

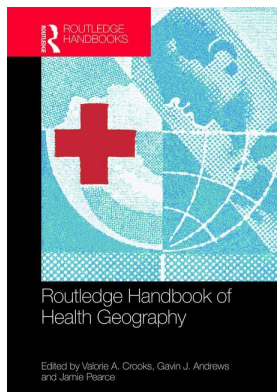
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Valorie A. Crooks, Gavin J. Andrews, Jamie Pearce

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Nicole M. Yantzi

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INCLUDING CHILDREN IN HEALTH GEOGRAPHY

Nicole M. Yantzi

The purpose of this chapter is to show the progress in our understanding of the interrelationships between children's daily spaces and the impacts on their health.¹ This development has moved health-geography researchers from conducting research *about and for children*, in which children are treated as passive research subjects, to research *with children*, in which children are active research participants. Research concerning children's outdoor and neighborhood experiences confirms that a complete understanding of these impacts on children's health must include their perspectives and experiences. The chapter ends by looking at some of the challenging aspects of recognizing children as active research participants and discusses some research areas that would benefit from the inclusion of children's voices and experiences.

The United Nations *Convention on the Rights of the Child* (1989) states that children have the right to express their perspectives concerning their everyday experiences (see Articles 12 and 13). These experiences, whether negative or positive, are contextualized by the policies and organization of three critical spaces that can strengthen or hinder children's health: where they live (homes), where they learn (schools or child-care centers) and where they play (neighborhoods and communities). Although these spaces impact children's health, children can impact and shape their daily spaces; the ability to do so is circumscribed by the rules and policies governing the diversity of spaces in children's lives. This chapter emphasizes the importance of including children and youth as meaningful research participants in order to develop a deep understanding of the interrelationships between their health and their daily environments.

There is a tendency to solely focus on children and youth's chronological age. It is typical when meeting a child to ask his or her age. This assumes that by knowing the child's age it is possible to understand his or her level of maturity, types of experiences and ability to participate. In addition to a child's chronological age, however, it is important to recognize diversity in terms of their development and their social and emotional experiences. *The Convention on the Rights of the Child* applies to any individual under the age of 18 years. This chapter focuses on primary/elementary school-aged children, between the ages of 5 and 12.

The exclusion of children in health geography and health policy

Traditionally children's experiences were not included in geography. It is crucial to realize that children were excluded in both research and public policy. As Davis and Jones (1996, p. 108) state, "[t]he restrictions on children's mobility and access imposed by adult-centred planning, and the assumptions of incompetence and irrationality that justify this approach, become significant health issues, once health is defined in a positive

way as a 'resource for everyday life' (WHO, 1984)". In other words, for children to be healthy it is essential that researchers seek children's perspectives and experiences of factors that facilitate or hinder their ability to move around and interact with their daily environments. Having a rich understanding of children's daily environments is essential to advocate for their inclusion in policy.

Traditionally, children were not included as participants in research examining the impacts of spaces and places on children's health. This research, whether qualitative or quantitative, used adult proxies to collect data. In this research, children were not observed or asked – rather, the adults in their lives (e.g., parents/guardians, teachers, educational assistants) were asked on the children's behalf. A recent systematic review of interventions that have tried to develop healthy urban environments for children shows the diversity of methods used to examine the effectiveness of interventions geared toward road traffic and safety measures, parks and playgrounds, active travel, and multicomponent initiatives (Audrey and Batista-Ferrer, 2015). Many of the studies found in the review feature methods, such as child surveys and participation observation, in which the child is an active research participant. These types of methods are important, as they recognize that children's experiences are often different than those of adults and that they have unique contributions to make in the research process.

The inclusion of children in health geography and health policy

In the 1990s there was a resurgence in geographic research examining children's experiences of the spaces where they live, learn and play (see McKendrick, 2000 for an extended bibliography). The new social studies of children (James and James, 2012) was the catalyst for the paradigm change in how children were included in health-geography research. These changes follow the principles set out by Prout and James (1990), which recognized that children's experiences are diverse, are heterogeneous and intersect with other social positionings such as socioeconomic status, ethnicity, gender and ability. Children are meaningful research participants, who should be asked about their own experiences and observed as they negotiate and interact with their daily environments.

An important distinction in conducting research with children is recognizing children as active agents who can shape and influence their surroundings. According to Freeman (2007): "[A]gents are decision-makers. They are people who can negotiate with others, who are capable of altering relationships or decisions, who can shift social assumptions and constraints. And there is now clear evidence that even the youngest can do this" (p. 8).

In geography, the changing ways of viewing children in research can be seen in the growth of the sub-discipline of the geographies of children and youth. Matthews and Limb (1999) set out seven propositions for their "agenda for the geography of children." The common theme in these propositions is that children's experiences and ways of negotiating their environments are different than those of adults and that "[G]eographers can play a major part in this process of sensitization and [that] there is much work upon which they can reply which highlights that children have different needs, aspirations and behaviour from adults" (Matthews and Limb, 1999, p. 66). The start of the publication of the peer-reviewed journal *Children's Geographies* (in 2003) and Holloway and Valentine's (2000) edited book titled *Children's Geographies* shows this influence. The inaugural editorial for *Children's Geographies* identified health as one of the main areas requiring further exploration (Matthews, 2003).

It is widely accepted that there is a crucial link between children's ability to independently navigate their neighborhoods and their physical, social and psychological health (Carroll et al., 2015). But changes in the built urban environment in many countries, such as Canada (Loebach and Gilliland, 2010) and New Zealand (Carroll et al., 2015); parents' concerns about traffic and strangers (Witten and Carroll, 2016); and children's own fears (Woolley et al., 1999) mean that children's neighborhood activities may be contained and constrained.

Fostering children's health in neighborhoods and communities

Children are spending less time outdoors, and their activities are occurring increasingly in formalized, organized and scheduled settings. In an examination of research published between 1990 and 2011, Gill (2014) found strong scientific evidence of the impact of time spent outdoors and specific health benefits including physical activity, mental and emotional health, healthy eating and motor development. Gill (2014) concluded that the motivation to interact with the environment is for children an intrinsic property of life, but that the quality of the interactions is dependent on richness of the environmental-engagement opportunities.

Hougie's (2010) research reveals the differences in mothers' ideal play spaces and those discussed by their middle-class children living in the United Kingdom. Whereas the mothers emphasized safety, the children felt that "walking in the countryside should be enlivened by going to magical and exciting places, exploring, getting lost and having adventures" (p. 220). For the children, it was the quality of the interaction that they could have with the outdoor environment that was most important. These different spatial perspectives of children and mothers support Rasmussen's (2004) differentiation between places created by adults for children, known as places for children, and places that are engaging, important and meaningful to children. It is only by including children as active research participants that the qualities of healthy children's outdoor environments can be discovered. Children will be much more likely to play and spend time outdoors if they enjoy the space, and they will be more likely to enjoy the space if they are excited about interacting with it.

The use of child-friendly methods such as child-led tours, child travel diaries, children taking pictures and then being asked about the pictures, focus groups and interviews in research have revealed the dynamics and complexities concerning how children and youth feel about and actually experience the places they live in. When asked and observed, children and youth emphasize the importance of spaces that are safe to play in and spend time with friends (Carroll et al., 2015). One of the main challenges in designing a child-friendly city is that planners do not consider the importance of providing children with opportunity structures to encourage independent mobility or include them in the planning process (Björklid and Nordström, 2007). In their work, Carroll et al. (2015) found that children in Auckland were actually playing in streets, driveways, car parks, and common areas in apartment buildings, spaces that are not designed with children's use in mind. This can result in conflict with other users of these spaces and, possibly, safety issues in regard to traffic and accidents (Björklid and Nordström, 2007).

Examining trends, behaviors, experiences and perceptions regarding children's active travel to school and within neighborhoods is a policy priority and active research area. Studies based in Canada, the United States, the United Kingdom and New Zealand all concur that the percentage of children using non-active transportation to school (e.g., cars, buses) is increasing. With this trend, an increasing number of children are losing out on a type of physical activity that they can easily integrate into their daily schedules. Research also shows a difference between how children would like to travel to school and how they actually get to school; generally, children prefer active transportation modes (e.g., walking and biking) (Collins and Kearns, 2001; Osborne, 2005).

Recognizing the challenges of including children in research

While it is important to conduct research in which children are meaningful research participants, there are also some uncomfortable dimensions of children's agency that must be explored (Valentine, 2011). Researchers can tend to neglect the power relations and contexts that influence children's lives, such as parental control in the family context (Holt, 2011). In their homes, schools and neighborhoods, children can experience barriers to their agency including policies and power relationships. Examinations of children's agency must also recognize that demographic and social characteristics, such as gender, ethnicity, ability and family income, can facilitate or hinder children's ability to negotiate their environments (Vanderbeck and Dunkley, 2004). Research on children's experiences and navigations of their city shows the impacts of socioeconomic

status, ethnicity and type of neighborhood on children's desires and abilities to move independently around their city (Collins and Kearns, 2001; Witten and Carroll, 2016). Children's experiences of their outdoor environments must be contextualized in terms of geographic location and quality of outdoor environment. For example, while Canadian youth made positive comments concerning the importance of being outside to their health (Woodgate and Skarlato, 2015), interviews with South African youth associated being outside with fear due to crime, violence and pollution (Adams and Savahl, 2015).

At the same time, children may not have equal opportunities to participate in all their daily environments due to context-specific rules and policies (Barker and Weller, 2003; Stephens et al., 2015). There is also a tricky balance between children's lack of physical and social maturity and their ability to exercise agency. As Valentine (2011) states: "[Y]oung children are not recognized as full moral agents because they have an insufficiently developed sense of consequences and the independent lives of others" (p. 350). This statement may lead to the assumption that it is only adults that can truly exercise agency; however, as the author goes on to explain, both adults and children may not make decisions in their best interests.

Including highly vulnerable children in health geography

This section identifies research gaps and discusses two key opportunities for health geographers to examine the impacts of specific contexts and environmental change on children's health. The first gap is that most research focuses on understanding the links between children's health and their negotiations of their urban neighborhoods. In many instances, the rural context may pose even more challenges, due to fewer resources and potentially greater health risks.

The United Children's Emergency Fund's (UNICEF United Nations Children's Fund, 2014) report titled *The Challenges of Climate Change: Children on the Front Line* emphasizes that climate change impacts children not only in terms of mortality and morbidity but also in terms of their physical, emotional and social health. The challenge of climate change is huge; it requires an urgent response from all generations. As the effects of climate change become more visible and extreme, they are likely to affect adversely the lives of children and adolescents all over the world. For example, families that lose their livelihoods to drought will be less able to afford the costs of schooling or health care. Over 99% of deaths already attributable to climate-related changes occur in developing countries (UNICEF United Nations Children's Fund, 2014). Climate change may contribute to the spread of diseases, especially those that threaten children more than adults, such as malaria and diarrhea. There is both a cognitive and an emotional aspect for children in terms of learning about and experiencing climate change. Children can experience a range of emotions, such as worry, despair, anger, guilt and helplessness. In terms of physical health, children undergo rapid developmental and growth changes both before and after they are born. Compared to adults, for every pound of their body weight, children drink more water, eat more food and breathe more air (Etzel and Landrigan, 2014). There are also important differences regarding the ability of children's and adults' bodies to deal with environmental toxins, pollution and temperature change; in addition, children explore their environment in different ways than adults do. Generally, children are more vulnerable to environmental change, but children from low- and middle-income countries are particularly vulnerable, as they "have fewer assets to draw on in every sense of the word, and are more likely to be adversely affected by the various challenges imposed by climate change" (Bartlett, 2008, p. 502).

According to Gibbons (2014), the effects of climate change disproportionately impact children and, yet, children's own concerns are not often heard in the debates or accounted for in policy surrounding the phenomenon. Gibbons demonstrates the effectiveness of using the United Nations Convention on the Rights of the Child (1989) and specifically the principles of "the right to survival and development, the right of participation and to be heard . . . and the right to equality and non-discrimination; and the overarching principle of the best interests of the child" (2014, pp. 20–21) to help ensure climate justice for children.

An important contribution that health geographers can make is examining the health impacts on children due to how climate change disrupts their routines and everyday spaces. Tanner (2010) reveals that children can articulate how environmental hazards impact them, their families and their communities. Children in El Salvador and the Philippines discussed relationships between climate-related risks and other social and economic risks, such as unemployment and violence (Tanner, 2010). Inuit youth from Nunatsiavut, in Labrador, have expressed concern about how the changing sea-ice conditions will impact their abilities to be on the land and connect with their culture and elders (MacDonald et al., 2015). It is also important to realize that children and youth can be assets in terms of the adaptation processes required with climate change (Bartlett, 2008). There is both moral and political justification for collecting the stories and experiences of children and youth who are coping with climate change (Campbell, Skovdal and Campbell, 2013).

Note

- 1 In this chapter, you will find reference to works both by geographers and non-geographers. It has long been recognized that exploration of children's environments is not the sole domain of geographers (McKendrick, 2000).

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