



Children as Citizens: Understanding the United Nations' Convention on the Rights of The Child as a Social Determinant of Health.

The 21st Century will belong to children. It is their dreams and aspirations, shaped by the circumstances into which they are born and which surround them as they grow up, that will give the Century its final definition. Those who are under eighteen today constitute more than a third of the world's population and are already profoundly affecting our lives by their decisions and actions. For their sake as well as our own, we must do everything possible to reduce the suffering that weighs them down, open up their opportunities for success and ensure them a culture of respect. This is what the young people meant when they spoke to the General Assembly of the United Nations at the Special Session on Children in May 2002. "We want a world fit for children." They said, "because a world fit for us is a world fit for everyone."ⁱ

Former Canadian Senator Landon Pearson.

2009 marks the 20th anniversary of the United Nations' Convention on the Rights of the Child (UNCRC). Eleven years in the making, with communication and debate occurring between over forty countries, the adoption of the CRC by the UN General Assembly represented the first time that the needs of children were specifically presented and agreed to be *human* rights. To date, the CRC has been ratified by 194 member nations.ⁱⁱ The ethos of the CRC is its' signal to all that children must be viewed as citizens now, and not at some future date chosen arbitrarily by well-intentioned adults. It situates children and youth as active participants in the world and calls upon us all to ensure their participation, provision and protection rights are protected because they matter *now*. Children's rights are not hinged upon developmental markers or psychological achievements. Rather their rights to voice and choice, for example, must be granted because of children's *intrinsic* value.

It can be said that the CRC is a *health* treaty as much as it is a *rights* treaty. When health is understood in its broadest of conceptualizations, it includes a sense of control over one's life and living conditions, as having hope, as being able to do things one enjoys, and as having a sense of purpose, belonging and connectedness to others.ⁱⁱⁱ It also includes certain prerequisites including equity, peace and social justice.^{iv} According to Raeburn and

Rootman, health is more about quality of life (QOL) and involves the capacity to make the most of opportunities. They further argue that this depends to a great extent on how much control a person has: an experience shaped by social structures and norms.^v Given that health is far more than the absence of disease, but rather is the continued enjoyment of dignity, respect, choice, agency, autonomy and belonging, the CRC is in my view a document that advocates for children's social determinants of health. Broad definitions of health and issues addressed by population health models of health promotion are congruent with the CRC.^{vi} Indeed every social determinant of health is addressed within the CRC. See Table 1.0

Ageism: The Key to Children's Exclusion

Central to any discussion regarding the social determinants of health for children must be an acknowledgement of children's vulnerable and disadvantaged social status – a status derived primarily on age-based parameters rooted in deficit models of development. Ageism is a form of discrimination that marginalizes groups of persons solely on the basis of age. In an adult-centred world, ageism is assumed to apply to middle-aged and senior aged people; an assumption which ignores, marginalizes and silences the lived experience of ageism for children and youth. Further adult-privilege enables a system of determining who is a true citizen worthy of rights and freedoms. Adults name the parameters and adults evaluate would-be evaluatees. The problem with these myopic notions is that children and youth will never measure up for the standards are based on adult definitions of maturity, readiness, and what it means to be a contributing member of society. It wasn't very long ago in North America that women were also denied citizenship as they didn't measure up to a male standard of achievement. It can be argued that persons living with disabilities also are not viewed as full citizens for the yardstick against which persons with disabilities are measured are ableist, assuming that 'normal' means able-bodied or without any intellectual 'defect'.

Discriminatory attitudes prevail and for children and youth and these attitudes impinge upon their health and quality of life in a myriad of ways. When children are conceptualized, ‘we’¹ don’t necessarily learn about their perspectives, but rather about adult concepts of children and of childhood. It is because of this that within most theories about children and childhood children’s incompetence is taken for granted – and this ‘fact’ often becomes children’s prime distinguishing feature.^{vii} The subordinate status relegated to children renders their voices and their experiences as they would tell them, inaudible. It is a social status that children are expected to merely accept – as normal and as a simple rite of passage into the eventual honored role as adult and as full citizen. Binaries set up a social structure of better than and less than, normative and not, A and not-A. This othering or marginalization of children denies children the right to be full members of a society. At the same time it fosters internalized adultism teaching children that they also should regard themselves this way, now, and when they enter the ruling population. Perhaps most troubling is that children continue to be viewed as the property of the collective **WE**, i.e. that they are ‘our’ future. Children are not property. They are not born owing us anything. Perhaps, it’s actually the reverse.

Inclusion as a Social Determinant of Health

Much has been written about social inclusion as a determinant of health.^{viii} Social exclusion has been defined as a denial of opportunities to contribute to and participate *actively* in society.^{ix} Also, its been characterized as a sense of being overlooked, categorized or misrepresented, and the processes of social location that arise out of such exclusion affect health and quality of life.^x The World Health Organization asserts that social exclusion creates a deterioration in social cohesion and people’s experiences of exclusion is viewed

¹ The use of the word ‘we’ is used with deep reservation for its purpose in this instance is to call adult readers attention to the dismissal of children’s voices and perceptions regarding childhood. In so doing, it maintains children’s relegated status as they or not-we and so for now I hold this term in tension. not inclusive of children and youth.

best through an analysis of the complex interaction of the social determinants of health.^{xi xii} Health Canada recognizes the growing evidence of social exclusion in Canadian Society, stating Aboriginal peoples, racialized groups and immigrants experience institutionalized racism in the health care and justice systems.^{xiii} The Toronto Charter for a Healthy Canada underscores the importance of social inclusion, naming exclusion as a denial of opportunities to participate in civil society. Further, it is argued that social exclusion contributes to an overall erosion in social stability.^{xiv} Others argue that social exclusion is exacerbated by age, ability, sexual orientation, race ethnicity, and religion.^{xv}

Marginalization has further been argued as a process of categorization, and the subsequent devaluation of one's ascribed category. Assumptions about persons assigned to some categories disadvantage some while privileging others. Far beyond a feeling of unwelcome, marginalization is argued to be more about safety.^{xvi} The Canadian Nurses' Association highlights the importance of the social determinants of health and has publicly acknowledged how people with lesser social standing usually run at least twice the risk for illness.^{xvii xviii} Further social inclusion has been theorized as a social lens – as a way to understand social wellbeing and citizenship. Proponents for social inclusion call upon society, and in particular the health sector to move beyond simply brining 'outsiders in', to a shift away from assimilation models of inclusion.^{xix} Rather the call for change is for the social structures that created the marginalization, i.e. the root of a we/they society.

Towards Inclusion: Widening 'We'

It is argued that health disparities must be understood within a context of intersecting domains of inclusion, exclusion and inequality.^{xx} This intersectional analysis, however, presumes a certain norm from which the excluded deviate, and in the case of adultism or ageism as experienced by children, adult is the norm. Labonte adeptly questions: 'How does one go about including individuals and groups in a set of structured social relationships responsible for excluding them in the first place?'^{xxi} In analyzing social

determinants of health literature and discourse, a glaring gap exists. Despite ardent mention of the impact of social exclusion on health, and arguments that social inclusion is critical to health, children's exclusion based on age is eerily missing. Children continued to be viewed as an extension of the adults who surround them, and their disadvantaged status is chalked up to their parent's social location. That there isn't discourse about disparities in citizenship is probably more damaging than including it but perhaps getting it wrong. Its invisibility as an issue, only serves to further marginalize the lived ageism children and youth are forced to endure. It's unacknowledged. Worse yet, the supposed or implied norm that children are not-yets reinforces dualisms of citizens now and citizens of the future. Such dualisms place children's true participation in limbo and forces young people to have to wait to count, and to matter beyond being viewed as possessions or worse yet "our" collective future.

When language about children uses 'we' and 'they' the norm is reinforced. 'We' is meant to imply adults and 'they' children. When children are conceptualized, we don't necessarily learn about their perspectives, but rather about adult's concepts of children and of childhood. It is because of this that within most theories about children and childhood children's incompetence is taken for granted – in fact this 'fact' often becomes children's prime distinguishing feature.^{xxii} It's time. It's time to widen who is included in the collective 'we'. Society is rooted in a them/us internal dialogue that serves only one purpose : to distance us from one another rather than understand our interconnectedness. All children and adults are a part of the same global fabric. When adults say 'we', who do they mean? When adults write and use the word 'we' in textbooks about children they most assuredly are not implying the we to include children. Children are the 'they', and in so being remain viewed as a passive actor in an adult-driven social structure.

What would happen if children were viewed as active meaning-givers? Of actors and not purely objects?^{xxiii} What would happen if children were viewed as full citizens?

Children's Rights and Citizenship as Social Determinants of Health

Children should have rights as human beings ... not as human-becomings.

(Otto Driedger, University of Regina, Saskatchewan.
Testimony to The Senate of Canada, 2006)

Child-rights scholar Richard C. Mitchell argues that population health models and approaches to health promotion indeed address many of the rights afforded to children and youth within the UNCRC. However, he points out that population health models and the list of what is currently viewed to be the social determinants of health are both missing one key component – State Parties international commitments to children vis a vis the ratification of the UN Convention on the Rights of the Children.^{xxiv} In order to broaden the social determinants of health discourse and best affect policy and practice affecting young people, embracing children's rights and the CRC is critical. Within the CRC lies 42 articles that if enacted ensure children's participation, protection and provision rights. But most importantly, inherent in the embracement of a child-rights lens is the recognition that children are citizens and that they have a right to this protected status. The CRC is a valuable tool, especially for health professionals. Most health professionals have codes of ethics that call upon them to ensure the dignity, respect, health and equality of all persons. That calling and privileged role in affecting the health of children and youth behooves the world's health care professionals to embrace a child-rights framework.

The United Nations' Convention of the Rights of The Child (UNCRC) is a treaty signed by most UN countries signaling a willingness to acknowledge that children and young people have rights. With the year 2009 marking the convention's 20th anniversary, the time is ripe to situate and actualize children's citizenship as a determinant of health for children and youth. From autonomy, dignity and justice to education and freedom from harm, understood in the broadest terms, a right to health underpins the UNCRC. In protecting the rights of children as outlined in the UNCRC, the social determinants of

health are individually and collectively addressed. The first step centers on the necessity to view children as citizens. Perhaps it will take health care professionals – those who reach out to the marginalized - to collectively confront myopic notions that suggest children are incomplete or are “not-yets”, incapable of contributing to society. For children to be denied the right to be viewed a citizen, prevents this key determinant of health from being met. Children are not property, as implied in sentences stating, “Children are our future”. Rather children are citizens now, today, and not at some arbitrary date based on outdated developmental models rooted in ageist and adultist assumptions about children. To view children as citizens addresses issues of equity, inclusion and maybe, just maybe, will enable children to have a voice in shaping policies and practices derived by well-serving adults. True Belonging in the human race is a social determinant of health children deserve.

Table 1.0 Children's Health and the UNCRC^{xxv xxvi}

Determinants Of Health/QOL	Relevant Articles from the UNCRC
Food, Water Shelter Stable Ecosystem Autonomy Choice Safety/Peace Dignity Equity Freedom Belonging Purpose Being Connectedness	<p>24 (c) – The right to adequate nutrition, clean drinking water; 24(d)- The right to give all segments of society basic knowledge of nutrition</p> <p>24(4) The right to protection from environmental toxins</p> <p>12 – The views of children and youth must be heard and given due weight;</p> <p>13 – Freedom of expression; 8 – The right to preserve one's identity</p> <p>17- The right to access information</p> <p>12 – The views of children and youth must be heard and given due weight</p> <p>2 - The right to be free from any form of discrimination (all protection rights)</p> <p>20- The right to be protected by the state</p> <p>19- The right to protection from abuse, neglect, punishment and mental violence</p> <p>7- The right to a name, and nationality; 16- The right to privacy</p> <p>42- The right to these rights and to their widespread dissemination</p> <p>4 - The right to implementation of the UNCRC</p> <p>31- The right to freedom from work; freedom of thought, conscience, religion</p>

Being Loved	1-The right to be a child; 42 The right to these rights
Receiving	15- Freedom of association;
Becoming	28/29- The right to education
Social Justice	<p>24- The right to health</p> <p>26/27- The right to social security and an adequate standard of living for the child's physical, mental, moral and social development</p> <p>7- The right to be cared for by their parents (if safe); 18- State parties must render appropriate assistance to parents in the performance of their child-rearing responsibilities; 30 The right to enjoy one's culture, religion or language</p> <p>3- The best interests of the child are always to be factored into decisions/policies</p> <p>6- The right to survival and development</p> <p>24- The right to accessible health care; 28/29; (All provision rights)</p> <p>6- The right to survival and development; 24 – The right to enjoy the highest attainable standard of health possible; 31- The right to rest, leisure and play;</p> <p><u>The entire UNCRC</u></p>

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- ⁱⁱ See www.unicef.ca
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