



Rethinking Childhoods:

The cultural contexts shaping
children's health and wellbeing



WITH FUNDING FROM THE ROBERT WOOD JOHNSON FOUNDATION AND IN COLLABORATION WITH WHO/EUROPE'S BEHAVIORAL AND CULTURAL INSIGHTS UNIT, THE **VANDERBILT CULTURAL CONTEXTS OF HEALTH AND WELLBEING INITIATIVE** USES CULTURAL INSIGHTS TO HELP IMPROVE PUBLIC HEALTH POLICY AND HEALTHCARE DELIVERY.



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INITIATIVE

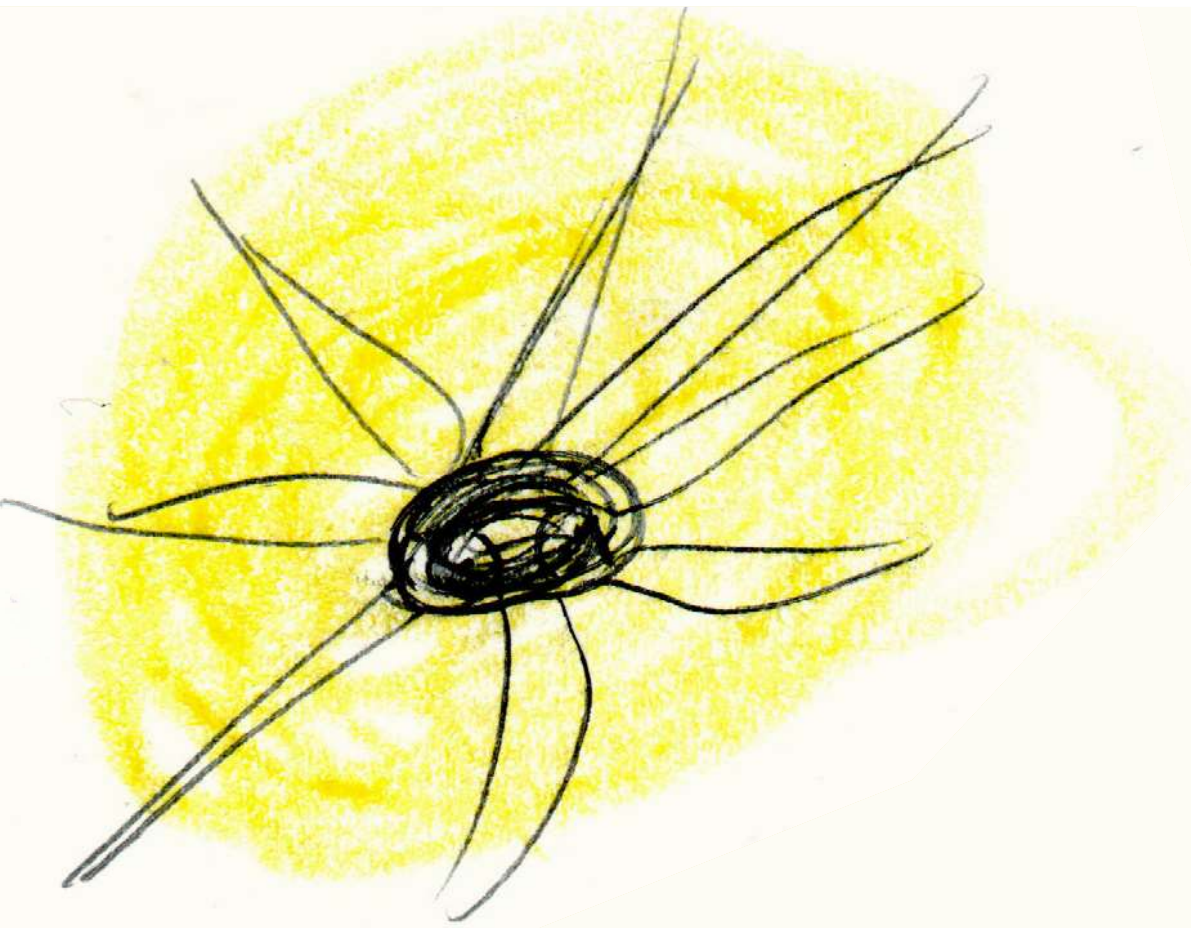


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**“...Speak to us of Children. And he said:
Your children are not your children.
They are the sons and daughters of
Life’s longing for itself. They come
through you but not from you, And
though they are with you yet they
belong not to you.”**

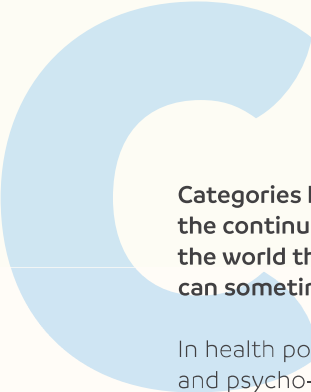
—KHALIL GIBRAN (1923, ON CHILDREN)

**“Whereas, mankind owes to the child
the best it has to give,”**

—U.N. DECLARATION OF THE RIGHTS OF THE CHILD, 1959.



OVERVIEW



Categories help us make sense of the world, simplifying complexities and drawing boundaries along the continuum of life. Science, politics, and society are all built around particular categorizations of the world that we often take for granted. Yet, categories are imperfect representations of reality and can sometimes lead us astray in tackling complicated problems.

In health policy, “childhood” is considered a self-evident category reflecting a biological stage of growth and psycho-social development, often defined as under 18 years of age. This singular view of childhood assumes a universal linear path toward adulthood that all individuals pass through. But childhood is a *cultural* interpretation of physiological growth: global and historical comparisons show that a single, biologically determined childhood does not exist. The expectations of what a child is or should be differ across cultures and through time, even though bodies may grow in similar ways. Thus, it is more accurate to refer to **childhoods in the plural**, recognizing that they are culturally variable social constructions that imperfectly reflect biological realities.

When addressing children’s health and wellbeing it is useful to distinguish between (a) the physiological processes of growth, and (b) the social construction (“childhood”) around this phase of life. Cultural notions of childhood not only reflect but influence biological development; these two aspects work together to produce particular health outcomes. For example, researchers have shown that social, political, economic, and environmental contexts impact physical growth and metabolic health.¹ And nutrition is closely linked to cultural norms around childhoods, playing a significant role in how children develop biologically and cognitively. Thus, culture and biology interact in ways that can become embodied in children in unique, context-specific ways.

Yet, the biomedical approach of establishing a standard, singular pathway through child growth, based on Western statistical norms and developmental benchmarks, tends to dismiss or pathologize outliers. Scientific approaches to childhood often detach experience and context from categories of biological growth, making standards for universal and natural patterns of development that view children as less-than-adult humans. Imposing a universal narrative for childhood disregards the cultural diversity and uniqueness of each society, potentially undermining the capacity of different cultures to define and shape childhood.

Adopting the plural *childhoods* emphasizes that there is not a singular path of biological growth, but that conceptions of childhoods emerge through interactions with the social, environmental, political and economic contexts in which individuals grow. This is in contrast to the universalizing biomedical models of child development commonly used in policy and clinical settings.

The dominant view of childhood that developed in Euro-American cultural traditions understands this phase of life to be a time of innocence and vulnerability, as well as a period of formation in which children should be protected from risks, trained to control their impulsive nature, and raised to be rational adults. In this conception, children are seen as not yet fully human, unable to make their own decisions and requiring control and discipline to make them into proper members of society. In the United States, this view of childhood is so embedded in narratives and practices that it is accepted as natural. Yet, these perspectives also promote age-based structural discrimination against youth and underwrite public policy and medical practice in ways that can inadvertently undermine children's rights and wellbeing.

Universalizing childhood also fails to acknowledge the structural factors that perpetuate inequalities and may neglect the specific needs and vulnerabilities of marginalized children. Social, political, and cultural contexts afford and deny certain types of childhoods to different categories of children. For example, children growing up in disadvantaged contexts face a myriad of challenges, including limited access to education, healthcare, and basic resources. Further, as a socio-political category, childhood is also a legal designation that can be attributed or revoked, as when courts decide to try children as adults.

In this report, we look at the ways socially constructed childhoods interact with children's bodies in culturally and historically specific ways. Cross-cultural comparisons from around the globe show the different ways distinct groups conceptualize the common experience of physiological growth, and puts our own cultural conceptions and biases (that may seem 'natural' to us) into perspective. Biomedical and public health policies are often built on taken-for-granted structures of authority and a particular Western worldview that overwhelms and replaces other, more holistic, approaches. In contrast, the approach taken by this report integrates historical, cultural, and medical research and sees children not just as objects of policies but as subjects that actively participate in society.

If Western constructions of 'childhood' are neither natural nor universal, then childhoods become what we make of them. The cross-cultural perspectives in this report help us reimagine different starting points for the social, political, and economic systems that impact children's health and wellbeing. For example, in the West, children are often colloquially referred to as "belonging" to their parents or caregivers, almost as a form of property. By extension, child policies, based on these kinds of cultural conceptions, are often innocently framed as 'investments' in the future. In this way, putting money into education, childcare, and vaccinations, for example, is viewed as a way of maximizing future returns when children grow into productive citizens, workers, and consumers. This presupposition rests on capitalist analogies that approach children not as subjects in their own right but rather as objects whose value is based on their future productive potential. In contrast, we may follow the lead of many other cultures around the world that understand children's belonging not as possession but rather as mutual interdependency and inclusion in communities and societies.

Taking a cross-cultural and historical perspective allows us to see how different constructions of childhoods across time and place have produced distinct forms of autonomy, dependency, and risk. This approach seeks to bring our own cultural assumptions and biases into view and introduce new possibilities for health practice and policy in the US. While many consider dependency, particularly at a very early age, as a natural biological condition of childhood, humans experience a range of autonomy and dependence throughout their lives. In many cultures, communities cultivate interdependence rather than dependence as a positive form of mutual support. In contexts where communities expect children to be active participants in family and social networks, evidence shows that they exercise agency and autonomy at early ages. By recognizing children as subjects in their own right and not incomplete or otherwise less-than-competent adults, we can begin to envision new ways of developing policies and healthcare frameworks that focus on children.

Adopting the perspective that children are especially vulnerable can actually create risks and vulnerabilities for young people. Some contemporary children's rights advocates talk about "adult supremacy" and use emancipatory language to describe the ways that children are denied voice and agency. At the same time, there are undeniable physical vulnerabilities and biological constraints on children's capacities and agency. However, those can be either heightened or diminished through cultural norms and policies. For example, protecting children may deny them experiences that might make them more resilient; in other words, denying their capabilities makes children less capable. At the same time, while affluent children may remain over-protected and thus denied experiences that create resilience, narratives of impoverished or Black children being inherently resilient (out of necessity) can be used to minimize state responsibility for marginalized populations of children.

Things are changing. Emergent practices in research and policy value children's perspectives of the world. These new initiatives utilize children's exploratory and experimental ways of engaging the world for creative solutions to health policy. In this report, we argue that including children's voices in the development of public health interventions is vital for making inclusive and impactful change. To this end, we collaborated with the Population Council Guatemala Office to solicit drawings from Maya girls that illustrate their understandings of what health means for them and their communities. Their artistic work reflects a systems approach that intertwines children, families, peers, land, and environment, going beyond an individual and deficit-focused sense of being. These illustrations and accompanying texts (included in Maya Q'eqchi' and Spanish) call for a broader perspective of care and interdependence to improve well-being for all. Their perspective inspired our approach and conclusions, and a number of their drawings are reproduced here with permission.

The 'cultural contexts of health and wellbeing' approach taken in this report distinguishes between societal norms around 'childhood,' physiological processes of development, and children's sense of self and agency. In turn, our recommendations cluster around three main principles to help policy-makers and others question if their policies are truly child-centered: **Decolonize and Pluralize Childhoods;** **Embrace Autonomy and Interdependence;** and **Care for All Voices.** In this report, we detail six key points and implications, summarized in the table on the next page.



In this report, we detail six key points and implications, summarized in the table below:

Key Points	Implications	Corresponding Principles
<p>1 Current narratives of childhood are embedded in historical legacies of colonial subjugation and racial domination, with children considered as unformed and irrational, and needing guidance, protection, and control.</p> <p>2 Children's growth and well-being emerge from the interactions of a body's physiological processes with cultural, political, socio-economic, and environmental contexts –and, as such, will not be the same for everyone.</p>	<p>See children as human beings with intrinsic worth, rather than just as investments in the future.</p> <p>Be skeptical of universal metrics and developmental benchmarks based on Western populations and recognize that children's health emerges from the coming together of many biological and social factors.</p>	<p>Decolonize and Pluralize Childhoods</p>
<p>3 Individuals experience childhood through racial and gender identities, economic status, and location; this can result in bias when deciding who is deserving of care and protection.</p> <p>4 Children are often framed as dependents who "belong" to their caregivers; in fact, they are interdependent members of families and social networks that define "belonging" in various ways.</p>	<p>Acknowledge the ways that colonial conceptions underwrite policies that can marginalize children based on race, gender, and class</p> <p>Recognize children as part of diverse, interdependent networks of care and develop child-centered policies that highlight wellbeing and care as a collective endeavor.</p>	<p>Embrace Autonomy and Interdependence</p>
<p>5 Children's experience of vulnerability and autonomy is contingent on social and economic arrangements and not a "natural" condition of their body or life stage.</p> <p>6 The stigma against children as decision-makers negates their active role in caring for themselves and others, and denies their needs or desires in health care decision-making.</p>	<p>Establish public commitments and criteria for the inclusion of children's participation in all stages of policy and infrastructure design.</p> <p>Engage children's perspectives in health care policy and practice, as their insights can be a source of creativity and innovation as well as inclusion.</p>	<p>Care for All Voices</p>



Global Examples

Oglala Lakota Nations The Indigenous Adolescent Girls' Empowerment Network

Through neighborhood-level "girl societies," IMAGEN provides spaces for Indigenous girls to meet and work toward reweaving their social fabric and matrilineal knowledge.

Scotland Children Defining Their Wellbeing

The initiative Love Letham co-created with children a vision and a plan for thriving in this urban area. Child and youth commissioners mapped their community, pinpointing their needs at home, school, parks, and local venues.

Denmark Child-friendly Infrastructure Through child-centered policies and public

investment, several cities in Denmark have implemented changes that make transportation and green spaces accessible for children independent of accompanying adults.

Italy Home-to-School Journeys

In 2009, the city of Reggio Emilia signed a manifesto focused on creating a safe and sustainable environment that allows children to attend school without a car and with friends, starting as early as the nursery.

Korea Childcare Costs

Between 2000 and 2015, Korea massively increased its public investment in Early Childhood Education and Care. Through subsidies to providers and benefits to parents, not only have costs lowered but enrolment increased.

Guatemala Mayan Girls Challenging Norms

The program Abriendo Oportunidades has created a network of Mayan adolescent and adult women mentoring girls on empowerment, rights, and reproductive health to combat sexist exclusions.

Zambia Children as Caregivers

As children and adults share health vulnerabilities, a positive interdependence results in children's socialization and active participation in TB care within and between households.

Malawi Young People Create Policy

The Ministry of Health actively involved children and youth in writing and revising the National Youth Friendly Health Services Strategy 2015–2020. Participation took place through meetings, workshops and radio broadcasts.

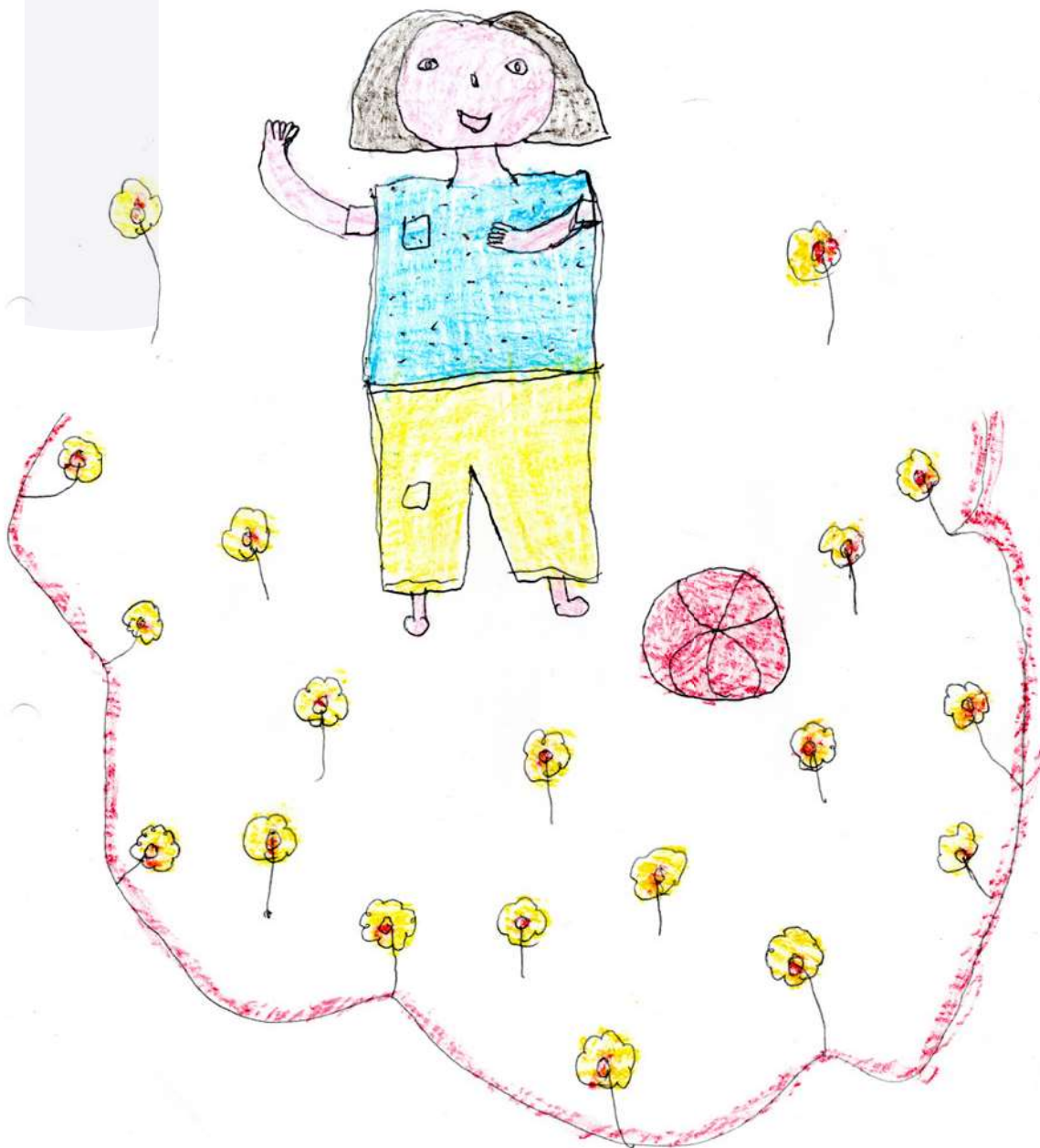
Singapore Early Childhood Development Agency

Created in 2013, the ECDA is an autonomous agency that integrates all the programs aimed towards children below 7 years of age, including care centers, subsidies and education for parents, and certified early childhood educators.

El Salvador Consulting Children on Public Policy

In 2012, about 600 children between 4–18 participated in the technical consultations for the National Policy for the Protection of Children and Adolescents

Historical legacies




We also get stronger by playing, by Karla Meliza Noemi Acte Caal (2023) Chisec, Alta Verapaz, Guatemala. **Spanish: También nos fortalecemos al jugar.**

Key Point: Current narratives of childhood are embedded in historical legacies of colonial subjugation and racial domination, with children considered as unformed and irrational, and needing guidance, protection, and control.

Implication: See children as human beings with intrinsic worth, rather than just as investments in the future.





“Children living in the world today are still in the clutches of postcolonial paternalism,” observes sociologist Manfred Liebel.² While modern psychology and medicine helped solidify current notions of “childhood” as a life stage during the 19th and 20th centuries, its roots can be traced back to Enlightenment ideas and European colonial expansion during the 16th through 18th centuries. The Enlightenment thinkers valued reason and empiricism, and were interested in individual liberties, scientific inquiry, religious tolerance, and identifying “universal” laws of nature. While these philosophers were interested in bettering society as a whole, in practice, their efforts were highly influenced by European colonial expansion and empire, thus by concepts of ownership, superiority, and control. Affluent, white, male bodies were considered superior to all other bodies, just as Western “rational” thought was celebrated and prioritized over other ways of knowing.

During this period, philosopher Jean-Jacques Rousseau proposed the idea of childhood as a distinct phase of life, one marked by innocence, curiosity, and intellectual growth—at least for some European children. Rousseau’s concept of childhood emphasized the importance of becoming a “civilized” adult: children were born incomplete and needed to be properly socialized by their guardians to become full, “civilized” persons. Colonial conceptions of possession and ownership are fundamental to this paternalism, where children were seen as the property (chattel) under the control of their adult caregivers. As such, the social status of their caregivers influenced the child’s possibilities: affluent European children would be granted the status of civilized adulthood while those of lower classes, those born out of wedlock, and those in colonized lands would not.

Below, we identify several Enlightenment ideals and show how they are entangled in Euro-American colonialism, particularly because these ideals were afforded to some children and not others. We will then show how these ideals impact current narratives of childhood within public policy and scientific inquiry.

Detachment from social life

In the Western tradition, children should ideally be “excluded from public life” or “sequestered into child-spaces.”³ This practice also has colonial-era roots and was not applied to all children. While noble and aristocratic families may have established fairly separated worlds between children and adults, expecting children to study and learn before slowly being introduced into society, lower-class children met a different fate. The Industrial Revolution, for instance, relied on low-income families whose children became laborers in factories or helped care for younger children while parents and older siblings went to work. The harsh environment and exploitation of industrial labor exposed many to severe illness and early death. Similarly, enslaved children were forced into labor-intensive industries in agriculture, mines, and factories as early as five. Thus, these children couldn’t have proper childhoods by the standards of the day; under this logic, they could never grow up to be civilized adults.

Dependency

The colonial perception of children as property was intertwined with paternalistic ideologies, which positioned colonial powers as guardians and protectors of “inferior” populations (imagined as less competent or irrational). Even in efforts to raise awareness about the atrocities of the Spanish Invasion and the need to protect indigenous communities in the Americas, 16th-century Dominican preacher Fray Bartolomé de las Casas equated indigenous people to innocent children whose defense resembled more “boys’ sport” than “manly arms and weapons.” Las Casas’ efforts would give way to creating two sets of laws in the Spanish Colonies, one for Spaniards and one for Indigenous peoples, analogous to the different laws and customs distinguishing adults from children. Similar arguments can be found in the rationale of the European slave trade, where depicting BIPOC peoples as child-like granted control and the moral standing for overseeing their best interest.

Innocence, Vulnerability, and Incompleteness

The idealized version of childhood also emphasized children as inherently innocent, vulnerable to influence, and incomplete: children were born knowing nothing of the world, needing protection and guidance to become proper adults. Of course, the idea that children could grow out of this phase of life and become complete adults was not afforded to all. For instance, Indigenous peoples were regularly infantilized to justify colonial subjugation.⁴ Colonial subjects were considered childlike beings, incapable of the mental and emotional maturation necessary to produce rational adults. Children were also compared to colonial subjects. For instance, Charles Darwin considered children a window into what he imagined so-called “savages” acted like.

Property / Investment in the future

Ownership was also fundamental to what it meant to be a child in this era. Children were either considered the property of their adult caregivers, wards of the state, or, in the case of enslaved children, the property of another individual. Notably, the Act of 1662 in colonial Virginia named children as “held bond or free only according to the condition of the mother,” effectively making children of enslaved mothers the property of whoever owned the mother. This law further separated the slave owner’s “legitimate” children from those he might father with an enslaved woman. The practice remained in the legal repertoire of the American nation after 1776.

Under the logic of bonded or free, privileged children were seen as capable of becoming rational, productive citizens, while enslaved children needed ongoing control and subjugation. However, society deemed both an investment in the future, through which guardians and enslavers could anticipate economic, political, and social returns.

The expansion of Western epistemology through colonialism and globalization ultimately universalized and naturalized Western principles on human development. Over time, Western governments and their citizenry—through policy, media, and other cultural products—began to create homogenizing statements about the experience of being a child. This naturalization of Western principles continues into the age of technological globalization today.

A consequence of this thinking model is the naturalization of children as incomplete people or people-in-the-making. In particular, within the biological and human sciences, characterizations of childhood tend to emphasize immaturity. At the same time, the voices of adults build a large part of the records of what it is to be a child⁵.

According to sociologist Alan Prout, our modern construct of childhood naturalizes its opposition to adulthood by claiming the first as a period of irrationality, dependency, passiveness, and incompetence, while the latter is a rational, independent, active, and competent stage of life⁶. In this sense, Western society grants children only very restricted autonomy, and they remain subject to the control of parents or caregivers.




IMPLICATIONS

Enlightenment and colonial conceptions of childhood continued to impact policy in the twentieth century. We acknowledge that we have made many necessary advancements in improving the health and wellbeing of children (e.g., making slavery illegal). The emergence of child psychology, advancements in education, and the establishment of the United Nations Convention on the Rights of the Child (CRC) in 1989 contributed to a child-centered approach to growth and well-being. The CRC, intended to operationalize the broad 1959 U.N. Declaration of the Rights of the Child, has been ratified by 195 countries, although not yet by the U.S. or Somalia.





This is what women consume
to be healthy, by Marisol (2023)
Chisec, Alta Verapaz, Guatemala.
Q'eqchi': A'an a'in naxtzeka li ixq,
re naq wanq xkawilal.



However, we still have more work to do to dismantle Enlightenment-era legacies. For instance, the Declaration of the Rights of the Child outlined a set of rights for children “by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before as well as after birth.”⁷ In this lens, childhood is seen as a crucial phase of development, focusing on education and play. However, this conflation of age with vulnerability and the need for protection maintains colonial-era assumptions about what children are capable of. Similarly, discourses that frame childhood as an important period for “human potential,” even if they call for better public investment in child policies, can become a double-edged sword⁸ by strengthening the assumption that children’s value lies not in their present lives but in a future economic outcome.

However, if we are to modernize and decolonize our approach to childhood, we must learn to see children as human beings with intrinsic worth, rather than just as investments in the future. Towards this end, many twenty-first-century thinkers are beginning to dismantle colonial-era concepts of childhood. We offer the examples below:

- 
- Miriam Ticktin asks us to imagine a world without innocence, one where no person, unrestrictive of age, is seen as void of knowledge, political agency, and voice. If children are thought to be inherently innocent—an empty slate free from a past—there is no space for childhood experiences to be taken seriously.⁹
 - Stacey Patton urges us to move away from questioning why we still fail to afford Black children an appropriate childhood and grant all Black people adulthood status. This perspective acknowledges the ways in which Black children exercise their political and social agency just as adults do and leaves no room for infantilization¹⁰.
 - Anthropologists Myra Bluebond-Langner and Jill Korbin call for researchers to acknowledge children as beings that produce and reproduce the world in which they live within the constraints and power dynamics that frame their lives¹¹.
 - Child-health researchers and anthropologists Jean Hunleth and Julia Spray also advocate for incorporating children more fully into their own health care, centering their voices and reducing the role of adults as intermediaries¹².



Another possible alternative to disentangle the notion of childhood from its historical legacies can be found in Toby Rollo’s call for “childing the world.”¹³ The concept of *childing* centers children in our understanding of the world by demanding a “primordial orientation” towards care and planet interdependence. Rather than accepting the so-called “adult” world of rationality, agency, autonomy, and freedom, *childing* embraces awe, creative agency, experimentation, and play as means of cognition to see the world in a new light. Shifting our worldview in this way may accomplish several things: it moves children beyond the Western notion of private property; it recognizes that we come into the world without a gender identity or expression; it questions the distinctions between childhood and adulthood that underlie and structure understandings of race; and it challenges constructions that deny the humanity and agency of all bodies, regardless of their age or ability.

In the words of Rollo, treating children as “full human beings is to cut at the very roots of oppression—a radical and revolutionary first step in any struggle for freedom based on care and interdependence rather than on violence and hierarchy.”¹³

Limitations of benchmarks



Key Point: Children's growth and well-being emerge from the interactions of a body's physiological processes with cultural, political, socio-economic, and environmental contexts – and, as such, will not be the same for everyone.

Implication: Be skeptical of universal metrics and developmental benchmarks based on Western populations and recognize that children's health emerges from the coming together of many biological and social factors.

All societies have parameters of what they consider a life worth living. Likewise, different cultural traditions have defined milestones to achieve at each stage of life, including childhood milestones. These milestones thus change throughout time and place. For example, the Mendoza Codex, a document written by Mexican scribes at the request of Spanish priests, explains the different thresholds Aztec society expected children to pass through as they grew from infancy to adulthood¹⁵. These milestones and benchmarks worked in the Aztec context of the 15th Century but may seem foreign in the Mexican context of today.

Milestones and benchmarks can shape the expectations of parents, guardians, and other adults who oversee children's growth. Looking at motor milestones, Karasik and Robinson explain they "are only a perceived version of what is an important skill; they are cultural conventions, not universals."¹⁶ They report that in Tajikistan, caregivers normally swaddle infants in a cradle, even when awake, up to 15 hours a day until they are two or later. These children acquire motor skills later than their Western counterparts but seem to show no long-term deficits. As Karasik and Robinson point out, the importance placed on when skills should emerge rather than on how they should be learned oversimplifies motor development and ignores variations across cultures. The authors elaborate that the tendency to turn averages into "normal" growth standards risks them becoming "false prescriptions" rather than descriptions of *possible* developmental processes.

Ruggeri similarly reflects that growth milestones and benchmarks can be used perniciously as "a predictive, sometimes competitive, indicator of ability or talent."¹⁷ Assigning value to a child's development may result in pathologizing variability, where those of lower percentiles may be seen as abnormal. In actuality, being in the 90th percentile is not inherently better than being in the 20th percentile. Some children will be shorter than others, for example, and that does not necessarily reflect their health or abilities¹⁸.

Yale psychologist and physician Arnold Gesell is known for developing the universal and normative pediatric benchmarks used today in the early twentieth century. He based his milestones on data from white families in New Haven, CT¹⁹. The US introduced the first national growth charts in 1977. These charts based growth on height, weight, and head circumference, giving the impression of linear, optimal growth.²⁰ This led to the common conception that some children are below average and others above average in terms of growth. In 2000, the Centers for Disease Control and Prevention (CDC) revised their growth charts to be more representative. In 2006, the World Health Organization (WHO) released its own growth charts, intended to be universal milestones for children growing up in optimal conditions. In 2010, the CDC began recommending using the WHO charts for 0-2 years, and then the CDC charts for 3-19²¹.

A team of researchers in Indianapolis, Indiana, conducted a retrospective analysis of 10,000 children from birth to 12 months, tracking growth for each longitudinally²². They found that individual children's growth goes up and down over a year: in terms of weight, about two-thirds of the children fell by at least one percentile line, and more than one-third dropped by at least two lines, meeting the clinical definition of "failure to thrive." But almost none of the children had underlying pathologies—they were just growing at different rates. By the end of the study, only 27% were in the same percentile as when they started. Bennett and colleagues state these "results suggest that many children's growth percentiles decline during the first year of life, and this may be normal."²³ They argue that growth charts "do not capture the longitudinal perspective essential for determination of health."²⁴

In 2022, the CDC and the American Academy of Pediatrics issued new milestone lists with more precise wording, based partly on international datasets. In it, target benchmarks were moved from the 50th to the 75th percentile (meaning more children hit the milestone, but also making it possible that underlying pathologies might be noticed later).²⁵ Still, most of the references for growth benchmarks are derived from WEIRD (Western, Educated, Industrial, Rich, and Democratic) populations.

We need to recognize there is a disparity in the science we use to support current understandings of child development. In a recent article, Catherine Draper and colleagues note persistent challenges and gaps regarding the representation of children from low- and middle-income countries in child development research. Reviews on diversity in high-impact journals for infant and child development show more than 80% of the participants in research studies and their authors came from affluent countries, with specific reports of journals publishing research with less than 3% of participants from Central and South America, Africa, Asia, and the Middle East. This same dynamic is observed in other fields linked to the science of child development, such as research in cognitive development, child care, and medicine related to growth in childhood. This implicit bias toward high-income countries is also reflected in the preponderance of US-based editors and publications among high-impact journals, and the segregation of research from the Global South or Non-WEIRD populations to “international” journals. The authors call on us to recognize the negative impact of the under-representation of global children, as a clear bias is created in growth references where WEIRD children become the benchmark for all.

In the twentieth century, moralized and idealized notions of childhood were also solidified into health policy and practice. Perhaps the best example is the creation of “adolescence” as a stage in the human life course. Psychologist and educator Stanley Hall (1904), who applied Lamarckian evolution to psychological studies of human life stages, defined adolescence as a highly erratic and problematic biological and mental state, where “storm and stress” framed individuals who had not yet acquired the higher characteristics of a modern and civilized adult²⁶. The work of Hall emphasized the immaturity of the adolescent body and mind, requiring the guidance and control of adults. His work also established adolescence as a scientific truth.

Research from education, psychology, and biomedical sciences has continued to provide evidence to support the differences between children and adults. Much of this research has hinged on brain development across life stages, notably the long-held assumption that the brain develops in a linear maturation process. However, recent studies in neuroimaging have shown that brain development is not as steady as previously thought.²⁷ A recent cross-comparison between longitudinal MRI studies shows convergence in the overall direction of structural brain development from late childhood to adolescence but inconsistencies in the “precise shape of developmental trajectories, presence/location of peaks, regional variability, and sex differences.”²⁸

Brain development in individuals is also highly mediated by their socio-economic and natural environments. For example, a thinning-out process selects the neuronal connections that are most frequently used and strengthened through repeated experience. In this way, a person’s brain is sculpted based on what happens in their early lives; these experiences establish the neuronal networks that will support learning throughout their lifetime. Further, our brains continue to change throughout our lifespan, and while adult neurogenesis is limited, the adult brain retains the capacity to create new connections and rewire in other ways. Experience-based neuroplasticity is a lifelong process.

The US National Institutes of Health have used these findings to support the establishment of general principles guiding child development, particularly the importance of early childcare and the vulnerable “adolescent brain.”²⁹ However, while these studies may complexify the development process, the vast majority are based on a limited Western subset of the global population; a critical approach to the cultural contexts of brain development and early childhood interventions is still needed. Interpretations of the studies also slot the findings into pre-conceived notions about idealized hierarchical stages of child development, which worryingly resemble colonial racialized hierarchies. Children in the Global South who have been the object of Western interventions are often touted as experiencing “poor development” and failing to meet “key developmental milestones.”³⁰ The current rendering of childhood brain development in the Global South runs the risk of misguided interventions to enhance children’s brain development³¹.

The Western illusion of a universal childhood also normalizes preschool and primary school as common phases of the childhood experience. Early childhood development (ECD) policies and programs, which took off in the 1990s and gained popularity recently for maximizing “children’s full potential,” have become an international development priority. While ECD is heavily evidence-based, it can result in deterministic views on early intervention for brain development and the need for standardization in parenting practices. However, there is an equal need to consider contextual and structural barriers regarding cognition and child development, as well as the research showing how brain plasticity allows children to adapt to highly variable social and cultural environments.³²

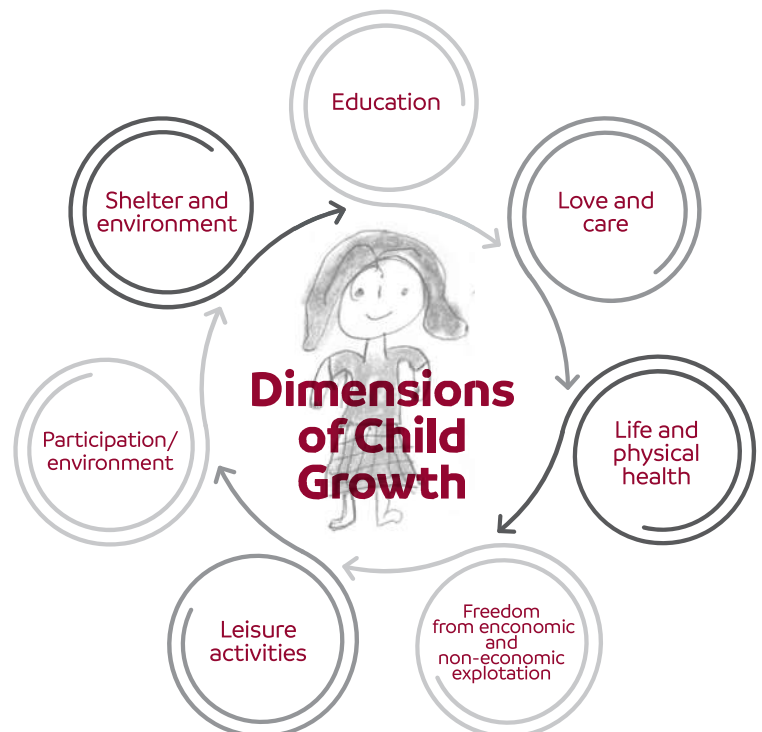


IMPLICATIONS

Both policymakers and practitioners should recognize the limitations of universal metrics and developmental benchmarks based on Western populations.

So, how can we begin to create policies that acknowledge that children’s health emerges from many biological and social factors? A new way of ‘measuring’ may be necessary, one that is not based on universal metrics but is rather informed by contextually specific indicators of growth and children’s definitions.

- Multidimensional approaches to child wellbeing can provide a nuanced understanding of benchmarks and milestones that reflect a life worth living, not just growth. A recent report by UNICEF explored the children’s wellbeing as the outcome of three key dimensions: mental well-being, physical well-being, and skills³³. Based on data from high-income countries, the report shows that even under appropriate social and environmental conditions, children experienced many obstacles to their wellbeing, including the risk of survival, exclusion from participation, and lack of support and resources for their parents and families. These obstacles stem from the quality of relationships at home and in society, gaps in family policies and services, and structural deprivations. UNICEF recommended action in three areas: consult children, connect policies, and create strong foundations. The last item encompasses reducing poverty and expanding basic services, affordable and high-quality childcare for all, better mental health services for children, expanding family-friendly work policies, reducing air pollution, and implementing better immunization programs.
- Another idea comes from a group of Italian researchers who surveyed children participating in the ‘Children’s World Congress on Child Labour’ in Florence in May 2004. By allowing children to define the dimensions of wellbeing, the researchers identified several alternative indicators of child growth.³⁴ While life, bodily integrity, and mental and physical health were mentioned, the spectrum of variables for a life worth living included love and care, respect, leisure, participation, and freedom from exploitation. Based on the open exchange with children, Biggery and colleagues proposed seven dimensions for child growth:





- The Love Letham project in Scotland is an initiative that seeks to co-create a vision and a plan of what children need to thrive in Letham. This approach focused not on individual benchmarks but on how this urban area could become a good place for children to grow up³⁵. Children from local primary schools created a shared vision for their wellbeing, which included meeting basic needs, community connection, enjoying life, outdoor space, and getting what we need and getting around. Between 2021 and 2022, the project focused on building and working with child and adult commissioners (the latter including families, community, and local authorities)³⁶. Child and youth commissioners mapped their community, pinpointing their needs at home, school, parks, and local venues. The compiled data was discussed through several exchanges between children and adults, resulting in three key actions: tackle frightening and disordered behavior, improve spaces and places to play, and increase access to healthcare. The region's Council has acted upon the initial findings of the Commissioners by creating a new "Community Safety Warden" and improving local representation in decision-making. While the project is still ongoing and there are still many challenges, their first report shows promising results through a quote from a child commissioner: "Have faith in us, we can make a difference."



The Love Letham Project

<https://www.loveletham.org/>

Intersectional experiences



This is what the young woman consumes to be healthy, by Rosa Juana Tiul Coc (2023) Chisec, Alta Verapaz, Guatemala. *Q'eqchi': A'an a'in nextzeka li saaj ixq, re naq wanq xkawilal.*

Key Point: Individuals experience childhood through racial and gender identities, economic status, and location; this can result in bias when deciding who is deserving of care and protection.

Implication: Acknowledge the ways that colonial conceptions underwrite policies that can marginalize children based on race, gender, and class.

“[S]treet children are called children, no matter their age; gang members are youth criminals, not children no matter their age; and the [Guatemalan] elite have applied the term niños to Mayas of all ages since the 1500s.”

—DEBORAH LEVENSON ³⁷

Policies that address children's needs tend to reflect the "social attitudes towards children and families."³⁸ In other words, they are infused with the values (ideals, aspirations, and norms) that govern a particular moment in history. These values include how a particular society (at a particular time) understands race, gender, class, and location. Variance across time and place can create contradictory models of well-being as values shift and change.³⁹

In our first key point, we highlighted how colonial ideologies separated affluent (often white) children from those of enslaved people and indentured servants (often Black or indigenous), and would infantilize Black or indigenous adults. Similarly, girls and boys were afforded different childhoods with far different outcomes: girls, for instance, would become women who were legally considered the property of their fathers and husbands, whereas boys would have more freedoms. There are many expressions of how racialized, gendered, and socio-economic assumptions about childhood shape popular discourses as well as public policies.

An example of how social values place particular childhoods at risk can be seen in the outcomes of China's strict one-child policy (in effect from 1979 until 2015). While the policy aimed to reduce poverty and increase well-being by controlling population growth, it was overlaid with a long cultural tradition of valuing boys over girls. In this patrilineal system, male children carry the family name and remain part of their natal family unit even when they marry. In contrast, girls are expected to move in with their husband's families and care for their in-laws. This gendered family model was considered at the beginning of the policy, which allowed a second infant if the first was a girl. The conflation of gender values, kinship practices, and policy design led to the perverse abandonment of girls, many of which ended up in China's international adoption programs. This case illustrates how silo-based policies can render particular kinds of children both a risk and a surplus⁴⁰.

Gender and race may also result in contradictory appreciations of what childhood might be. The "adultification" of Black girls is one such example. Rebecca Epstein, Jamilia J. Blake, and Thalia González argue that adultification can be understood in two ways⁴¹. One is a process of socialization, in which children function at a more mature developmental stage because a situational context forces them to do so. As Black girls are required to assume more responsibilities in low-resource community environments, they experience firsthand biases that result in adverse outcomes in education, juvenile justice, and child welfare. Taking on adult roles is often related to social constraints and expectations. Gender norms, a lack of basic services, and economic deprivation may require children to actively participate in wage and reproductive labor to support their families, especially during adolescence. The second is the perception of these children as adults, and therefore as threats. Prejudice against the behaviors of black girls (e.g., self-reliance and outspokenness may be labeled as unruly or aggressive) supports false narratives of them as adults, considering their transgressions as malicious and deliberate. Dismissing the context in which these children make decisions and depriving them of the opportunity "to make mistakes and to learn and grow for youthful missteps to the same degree as white children."

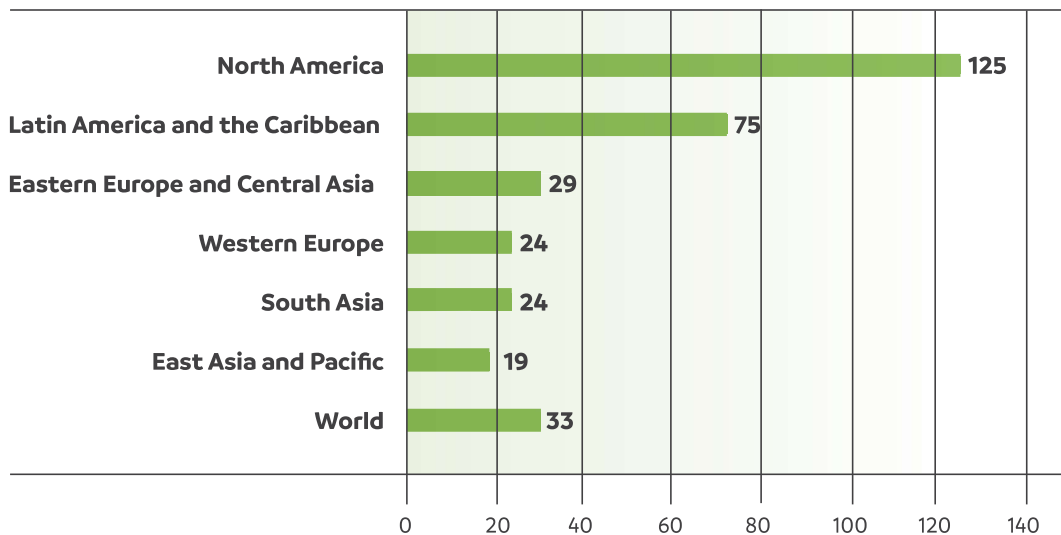
Notions of race, class, and gender are also infused in how policies define "risk." For much of U.S. history, the state saw Indigenous ways of life as a risk for children, resulting in the forcible separation of Indigenous children from their families. The state considered the malleability of children as an opportunity to remove these future men and women from their family's culture and assimilate children into the European-American national ethos. Boarding schools operated by the government or church forbade the use of native languages and forced children to adopt the clothes, haircuts, religion, and foods of the White educators⁴². While some survivors continued not to teach their language and culture to their children, there are many accounts of resistance and revitalization of tribal connections. Another form of removal was the placement of Indigenous children in non-Indigenous households by child protection services. In response, the U.S. enacted the Indian Child Welfare Act (ICWA) in 1978 to keep

children among their relatives, be they the immediate family or tribe.⁴³ Recent legal debates over the ICWA use historical misrepresentations and prejudiced notions against native families and peoples when arguing the child's best interest and protection⁴⁴.

Socioeconomic status and location may also bias the public response towards certain types of children. In following the lives of children who grew up in postwar Guatemala City in segregated areas with little to no essential services, Deborah Levenson shows how many were left to their own devices and learned to make a living in urban gangs. Levenson writes: "These children are having their childhoods; they are not short adults in an old-fashioned society. Disappointing adults, exploitation, abuse, and violent everyday upheavals have made small delights too scarce and dependency on adults too fragile. For decades there have been children and youth who have figured that they might be better off on their own."⁴⁵ These children and youths, marginalized by poverty and structural violence, carve out pathways for themselves, even if these are not the idyllic and celebrated versions of childhood. Unfortunately, the response to self-reliance in children can be considered a risk for themselves and societies overall.

Children from minority groups are more likely to be separated from their families and experience criminalization. A common strategy is to place minors in alternative homes, although how this works varies globally. In a global comparison, UNICEF estimates that 105 out of every 100,000 children were in residential care in 2022.⁴⁶ Available data shows that Western Europe has the highest regional rate of children in residential care (294 per 100,000), while South Asia has the lowest rate (75 per 100,000). This data contrasts with that presented by the same organization regarding children in prison. As seen in the table, although the global detention rate is 30 per 100,000 children, North America presents the highest regional rate, while Latin America and the Caribbean have the highest absolute number of children in detention⁴⁷.

Rate of children in detention per 100,000



Source: UNICEF 2023⁴⁸

This is what the young woman consumes to be healthy, by Heidi Araceli Poo Coc (2023)
"Girl with papaya, watermelon, mango, orange, avocado, apple, squash, grapes, sweet potato, yuca, banana, and coconut."



Addressing the structural conditions that make children vulnerable to family removal requires a deep look into the economic and racial inequalities that frame parenting practices. In a series of virtual panels by RWJF's initiative "Every Family Forward," health professionals, care providers, and parents explore the challenges that frame contemporary parenting practices across the United States. These conversations highlight the need for reframing caregiving as a structural issue that should not be addressed solely by families. The individualized role of caregiving (e.g., that it should fall to the mother) results in feelings of personal failure when expectations of ideal parenting are not met, even when resources or additional support for childrearing are lacking.⁴⁹ Poverty, race, and gender play an important role in how children and families face social challenges. An RWJF project surveyed 2,000 parents and caregivers to explore perspectives on their children's current and future lives. The results show that White parents were less optimistic about future opportunities for their kids and less concerned about their current exposure to bullying, violence, and insecurity. Meanwhile, BIPOC parents were more hopeful about their children's lives than their own but were also more concerned about the systemic disadvantages their children would have to overcome⁵⁰.

In a recent study around cultural mindsets and attitudes towards children's issues, the FrameWorks Institute explored why children are usually centered in U.S. social policies⁵¹. Two critical ideas emerged: the assumption that wellbeing results from individual action and that the worlds of children and adults are generally considered separate arenas. The first notion can lead to policy and practice that emphasizes the individual responsibility for parenting and childcare. Children thus become the sole duty of parents or guardians, a logic that limits social policies for children. Further, emphasis on individual action may also underscore individual developmental outcomes as the primary goal of child-related policies.

The second idea to come out of the FrameWorks Institute study—that children and adults occupy separate worlds—might be reinforced by silo-based knowledge about children, which often comes from either home contexts or school rather than community spaces where both adults and children intermingle. The FrameWorks study explained that participants in a focus group consistently struggled to connect children with policy areas that addressed needs like housing or transportation. However, Black and Latinx participants were more likely to emphasize society and the environment's role in children's outcomes. They supported social policies that understood the collective responsibility for children's well-being.

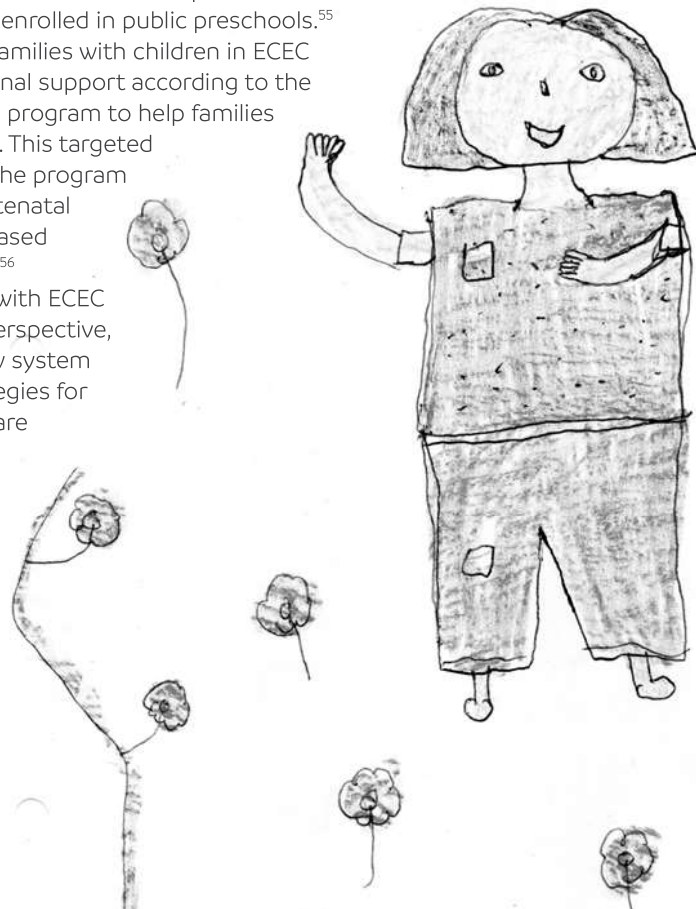




IMPLICATIONS

Still, there are examples of substantive change in what seems to be an intrinsic value in national policies regarding vulnerable children and the support a government can provide. An important element in these approaches is to raise policymakers' awareness about how contradictions in policies and practices can unwittingly marginalize children based on race, gender, and class. The examples below provide interesting approaches to the structural problems that can increase children's vulnerabilities:

- For many years, South Korea's child and family policies were influenced by Confucian principles with explicit patriarchal and gendered roles as well as a clear division between families and government.⁵² Previous expectations that child-rearing was the sole responsibility of parents and extended families were not sustainable with recent changes in lifestyle from urbanization, economic pressures, and new gender values. As children and parents were left without the support of an extended family, dire situations emerged. In response, South Korea introduced several reforms in the 2000s, expanding the availability and affordability of Early Child Education and Care (ECEC), and increasing over 15 times their public investment for infants. The shift in values has resulted in above-average enrolment rates and one of the lowest out-of-pocket costs for families compared to other OECD countries⁵³. Among the issues that the Korean ECEC still faces is the adequacy of service hours with those of working parents, which can disincentivize enrolment. Another issue was the coordination between governmental institutions since the Ministry of Education is responsible for preschools, and the Ministry of Health and Wellbeing oversees childcare centers. To unify their efforts, the government implemented a revised curriculum encompassing any school and care services provided to children, ages 0 to 5 years⁵⁴.
- Singapore has also seen a substantial change in its approach to ECEC. Focusing on children from 2 months to 6 years of age, the government has doubled the available places in full-day preschools since 2012, and 50% of the children are enrolled in public preschools.⁵⁵ Affordability is a crucial component of the initiative, so all families with children in ECEC programs receive a subsidy; they can also apply for additional support according to the household's income. The government created an outreach program to help families apply for subsidies and understand the enrolment process. This targeted the most vulnerable population as a mitigation measure. The program also offers home visitations that provide parental skills, antenatal and maternal health screenings, and weekly community based playgroup sessions for caregivers and children 1 to 3 years.⁵⁶ Singapore has also incorporated a multicultural approach with ECEC services in English, Mandarin, and Malay and an inclusive perspective, facilitating services for children with disabilities. As the new system requires more professionals, they have implemented strategies for recruiting young people for preschool teaching and childcare training programs.

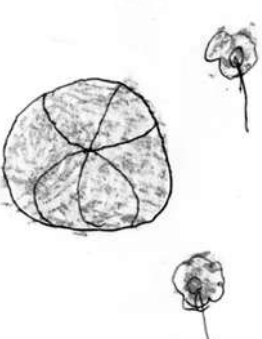
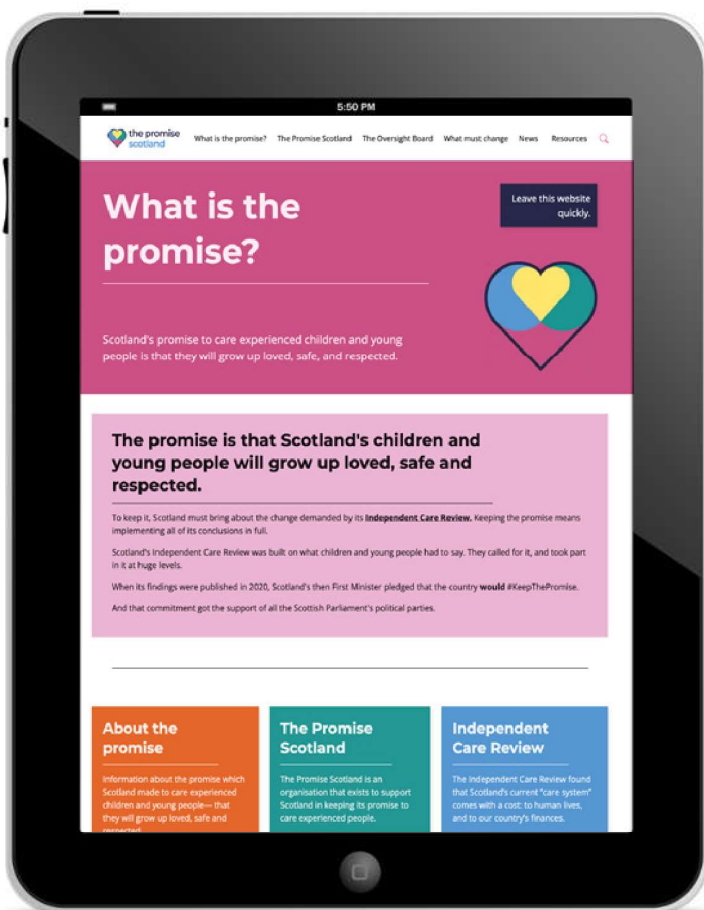


- The Promise Scotland was established in 2021 after an independent review of its care system, compiling what children and youth had to say about being in care or at risk of entering the system⁵⁷. It is built on the public commitment taken by the Scottish Government to address the failings of the care system and ensure that “Scotland’s children and young people will grow up loved, safe, and respected.” As a government- and cross-party-supported initiative, The Promise has an action plan with a life span of ten years. While it does not have legal power nor directly provides services to children, it brings light to the challenges children and families face in the processes that result in a child’s removal (from hearing panels with multiple judges to contradictions in protection laws). It also looks at the structural conditions that increase the risks of children going into care. In 2023, a report

explored why children from families experiencing poverty or living in deprived neighborhoods in Scotland are 20 times more likely to enter the care system . To keep families together and improve reunification, they propose “poverty-proofing” children through actions that focus on financial wellbeing, adequate social support (including housing and family benefits), and addressing stigma and shame associated with the care system.

The Promise

<https://thepromise.scot/what-is-the-promise/>



Belonging as interdependence



What health is for youths and adults?
To grow our food, by Sulma Rosmeri Bin Beb' (2023) Chisec, Alta Verapaz, Guatemala. **Spanish: ¿Qué es la salud para jóvenes y adultos? Sembrar nuestra comida.**

Key Point: Children are often framed as dependents who “belong” to their caregivers; in fact, they are interdependent members of families and social networks that define “belonging” in various ways.

Implication: Recognize children as part of diverse, interdependent networks of care and develop child-centered policies that highlight wellbeing and care as a collective endeavor.



Many contemporary U.S. and global policies toward children are built upon a notion of ownership that converges with capitalist frameworks of investing in the future. Children are considered to “belong” to their families, as a kind of legal property that can be cultivated and then released into the world once adulthood is attained. This perspective often ends up treating children instrumentally or as a means to an end (producing productive workers, for example) rather than as subjects in their own right with intrinsic value. By looking at cross-cultural examples of collective or interdependent understandings of childhood “belonging,” we can reimagine our approaches to childhood and child policies.

In many societies, childhood is a period of integrating children into the larger community rather than segregating them from adult activities. Jean Hunleth describes a situation in Zambia where children play an important role in maintaining social networks. Children there may be seen as active members in several households, maintaining ties between families and fostering a sense of community⁵⁹. Among the Māori, children are seen as “belonging” to the community as a whole, and it is recognized that children may stay with another family unit for months or years at a time (a practice known as *whāngai*)⁶⁰.

A way of socializing children into a collective sense of being is by assigning roles and responsibilities that biomedical narratives might associate with adulthood. For example, among the Aka peoples of Central Africa, children are highly valued members of society and play active roles in their communities. They are, for example, involved in daily activities such as gathering food, learning essential survival skills, and participating in communal rituals. Younger children often care for their siblings, while older children contribute to the household chores and share responsibilities with adults. In Vanuatu, children are often responsible for childcare, food preparation, and household chores.⁶¹ Aboriginal societies in Australia emphasize the transmission of cultural knowledge and the development of strong bonds within the community. Children are encouraged to learn traditional customs, storytelling, and hunting practices. They acquire essential skills from their elders, forging connections with their cultural heritage and the land.

Many societies inscribe belonging in their youngest members through different rites of passage. Helen Morton explores the many practices through which children became members not just of their families but also of Tongan society⁶². In childbirths practiced by *mā’uli* (midwives), the neonate’s belonging was marked through the act of burying the afterbirth near their family’s house. By doing so, the link between *fānau* (children), *fonua* (people) and *fānua* (land) was established. However, the transition to urban dwellings and health services provided by biomedically trained professionals resulted in a decline in the number of *mā’uli* and the increment of hospital births; thus, the burial of the afterbirth became less common. Still, the child’s kinship network could be affirmed through other traditional practices, including christening, exchanging gifts among the extended family, and naming a child (*fakahingoa*) in remembrance of an elder relative.

In contrast, Western societies are often described as prioritizing individuality, autonomy, self-expression, and independence, resulting in conceptions of childhood that are thought to emphasize personal growth, creativity, and self-discovery. However, these criteria have not always been applied in the same way to everyone. Colonial rationale saw certain children (e.g., non-affluent, non-white) as belonging to the state rather than their biological parents. For example, the condition of illegitimacy of a child was, until the late 20th century, an object of political concern in several countries. Until 1987 in Ireland, children born out of wedlock required government intervention (to protect the child and to control women’s sexuality)⁶³. After the birth, mothers were placed in reformatory institutions and their children were taken to orphanages or industrial schools. The rates of child mortality at times reached 50% among those labeled illegitimate. The criminalization of interracial parenting and recognition of mixed-raced children, a legacy of colonial laws that remained through Jim Crow policies, provides another example of legal control of family structures⁶⁴.

State interventions meant to protect “the child’s best interest” are based on a particular society’s moral values or social norms about what it means to be a good citizen and may pose a threat to prevailing notions of belonging. For example, the history of orphanages and child aid societies shows how moral panics and class interests can shape welfare policies⁶⁵. Welfare narratives in Victorian England vilified impoverished parents and used available institutional care (like orphanages and workhouses) to separate children from their families⁶⁶. Between the 1800s and early 1900s, concern over the moral standing of impoverished (highly likely migrant) children in New York led to the creation of the Child Aid Society. This private institution reallocated thousands of children in the Midwest along with families that could teach them the values of work and Christianity⁶⁷. In Switzerland, between 1920 and 1970, thousands of children were forcibly removed from their homes and placed into indentured labor through a program called “Verdingkinder.”⁶⁸ The program targeted children living under “moral concerns” (which included single-parent households, being poor, and belonging to the Roma and Yenish communities) and sought to reeducate them according to Swiss values. These are not the only examples of public and private programs that remove children from their families to shape them into what may be considered desirable citizens. In each case, the concern over future idleness or unemployment, as well as the lack of proper values, was considered a better response to the child’s best interest than providing their biological families with the resources necessary to provide care.

“It is not the responsibility of the adult to fantasize about a future but to prepare the world by childing the present. Futurism is an abandonment of the present and of intergenerational justice, an imaginative colonization of the world that can only be created by subsequent generations. It is incumbent on adults to promote conditions under which the child can be equipped and secure enough to remake the world. If we fail to acknowledge the intergenerational nature of social change, collective decision making will remain the exclusive purview of adults, according to the forms of agency privileged by adults, denied to the young and anyone else categorized as frozen in childhood, to the exclusion of all else.”

—ROLLO

Ultimately, such practices defined childhood as a social/political category the state could grant or take away. Abandonment could be assigned to vulnerable children by criteria that determine the suitability of their parents to provide proper care or guidance. These practices ignored the emotional pain felt by children and their parents, who might not have “abandoned” their children if not forced to do so by the social/political norms of the time. Murdoch states that the pain of abandoned children in Victorian England was incommensurable, but so was the pain experienced by “parents and relatives forced by poverty to part with their children.”⁶⁹



ser feliz
como
compañeras.

We are friends forever. "To be happy as mates," states the girl in the middle, by Elida Paulina Xiloj Ajxup (2023) 11 years old. Momostenango, Quiché, Guatemala. **Spanish:** Somos amigas por siempre. "Ser feliz como compañeras", dice la niña del medio.



IMPLICATIONS

If we recognize children as part of diverse networks of care, we can also develop child-centered policies that highlight wellbeing as a collective endeavor. One way to do this is to consider alternative examples of belonging. We provide the following:

- In Aotearoa / New Zealand, the Māori notion of *whānau* encompasses the act of being born, ascribing to a family group, dwelling together, and collectively working for the unit's survival⁷⁰. A project called *Our Place*, aimed at closing the gap between a preschool and its community in New Zealand, explores the notion of *turangawaewae* (a place to stand in the world) with educators, children, and their families. The program included children as active researchers who delve into connections between people, land, and colonial history through the lens of *whanau* as well as the Māori concept of *kaitiakitanga*, or the people's role as guardians of the land, not owners⁷¹. The children "peopled their map" by inviting relatives and community elders to be photographed, talk at the preschool, or walk along their visits to the river and local town. With this project, the process of belonging becomes reciprocal, not just inscribed upon children.
- Another compelling effort can be found in the restoration of girls' societies as a means to challenge the erosion of indigenous matriarchal structures and female leadership. Expanding over 14 U.S. states and 45 native communities, the Indigenous Adolescent Girls' Empowerment Network (IMAGEN) aims to construct safe spaces where girls, mentors, and elders can create a stronger and sovereign sense of community, as well as reconnect with their tribe's history and intergenerational transmission of knowledge⁷². The documentary "The Lakota Daughters" relates the experience of the girls' societies in Pine Ridge Reservation, highlighting the efforts to rebuild patriarchy, poverty, and dispossession that families face⁷³.
- The Abriendo Oportunidades program in Guatemala has a girl-centered design that seeks to provide a safe space for Indigenous girls to gather weekly with an Indigenous woman mentor to learn about their health, human rights, personal finances, crafts, and community gardening. Elizabeth Vasquez, a Maya K'iche' woman from Guatemala, is a leader and a mentor in Abriendo Oportunidades. For her, indigenous girls struggle to be recognized as full members of their households and communities. *"Sometimes the girls don't attend because they are afraid or feel shame, so we have to work on their self-esteem and autonomy,"* shared Elizabeth. To start, Elizabeth and the other Maya mentors talk with community elders and local authorities and sign a community contract that allows them access to a classroom or communal salon where the women and girls can meet and build friendships. Having a place to gather with their peers is uncommon for girls, as parks or fields are usually used for male activities and are not considered safe for girls to play in. These girls' groups help make girls visible in their communities and provide an alternative to being confined to their homes after school.



Documentary "The Lakota Daughters"

<https://www.imagen-network.org/the-lakota-daughters>



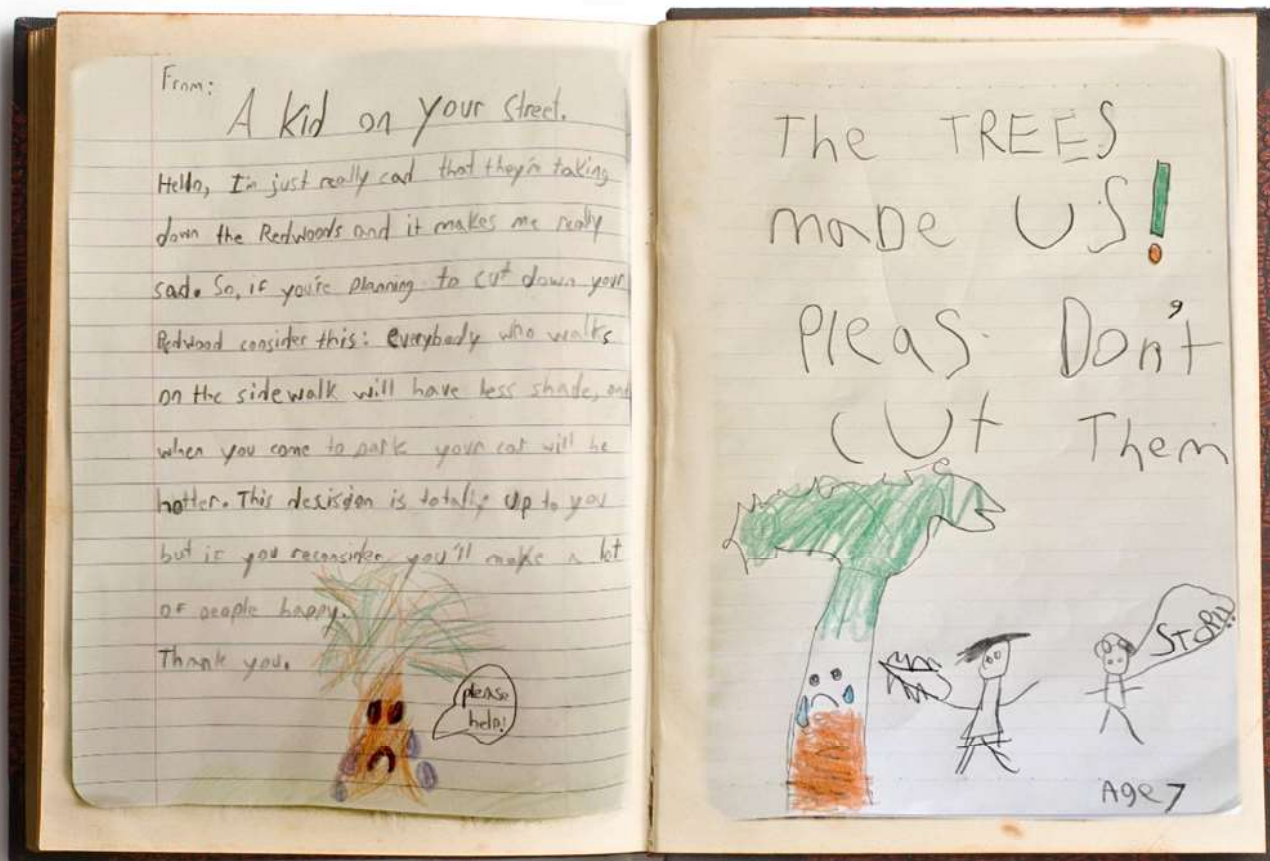
Indigenous Adolescent Girls' Empowerment Network (IMAGEN)

<https://www.imagen-network.org/>

When the trees in their neighborhood were going to be removed, the Harvey brothers decided to take action. They appealed to their neighbors' sense of community, reflecting on the role of trees in their lives and the future. They posted their messages in the neighborhood and got some neighbors to rescind the decision to cut down the trees. Their activism bore fruit and transformed the space in which they live.

“Hello, I’m just really sad that they’re taking down the Redwoods and it makes me really sad. So, if you’re planning to cut down your Redwood consider this: everybody who walks on the sidewalk will have less shade, and when you come to the park your car will be hotter. This decision is totally up to you but if you reconsider you’ll make a lot of people happy. Thank you.”

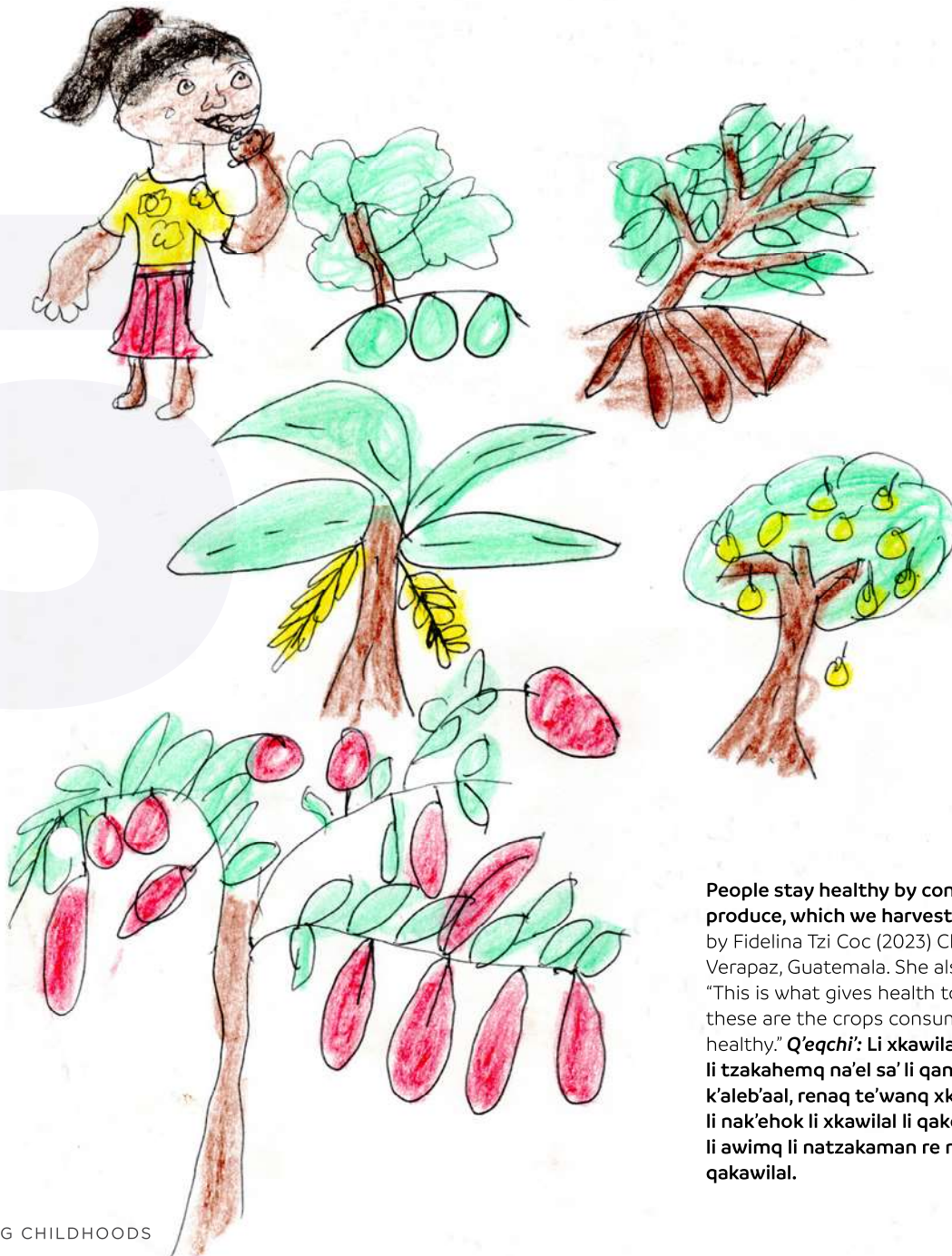
—JK HARVEY (2023) “LETTER FROM A KID ON YOUR STREET” USA



“The trees made us! Please don’t cut them.”

—AE HARVEY (2023) USA

Autonomy and inclusion



People stay healthy by consuming our produce, which we harvest on our plots, by Fidelina Tzi Coc (2023) Chisec, Alta Verapaz, Guatemala. She also states, "This is what gives health to our people; these are the crops consumed to stay healthy." *Q'eqchi'*: Li xkawilal li komon rik'in li tzakahemq na'el sa' li qana'aj laa'o laj k'aleb'aal, renaq te'wanq xkawilal. A'an a'in li nak'ehok li xkawilal li qakomon, a'an a'in li awimq li natzakaman re najt taawanq li qakawilal.

Key Point: Children’s experience of vulnerability and autonomy is contingent on social and economic arrangements and not a “natural” condition of their body or life stage.

Implication: Establish public commitments and criteria for the inclusion of children’s participation in all stages of policy and infrastructure design.



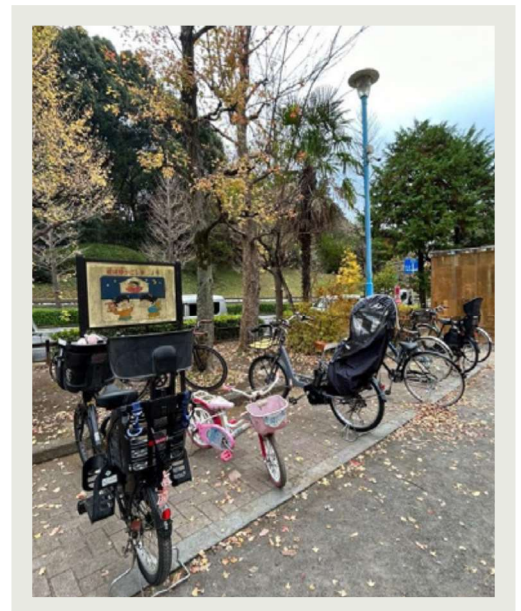
While biomedical and psychological models of human development present us with universal pathways of growth, work emerging from child-centered social sciences provides a more nuanced perspective. One of the paradoxes of Western conceptions of childhood is that children are seen as both uniquely vulnerable (requiring protection) and uniquely resilient (highly adaptable). As discussed above, childhood is co-produced through socio-cultural norms and biological processes of the body, as well as children's agency and practices. This means that we should not view children as inherently vulnerable, but rather as beings whose sense of safety and autonomy are created through their interactions with the world.

In many Maya communities in rural Guatemala, for example, the fact that children are seen as integral members of the family and the wider group impacts how they interact with the world. Maya children may actively participate in agricultural practices, assisting with planting and harvesting crops, and contributing to household chores. They may also engage in traditional ceremonies, learning about their cultural heritage through storytelling and participation in rituals. Thus, Maya children “learn through engagement with others (in a system of ongoing guidance and support) in the everyday mature activities of their community.”⁷⁴ According to Psychologist Suzanne Gaskins, who studies children in a Maya village in Yucatan, Maya children may also set their own goals. Psychologist Barbara Rogoff notes that such autonomy motivates children to identify household needs and execute help, thereby managing their own attention rather than depending on adults to orient them.⁷⁵ Similarly, Anne Solberg (1990) found that children in Sweden with parents employed outside the home and held responsible for specific domestic tasks reported a higher degree of autonomy than those not assigned such duties.⁷⁶

Unfortunately, historical inequalities in the Maya context have turned the socializing practice of children's engagement in work into one of economic exploitation. For example, business owners pay labor on coffee plantations by weight harvested; more family members working leads to higher payments. Plantation owners often claim that it is a Maya cultural tradition for children to work, ignoring the economic disparities that make it an obligation and not a choice. In this way, economic infrastructures impact children's autonomy.

Children's autonomy is also very much defined within socio-economic or cultural constraints around mobility. For example, a study in South Africa demonstrated that children and adolescents face differences in access to public spaces according to their age and gender⁷⁷. Groups of rural and urban students from two different scholar levels (grade 5 and grade 8-9) participated in mapping their community and discussing their perceptions of safety. While at an early age, the area defined as their community was a largely equal expanse between girls and boys, older girls saw their conceptual worlds reduced to one-third the size of their male classmates and two-fifths the size of younger girls. Protection from violence was the rationale the girls gave for their restricted mobility, and they further felt safe spaces were limited even within these reduced geographies.

Virtual spaces too can create vulnerabilities. Sally Campbell Galman has been working with transgender girls in comic book-based research since 2015. While many of these girls had access to and took part in safe online trans-communities, they expressed distress that remote learning during the COVID-19 pandemic resulted in a reduction of perceived safe spaces, as transphobic contexts became ever-present (“ghostly presences”).



A cross-country study on independent mobility found that in Finland, children at age seven are already walking or cycling to places by themselves. As they grow older, the areas and means of transportation they can access by themselves increase incrementally. By the time they are ten years of age, children cycle on main roads or travel on local buses alone ⁷⁸. A study of Finnish and Japanese children in fifth and eighth grade showed that children had independent mobility in a range of 1 and 3 km from their homes ⁷⁹.

Not all societies are as open to establishing autonomy among children, and doing so may even foster a backlash against communities. For instance, Australian Aboriginal communities encourage children's explorations outside the home without adult supervision and expect older children to supervise their younger siblings. This practice has clashed with State authorities, who view such freedom as child endangerment.



IMPLICATIONS

We can begin to create economic and social arrangements that increase children's sense of autonomy and safety by including children in policy and infrastructure design. We will give a few examples of communities that have done this.

- In 2009, the city of Reggio Emilia in northern Italy began working on its "Manifesto," which included plans to improve the mobilization of children through pedestrian, bike-friendly routes, and car-free zones ⁸⁰. The city adopted an innovative pedagogical approach requiring each school to have a mobility manager coordinating efforts with the municipal government. They modified signs and transportation services to be accessible for children, increasing their autonomy and safety. In 2017, the city made a short video exploring the plazas in Reggio Emilia through the perspective of preschoolers. The children interviewed neighbors and described their life experiences in the public space. By including children in the planning of community life, the city came to understand plazas as safe spaces that contain "many things" and where "people can meet and change their thoughts."
- The Dutch-based Bernard van Leer Foundation has been working with Danish design firm Gehl to document what cityscapes look like to a child. They are filming and photographing cities from a child's height of 95cm. The goal is "to work with urban planners, architects, engineers, and city managers to incorporate a focus on early childhood development into the planning and management of cities," thus making cities safer and friendlier for children, maximizing their autonomy and mobility.

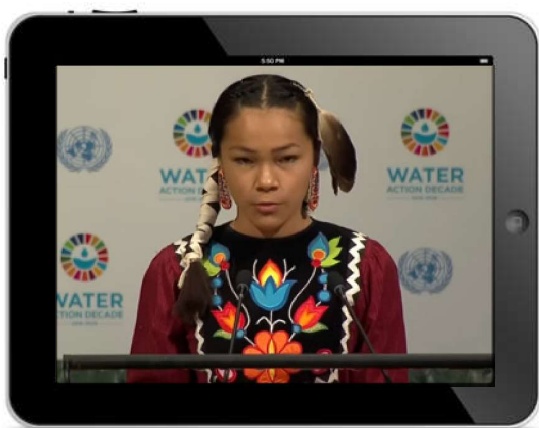


Health is going out to play ball in the field, by Flora Caal (2023) Chisec, Alta Verapaz, Guatemala.

- The recognition of children as decision-makers and active members of society can also emerge from a different understanding of how knowledge is acquired. In the Wikwemikong First Nation (Ontario, Canada), Water Protectors receive their calling through ceremonies and dreams. Autumn Peltier, who began active participation in water ceremonies at eight years of age, was designated as Chief Water Commissioner of the Anishinabek Nation when she was 14.⁸¹ Peltier's role has nothing to do with her age; it is assigned because of her connection with water and the responsibility assumed as its protector. This work is not free from pressure for Peltier. Still, she feels driven by a sense of collective responsibility. "One day, I will be an ancestor, and I want my descendants to know I used my voice so they can have a future," Peltier said before the United Nations General Assembly⁸².
- In the box below, Eugenia Zavaleta explores how involving Salvadoran children in discussions of public policy leads to new understandings of how interventions can help communities thrive.

Engaging children's perspectives in such initiatives can help map out the multiple ways our environments might inadvertently exclude children and other types of individuals (e.g., those with disabilities or older adults). While schools and parks are often made to be accessible to children as well as adults, most public spaces require the presence of non-disabled adults to facilitate the use of services. Engaging children's perspectives also helps integrate children's needs into all areas of public life rather than just creating child-focused resources.

Reiterating a point made above, we must look beyond spaces regularly conceived as belonging to childhood, such as families or schools, to understand their engagement in larger public worlds. Children's participation in these settings usually does not go beyond educational, recreational, or social activities. As a starting point, we may look to co-governance models between children in schools and the adults in their community to understand the different forms of participation that children can take. For example, in Denmark,⁸³ children running in school elections are expected to interact with political parties to inform themselves of current issues and the workings of politics. Further, student participation in school boards provides a venue for political action, with student representatives having a vote similar to that of adults. Many Danish municipalities also have a Youth Council that can bring issues to the Municipal Council. In these spaces, children adapt to the democratic mechanisms established by adults for their participation.



Autumn Peltier, 13-year-old water advocate, addresses the UN.

<https://www.youtube.com/live/zg60sr38oic?si=iwMOoMJAB2JwUPzv>

Reggio Emilia's children discuss what is a Piazza (plaza)

<https://youtu.be/g65ZO7zbVKI?si=QV59rYm67YLZti8z>



Children's Rights and Participatory Policymaking in El Salvador

Over the past decades, El Salvador has struggled with violence, poverty, economic crises, and human rights violations. However, very little has been published on the efforts made to advance a democratic political system by including the participation of children and youth in policy making.

In 2012, El Salvador designed an innovative public policy advocating for and protecting children's rights, creating the *Consejo Nacional para la Niñez y Adolescencia* (CONNA). CONNA led the first nationwide popular referendum on the protection of children and youth (known as LEPINA). Between 2012 and 2013, the CONNA officials visited 55 municipalities to gather the opinions, experiences, and demands of the citizenry regarding children's rights, with a focus on consulting children and youth about their protection needs.

Prompts included: "What are the most violated rights in your community?" "What is hindering children's access to education?" "What change do you want to see in your community?" While participation varied throughout localities, the children and youth in attendance demonstrated interest in and commitment to their rights and discussed the specific situations in their communities.

I participated as a facilitator, conducting focus groups with adolescents (12-17 years old) from different regions in El Salvador. The consultations were an opportunity for children to speak about their experiences in their homes, schools, and communities without intervention from their parents. For example, children from rural areas complained about missing their friends who could

not be there because they were working on farms. They also told facilitators about child abuse cases and human trafficking that they have witnessed in their communities and reported to the corresponding institutions. As a result of this effort, the government launched a law against human trafficking in 2014 and a law against adolescent marriage in 2017.

One of the most popular demands of children was asking for more recreation areas and the reclamation of public spaces. At the height of postwar violence in El Salvador (2009-2014), criminal gangs monopolized parks and recreational areas in urban and rural environments. Many children could not play outside their homes because gang members were conducting business and planning crimes. As a result, NGO programs invested in improving children's education, healthcare, and access to recreation shifted their focus to providing safe spaces for playing and learning.

In the consultation process, a group of adolescents were interested in discussing the right to live. One boy said that the right to live should be respected over any other because it was the door open to all the other rights. At the same time, another argued for defending it only if it is "*digna*," meaning only if the child has a deserving quality of life. This candid conversation took over an entire session in which both adolescents made intellectual arguments about what kind of life is worth living. At the end of the workshop, the children provided written feedback in small cards. I noticed one of them wrote that he appreciated being informed about sexual education because nobody had mentioned it to him before.



These are examples of how children and youth, as active citizens, can inform public policy and provide insights into what affects them the most in their daily lives. Children know, observe, and judge what is happening in their communities. If they are given the platform to denounce injustices, they will do it adamantly to protect themselves and others.

However, despite all the institutional, logistical, and methodological efforts to unite children's voices, this consultation received little attention in the mass media. Nowadays, recent governments have created a new law called Crecer Juntos (Growing Together) that has replaced LEPINA. Even though both laws are very similar, there are concerns that children's voices and demands are being ignored in El Salvador in policymaking processes, as evidenced by the restructuring of CONNA and children's demands for expanding sexual education programs.

In my experience, well-designed policies, laws, and institutions are not enough for the exercise of democracy and the respect of human rights. Countries experiencing alternation of power and political instability are more prone to abandon their meaningful democratic and inclusive efforts, leaving them solely as written documents for posterior consultations. As someone who has witnessed the benefits of including children's opinions, insights, and suggestions in the political arena, I urge governments worldwide to listen to children's voices at every stage of policymaking and to integrate their ideas of well-being thoughtfully.

– **Eugenia Zavaleta Lemus**
Ph.D. Candidate-Anthropology Department
Vanderbilt University
Fulbright Scholar-El Salvador


Making health decisions



This is what youth consume to be healthy.
Anonymous (2023) Chisec, Alta Verapaz, Guatemala.
Q'eqchi': A'an a'in li naxtzeka li saaj Kristian re naq taawanq li xkawilal.

Key Point: The stigma against children as decision-makers negates their active role in caring for themselves and others, and denies their needs or desires in health care decision-making.

Implication: Engage children's perspectives in health care policy and practice, as their insights can be a source of creativity and innovation as well as inclusion.



As noted in previous sections, by considering children as dependent on adult guidance, we render them unable to make decisions independently. As such, children are seen as essentially apolitical: they are not quite full citizens until decision-making capacity is reached, usually marked by age-based thresholds. However, children often challenge these understandings by taking control over their lives or caring for their family members and demanding change from communities, governments, and even world leaders and systems of power. Yet, we often regard narratives about young people's political agency as exceptional or the result of a particular subculture rather than as a broader indication of the potential for youth to constructively criticize and participate in policy discussions that affect them.

Health policies tend to portray children as “passive objects to be acted upon rather than as active subjects.”⁸⁴ For instance, the CDC’s information for parents regarding COVID-19 depicted children as care recipients at home and self-managing at school; the information only described teens as possibly providing care for others who might be sick within their household. Adolescence is perhaps the age period most often described as having agency, but that is often conflated with the assumption that youth “naturally” take part in risky behaviors during this developmental stage. The portrayal of children as objects (often through paternalistic discourses of protecting their innocence) reinforces their exclusion from the “adult world,” including collective decision-making.

Assumptions regarding physical and mental growth also inform children’s role in caregiving and health. Don Schwarz, a pediatrician and public health expert, argues that in clinical services, children should be approached in terms of their own unique experiences instead of standardized assumptions regarding their abilities. Schwarz also urged us to consider dependency gradients and context dependence: “*We assume that everyone can respond the same way to information about health care, reinforcing bias. That a child can wash a sippy cup does not mean they can wash the china. It should be the same when managing self-care and health.*” This resonates with studies of children as patients in cases of chronic diseases, where care is assigned and carried out between medical centers and homes.

Jean Hunleth, for instance, studied the role of children as caregivers in Zambia, looking closely at instances where households face multiple health challenges, like tuberculosis (TB) and HIV. In this context, Hunleth finds intricate models of interdependence and solidarity, where children are not just expected to participate in caring for their loved ones; they actively desire to help. As belonging for children is not restricted to a single household, children find support from extended families and neighbors as they care for sick adults. Hunleth shows that the actions taken by children also involve customizing and operationalizing TB/HIV care. According to Hunleth, “part of seeing children as social actors is acknowledging that they, too, tailor global health, humanitarian, and biomedical systems of knowledge and practices to their particular circumstances, and as a means to make life more livable for themselves and other people.”⁸⁵

In her work with terminally ill children and their parents in U.S. hospitals, anthropologist Myra Bluebond-Langer found that children learned about their diagnosis even when adults avoided it, in a dynamic the author dubbed “mutual pretense.”⁸⁶ Though children concealed their knowledge from their parents, they actively gathered information by witnessing adult behavior, wanted to ask questions, and saw themselves as supporting their parents. Similarly, Julie Spray documented how children in New Zealand interpreted COVID-19 prevention mandates and acted in accordance with their understandings despite rarely being explicitly addressed by public health communications⁸⁷. While the children experienced fear and uncertainty, they also took action and implemented care strategies, such as demanding compliance with preventive measures from family members and peers.

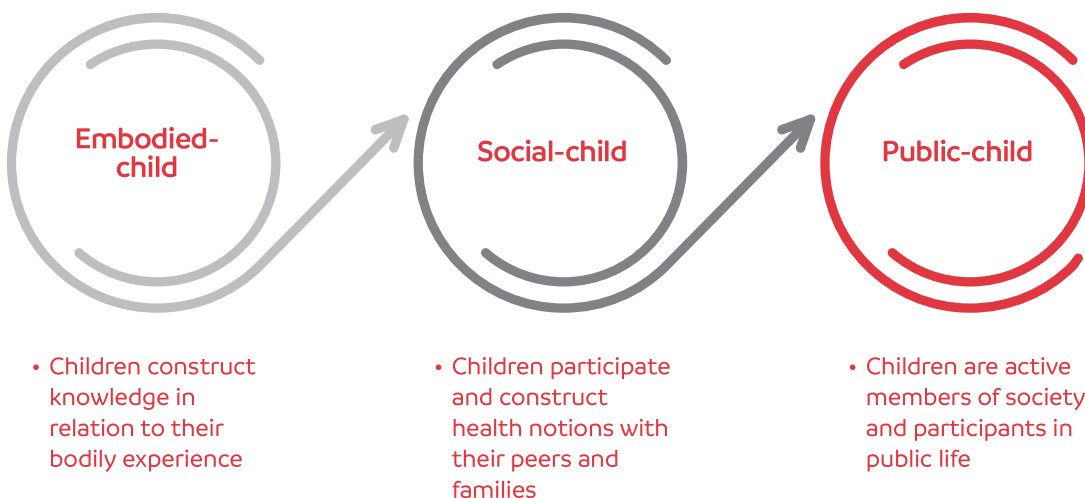
The lack of awareness of children as caregivers in health communications and public policy is also rooted in notions of dependence as a hierarchical relationship with adults, particularly with parents or guardians. However, children create webs of care with siblings, relatives, and friends, where they will share knowledge about the world. Most children actively participate in such networks of reliance, where they may find more reciprocal support than they receive from parents or guardians. For example, a study with 348 transgender and nonbinary young adults found that siblings were significantly more supportive than parents⁸⁸. In cases where parents or guardians are absent, children also take action to provide care for their peers. An ethnography in a Cambodian orphanage explored how children create networks that provide a sense of belonging and care with their peers, learning from each other how to adapt as they grow up.⁸⁹

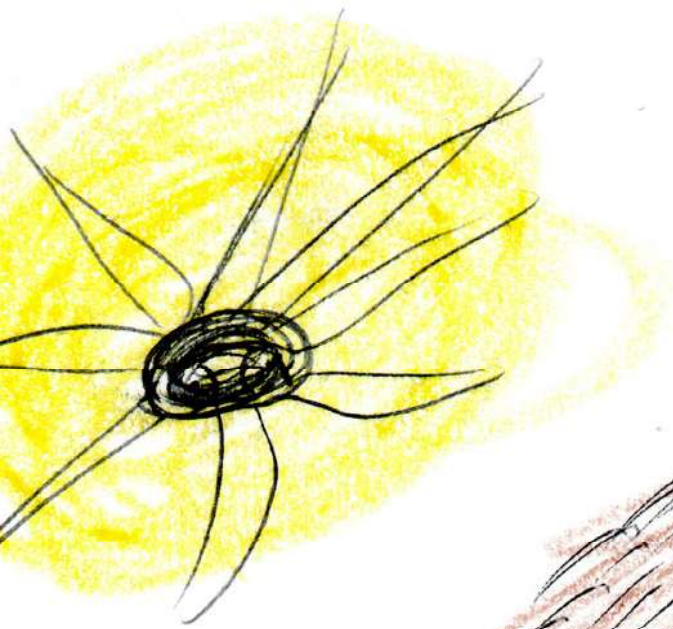


IMPLICATIONS

Children's insights can be a source of creativity and innovation as well as inclusion when it comes to health care policy and decision-making. Consultative processes often remain adult-centric, as children are expected to perform according to the ideal adult public persona, invoking the traditional canons of science and rationality. Engaging children's knowledge and worldviews requires broadening the data registers that inform policy. We can address children's perspectives in health care policy and practice in many ways.

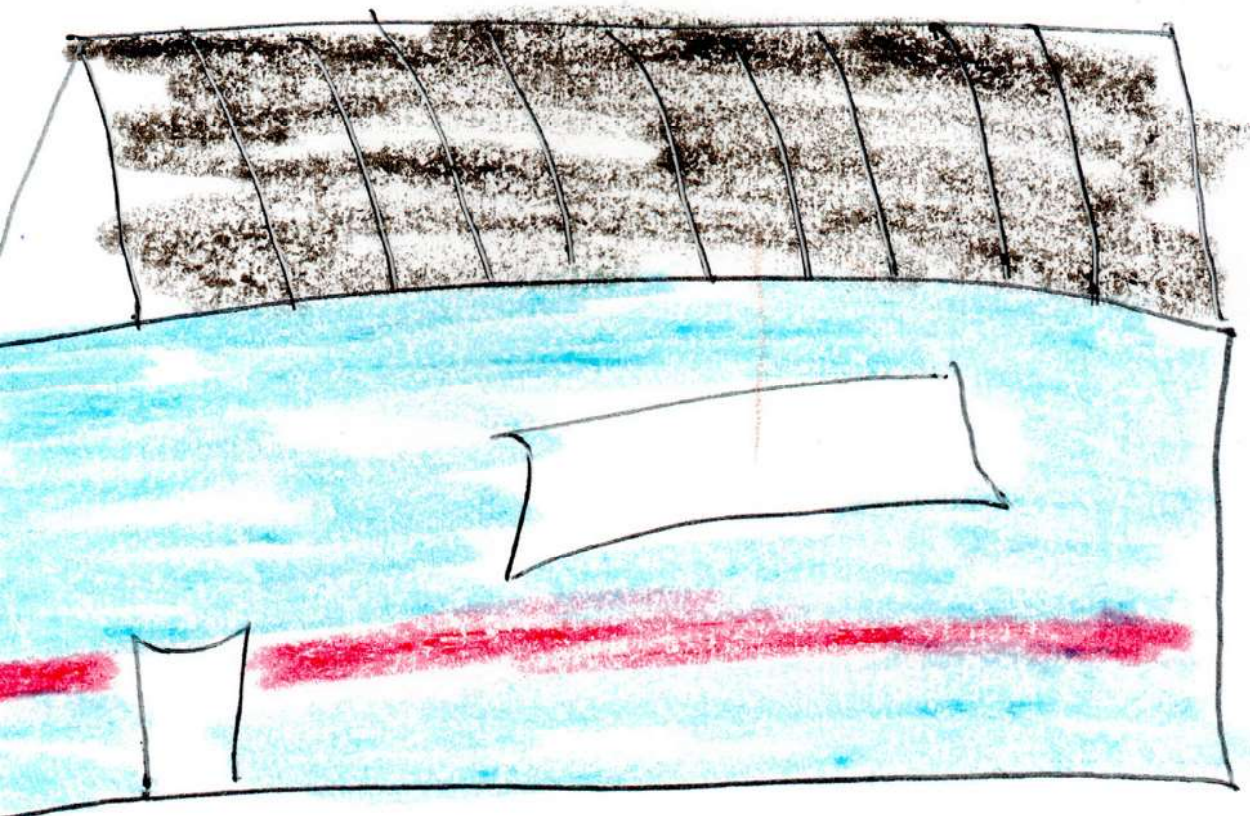
- Echoing the work of other scholars, Julie Spray encourages us to approach differently the way in which socioeconomic structures and cultural contexts shape bodies and experiences. Recognizing that childhood is a social construction, while children's bodies emerge in the intersection of multiple dimensions, Spray proposes a model for approaching children's bodies and health through three lenses: the embodied child, the social child, and the public child (see image below)⁹⁰. The model allows us to consider the role of social and biological contexts in children's wellbeing but also provides the space for acknowledging the child's agency regarding their body, family, and community.





**Has health, eating watermelon with
all her family** by María Cac (2023).
Chisec, Alta Verapaz, Guatemala,
**Spanish: Tiene salud comiendo sandía
con toda la familia.**

- Jean Hunleth encourages researchers and policymakers to challenge the bias that working with children is difficult or cumbersome, as this keeps their voices out of the public arena⁹¹. Child studies scholars have advocated incorporating alternative methodologies such as play and imagery to actively include children in the coproduction of knowledge. The HunlethLab⁹² has created two zines based on their research of rural children's lives, encouraging a playful engagement in which participants transform and recreate knowledge. In this sense, through play, they can “transform power dynamics (not escape them), lead to new types of data or texts, offer an approach to listening to children rooted in context, [and] provide new or different understandings of children's lives.”⁹³ Play can also be a way to confront the colonial and Enlightenment legacies that have excluded other forms of knowing, like children's worldviews or indigenous epistemologies, deeming them irrational or unscientific.
- The Ministry of Health of Malawi actively involved youth and youth organizations in writing and revising the National Youth Friendly Health Services Strategy 2015–2020. The policy, which focuses on sexual and reproductive health services (SRH), incorporated a methodology that encouraged their participation through meetings and workshops, as well as interviews and bulletins broadcasted through youth-led community radio stations⁹⁴. A recent study focused on youth participation in sexual and reproductive health in Malawi showed that while these young participants recognized the diversity of opportunities for their engagement, their sense of actual decision-making and evaluation of these public policies was minimal at best⁹⁵. The youth's interest in SRH resulted in them acting as facilitators and educators, making home visits and developing materials for the consultation processes in their communities or surrounding towns. The authors observe that young Malawi's agency and lived experience could have been incorporated into all phases of policy design with better allocation of funds for youth participation and less control of adult officials.



Principles

Decolonize and Pluralize Childhoods

Decolonize and Pluralize childhood(s)

There is no 'natural' childhood. Childhood is a social construction based on biological development that varies across cultures and history. Children's health and wellbeing emerge from the interaction of social, political, economic, and environmental contexts with the body's physiological growth. In order to pluralize childhood(s), we can:

- See children as human beings with intrinsic worth, rather than just as investments in the future.
- Be skeptical of universal metrics and developmental benchmarks based on Western populations, recognizing that children's health emerges from the coming together of many biological and social factors.
 - *Multidimensional approaches to child growth from UNICEF and others, can provide nuanced references for children's health and wellbeing. The evaluation of growth with a multidimensional approach in Tanzania and Vietnam shows the need for new capabilities at individual, local, and national levels in order to achieve better development outcomes.*

Embrace Autonomy and Interdependence

Embrace autonomy and interdependence

Western ideals of childhood that emerged during the colonial period see it as a time of innocence and formation, with the need to protect children in ways that deny them autonomy and treat children as investments in the future. To embrace interdependence, we can:

- Acknowledge the ways that colonial cultural conceptions and silo-based policies underwrite approaches that can marginalize children based on race, gender, and class.
 - *Korea and Singapore increased their public expenditure on early child care and education, making care accessible for all children and families, facilitating coordination across ministries with child-focused mandates, and expanding the professional workforce for child care.*
- Address child-centered policies through the lens of interdependence in order to highlight wellbeing and care as a collective endeavor
 - *The creation of safe spaces for indigenous girls in Guatemala and the US allows for the establishment of intergenerational and peer support in marginalized contexts.*

Care for All Voices

Care for all voices

Children's voices should be incorporated into all policies that impact children. Children not only have unique and valuable insights into their health and wellbeing but are active participants in their own care practices and that of their immediate surroundings. Acknowledging the ways in which they create knowledge and care practices can be a source of creativity and innovation.

To invest in care for all voices, we can:

- Establish public commitments and criteria for the inclusion of children's participation in all stages of policy and infrastructure design.
 - *To increase children's mobility. Reggio Emilia, a city in northern Italy, published a municipal manifesto that compelled all sectors to center children in their practices and applied an interdisciplinary approach with children to create new dynamics in city mobility.*
- Engage children's perspectives and knowledge production on social and health affairs, as their insights can be a source of creativity and innovation as well as inclusion.
 - *Incorporating play and children's practices for producing knowledge in New Zealand and rural US provides a better understanding of the challenges children face.*

FOOTNOTES

- 1 Geronimus shows how socio-economic status and associated stressors affect blood pressure and other biomarkers. See Geronimus, D. A. T. (2023). *Weathering: The Extraordinary Stress of Ordinary Life in an Unjust Society*. Little, Brown Spark.
- 2 Manfred, L. (2020). *Decolonizing Childhoods: From Exclusion to Dignity*. Policy Press.
- 3 Spray, J. (2018). The Value of Anthropology in Child Health Policy. *Anthropology in Action* 25(1), 29–40. <https://doi.org/10.3167/aia.2018.250104>. Page 560.
- 4 Castañeda, C. (2002). *Figurations: Child, Bodies, Worlds*. Duke University Press. <https://doi.org/10.2307/j.ctv1220hpr>
- 5 Moruzi, K., Musgrove, N., & Leahy, C. P. (Eds.). (2019). *Children's Voices from the Past: New Historical and Interdisciplinary Perspectives*. Springer International Publishing.
- 6 Prout, A. (2005). *The Future of Childhood: Towards the Interdisciplinary Study of Children*. RoutledgeFalmer.
- 7 United Nations. (1959). *Declaration of the Rights of the Child*. <https://digitallibrary.un.org/record/195831>
- 8 Hestres, L., Rochman, A., Busso, K., & Volmert, A. (2021). *How Are Advocates Talking about Children's Issues? An Analysis of Field Communications*. Washington, DC: FrameWorks Institute. <https://www.frameworksinstitute.org/wp-content/uploads/2021/09/LFK-FFA-final.pdf>
- 9 Ticktin, M. (2017). A world without innocence. *American Ethnologist*, 44(4), 577–590. <https://doi.org/10.1111/amet.12558>
- 10 Patton, S. (2022). The Children of Children: Why the Adulthood Thesis is a Misguided Trap for Black Children and Families. In carla bergman (Ed.), *Trust Kids!: Stories on Youth Autonomy and Confronting Adult Supremacy*. AK Press.
- 11 Bluebond-Langner, M., & Korbin, J. E. (2007). Challenges and Opportunities in the Anthropology of Childhoods: An Introduction to "Children, Childhoods, and Childhood Studies." *American Anthropologist*, 109(2), 241–246. <https://doi.org/10.1525/aa.2007.109.2.241>
- 12 See Hunleth, J. (2017). *Children as caregivers: The global fight against tuberculosis and HIV in Zambia*. Rutgers University Press; Spray, J. (2020). *The Children in Child Health: Negotiating Young Lives and Health in New Zealand*. Rutgers University Press. <https://doi.org/10.2307/j.ctvvh85fc>
- 13 Rollo, T. (2022). Childing the World. In carla bergman (Ed.), *Trust Kids!: Stories on Youth Autonomy and Confronting Adult Supremacy*. AK Press.
- 14 Rollo, 2022.
- 15 Leibsohn, D. (2021). Codex Mendoza (16th c.). In *Children and Youth in History*. Item #275 <https://chnm.gmu.edu/cyh/case-studies/275.html>
- 16 Karasik, Lana B. and Scott R. Robinson (2022) "Milestones or Millstones: How Standard Assessments Mask Cultural Variation and Misinform Policies Aimed at Early Childhood Development" *Policy Insights from Behavioral and Brain Sciences* 9(1): 57-64.
- 17 Ruggeri, Amanda (2023) "Developmental milestones are an important medical tool – but is our obsession with them causing unintended harm?" <https://www.bbc.com/future/article/20230109-what-parents-get-wrong-about-childhood-milestones>
- 18 Ruggeri, 2023
- 19 Zubler et al (2022) "Evidence-Informed Milestones for Developmental Surveillance Tools" *Pediatrics* 149(3)
- 20 Zubler et al, 2022.
- 21 Zubler et al, 2022.
- 22 Bennett, William E., Kristin S. Hendrix, Rachel T. Thompson, Aaron E. Carroll, Stephen M. Downs (2014) "The Natural History of Weight Percentile Changes in the First Year of Life" *JAMA Pediatrics* 168(7):681-682
- 23 Bennett et al, 2014
- 24 Bennett et al, 2014
- 25 Zubler et al, 2022
- 26 Lesko, N., & Talburt, S. (Eds.). (2011). *Keywords in Youth Studies: Tracing Affects, Movements, Knowledges*. Routledge.
- 27 See Shaw, P., Kabani, N. J., Lerch, J. P., Eckstrand, K., Lenroot, R., Gogtay, N., Greenstein, D., Clasen, L., Evans, A., Rapoport, J. L., Giedd, J. N., & Wise, S. P. (2008). Neurodevelopmental Trajectories of the Human Cerebral Cortex. *Journal of Neuroscience*, 28(14), 3586–3594. <https://doi.org/10.1523/JNEUROSCI.5309-07.2008>. Also, Jabr, F. (2012). The neuroscience of 20-somethings. Scientific American Blog Network. Retrieved February 1, 2023, from <https://blogs.scientificamerican.com/brainwaves/the-neuroscience-of-twenty-somethings/>
- 28 Vijayakumar, N., Mills, K. L., Alexander-Bloch, A., Tamnes, C. K., & Whittle, S. (2018). Structural brain development: A review of methodological approaches and best practices. *Developmental Cognitive Neuroscience*, 33, 129–148. <https://doi.org/10.1016/j.dcn.2017.11.008>
- 29 National Institutes of Health. (revised 2023). The Teen Brain: 7 Things to Know. National Institute of Mental Health (NIMH). <https://www.nimh.nih.gov/health/publications/the-teen-brain-7-things-to-know>. See also, Brain Maturation is Complete at About 24 Years of Age. The Alcohol Pharmacology Education Partnership. (n.d.). Retrieved February 1, 2023, from <https://sites.duke.edu/apep/module-3-alcohol-cell-suicide-and-the-adolescent-brain/content-brain-maturation-is-complete-at-about-24-years-of-age/>
- 30 Henrich, J., Heine, S. J., & Norenzayan, A. (2010). The weirdest people in the world? *The Behavioral and brain sciences*, 33(2-3), 61–135. <https://doi.org/10.1017/S0140525X0999152X>
- 31 Scheidecker, G., Chaudhary, N., Keller, H., Mezzenzana, F., & Lancy, D. F. (2023). "Poor brain development" in the global South? Challenging the science of early childhood interventions. *Ethos*. <https://doi.org/10.1111/etho.12379>
- 32 Scheidecker et al., (2023).
- 33 UNICEF Innocenti (2020). *Worlds of Influence: Understanding what shapes child well-being in rich countries, Innocenti Report Card 16*. UNICEF Office of Research, Innocenti, Florence.
- 34 Biggeri, M., Libanora, R., Mariani, S., & Menchini, L. (2006). Children Conceptualizing their Capabilities: Results of a Survey Conducted during the First Children's World Congress on Child Labour. *Journal of Human Development*, 7(1), 59–83. <https://doi.org/10.1080/14649880500501179>

- 35 See Love Letham, Scotland <https://www.loveletham.org> (retrieved October, 2023)
- 36 Love Letham Commission. (2023). *Co-creating plans to make Love Letham the best place to grow up (Phase 1)*. Love Letham. <https://www.loveletham.org/post/new-report-shows-what-letham-s-children-need-to-thrive>
- 37 Levenson, D. (2013). *Adiós niño the gangs of Guatemala City and the politics of death*. Duke University Press. Page 15
- 38 Goodman, R. (2000). *Children of the Japanese State: The Changing Role of Child Protection Institutions in Contemporary Japan*. Oxford University Press.
- 39 Carpenter, K. (2021). *Life in a Cambodian Orphanage: A Childhood Journey for New Opportunities*. Rutgers University Press. <https://doi.org/10.2307/j.ctv1mvw8bf>
- 40 Zhang, J., & Wang, N. (Directors). (2019). *One Child Nation* [Documentary]. Amazon Studios.
- 41 Epstein, R., Blake, J., & González, T. (2017). *Girlhood Interrupted: The Erasure of Black Girls' Childhood*. Georgetown Law Center on Poverty and Inequality. <https://genderjusticeandopportunity.georgetown.edu/wp-content/uploads/2020/06/girlhood-interrupted.pdf>
- 42 The National Museum of the American Indian describes the experience of boarding schools by Code Talkers in the virtual exhibition "Native Words, Native Warriors". See Chapter 3: Boarding Schools | Native Words, Native Warriors. Retrieved June 29, 2023, from <https://americanindian.si.edu/nk360/code-talkers/boarding-schools>
- 43 Francis, A. M., Hall, W. J., Ansong, D., Lanier, P., Albritton, T. J., & McMillan, A. (2023). Implementation and effectiveness of the Indian Child Welfare Act: A systematic review. *Children and Youth Services Review*, 146, 106799. <https://doi.org/10.1016/j.childyouth.2022.106799>
- 44 See Deese, K. (2022). Gorsuch and liberal justices sympathetic to Native American preference in decades-old welfare law. *Washington Examiner*. <https://www.washingtonexaminer.com/policy/courts/gorsuch-liberal-justices-sympathetic-to-native-american-preference-law> and Dibble, M. (2020). Supreme Court rules eastern half of Oklahoma is tribal land. *Washington Examiner*. <https://www.washingtonexaminer.com/news/supreme-court-rules-eastern-half-of-oklahoma-is-tribal-land>
- 45 Levenson, 2013: 15
- 46 UNICEF. (2023, June). *Children in alternative care*. UNICEF DATA. <https://data.unicef.org/topic/child-protection/children-alternative-care/>
- 47 UNICEF. (2023, June). *Justice for children*. UNICEF DATA. <https://data.unicef.org/topic/child-protection/justice-for-children/>
- 48 According to UNICEF, the world estimate was based on data from 158 countries between the years 2008 and 2021; about 81% of the global youth population. UNICEF global databases, 2023, based on United Nations Office on Drugs and Crime (UNODC), Eurostat, TransMonEE databases and national criminal justice institutions' records. <https://data.unicef.org/topic/child-protection/justice-for-children/#more>
- 49 See RWJF & Every Family Forward. (2022). *Watch a Conversation on What it Means to Support the Whole Child and Family*. Every Family Forward. <https://everyfamilyforward.org/a-video-conversation-on-supporting-the-whole-child-and-family>. Also, RWJF & Every Family Forward.. (2021). *Video: Conversation on Care and Caregiving*. Every Family Forward. <https://everyfamilyforward.org/conversation-on-care-and-caregiving>
- 50 RWJF & Every Family Forward. (2021). *Raising the Next Generation: A Survey of Parents and Caregivers*. Every Family Forward. <https://everyfamilyforward.org/special-reports/raising-the-next-generation>
- 51 L'Hôte, E., & Volmert, A. (2021). *Why aren't kids a policy priority? The cultural mindsets and attitudes that keep kids off the public agenda: A FrameWorks Strategic Brief*. FrameWorks Institute.
- 52 Lee, D. (2018). *The evolution of family policy in South Korea: From Confucian familism to Neo-familism*. *Asian Social Work and Policy Review*, 12(1), 46–53. <https://doi.org/10.1111/aswp.12137>
- 53 Adema, W., Clarke, C., & Thévenon, O. (2020). Family Policies and Family Outcomes in OECD Countries. In R. Nieuwenhuis & W. Van Lancker (Eds.), *The Palgrave Handbook of Family Policy* (pp. 193–217). Springer International Publishing. https://doi.org/10.1007/978-3-030-54618-2_9
- 54 Yu, H. M., Cho, Y. J., Kim, H. J., Kim, J. H., & Bae, J. H. (2021). A Mixed-Methods Study of Early Childhood Education and Care in South Korea: Policies and Practices During COVID-19. *Early Childhood Education Journal*, 49(6), 1141–1154. <https://doi.org/10.1007/s10643-021-01239-5>
- 55 The government clearly states that public provisions are destined for Singaporean citizens, thus migrant children and their families might not be covered by these programs.
- 56 Seah, Y. H. (2020). Improving early childhood outcomes for children and families: Lessons from the KidSTART journey. In I. Y. H. Ng & Y. W. Neo (Eds.), *Working with low-income families through the life course: Challenges to social services* (pp. 35–46). Singapore: National University of Singapore.
- 57 The Promise Scotland. Retrieved October 7, 2023, from <https://thepromise.scot/>
- 58 One Parent Families Scotland, & The Promise Scotland. (2023). *Poverty-proofing for families in or on the edges of care. A policy briefing by One Parent Families Scotland*. The Promise. https://opfs.org.uk/wp-content/uploads/2023/08/OPFS_Promise_Policy_Briefing.pdf
- 59 Hunleth, 2017
- 60 Tai Walker, 'Whānau – Māori and family', *Te Ara - the Encyclopedia of New Zealand*, <http://www.TeAra.govt.nz/en/whanau-maori-and-family> (accessed 28 June 2023)
- 61 Aime, H., Broesch, T., Aknin, L. B., Warneken, F. (2017). Evidence For Proactive and Reactive Helping In Two- To Five-year-olds From A Small-scale Society. *PLoS ONE*, 11(12), e0187787. <https://doi.org/10.1371/journal.pone.0187787>
- 62 Lee, H. M. (1996). *Becoming Tongan: An ethnography of childhood*. University of Hawaii Press
- 63 Luddy, M. (2011). Unmarried Mothers in Ireland, 1880–1973. *Women's History Review*, 20(1), 109–126. <https://doi.org/10.1080/09612025.2011.536393>. Also, Urbano, E. M. C., & Ruiz, M. I. R. (2021). Irish Mother and Baby Homes' fostered children reconstructing their past in Phyllis Whitsell's "My Secret Mother" (2015) and "A Song for Bridget" (2018). *Cuadernos de Investigación Filológica*, 49, 107–125. <https://doi.org/10.18172/cif.4700>

- 64 Bland, L. (2019). *Britain's "brown babies": The stories of children born to black GIs and white women in the Second World War*. University Press.
- 65 Carpenter, 2021
- 66 Murdoch, L. (2006). *Imagined Orphans: Poor Families, Child Welfare, and Contested Citizenship in London*. Rutgers University Press. <https://www.jstor.org/stable/j.ctt5hj169>
- 67 Graham, J., & Gray, E. (Directors). (1995). *The Orphan Trains* [Documentary]. PBS. <https://www.pbs.org/wgbh/americanexperience/films/orphan/>
- 68 Mock, V. (2004). *Tragedy of child labourers comes to light*. SWI Swissinfo.Ch. <https://www.swissinfo.ch/eng/tragedy-of-child-labourers-comes-to-light/3791074>. See also, Gopalakrishnan, M. (2016, April 27). *Swiss to compensate child laborers*. DW. <https://www.dw.com/en/switzerland-to-compensate-victims-of-centuries-old-child-labor-practice/a-19218456>
- 69 Murdoch, 2006: 11
- 70 Tai Walker, 'Whānau – Māori and family', Te Ara - the Encyclopedia of New Zealand, <http://www.TeAra.govt.nz/en/whanau-maori-and-family> (accessed 28 June 2023)
- 71 Bone, J. (2014). "Through Belonging: An Early Childhood Perspective from a New Zealand Preschool." In B. Wattchow, R. Jeanes, L. Alfrey, T. Brown, A. Cutter-Mackenzie, & J. O'Connor (Eds.), *The Socioecological Educator: A 21st Century Renewal of Physical, Health, Environment and Outdoor Education* (pp. 125–137). Springer Netherlands. https://doi.org/10.1007/978-94-007-7167-3_7
- 72 Hallman, K., Polen, L., Peck, K. 2021. The IMAGEN Story: A Framework for Restoring Indigenous Girl Societies. NY, NY. Indigenous Adolescent Girls' Empowerment Network (IMAGEN). doi: 10.31899/sbsr2021.1063
- 73 Kupchinetsky, V. (Director). (2021). *The Lakota Kupchinetsky, V.* (Director). (2021). *The Lakota Daughters*. The Voice of America. <https://www.imagen-network.org/the-lakota-daughters>
- 74 Rogoff, B. (1990). *Apprenticeship in thinking: Cognitive development in social context*. Oxford University Press. P. 216.
- 75 Doucleff, M. (2018, June 21). *A Lost Secret: How To Get Kids To Pay Attention*. NPR. <https://www.npr.org/sections/goatsandsoda/2018/06/21/621752789/a-lost-secret-how-to-get-kids-to-pay-attention>
- 76 Solberg, A. H. S. (1990). Negotiating Childhood. In: *Constructing and Reconstructing Childhood*, 111-127. <https://doi.org/10.4324/9781315745008-7>
- 77 Kelly K. Hallman, Nora J. Kenworthy, Judith Diers, Nick Swan & Bashi Devnarain (2015) The shrinking world of girls at puberty: Violence and gender-divergent access to the public sphere among adolescents in South Africa, *Global Public Health*, 10:3, 279-295, DOI: 10.1080/17441692.2014.964746
- 78 Shaw, B., Bicket, M., Elliott, B., Fagan-Watson, B., Mocca, E., Hillman, M., & Fagan-Watson, B. (2015). *Children's Independent Mobility: An international comparison and recommendations for action* [Project report]. Policy Studies Institute. http://www.psi.org.uk/children_mobility
- 79 Marketta Kyttä, Melody Oliver, Erika Ikeda, Ehsan Ahmadi, Ichiro Omiya & Tiina Laatikainen (2018) Children as urbanites: mapping the affordances and behavior settings of urban environments for Finnish and Japanese children, *Children's Geographies*, 16:3, 319-332, DOI: 10.1080/14733285.2018.1453923
- 80 CIVITAS. (2020, December 14). Reggio Emilia. <https://civitas.eu/cities/reggio-emilia>
- 81 Gallant, D. (2021). Autumn Peltier. In *The Canadian Encyclopedia*. Retrieved from <https://www.thecanadianencyclopedia.ca/en/article/autumn-peltier>
- 82 Royal Roads University (Director). (2022, June 23). *Autumn Peltier: RRU Changemakers Speakers Series*. <https://www.youtube.com/watch?v=dKKg6nVh6Dg>
- 83 Hartoft, H. (2020). Children's Right to Participation in Denmark: What Is the Difference between Hearing, Co-Determination and Self-Determination? In T. Haugli, A. Nylund, R. Sigurdson, & L. R. L. Bendixsen (Eds.), *Children's constitutional rights in the Nordic Countries*. Brill Nijhoff.
- 84 Hestres, et al., 2021.
- 85 Hunleth, 20017: 4
- 86 Bluebond-Langner, M. (1978). *The Private Worlds of Dying Children*. Princeton University Press. <https://doi.org/10.2307/j.ctvzsmf6s>
- 87 Spray, J. (2022). The Pandemic Generation. *Children's inclusion and participation in Covid-19 health promotion in Aotearoa New Zealand* [Report for Participants, Parents, and Stakeholders]. The University of Auckland. <https://juliespray.com/pandemic-generation/pandemic-generation-full-report/>
- 88 Bosse, J. D., Dion, K. A., Galman, S. C., & Chiodo, L. M. (2022). Transgender and nonbinary young adults' perception of sibling and parental support for gender identity. *Research in Nursing & Health*, 45(5), 569–579. <https://doi.org/10.1002/nur.22251>
- 89 Carpenter, 2021.
- 90 Spray, J. (2018). The Value of Anthropology in Child Health Policy. *Anthropology in Action* 25(1), 29–40. <https://doi.org/10.3167/aia.2018.250104>. Page 553.
- 91 Consultation 2022
- 92 See <https://issuu.com/hunlethlab>
- 93 Ruiz, S., Weidenman, E., & Hunleth, J. M. (2022). *Play as a Mode of Research. Using play to examine rural children's perspectives on health and care*. https://issuu.com/hunlethlab/docs/play_as_a_mode_of_research
- 94 Ministry of Health. (2014). *National Youth Friendly Health Services Strategy 2015–2020*. Ministry of Health, Republic of Malawi.
- 95 Wigle, J., Paul, S., Birn, A.-E., Gladstone, B., & Braitstein, P. (2020). Youth participation in sexual and reproductive health: Policy, practice, and progress in Malawi. *International Journal of Public Health*, 65(4), 379–389. <https://doi.org/10.1007/s00038-020-01357-8>

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