

Generation inequalities

Priscilla Alderson, Professor of Childhood Studies
Social Science Research Unit, Institute of Education, University of London
(2005) *UK Health Watch* 7: 47-52.

Inequalities between older and younger generations affect health and can amplify analyses of other types of inequality (for example, Hutton 2003 on class and state, Chua 2003 on ethnicity). One dimension of the 'war on terror', for instance, is war waged by states with older populations against states with younger ones. The following examples, although described briefly, illustrate the actual or potential impact of age/generation inequalities on physical and mental health and wellbeing.

Consideration of children's needs and rights are often dismissed or silenced by opposing them to women's needs and rights or by stressing adults' generous and often lavish and responsible care for certain children. (Related arguments were once employed to dismiss women's demands for equal rights with men.) While respecting the vital importance of women's and men's rights, and adults' care for children, this article suggests that people's rights need not necessarily be in opposition to each other and that greater equality between generations could benefit all age groups.

Prenatal politics

The embryo and fetus do not have legal rights, and prenatal politics are viewed here for their potential effects on life after birth. Young people are denigrated in various ways, including when they begin to explore and express their sexuality. The denigration includes many efforts to reduce 'teenage pregnancy' rates including among young women aged 18 +, instead of to listen to young people's views about their needs and problems, and possibly to respect the decisions of young adults to become parents. Babies born to women at the age of 18 or so, in contrast to those born to women over the age of 40, are more likely:

- to be conceived without the aid of IVF, which is associated with multiple births and their higher morbidity and mortality rates;
- to avoid inheriting certain abnormalities;
- to live nearer to, and receive support from, their extended family; and
- to enjoy extra decades of contact with their grandparents and parents.

Prenatal services that encourage expectations of 'the perfect baby' contribute to a changing ethos of parenthood, away from (sometimes resigned) acceptance of less than perfect children, and towards treating future children as commodities to be selected or rejected. Intentionally or inadvertently, multimillion pound prenatal screening services raise the threshold of acceptable 'normality', the level which the fetus is expected to reach in order to deserve to be born into human society (Paul 1992). The potential effects on the health of inter-generational relationships of such rising expectations have not been investigated.

Genetics

There are inequalities between adult generations who make reproductive genetic choices and their future/potential children who carry the risks, for example, of pre-implantation genetic diagnosis, IVF, or termination of pregnancy (Alderson 2002). Genetic manipulation and 'therapy' usually involve beings in the first days or years of life and not adult volunteers. The main use of genomics, apart from offering adults preventive-health life-style options, is to offer them personal prenatal options. Collectively, the prenatal decisions made have comparable outcomes, whether they occur in democratic states or those with explicitly eugenic government policies (Paul 1992). In India and China, medical prenatal services that enable parents to select sons produce severe difficulties for subsequent generations. Proponents of life-prolonging genetic research tend to disregard the potentially disproportionate use of the planet's limited resources by extremely old people (Bailey 2005).

Economics

Social and physical advantages of earlier parenthood are undermined by many current policies. British young parents work the longest hours in Europe, pay among the highest rents and mortgages (that benefit older house owners who paid comparatively little for their homes), pay high costs for often poor quality childcare, and repay student loans, with interest, for fees imposed by decision-makers, many of whom enjoyed years of free higher education. Two-thirds of the nation's wealth now belong to the one third of the population aged over 50 years. Many young children live in overcrowded homes, whereas many elderly and less active people have spare rooms (Qvortrup 1992). Childhood poverty continues to rise; 54% of inner London children live in poverty (Hood 2004), involving poor housing, amenities, opportunities, education and diet, which all affect health, obesity and accident records (Wilkinson 1994).

The Treasury promotes borrowing and spending now, for future generations to pay for later. The cheap-to-build (how soon to deteriorate?) and expensive-to-run Private Finance Initiative (PFI) buildings will be paid for over the next 30 years (Pollock 2004) by our children and their children. And after 30 years, private companies will retain the assets. Thus future generations will have to pay many times over - for resources we will have used, rising running costs, accumulated interest, their own immediate and future needs and, possibly, extortionate legal fees if they try to extricate themselves from these debts. How will all these economic considerations affect their health and health care?

Education

Politicians repeatedly reduce education to children's potential earning power when they become adults – dismissing crucial health-promoting and non-economic aspects of education, childhood and life itself, and diminishing childhood into a prelude valued mainly for its potential adult economic success. To equate 'success' with earning power transfers blame and responsibility for the low salaries for essential work including child care away from employers and national policies and on to people who cannot or will not qualify for higher paid careers. This blame is funnelled down to school children, with threats and accusations that those who will inevitably 'fail' do so through their own choice and fault, not because society relies on high levels of 'failed' and low paid workers. Longitudinal cohort studies aggravate this culture of blame when they define 'low aspirations' as 'not planning to go to university', instead of respecting a wide range of types of employment and aspirations.

The very long hours worked by young people studying for school exams may affect their rising reported rates of anxiety, depression, self-harm, eating problems and drug dependence. Their hard work is rarely recognised or rewarded as work, or as essential preparation for their future employment on which retired generations will depend.

Fierce competition and threatened failure within and between schools in the market of league tables undermines inclusive tolerant harmonious relationships that help to reduce disaffection, bullying and mental ill health.

The government's plans to open schools for 50 hours a week, far exceeding European working hour regulations, are unlikely to be welcomed by the high numbers of children who report in surveys being unhappy at school, or the 40% who say that they never school toilets because they are too unpleasant (Barnes and Maddocks 2002), which is not conducive to children's health or learning.

Childcare is largely planned around parents' employment rather than children's wellbeing and rights. Alone in the United Kingdom, England does not have a Children's Rights Commissioner. OFSTED sets no minimum levels of natural lighting, space for vigorous play, or time spent outside in either schools and centres for young children, despite these facilities being crucial to their wellbeing.

The rapid rise in prescription rates of the medication Ritalin, for 'hyperactivity', has occurred during the period when playtimes have been cut, playgrounds and playing fields have been sold, maths and literacy hours and other government educational policies requiring children to sit still for long periods have been introduced, the numbers of children who walk to school have fallen, and schools have installed machines selling high calorie and high additive sweets and drinks. If Ritalin is an antidote to adult-induced disorders, it is an ironic twist to identify children's behaviour as the cause rather than the result of problems in schools.

Political debts

People aged under 18 are increasingly used as political footballs. Politicians can score points without losing votes when they promise 'zero tolerance' of the 'yob culture' in schools and streets. Overtly or covertly, politicians incite older generations' anger and fear about youth, while young people carry the costs of social stigma, alienation and exclusion. The police collect records of crimes committed by young people but not of most crimes committed against them. In numerous ways, state agencies and the mass media promote unhealthy and inaccurate propaganda about children and young people who can seldom seek redress or publish their own views.

Debts accumulate through short-term expedience in domestic and foreign policies, which often initiate or exacerbate many problems, ranging from lack of housing, public transport and qualified health care practitioners, to unresolved conflicts and global injustices. Wars usually involve older generations sending younger ones (including parents of young children) into the 'theatres' of battle, increasingly in urban areas, where children are at still greater risk of being injured, killed, deprived of basic necessities, forced to migrate, and of learning hatreds that fuel future wars. Britain has no coherent policy for supporting the youngest casualties of war including those who seek asylum here. The untold future costs of all these political omissions and errors mount, while current politicians and industrialists reap the profits.

Ecological debt

Our pollution and destruction, for example, of rain forests, threatened species, the ozone layer, the polar ice cap threaten 'the planet' (Hillman 2004) or, in other words, younger and future generations. The use-now pay-later ethos is replacing ancient traditions of nurturing and replenishing the world's heritage for future inheritors. Current predictions about climate change and trans-global infections have unimaginable implications for future health and healthcare that urgently require planning and prevention. Reasons for the lack of attention to them despite this urgency need to be unravelled. Do they include entrenched beliefs about relative values and the excessive valuing of present adult generations over younger and future generations? Human rights are too often defined in civil and political terms that ignore vital economic and social rights and favour rich over poor (O'Keefe and Scott-Samuel 2002) – and also favour the old over the young, when young people cannot own property, or are denied respect for their views, autonomy and reputation. Inequalities of gender, 'race', class and (dis)ability are compounded by youth. Moreover, civil rights are mainly spatial concepts, defending ownership of property and person against intrusion. Generation inequalities, however, also have to be understood in temporal terms, to see how current adult generations are removing sometimes irreplaceable resources and opportunities from younger and future generations.

Childhood and deficit

It has become fashionable to perceive childhood as deficient (Alanen and Mayall 2002), and like the sick role a time of partial exclusion until 'adult' maturity and competence are attained. This view discounts children's considerable competencies and ignores the barriers and prejudices that corral them into partly ascribed and

imposed dependencies through naïve faith in adults' benign wisdom. 'Childism' is so endemic and little recognised that there is not even a word for it like sexism or racism.

Other examples of detrimental effects on children's health and wellbeing include: the high incidence of severe child abuse and neglect; the courts' refusal to listen to young children's views in decisions about the family; children being the only remaining group without legal protection from assault; the 2004 Children Act that deprives children of important freedoms and privacies; their exclusion from public spaces they once enjoyed; privatised leisure amenities, often subsidised for older people but expensive for young people and families; the advertising, food, fashion and beauty industries, which bring complicated advantages and harms.

Talk of 'ending child poverty' is meaningless as long as British politicians refuse to define poverty, and children remain in relative poverty because they depend mainly on a fraction of their parents' income. This is not necessarily to suggest a 'young-age pension', but to point out the discrepancies between old age pensions and benefits versus far smaller state payments for children. Many pensioners have completed few years of paid employment, or none. The right to a pension *after* decades of contributing to society, whether or not as taxpayers, might be complemented by the same right *before* while preparing for those decades. That might strengthen obligations and loyalties between older and younger generations, and acknowledge that children and young people and their work are highly valued in our present and future society, with practical and symbolic advantages for their health and wellbeing. The effective redressing of generation inequalities will involve listening to children and young people and working with them in many new ways.

References

- Alanen L, Mayall B (eds) 2002 *Conceptualising Child-Adult Relations*. London: Routledge/Falmer.
- Alderson P 2002 The new genetics: promise or threat to children? *Bulletin of Medical Ethics*, 176: 13-18.
- Bailey R 2005 *Liberation Biology: The Scientific And Moral Case For The Biotech Revolution*. Madison WI: Competitive Enterprise Institute.
- Barnes P and Maddocks A 2002 Standards in school toilets - a questionnaire survey. *Journal of Public Health Medicine*, 24,2:85-7
- Chua A 2003 *World on Fire. How Exporting Free Market Democracy Breeds Ethnic Hatred and Global Instability*. London: Doubleday, 2003
- Hillman M 2004 *How Can We Save the Planet?* London: Penguin.
- Hood S 2004 *The State of London's Children. Second edition*. London: GLA.
- Hutton W 2003 *The World We're In*. London: Abacus.
- O'Keefe E, Scott-Samuel A 2002 Human rights and wrongs. *Journal of Law, Medicine & Ethics*, 30:734-8.
- Paul D 1992 Eugenic anxieties, social realities and political choices. *Social Research*, 59,663-83.
- Pollock A 2004 *NHS.plc*. London:Verso.
- Qvortrup J 1992 *Childhood as a Social Phenomenon: Lessons from an International Project*. Vienna: International conference. European Centre for Social Welfare Policy and Research.
- UNCRC – United Nations 1989 *Convention on the Rights of the Child*. Geneva: UN.
- Wilkinson R 1994 *Unfair Shares: The Effects of Widening Income Differences on the Welfare of the Young*. Barking: Barnardo's.