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Part I

Context

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Chapter 1

The importance of health and wellbeing

Donna Pendergast and Susanne Garvis

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Introduction

According to the United Nations, the world population was 7.2 billion in mid-2013, and is projected to increase to over eight billion in 2025 (United Nations, 2013). The population of the less-developed regions is relatively young, with children aged from birth to 14 years accounting for 28 per cent of the population (1.67 billion). In the least-developed countries, children constituted 40 per cent of the population – or 360 million children. In the more-developed regions, children accounted for an average of 16 per cent of the population (around 206 million people). This means an average of 26 per cent of the world population in 2013 was aged between birth and 14 years. It is predicted that by 2050 the relative percentage of young people will decline to 21 per cent and by 2100 to 18 per cent of the world population (United Nations, 2013). These demographic trends result from a combination of increased life expectancy, the effects of birth and population controls. It is evident that the proportion of the world population in the years from birth through childhood is large, and while it will decrease proportionately in the future, it will continue to be a dominant part of the world's population (see Figure 1.1).

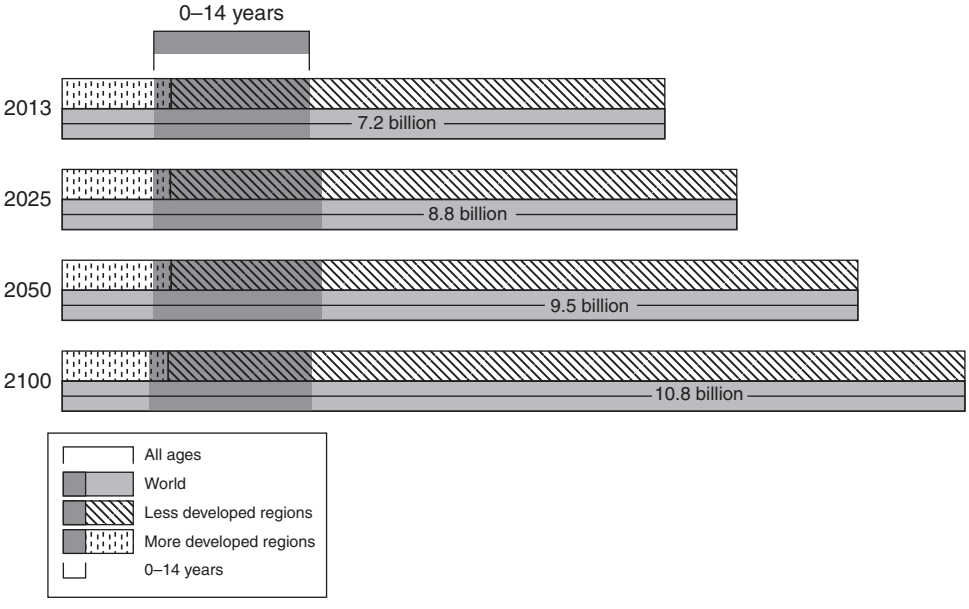

Figure 1.1 *Proportion of young people in the world's population*

Children currently aged from birth to 12 years are all members of Generation Z. A generation is typically defined as the average interval of time between the birth of parents and the birth of their offspring, with a birth generation averaging 20–22 years and a lifespan four times that generational length. Everyone is a member of a generation. Generational theory seeks to understand and characterise cohorts of people according to their birth generation. It is a dynamic socio-cultural theoretical framework that employs a broad-brushstroke approach rather than an individual focus.

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Generations are defined not by any formal process, but rather by demographers, the press and media, popular culture, market researchers and members of the generation themselves (Pendergast, 2007). The basic notion is that, as members of a generation, we typically share a birth year range, opening us up to a set of experiences and a set of social and economic conditions that in turn shape our particular generation in specific ways. This subsequently influences our collective thinking, and leads to the development of broad and common values and beliefs. The acquisition of values and belief systems principally occurs during the formative or childhood years of each generation (Pendergast, 2008).

The birth years for Generation Z commenced in 2002; in 2014, this generation incorporates our current young people up to the age of 12. The values and beliefs of the emerging generation are now being shaped and defined, with contemporary world and local events impacting on this generation in ways never before experienced. According to McCrindle (2013), three words summarise Generation Z: global, visual and digital. He explains that this group of young people is being shaped by the shifts in society that result from acceleration and rapid change in complex times. Features of these times include the advancement of digital technology into almost every avenue of people's lives, along with a global perspective and visual pedagogies that come with the tools of technology. Peers remain a significant shaping force.

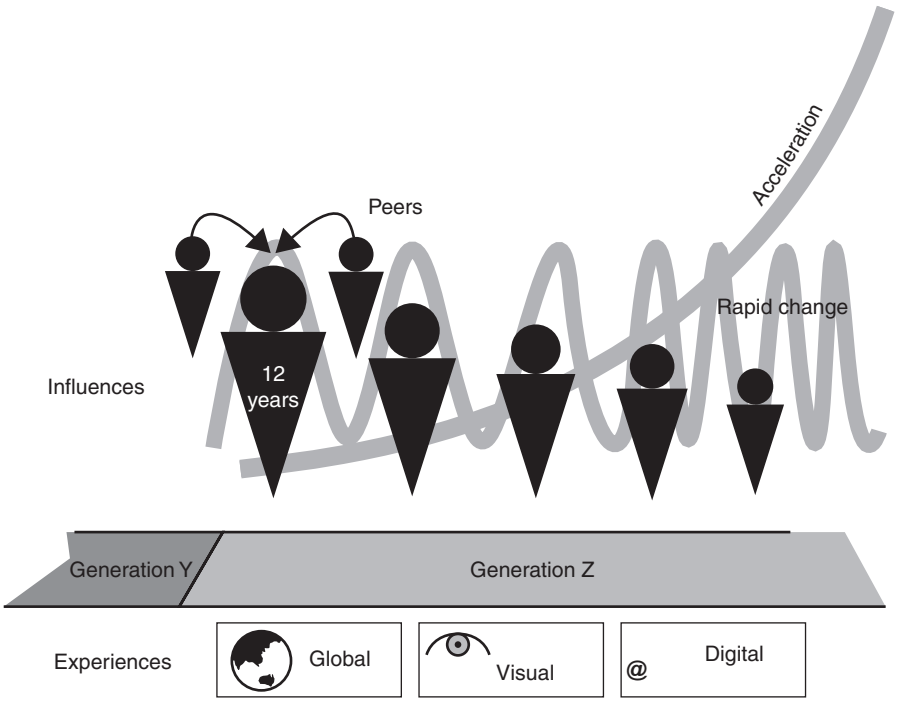

Figure 1.2 *Snapshot of Generation Z*

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Along with the establishment of values and belief systems, the early years from birth to 12 years are increasingly being recognised as the crucial time for laying the foundations for life, with significant consequences for ongoing educational success, resilience and future participation in society. It is during the formative years that the capacity to make a difference can and does have profound effects. Carers and educators need specialist preparation, as they are required to promote and teach health and wellbeing and to have the skills and knowledge to understand and manage the plethora of issues related to young children. Around the world – including in Australia – early years education is undergoing significant reform as the potential to improve the quality of life is better understood. These reforms position health and wellbeing as central constructs of this agenda. This chapter will explore the concepts of health and wellbeing, and will share some of the initiatives that have put health and wellbeing on the agenda for early years learners in contemporary times.

Health

According to the World Health Organization (WHO), in a definition that has stood the test of time and remained unamended since 1948, 'health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' (WHO, 1948). The first international conference for the promotion of health was held in 1986, and it was here that The Ottawa Charter for Health Promotion (the Charter) was developed and formalised to encourage action to achieve health for all by the year 2000 and beyond, and the public health agendas around health promotion were shaped globally for the first time. According to the Charter, the fundamental conditions and resources for health are peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice and equity. Improvement in health requires a secure foundation in these basic prerequisites (WHO, 1986).

Consistent with this view, the Australian Institute of Health and Welfare (AIHW) (2012) notes that a person's health and wellbeing result from a complex interplay between biological, lifestyle, socio-economic, societal and environmental factors, many of which can be modified to some extent by health-care and other interventions. Given the scope and complexity of these fundamental conditions and resources, the challenge of achieving health for all is patently obvious. For early years learners, who are reliant upon others for the provision of these conditions and resources, the challenges are even greater.

Wellbeing

The definition of health is dependent upon an understanding of the concept of 'physical, mental and social well-being'. The term 'wellbeing' is a ubiquitous one that is used widely in the full range of discourses in society, including in policy and legal arenas, in education and the academy, in the workplace, in commercial settings and

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in media discourses such as television and magazines. However, there is no single definition of this commonly used term in use around the world.

Over the last two decades, the Organization for Economic Cooperation and Development (OECD) has worked with a number of researchers to develop a sound evidence base that can inform policy-makers and citizens to better understand the notion of wellbeing and to develop measures to improve wellbeing. For example, recent work on subjective wellbeing links the concept with happiness and quality of life (OECD, 2013). The OECD's Better Life Initiative, launched in 2011, aims to measure society's progress across 11 domains of wellbeing, ranging from income, jobs, health, skills and housing through to civic engagement and the environment.

In a study conducted by Ereaut and Whiting (2008), titled *What do we mean by well being? And why might it matter?* the researchers concluded that 'we can see the complexity of definition and possible meaning for contemporary ideas of wellbeing … in fact, the research showed that the word "wellbeing" behaves somewhat strangely, and contains many anomalies and puzzles' (p. 6). The researchers settled on six key discourses that each hold a place in our understanding and use of the term 'wellbeing':

- *Wellbeing and the medical heritage.* This is where wellbeing is regarded as being closely aligned with the notion of health. This version of wellbeing is considered to be the dominant discourse for the term 'wellbeing'.
- *Wellbeing as an operationalised discourse*. Here, wellbeing is formalised into measures that can be used as indicators of wellbeing, including desired outcomes and indicators of achievement.
- *Wellbeing as sustainability discourse*. This notion of wellbeing incorporates the idea of responsible society and the capacity to be replicable and more widely available for people – not just the individual.
- *Wellbeing within a holistic discourse*. This is the notion that not only the mind and body, but also the social, environmental and other facets of life, are the focus of wellbeing.
- *Wellbeing and philosophy.* In this understanding of wellbeing, the notion of aiming for an ideal state, with a vision of what is best and desirable for a person, is the core meaning.
- *Wellbeing, consumer culture and self-responsibility*. This is a discourse where people are encouraged to strive for resilience, independence and achievement, and to take personal responsibility for decision-making and their health – and ultimately their sense of wellbeing.

For the purposes of this book, we are taking into account the multiple meanings of wellbeing, along with the dominant discourse connecting it to the health agenda, thereby incorporating the broad discourses of wellbeing and considering these in terms of early years learners. Bradshaw, Hoelscher and Richardson (2007, p. 8) assist in honing the definition of wellbeing for the early years. They define child wellbeing

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as 'the realisation of children's rights and the fulfilment of the opportunity for every child to be all she or he can be in the light of a child's abilities, potential and skills'. So what are children's rights?

The global context: Health and wellbeing

The Convention on the Rights of the Child (CRC) is the most recognised international treaty setting out the basic rights of children, along with the obligations of governments to fulfil those rights. It has been accepted and ratified by almost every country in the world. The treaty was adopted by the UN General Assembly in 1989 and ratified by Australia in 1990, but is yet to be incorporated into Australian law. The Convention has 54 articles with numbers 43–54 specifying how adults and governments should work together to make sure that all children realise their rights. The articles have four fundamental principles:

- *Non-discrimination.* Children should neither benefit nor suffer because of their race, colour, gender, language, religion, national, social or ethnic origin, or because of any political or other opinion; because of their caste, property or birth status; or because they are disabled.
- *The best interests of the child.* Laws and actions affecting children should put their best interests first and benefit them in the best possible way.
- *Survival, development and protection.* The authorities in each country must protect children and help ensure their full development – physically, spiritually, morally and socially.
- *Participation.* Children have a right to have their say in decisions that affect them and to have their opinions taken into account (UNICEF, 1989).

The United Nations Committee on the Rights of the Child monitors compliance with the CRC, with governments reporting every five years on what they are doing to ensure that children's rights are being met.

In their working paper developed for the United Nations Children's Fund (UNICEF), *Child well-being in advanced economics in the late 2000s*, Martorano et al. (2013) set out to develop a Child Well-Being Index in order to rank countries according to their performance in advancing child wellbeing, as underpinned by the framework of the Convention on the Rights of the Child. This is a challenging undertaking, as there is no consensus on how to operationalise and measure the concept of child wellbeing, although there have been many attempts to construct indexes over recent years. Most of these attempts are fraught with problems, due to the lack of generalisability beyond country contexts or other factors such as a lack of measureable indicators. Utilising the previously mentioned Bradshaw et al. (2007) definition of child wellbeing, Martorano et al. (2013) captured data for 13 components aggregated into five dimensions, which

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they regard as representing child wellbeing. These are material wellbeing; health; education; behaviour and risks; and housing and environment (see Table 1.1). Thirty-five countries received a score on the indicators and combinations of variables. Several did not have enough data for each indicator, so were excluded from comprehensive analysis and commentary, including Australia, Japan and New Zealand.

Table 1.1 *Child Wellbeing Index – dimensions, components and performance*

DIMENSION	COMPONENT	EXAMPLES OF INDICATORS USED	BEST PERFORMERS	WORST PERFORMERS
Material wellbeing	Monetary deprivation	Relative child poverty Child poverty gap	Netherlands and Nordic regions	Romania, Eastern European countries, United States
	Material deprivation	Deprivation index Family affluence scale		
Child health	Health at birth	Birth rate Infant mortality rate	Finland, Iceland, Luxembourg, the Netherlands, Sweden	United States, Romania, Latvia, Lithuania
	Child mortality	Child death rate		
	Preventive health services	Immunisation against DPT3, measles and polio		
Education	Educational achievement	OECD PISA reading, maths and science literacy	Nordic European countries, Belgium, Germany, the Netherlands	Romania, Greece, United States
	Participation	Early childhood education Youth education Neither employment nor education		
Behaviour and risks	Experience of violence	Fighting in schools Bullying in schools	Nordic and Western European countries	Southern, Central and Eastern European countries
	Health behaviour	Eat breakfast daily Eat fruit daily One hour of physical activity daily Overweight according to Body Mass Index (BMI)		

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Table 1.1 (*cont.*)

DIMENSION	COMPONENT	EXAMPLES OF INDICATORS USED	BEST PERFORMERS	WORST PERFORMERS
	Risk behaviour	Cigarettes, alcohol and cannabis consumption Teenage fertility rate		
Housing and environment	Overcrowding	Number of rooms/ person/household with children	Switzerland, Ireland, Norway	Central and Eastern European countries, Greece, Italy and United States
	Environment	Homicide rates Outdoor air-pollution measure		
	Housing problems	Moisture Darkness No bath or shower No flush toilet		

Source: Developed from Martorano et al. (2013)

Martorano et al. (2013, p. 41) conclude that:

> most countries have at least some or several dimensions or components that show a relatively disappointing performance. Some countries do relatively well on most dimensions (the Netherlands and the Scandinavian countries, except Denmark) and some countries perform relatively badly on most dimensions and components (Bulgaria, Romania, the United States). The Child Well-Being Index and the results on its dimensions, components and indicators reveal that serious differences across countries exist; suggesting that in many countries improvement could be made in the quality of children's lives.

An important initiative that set out to make substantial progress against the global problems of poverty, health, education and the environment was the establishment in 2000 of the United Nations Millennium Development Goals (MDGs) for 2015 (United Nations, 2000). All 189 member states of the United Nations, including Australia, have committed to eight goals and targets, as outlined in Table 1.2.

Without exception, the MDGs have the potential to impact on the health and wellbeing of early years learners around the world. Goal 2, to achieve universal primary education, is particularly pertinent to health and wellbeing, as the notion of a minimum global attainment for all children by 2015 would serve to lift levels of literacy, numeracy and scientific literacy, thereby improving health and wellbeing status globally.

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