

# CHILD BEAUTY, CHILD RIGHTS AND THE DEVALUATION OF WOMEN

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At a time when the struggle to advance the rights of women is confronting new threats, it is essential that we alter forever the child health community's almost complete neglect of women's health. Although this indifference has taken many forms and has deep historical roots, it is most stark in areas that clearly involve both women's and children's interests. For example, current initiatives to improve birth outcomes in the United States have been perversely confined to fetal and infant concerns.<sup>1</sup> Although designed to enhance much needed prenatal care services, these programs tend to be concerned with the health of women only to the extent that it affects the newborn. In most such programs, women are not eligible for services until the moment of conception and are jettisoned from the program the moment they deliver, or soon thereafter. With names like "Healthy Baby," "Beautiful Baby," "Baby Your Baby," and "Healthy Start," the focus of these programs is clearly on the baby despite the fact that all these programs operate by providing services to women.

In the United States, not only does this tight focus on fetal and infant concerns devalue women's interests, but it

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may also prove of limited effectiveness in improving birth and infant outcomes. This is because a growing portion of all newborn deaths in this country are caused by extreme prematurity of less than 26 weeks gestation.<sup>2</sup> These extremely short gestational periods provide only a small window of opportunity for tightly focused pre-natal care programs to locate eligible women and deliver services in the hope of preventing premature birth. Moreover, recent research is pointing toward a series of chronic conditions before pregnancy as important determinants of pregnancy complications and prematurity.

At some point, we will have to recognize that the infant mortality problem in the United States is a legacy of our inattention to women's health. Consequently, focused pre-natal care programs will have to be transformed from what they are today—the first step in child health care—and become a component of women's health care over a lifetime. In turn, this will require a major and perhaps painful expansion of the child health community's purview and approach. This is not only a technical issue; political commitment, in linking child and women's health, cannot be confined to what works, but must also include what is just.

The major dilemma for child advocates is that children's claims to societal resources are pragmatically tied to those of their parents. For example, given the structure of most social welfare policies in the United States, children's access to societal resources largely reflects the legitimacy of the parental claim. This linkage is derived from a continued belief in the primary responsibility of the family in caring for children.

A clear tension develops, however, when families cannot provide adequately for their children, for then concern for the well-being of children clashes with traditional attachments to familial autonomy and responsibility. Confused public policy often results, in which resources can be directed to children only when complex bureaucratic mechanisms judge the parental claim to resources as legitimate. Thus, while children may be considered truly needy, if their parents refuse to seek work, the children may be barred from participation in public programs.

In addition, while voters may be concerned about poor children, they may support reduced welfare funding because

of misgivings about the parental actions that allowed these children to become poor in the first place. In turn, this tension has led to a long history of efforts by reformers and child advocates to reframe the debate about child health. The impulse has been to uncouple and then elevate the claims of children above those of their parents. This occurs because it is generally acknowledged that the case for allocating resources to children may be far more compelling than a case based on the needs of their parents. Services for homeless young children may have far more political impact than services for their homeless young fathers.

This approach is appealing because, regardless of political perspective, few would accept widespread child suffering as a necessary component of a vibrant or just society. The innocence, the promise, the fragility, in a sense, the beauty of childhood speaks directly to perceptions of who we are and how we define such fundamental concepts as opportunity, fairness, tragedy, and hope. It is not surprising, therefore, that child suffering can generate strong emotions and, in certain circumstances, take on a powerful public presence. Be it images of child hunger or of a child being carried lifeless from the ruins of a bombed building, sentiments of child beauty have found broad expression in popular culture, creating a kind of shared compassion for children in pain and collective rage at those who would deprive them of a fruitful life.

The embrace of child beauty, however, is not an adequate basis for promotion and protection of children's rights. This is because child well-being is fundamentally dependent on the capacities and resources of the adults who care for them. This inherent linkage between child and adult concerns does not conflict with rights of children as outlined in the UN Convention on the Rights of the Child, but it does influence heavily how child rights must be linked with broader human rights concerns.

Child advocacy positions that are tightly defined to appeal directly to sentiments of child beauty have inadvertently contributed to growing fragmentation of the progressive health community, precisely at a time when conceptual coherence and collective political activism are essential. Moreover, the isolation of child circumstances and interests extends far be-

yond health and has increasingly deformed the portrayal of family life in many minority communities.<sup>3</sup> Detailed and moving descriptions of the daily struggles of children growing up in urban America have almost uniformly ignored the plight of parents, lending a peculiar invisibility to the needs and claims of young adults.

In seeking to expand beyond an isolated child-focused approach, it is useful to recognize three central themes that course through the mainstream of child advocacy, at least in the United States: children as innocents; children as legacy; and children as investment.

Childhood is defined by innocence, and therefore, almost reflexively, child suffering is cast as inherently unjust. No child, regardless of what they have done in life, deserves to be impoverished; no infant deserves to go hungry; and no newborn deserves to be born addicted to cocaine. The problem with the use of child innocence as a basis for public advocacy is that it may be operationalized as assigning responsibility for child suffering on “non-innocents,” which is more often than not parents, and usually mothers. If, for example, in advocating for improved services for newborns exposed to cocaine in utero these children are portrayed as innocent victims, then virtually by definition, their mothers are cast as assailants. This dynamic has helped generate a public rage against women addicted to illicit drugs and has led to criminal actions against women for using illegal substances in pregnancy, an approach that virtually all child advocates view as counterproductive.<sup>4</sup>

Second, the child’s claim has been expressed in the idea of children as legacy. This approach is often framed as “children are our future.” This is indeed compelling and touches a strong chord in mobilizing public concern for the current needs of children. However, if children are the future, their parents are the present. A reliance on children as legacy to mobilize resources generates a logic that tends to abandon or ignore the needs of young adults. Such a policy dynamic does not serve the best interests of children, who, for the most part, are poor because of the deteriorating economic position of their parents.

The third mechanism used to advocate the claims of chil-

dren is "children as investment." Here, arguments for improved services for children are based on the need to have a vibrant work force in the future, to better advance national interests in an increasingly competitive world economy. This approach has clearly played a large role in recommendations from the business community for increasing services to children. However, like legacy arguments, this approach shifts concern away from the claims of those already in the work force. It calls for state action to remedy what, in some measure, results from failure of current economic policies to keep families with children out of poverty. Moreover, the human investment approach can confine the social claims of children to the indifferent requirements of the national economy.

As we try to make sense of the many tragedies of childhood in America today, we must recognize that the beauty of childhood, though always to be cherished, can distract as much as compel. While elevating children's claims has proven useful in pressing for many important programs and policies over the years, the time has come to confront the limitations of this posture. Continued ambivalence over the social role of women, and tortured political discourse over the direction of public policy in the United States, demand that the needs and rights of children be reframed to advance the needs and rights of women. Such a major revision will require the courage to confront deep, often self-serving, disciplinary isolation as well as the collective commitment to rebuild a coherent progressive agenda. Advocacy for children, therefore, should force us to look upon the faces of children, but at the same time, help us to see that their future is best served by a vision of justice that values the rights and dignity of women.

## References

1. Institute of Medicine, *Prenatal Care* (Washington, DC: National Academy Press, 1988).
2. P. Wise, N.S. Wampler, and W. Barfield "The Contribution of Extreme Prematurity to Neonatal Mortality in the U.S.: Implications for Women's Health," *Journal of American Medical Women's Association* (in press).
3. M. Massing "Ghetto blasting," *The New Yorker*, Jan 16, 1995:32-37.
4. D.E. Roberts, "Punishing Drug Addicts Who Have Babies: Women of Color, Equality, and the Right of Privacy," *Harvard Law Review* 104 (1991):1419-1482.