributors

Colin MacDougall is an Associate Professor and Deputy Head (research) in the Department of Public Health, School of Medicine, Flinders University. He is interested in health promotion, human capital and children's perspectives in research.

Wendy Schiller is a Professor of early childhood education in the School of Education, University of South Australia. Her research interests include children's perspectives on the arts, on physical activity, play and movement and children's health and well-being.

Philip Darbyshire is a Professor of midwifery at the Children, Youth and Women's Health Service, University of South Australia, Flinders University and University of Adelaide. He is an active researcher of children's perspectives including children with chronic illness and hospitalised children.

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Sous la direction de

Isabelle DANIC, Olivier DAVID, Sandrine DEPEAU

ENFANTS ET JEUNES

DANS LES ESPACES DU QUOTIDIEN

COMPÉTENCE, ÉQUITÉ ET REPRÉSENTATIONS DU LIEU ET DE L'ESPACE CHEZ LES ENFANTS

Colin MacDougall

Professeur de santé publique

Université de Flinders – Adelaide – Australie

INTRODUCTION

Actuellement, l'activité physique est un important sujet de recherche, du fait notamment de l'inquiétude liée à sa diminution chez les enfants qui, en Australie comme dans d'autres pays, présentent un plus grand risque de morbidité et de mortalité (Sallis, McKenzie *et al.*, 1997; Dolman, Olds *et al.*, 1999; Sallis et Owen, 1999; Saudicani et Gyntelberg, 2004; Vaska et Volkmer, 2004). Or les lieux, les espaces et les communautés au sein desquels les enfants vivent ont un impact sur leurs expériences et sur leurs pratiques d'activité physique (Tandy, 1999; Karsten, 2005; Karsten et van Vliet, 2006). Les chercheurs ont cependant négligé les contextes sociaux, culturels, expérientiels et temporels qui façonnent les schèmes d'action de loisir et d'activité des enfants (Wright, Macdonald *et al.*, 2003; Haughton McNeill, Kreuter *et al.*, 2006). De plus, les études ont souvent été adultocentriques, ignorant les points de vue des enfants (MacDougall, Schiller *et al.*, 2004).

Dans ce chapitre, nous verrons comment les entretiens avec les enfants à propos des lieux et des espaces révèlent les opportunités qu'ils ont de pratiquer une activité physique, mais aussi comment ces opportunités se traduisent dans le développement de compétences, et enfin ce que l'on peut en dire dans une perspective d'équité.

Ce texte[1] vise à éclairer de façon précise, contextuelle et expérientielle comment les enfants perçoivent et comprennent leurs environnements sociaux et géographiques à partir de leurs choix d'activités physiques. Il débute en expliquant le choix d'une perspective constructiviste et des méthodes qualitatives, et en décrivant l'échantillon et la méthodologie suivie. La première partie des résultats résume le point de vue des enfants exprimé lors des focus-groupes concer-

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1. Ce texte s'appuie sur une étude réalisée antérieurement (MacDougall, Schiller *et al.*, 2004).

nant le jeu et le sport. La seconde partie présente les différences selon le genre à partir des échanges des focus-groupes. Et la dernière partie compare des enfants de la capitale Adélaïde d'une part, des enfants d'une ville régionale d'autre part (dans l'État d'Australie Méridionale), sur la base de dessins représentant leurs installations de pratique d'activités physiques.

La première partie de la discussion analyse les témoignages concernant le sport et le jeu en utilisant les notions de compétence physique et sociale. La seconde partie de la discussion explore ce qu'induit le genre pour les enfants pour certaines activités sportives et ludiques. La dernière partie de la discussion analyse dans une perspective d'équité les dessins des dispositifs d'activité physique dans les deux environnements géographiques concernés par l'étude. Enfin, nous faisons la synthèse des principaux arguments et proposons des orientations pour la recherche, la politique et la pratique.

PARADIGME ET MÉTHODES DE RECHERCHES

Nous avons bâti un protocole de recherche pour obtenir des comptes rendus détaillés, exacts des lieux, en tant qu'espace et milieu, des univers enfantins, et comprendre comment ils constituent le contexte des expériences physiques des enfants. Si les méthodes quantitatives permettent de mesurer l'activité physique selon la durée, le lieu et l'âge, de déterminer les relations avec les facteurs démographiques, psychologiques, sociaux et environnementaux, et d'évaluer l'impact des politiques et des stratégies (Baum, 2008), nous avons retenu les méthodes qualitatives. Celles-ci sont efficientes pour un nouveau volet de recherche qui vise à comprendre comment les enfants ressentent, décrivent et réagissent à la notion d'activité physique et elles sont appropriées à notre perspective constructiviste (Crotty, 1998).

Méthodologie

La recherche prend place dans l'État d'Australie Méridionale, dans deux villes distinctes :
- la capitale (1 million d'habitants) qui doit s'adapter aux bouleversements économiques ;
- une ville régionale (25 000 habitants) qui a dû combattre les effets de la délocalisation des principales industries manufacturières.

L'enquête combine des entretiens collectifs, des méthodes par réalisation de dessins, cartes et photographies, dans 17 focus-groupes comprenant 204 enfants âgés de quatre à douze ans, appartenant à trois écoles de la capitale Adélaïde (écoles codées ci-dessous A1, A2, A3), et à deux écoles (codées ci-dessous B1 et B2) de la ville régionale.

Sur les 204 enfants enquêtés, on décompte 59 garçons et 70 filles de la capitale et 31 garçons et 44 filles de la ville régionale. 101 enfants ont réalisé des cartes et des diagrammes, dont 28 garçons et 30 filles de la capitale et 21 garçons et 22 filles de la ville régionale.

Nous mobilisons dans cet article les données relatives à la problématique suivante : quelles sont les théories des enfants sur l'activité physique, le jeu et le sport ?

Focus-groupes et représentations graphiques

Nous utilisons la technique des focus-groupes car ils saisissent la façon dont les enfants s'expriment et font part de leurs expériences en groupe ; les focus-groupes ont eu lieu dans le cadre scolaire.

À la fin de chaque entretien collectif, les enfants sont invités à dessiner l'environnement social et matériel les incitant à participer à une activité physique et à l'exprimer sur une carte ou un diagramme.

Les représentations graphiques utilisent des méthodes non verbales pour recueillir des informations complétant les propos émanant des focus-groupes. Des notes détaillées concernant le processus, le contexte et les discussions sont prises pendant chaque focus-groupe par un observateur extérieur. Elles sont ensuite retranscrites et font l'objet de discussions avec les enquêteurs avant d'être validées. Ceux-ci apportent des précisions supplémentaires sur les cartes, sous forme d'annotations, grâce aux questions qu'ils ont posées aux enfants afin de clarifier leurs graphiques.

Nous utilisons aussi la méthode de photo-entretien (« photovoice ») (Darbyshire, Schiller et al., 2005) auprès d'un petit échantillon d'enfants. Les constats convergent avec les autres méthodes et ne sont donc pas rapportés ici.

Comme il est d'usage en Australie, plusieurs comités d'éthique et deux groupes de référence ont contrôlé et assisté les chercheurs dans leur investigation.

LES PRINCIPAUX RÉSULTATS

Résultats sur le jeu et le sport

Dans les focus-groupes, les enfants réagissent immédiatement au mot sport : ils s'engagent dans des discussions animées et le distinguent d'autres actions physiques en lui associant des notions d'objectif et de compétition. Les enfants relèvent que le talent est essentiel pour être sélectionné pour un sport. Une caractéristique majeure de l'activité sportive est la manière dont les adultes prédéterminent le choix des enfants, du fait des installations et des équipements requis et des normes afférentes.

Pour maintenir une activité sportive, il est nécessaire que les parents et la collectivité investissent considérablement dans les installations sportives, dans les clubs et dans leur organisation. Les enfants relatent : « Ce sont les entraîneurs, les professeurs qui organisent, parfois ce sont les parents qui organisent, s'y rendent à un moment précis, parfois c'est le président du club ou le capitaine de l'équipe qui organise. » Les élèves âgés de huit et neuf ans, appartenant à l'école régionale B1, ont déclaré que « celui qui est le plus juste est le capitaine de l'équipe, c'est celui qui ne fait pas l'imbécile. C'est l'entraîneur qui le choisit ».

Lors des focus-groupes, les enfants différencient le jeu par *le plaisir, la spontanéité, l'interaction avec les amis, le peu de compétition, le peu d'agressivité*. Les élèves âgés de dix et onze ans, appartenant à l'école métropolitaine A2, démontrent que la notion de jeu a un effet suffisamment stimulant et puissant pour détourner la discussion du sport.

Q : Que représente le sport ?

R : Netball, soccer (football), basket-ball, tir à l'arc, football australien, tennis, volley-ball, hockey, badminton, course sur piste, tennis de table, natation, ski, équitation, golf, pétanque (australienne), randonnée, danse, canoë kayak, speedway, cyclisme, sports extrêmes, course automobile, faire des longueurs (de piscine), marcher, faire de l'exercice, courir/Blessure/ Gagner et perdre.

Q : Que représente le jeu ?

R : (Instantanément, tous les enfants se sont levés et leur langage corporel a traduit de l'excitation et de l'énergie)

Amusement/Jouer/Pas d'apprentissage/Plaisir/Courir ici et là/Pas de policiers/

Dissipe la colère : si on en a après les professeurs, on sort et on s'amuse.

Contrairement au sport, dans le jeu, les adultes ne donnent pas d'instructions mais des encouragements, sans avoir à mettre en œuvre des moyens considérables. Une caractéristique distinctive majeure du jeu est la manière dont les choix sont faits et les décisions prises. Quand on examine comment les enfants choisissent ce à quoi ils veulent jouer dans l'école métropolitaine A1, le conseil représentant les élèves, constitué d'enfants âgés de huit à douze ans qui se réunissent avec les professeurs pour être conseillés, expose qu'ils : « en parlent avec leurs amis, discutent de ce qu'ils doivent faire, que le jeu se met en place spontanément, que ça dépend des équipements mis à disposition pour faire du sport ou jouer à ce moment-là, qu'on peut prendre part à un jeu qui a déjà commencé ». Dans un autre conseil d'élèves du primaire, constitué d'enfants âgés de cinq à onze ans, appartenant à l'école métropolitaine A3, le groupe s'accorde sur le constat que les enfants décident des règles pour le jeu, et que les adultes décident des règles pour le sport. Ils expriment que, pour ce qui est du jeu, les enfants en groupes choisissent un chef à tour de rôle, inventent un jeu, et essaient de faire en sorte qu'il soit simple ou amusant. Le conseil représentant les élèves, constitué d'enfants âgés de cinq à douze ans appartenant à l'école régionale B1, relate : « Parfois (un professeur) fait des propositions, mais s'il n'y a pas de professeur, ils (les enfants) choisissent ce à quoi la plupart d'entre eux veulent jouer. » Ils expliquent qu'ils : « lèvent la main, trouvent des idées, dressent une liste et votent (pour les plus jeunes d'entre eux) ». Ils font également remarquer que : « Si ce n'est pas ce qu'on veut faire, soit on fait avec, soit on fait autre chose. »

À la question « *Où jouez-vous, que faites-vous, qui choisit ce à quoi vous allez jouer et comment ?* », les élèves âgés de sept et huit ans, appartenant à l'école régionale B2, répondent qu'ils jouent dans l'aire de jeu, choisissent l'activité chacun leur tour, ou parfois par le vote majoritaire. L'heure du déjeuner permet diverses activités ludiques successives, à 2, 3 ou 4 participants.

Dans l'école métropolitaine A3, à la question « *Comment décidez-vous de ce à quoi vous allez jouer ? »*, le focus-groupe d'élèves âgés de sept et huit ans déborde d'énergie, aussi nous leur proposons de faire un jeu de rôle pour expliquer comment ils procèdent. Un groupe de garçons se forme et, presque sans discussion, commence à faire de la lutte sumo. Les filles et un garçon qui ne semble pas accepté par les autres, s'accordent pour jouer au tennis, se lassent, se concertent de nouveau et changent pour jouer à chat.

Résultats sur le genre

Dans l'école régionale B2, les enfants âgés de sept et huit ans discutent des sports auxquels ils jouent. Quand les garçons déclarent qu'ils jouent au football sans les filles, certaines d'entre-elles les interrompent pour dire qu'en fait elles y jouent. Cependant, les garçons les ignorent et poursuivent en disant que les filles n'aiment pas le football australien non plus. Puis, l'un des garçons décrit ce que font les filles sur les portiques de balançoires. Quand il termine, une fille dément « Non, c'est faux ». Dans la même école, un garçon commence un focus-groupe, constitué d'enfants âgés de huit et neuf ans, en dressant la liste de tous les sports auxquels, selon lui, le groupe joue. Rapidement, une fille lui dit qu'il invente.

Dans l'école régionale B3, les enfants âgés de onze et douze ans se divisent sur le fait de savoir si filles et garçons jouent à chat ensemble ; les filles surtout divergent. Les garçons âgés de onze et douze ans décrivent le jeu comme s'il s'agissait d'un travail, surtout quand celui-ci implique de courir. Quand on demande « *Quelles activités vous pratiquez ? »*, les garçons disent qu'ils choisissent davantage parmi les jeux physiques qui impliquent une confrontation. Les filles, par contre, exposent que cela dépend d'un certain nombre de facteurs, y compris du temps qu'il fait et de ce qu'elles aiment faire.

Quand on demande « *Comment peut-on persuader les enfants de faire une activité physique ? »*, les enfants âgés de onze et douze ans appartenant à l'école régionale B1 considèrent qu'il faut davantage de lieux dédiés au sport, aux activités physiques, de lieux d'*aventure* – cette dernière réflexion émane de deux filles et d'un garçon. Les garçons estiment que faire de la publicité pour inciter à faire de l'exercice ne fonctionnerait pas, contrairement au fait d'être rémunéré. Les filles avancent que les publicités peuvent convaincre les adultes *de rendre davantage de sports accessibles, de comprendre ce que nous souhaitons, notre point de vue, et les inciter à vouloir faire des choses avec nous.* Les garçons comme les filles veulent que les adultes prennent leurs opinions plus au sérieux. Les garçons souhaitent que les compétitions soient récompensées par une somme d'argent, et les filles attendent que davantage de sports leur soient accessibles, et que les adultes acceptent le fait que les filles jouent au football australien. Les garçons considèrent qu'il y a trop de devoirs à faire, et pas suffisamment de temps pour le sport. Là aussi,

les filles sont en désaccord et font remarquer que les devoirs ont également de l'importance, étant donné que tout emploi demande de savoir écrire.

Synthèse des résultats

Le tableau ci-dessous résume les représentations des enfants relatives au jeu et au sport, recueillies lors des focus-groupes.

Tableau : Synthèse des représentations des enfants concernant le sport et le jeu recueillies lors des focus-groupes

| Thème	Sport	Jeu
Activités	Sports en équipe Sports individuels Jeu organisé Jeu	Jeux en équipe et individuel Sports Activités individuelles Socialisation
Participation et intérêt	Participation élevée, constante Intérêt : objectif, compétition, organisation, souvent amusement (pas toujours)	Participation élevée, constante Intérêt : amusement, liberté, spontanéité, énergie et caractère physique
Méthodes utilisées pour choisir, organiser et décider	Guidé par des adultes Préétabli Régit par des règles Décisions hiérarchiques Relation verticale (« *power-over* »)	Centré sur les enfants Spontané et évitant l'ennui S'organise et s'adapte au fur et à mesure Décisions démocratiques Relation horizontale (« *power-with* »)
Lieu, équipement, installations	École, installations intérieures et extérieures Équipement adapté Organisation du transport	À l'école, chez soi, chez les amis, dans les jardins publics S'improvise selon l'équipement à disposition
Rôle des adultes	Les adultes organisent, financent et véhiculent Installations, clubs et équipement Modèle parental Surveillance, entraînement et soutien rigoureux des parents, des entraîneurs et des organisateurs	Donner des encouragements Dans les écoles, développer l'habitude de prendre des décisions démocratiquement Chez soi et au sein de la communauté, donner du temps, de l'espace et surveiller de loin
Aspects négatifs	Blessures Coût, distance et déplacement Manque d'installations, de clubs Problèmes de brutalité, de rebuffade, d'humiliation et problématique des genres	Pas autant de succès chez les enfants âgés de onze ou douze ans Il faut beaucoup de temps pour se décider Chez eux et au sein de leur communauté, il est souvent difficile pour les enfants de se déplacer en groupes et de choisir un endroit pour jouer

Source : Modifié d'après MacDougall, Schiller and Darbyshire (2004, p. 376).

RÉSULTATS SUR LES REPRÉSENTATIONS GRAPHIQUES ET LES RESSOURCES DES ACTIVITÉS PHYSIQUES

Après avoir analysé les cartes une première fois, nous avons codifié les cartes et les dessins. Nous rapportons ici les différences entre les garçons et les filles et entre la capitale et la ville régionale.

Suite à la question « *Quelles activités physiques pratiques-tu régulièrement ?* », la figure 1 montre l'importance des activités pratiquées : « Peu » (moins de 3), « Moyen » (3 ou 4) et « Nombreuses » (plus de 4), et si celles-ci se déroulent à l'intérieur ou à l'extérieur. Davantage de filles que de garçons pratiquent de « nombreuses » activités physiques (47 % de filles contre 23 % de garçons). Davantage d'enfants de la ville métropolitaine (41 %) que d'enfants de la ville régionale (11 %) pratiquent de « nombreuses » activités.

Figure 1 : Classification des activités des enfants d'après leurs graphiques
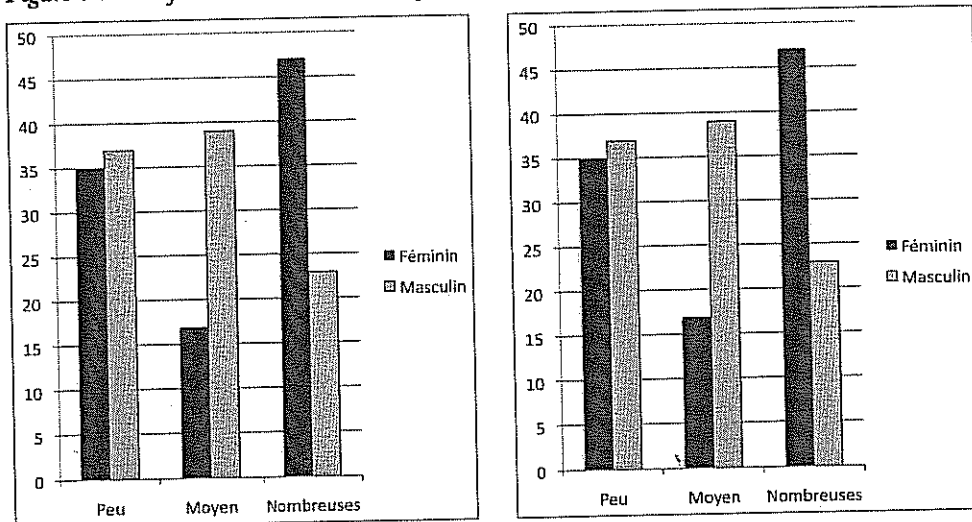
Les enfants sont plus enclins à décrire les activités physiques extérieures, comme le montre la figure 2. Les activités qui se déroulent à l'intérieur sont souvent le shopping, la danse et la gymnastique.

Figure 2 : *Activités physiques pratiquées à l'intérieur et à l'extérieur*
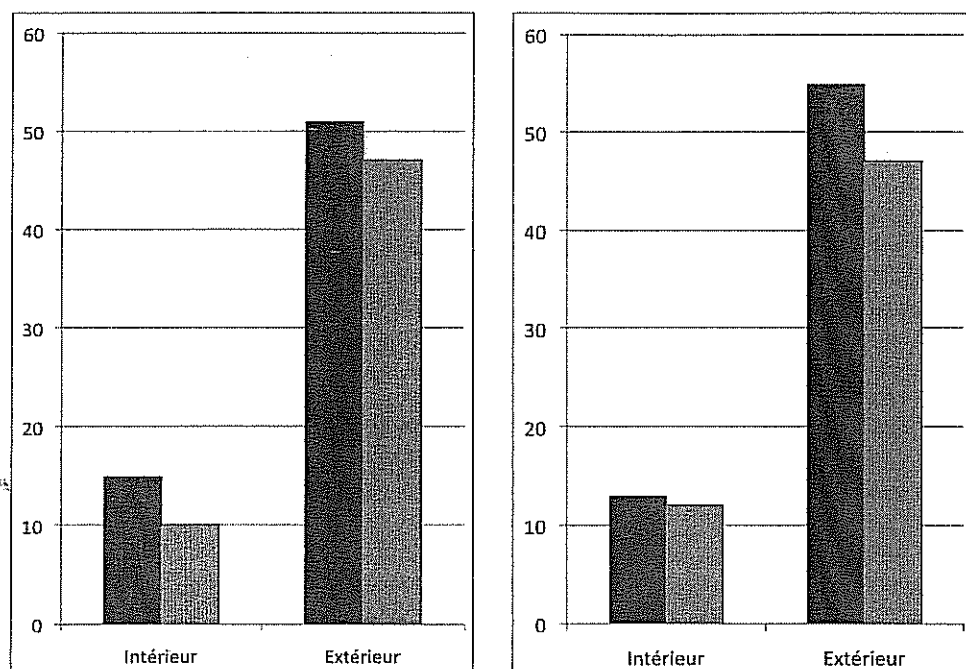
Les enfants de la ville métropolitaine A, tout comme les enfants de la ville régionale B, rapportent qu'à peine plus de la moitié des activités sont pratiquées aux environs du quartier et là où se trouvent les installations (jardins publics, terrains de football, de netball, etc.) ; les autres activités restantes prennent place à l'école et à leur domicile.

DISCUSSION

Discussion sur la compétence

Le discours actuel soulignant l'importance sanitaire de l'activité physique remonte aux années 1950, lorsque la recherche a démontré son effet dans le traitement et la prévention des maladies, en particulier des maladies chroniques (MacDougall, 2007). Cependant, il y a toujours eu un discours pédagogique établissant un lien entre l'activité physique et le développement physique et moteur, aboutissant à l'acquisition de compétences, non seulement en matière d'aptitudes physiques, mais aussi en rapprochant le mouvement de sa signification sociale (Gallahue et Ozmun, 2005). Les professeurs sont concernés par la baisse des niveaux d'activité physique car elle diminue la compétence

physique et sociale, en particulier dans des pays tels que l'Australie où les prouesses sportives et le succès sont valorisés, et où les gouvernements investissent lourdement dans des programmes pour identifier et encourager les talents sportifs afin qu'ils puissent gagner aux niveaux les plus hauts. En Australie, cette politique remonte à la fin des années 1970, lorsque le projet phare du gouvernement fédéral de coalition Fraser[2] fût la création d'un Australian Institute of Sport (Institut australien du sport) pour encourager les héros sportifs qui, à leur tour, serviraient de modèles au commun des mortels. Cette approche a été renforcée récemment par la création de la Confederation of Australian Sport (Confédération du sport australien), qui fait pression sur le gouvernement pour une politique nationale du sport, afin d'identifier et d'encourager les sportifs de haut niveau car :

> « Ils sont... le point de mire de la fierté nationale et l'expression ultime de la recherche continuelle de l'excellence dans le sport... Ils donnent de l'enthousiasme et stimulent l'effort et l'adhésion d'autres participants[3] » (Daly, 1991, p. 12).

La mise en place de cette politique correspond bien aux témoignages des enfants selon lesquels le sport requiert une aptitude et est organisé par les adultes, qui usent de leur autorité pour constituer des concurrents habiles, capables de gagner. Le sport peut se pratiquer en équipe ou individuellement, mais implique toujours une compétition et aboutit inévitablement à des gagnants et des perdants. Les enfants reconnaissent que pour leur permettre de faire du sport, leurs parents, et d'autres adultes, doivent y consacrer du temps et de l'argent. Certains ont conscience que cela est difficile pour leur famille, ou leur communauté, du fait de l'absence des ressources nécessaires pour proposer une grande variété de sports permettant d'optimiser la participation. Le discours sur le sport, basé à la fois sur l'économie, la compétition et le succès, correspond à la vision individualiste de la santé, qui la présente comme un état que tout individu maîtrise ou devrait maîtriser (MacDougall, Keleher *et al.*, 2007).

> Selon Qvortrup, « ... le monde des adultes ne reconnaît pas la notion de praxis chez les enfants, parce que la compétence n'est définie que par rapport à la notion de praxis chez l'adulte – une suggestion qui a d'autant plus d'impact du fait que les adultes occupent une position souveraine pour définir la notion de compétence[4] » (Qvortrup, 1994).

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2. Malcom Fraser, homme politique libéral, fut Premier ministre d'Australie de 1975 à 1983.
3. « *They are... the focus of national pride and the ultimate expression of sport's continuing search for excellence... They provide the enthusiasm and stimulus for effort and involvement by other participants.* »
4. « *... the adult world does not recognise children's praxis, because competence is defined merely in relation to adult's praxis-a suggestion which is all the more powerful since adults are in a sovereign position to define competence.* »

Dans notre étude, les enfants décrivent clairement comment les adultes définissent la compétence sportive et, par conséquent, l'incompétence, et comment cela affecte de façon négative leur vision du sport. Cependant, quand les enfants organisent eux-mêmes la manière dont le jeu doit se dérouler, cela permet, la plupart du temps, à la majorité d'entre eux de tester leurs compétences. Pour y parvenir, ils commencent par choisir le jeu qui plaît le plus à la majorité d'entre eux, puis ils en modifient les règles au fur et à mesure s'il apparaît que certains enfants ont plus de difficultés que d'autres. Les enfants définissent eux-mêmes la notion de compétence, au lieu de se conformer à la définition des adultes, et permettent à presque tous d'atteindre leur plus haut niveau de compétence, la plupart du temps.

Discussion sur le genre

Le focus-groupe dans la ville métropolitaine A et le focus-groupe dans la ville régionale B ont tous deux mis en évidence les manières différentes dont les garçons et les filles pratiquent et se représentent l'activité physique. Des rapports inégalitaires entre les genres apparaissent dans le sport, lorsque les règles issues du monde des adultes sont reproduites, et lorsque les relations verticales (« *power-over* ») sont prépondérantes. Lors des focus-groupes, les garçons parlent fréquemment à la place des filles et leur coupent la parole, malgré les protestations de celles-ci. Dans le sport, l'un des obstacles pour les filles est le comportement des garçons : intimidants, brutaux et prenant le pouvoir. Les inégalités selon l'appartenance à un genre qui existent dans le monde des adultes (Mackenzie, 2007) se répercutent au niveau du sport chez les adultes, et notre étude démontre que ce schéma est reproduit au niveau du sport chez les enfants. Dans ce contexte, les garçons reproduisent le monde des adultes en prenant le pouvoir et en l'utilisant contre les filles. Les filles y sont sensibles et protestent contre cette autorité masculine. Les garçons ne remarquent pas ou bien ne reconnaissent pas leur façon de faire autoritaire à l'égard des filles. Pour ce qui est du sport, ils ne considèrent pas l'appartenance à un genre comme problématique. Ce que nous décrivons concernant les échanges qui ont lieu lors des focus-groupes, dans la partie de ce chapitre consacrée aux résultats, fait écho à Morrow (2006, p. 100) qui conclut que les enfants créent des identités de genre à travers leurs interactions avec les autres, et que celles-ci ne sont pas seulement des identités de genre pour le futur : « Elles sont essentielles à la compréhension des identités de genre dans l'ici et maintenant[5]... » (Morrow, 2006). Notre étude laisse penser que les garçons sont sûrs d'eux relativement aux rôles de genre, et, alors que les filles réagissent en essayant de corriger les idées fausses, les garçons ne les écoutent pas.

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5. « *They are central to understanding gender identities in the here and now...* »

Discussion : équité et ressources structurelles

Les dessins des enfants montrent comment, en Australie, la plupart des activités physiques se déroulent à l'extérieur, souvent en utilisant des installations sportives ou collectives. L'analyse du développement des compétences physiques ou sociologiques chez les enfants grâce à l'activité physique doit donc tenir compte de l'impact du lieu sur le comportement. Un moyen pour y parvenir est d'utiliser la notion de ressources structurelles, qui sont les emplacements et les installations disponibles dans le voisinage, qui apparaissent déterminantes, au cours de l'étude menée en Australie méridionale, pour augmenter ou diminuer les possibilités de pratiquer une activité physique dans la collectivité (Ziersch, Baum *et al.*, 2005). Les ressources structurelles ne sont pas réparties uniformément : les communautés les plus riches possèdent des installations plus nombreuses et plus variées, qui peuvent paraître aussi plus sûres et plus attrayantes (Baum, Ziersch *et al.*, 2007). Les enfants de la ville régionale B nous ont dit, lors des focus-groupes et à travers leurs représentations graphiques, qu'ils aimeraient davantage d'installations pour leur permettre d'augmenter leurs niveaux d'activité physique. Dans leurs dessins, ils représentent de plus grandes distances à parcourir au sein de la ville pour pouvoir pratiquer une activité physique que les enfants de la capitale. Lors des focus-groupes, ils évoquent plus fréquemment que les enfants de la capitale la distance et le coût comme étant des obstacles.

Si on se place dans une perspective d'équité pour interpréter les données, cela laisse supposer que les différences entre la ville régionale B et la capitale A puissent être structurelles plutôt qu'aléatoires. Dans une perspective d'équité, l'égalité se différencie de l'équité : l'égalité renvoie à la similarité, tandis que l'équité renvoie à la justice. Whitehead et Dahlgren (2006) font remarquer que les inéquités représentent plus que des différences, elles sont « systématiques, générées par la société (et donc modifiables) et injustes[6] » (Whitehead and Dahlgren, 2006, p. 2). Comment peut-on soutenir que les propos des enfants montrent des différences structurelles socialement produites ? Indubitablement, il existe des différences économiques et sociales entre les villes métropolitaine A et régionale B, dans lesquelles les enfants vivent. En Australie, les villes rurales et régionales connaissent fréquemment des niveaux inférieurs en matière de santé et de bien-être, et disposent de moins d'installations et de ressources pour maintenir la santé (Baum, 2008). Par conséquent, l'explication réside en partie dans le fait que les villes enquêtées traduisent la situation australienne : les villes régionales possèdent moins de ressources structurelles que les capitales des états australiens.

Un autre facteur explicatif résulte de l'histoire de ces villes A et B en particulier. Après le plein-emploi dans le secteur manufacturier dans les années soixante, cette ville régionale B a subi une diminution du nombre d'emplois et de la

6. « *Systematic, socially produced (and therefore modifiable) and unfair.* »

population suite à la délocalisation des industries traditionnelles. Depuis, la ville a dû se battre pour remplacer les emplois disparus. Aussi bien au niveau de l'administration locale que nationale, ceci diminue les ressources disponibles pour la mise en place de services et d'installations permettant aux enfants de pratiquer une activité physique.

En comparaison, la capitale A étudiée a également connu les changements structurels des industries manufacturières, mais elle a été capable d'y faire face sur le plan économique en se tournant vers les secteurs des services, de la défense et de l'information. De plus, dans les capitales[7], il est plus facile pour les enfants de se déplacer et d'accéder à une grande diversité d'installations. Dans notre étude, il est difficile pour les enfants d'utiliser des installations dans d'autres villes étant donné que l'installation la plus proche se situe à plus d'une demi-heure de route, et que la ville régionale a également connu une restructuration et des suppréssions d'emploi. Les dessins des enfants ont mis en évidence que, dans la ville régionale, les services et les installations sont dispersés géographiquement et qu'il y a peu de transports publics.

Conclusion et perspectives

Notre étude met en évidence comment les enfants reconnaissent et surmontent les différentes règles qui émergent du contexte social du jeu et du sport : organiser des jeux de façon démocratique en réaction au pouvoir et à l'organisation des adultes en matière de sport. Il est bien établi que la conception et la culture organisationnelles déterminent les actions politiques et pratiques (Laris et MacDougall, 2007). En ce qui concerne les écoles, les clubs sportifs et les organismes publics, notre étude laisse penser que, pour les enfants, la conception organisationnelle fait la différence et, si les adultes le souhaitent, ils peuvent développer des structures qui encouragent les décisions démocratiques, la compétence, le partage du pouvoir, et l'habitude d'être à l'écoute des enfants. De plus, une attention particulière relative aux rapports sociaux de sexe peut tenter d'éviter leur reproduction par les enfants, pour leur présent et leur futur.

Il est tout à fait justifié de permettre aux enfants de développer leurs compétences sportives aux niveaux les plus hauts, et de pratiquer des sports et des activités pour leurs loisirs. Cependant, si la culture, les règles et les rapports de force associés au sport de haut niveau régissent tous les sports chez les enfants, nombre d'entre eux risquent d'être tenus à l'écart, notamment les filles, et par conséquent cela ne permettra pas aux nombreux départements de l'administration et aux collectivités d'atteindre leur but commun : augmenter le taux de participation aux activités physiques. Plusieurs départements responsables des

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7. Chaque état australien comporte une capitale.

loisirs et du sport, ainsi que des organisations sportives, prennent des mesures pour proposer une approche différente visant à instiller dans le sport les caractéristiques démocratiques du jeu. Par exemple, une étude réalisée en Alabama, aux États-Unis, a tenté d'inciter les élèves à pratiquer la démocratie participative durant les cours d'éducation physique, et d'encourager les garçons à participer à des commissions pour déterminer les règles, les conditions des rencontres, établir le programme et le cadre juridique d'une saison de hockey. Bien que les résultats démontrent que les élèves aient apprécié de pouvoir exprimer leurs points de vue, des tensions prévisibles sont apparues entre le besoin de se conformer aux règles et la réglementation relative au programme scolaire lors des négociations visant à introduire la démocratie participative (Hastie et Carlson, 2004).

Concernant les ressources structurelles, nos données révèlent des différences entre une capitale prospère et une ville régionale subissant des transformations économiques. Ce qui signifie qu'il y a là un important domaine à explorer pour les chercheurs : comment les ressources structurelles qui visent la démocratisation des activités physiques, sont inéquitables, et quelles sont les politiques à mettre en place pour promouvoir l'équité, notamment dans les régions sensibles aux changements socio-économiques du fait de la mondialisation et du changement climatique.

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Understanding Twenty-first-century Childhood
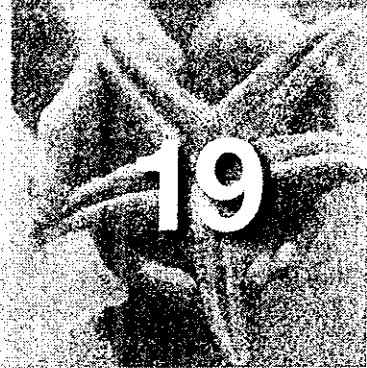
COLIN MACDOUGALL

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.

COLIN MACDOUGALL

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.

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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

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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 sprit 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

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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

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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.

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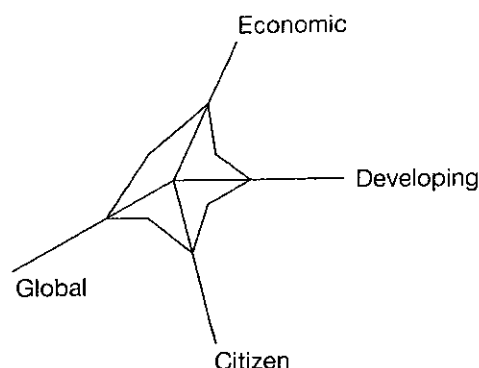
The political briefing from the WHO Commission on the Social Determinants of Health's Knowledge Network on Early Childhood Development is an ideal way to close this chapter as it illustrates the interconnectedness of the economic, developmental, citizen and global approaches to childhood: each influenced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

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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/ecd_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.

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