
‘Active play may be lots of fun, but it’s certainly not frivolous’: the emergence of active play as a health practice in Canadian public health

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Abstract In the context of what has been termed a childhood obesity epidemic, public health institutions have recently begun to promote active play as a means of addressing childhood obesity, thus advancing play for health. Drawing on Foucault, this article problematises the way that children’s play is being taken up as a health practice and further considers some of the effects this may have for children. Six Canadian public health websites were examined, from which 150 documents addressing children’s health, physical activity, obesity, leisure activities and play were selected and coded deductively (theoretical themes) and inductively (emerging themes). Bacchi’s (2009) question-posing approach to critical discourse analysis deepened our analysis of dominant narratives. Our findings suggest that several taken-for-granted assumptions and practices underlie this discourse: (i) play is viewed as a productive activity legitimises it as a health practice; (ii) tropes of ‘fun’ and ‘pleasure’ are drawn on to promote physical activity; (iii) children are encouraged to self-govern their leisure time to promote health. We underscore the need to recognise this discourse as contingent and as only one of many ways of conceptualising children’s leisure activities and their health and social lives more generally.

Keywords: discourse analysis, critical public health, active play, physical activity, children

Introduction

Work consists of whatever a body is obliged to do. Play consists of whatever a body is not obliged to do. (Mark Twain, *The Adventures of Tom Sawyer*)

In contemporary western societies playing is virtually equated with childhood and is considered a critical component of child development. Indeed, playing is considered so vital for children’s health and wellbeing that it has been declared a right of every child by the Office of the UN’s High Commissioner for Human Rights (United Nations 1990). Since this declaration, and over the past decade in particular, children’s play in its various forms has become an increasingly intense object of study in a growing and multidisciplinary body of research

(Cheng and Johnson 2010, Chudacoff 2007). This work has demonstrated the importance of playing for children, highlighting its role in the development of academic learning (Elkind 2007, Hirsh-Pasek and Golinkoff 2008, Reilly 1974, Roskos *et al.* 2010, Smith 2007), in fostering creativity and promoting social competence (Brown 2009, Pellis and Pellis 2007) and in the development of physical abilities, such as motor coordination and strength and adaptability (Pellegrini and Smith 1998, Rodger and Ziviani 1999, Roskos *et al.* 2010, Stagnitti 2004).

There is a perception that despite the numerous advantages attributed to play, children's opportunities to play are in decline (Burdette and Whitaker 2005, Chudacoff 2007, O'Brien and Smith 2002). This decline is believed to be due to changing approaches to childhood education (for example, increasingly competitive, standardised educational environments), to increasing fears about the safety of play in urban environments (for example, stranger danger, road safety), and to the proliferation of children's structured and organised leisure activities (for example, sport or lessons) (Brown 2009, Carver *et al.* 2008, Karsten and Van Vliet 2006, Miller and Almon 2009, Ramstetter *et al.* 2010, Sutton-Smith 1997, Veitch *et al.* 2010). The fears for the decline in children's play have thus further fuelled research momentum in this area.

In this context of intensifying scholarship around play, children's play has begun to attract increasing public health attention. Specifically in the wake of calls to address growing global concerns over what has been called the childhood obesity epidemic (World Health Organization 2000), public health organisations in countries such as the USA, Canada, Australia and the UK have become particularly interested in the potential for active forms of play to help increase children's levels of physical activity. Viewed through such a public health lens, children's active play is emerging as an important means to achieve an urgent public health end.

What remains unacknowledged, however, is that the focus on play for health may be reshaping understandings of, and meanings attributed to, children's play, as well as children's possibilities for play more generally (Alexander *et al.* 2012, Frohlich *et al.* 2012). Given that public health is a powerful and expansive social institution for governing the population's health, and that 'practices and discourses of public health are not value-free or neutral, but rather are highly political and social contextual' (Lupton 1995: 2), a critical examination of this emerging public health discourse is pertinent. The current article provides such an examination through a critical discourse analysis of Canadian public health documents addressing children's health, physical activity and play. Using Bacchi's (2009) question-posing approach as a guide for interrogating discourse, we trace the discursive formation of active play as it is emerging in public health. We pay particular attention to the knowledge formations, values and normative assumptions that underlie this discourse, and examine the potential effects for children and their play activities.

The Canadian public health context: playing for health

In recent years, in response to what was termed a crisis of childhood obesity, public health in Canada has gathered momentous support from governmental and non-governmental organisations to help increase physical activity among children. For instance, in 2002 Health Canada commissioned the Canadian Society for Exercise Physiology (CSEP) to conduct research and create the first evidence-based physical activity guidelines for youth (Tremblay *et al.* 2010). By early 2011, and with renewed financial support from the Canadian government, a third set of guidelines was published by the CSEP, this time including young children. CSEP's evidence-based physical activity guidelines state:

For health benefits, children aged 5–11 years and youth aged 12–17 years should accumulate at least 60 minutes of moderate-to vigorous-intensity physical activity daily. More daily physical activity provides greater health benefits.

In tandem, Canadian public television, radio and various institutional websites have worked to widely disseminate these physical activity guidelines. For instance, ParticipACTION, an organisation founded to promote physical activity to Canadians in the 1970s, was relaunched in 2007 with funding from the Public Health Agency of Canada (PHAC) with the specific mandate of helping to combat the growing childhood obesity crisis among Canadian children (Tremblay *et al.* 2010). As part of their dissemination efforts, they have created 'attractive age-specific "magazines" with activity themes' to encourage physical activity (Sharratt and Hearst 2007: S13), while parents, caregivers and teachers have been provided with educational and motivational resources 'to assist them in their roles as intermediaries' (p. S13) in helping children achieve the recommended levels of physical activity. Similarly, since 2005 the Canadian Fitness and Lifestyle Research Institute (CFLRI) together with Active Healthy Kids Canada (AHKC) have been producing yearly physical activity *Report Cards*, which monitor, evaluate and promote physical activity to children.

To this end, the integration of active forms of play into materials promoting physical activity has begun to take on growing importance as a way to address children's physical (in)activity. As a case in point, in 2008 the category 'active play' was for the first time officially included in the AHKC's *Report Card* as a health indicator to be evaluated and promoted. By 2012 the entire edition of the *Report Card* (entitled *Is Active Play Extinct?*) was dedicated to active play and to the fears of its decline, thereby fully concretising the notion of active play as a form of physical activity. Based on AHKC's *Report Card*, in 2012 ParticipACTION launched a new campaign, Bring Back Play, which similarly focused on promoting active play and 'encouraging parents to increase their children's physical activity levels by bringing back the fun games and unstructured active play that used to be a part of every childhood' (ParticipACTION 2012a). While these organisations define active play as having the 'essential qualities of play in general (that is, fun, freely chosen, personally directed, spontaneous)', paradoxically, they add that active play 'differs in one important area: energy expenditure... active play involves physical activity at energy costs well above resting levels' (AHKC 2012: 23). What appears to be at the heart of these messages is that, while it is assumed to be fun, active play should first and foremost include the expenditure of energy to help children meet *Canadian Physical Activity Guidelines* (CSEP 2011).

The introduction of active play into the promotion of physical activity thus seeks to remind parents and guardians that play should be understood as an essential form of physical activity for children. It is this construction of active play as a health-focused practice for addressing childhood obesity that is the object this article aims to investigate.

Theoretical approach

To frame our examination theoretically, this article draws on the work of Foucault and on scholars informed by his work to critically analyse public health issues. Relevant for the critical examination of public health are Foucault's analyses of governmentality, which document the 17th and 18th century emergence of mechanisms of social regulation in Europe through which the population became the object of state analysis and intervention to ensure its increased utility and productivity (Foucault 1977, 1978, 1980, 2008). Essential to Foucault's work on governmentality was an emphasis on biopower, described as the effort on the part of the state to solidify itself through the regulation and disciplining of the lives and health of the population (Foucault 2008). The rules, regulations and health norms regarding the population elicited what Foucault (1980) called an 'imperative of health: at once the duty of each and objective of all' (Foucault 1980: 170). 'Technologies of power' were developed to this end, including statistical surveys, demography and medicine to gather knowledge about the population; through which norms for desirable behaviour were established and against which the

population could be measured (Foucault 2003). Individuals, in turn, engaged in ‘techniques of the self’, adhering to norms through self-regulatory practices and adjusting their ‘ways of thinking, judging and acting upon themselves’ (Rose 1999: xvi).

Foucault’s analytical lens is useful for casting light on and problematising current knowledge formations being constructed around children’s play in contemporary public health. Particularly relevant is Foucault’s (1980) discussion of the changing role of the family in the 18th century, during which the family’s main concern no longer lay in the survival of the infant but in the proper management of childhood. Parents were provided with (and expected to follow) numerous ‘new and highly detailed rules’ about childhood (Foucault 1980: 172) and began to rely on a ‘whole literature of precepts, opinions, observations, medical advice, clinical cases, outlines for reform’ proliferating around the child’s health and his/her sex (Foucault 1978: 28). Foucault’s work thus allows us to position the emerging public health discourse around children’s play within historical, social, cultural and political developments in which childhood became increasingly governed by expert-driven practices and normative conceptions regarding their activities (Harwood 2009, Nadesan 2010, Turmel 2008). Furthermore, problematising the emerging discourse and interrogating assumptions and values underlying it opens the possibility for understanding this discourse as contingent; as only one of many ways of conceptualising children’s leisure activities and thinking about children’s health and their social lives more generally.

In his book *The Archaeology of Knowledge* (1972), Foucault unveils a method formulating his historical approach to analysing systems of thought and knowledge (that is, discursive formations). According to Foucault, systems of thought and knowledge are governed by rules that are not simply tied to grammar and language, but which ‘define a system of conceptual possibilities’ (Gutting 2012) outlining the boundaries of thought that can exist in a particular knowledge domain or during a particular historical period. Viewed as a ‘regulated practice that accounts for a certain number of statements’ (Foucault 1972: 80), a discourse is made up of organising principles that guide social practices in a given place and time, and which ‘control what can be understood and perceived but at the same time, act to obscure’ (Markula and Pringle 2006: 31). Discourses or regimes of truth that constitute practices also function to form the objects of which they speak (Markula and Pringle 2006). Whenever one can identify a regularity between ‘objects, types of statement, concepts, or thematic choices’ (Foucault 1972: 39) one can understand this as a discursive formation, which can be analysed. Foucault’s analyses of discourse aimed to problematise that which is taken for granted in our ways of thinking in order to examine ‘other ways of conceiving of and amplifying questions posed to “politics as usual” and the expertise that supports it’ (Rajchman 2006: xiv). The current discourse, with its series of statements, concepts, taken-for-granted assumptions and practices, all of which construct play as a health practice, can be considered a coherent discursive formation that requires problematisation.

Method

Discourse analysis

Discourse analysis is the name given to an eclectic category of qualitative research approaches that share an interest in the examination of texts and language. These approaches, while diverse, share some theoretical assumptions, including a rejection of the notion that ‘language is simply a neutral means of reflecting or describing the world’ (Gill 2000: 172). Furthermore, these approaches also attribute critical importance to the role of discourse in constructing social life.

We position our discourse analysis within these approaches and draw on historian and post-structural theorist Carol Bacchi's (2009) approach to analysing discourse. Informed by Foucault's work, Bacchi (2009) suggests that, while particular problem representations are elaborated in institutional and policy discourses, the presumption that those governing are simply reacting to problems that already exist 'out there' in the world must be challenged. She argues that these dominant problem representations address only one of many possible competing constructions of a particular problem. As governments have a privileged position, their ways of constructing and understanding problems often dominate and become constituted in the legislation, reports and technologies used to govern (Bacchi 2009). These problem constructions are therefore especially in need of critical examination. Bacchi (2009) has elaborated several question prompts as a frame for critically examining the discourse of institutional documents and policies to which we refer in our work.

Text selection

In order to collect documents for our discourse analysis we first identified several topics related to the emerging discourse of children's play, including: children's health, physical activity, obesity, leisure activities and play. These topics were identified on the basis of our familiarity with the promotion of physical activity to children, and an awareness of the emerging importance of play in public health. We first broadly searched the websites of two principle Canadian public health agencies, Health Canada and the PHAC, for documents related to our topics of interest. We also noted the names of other organisations, agencies and institutes referred to on these websites that addressed these topics. The websites of six prominent health-related Canadian organisations were identified and examined in our analysis (see Table 1).

We conducted a systematic search on each organisation's website for documents and information relating to children's health, physical activity, obesity, leisure activities and play. We collected documents including webpages, downloadable reports, summary reports, workbooks and media releases. Documents already available as pdfs on webpages were downloaded, while informative webpages themselves were transformed into pdf and saved electronically for analysis. We initially searched broadly and downloaded 321 documents relating to at least one of the main topics. Each document was read, but was selected for further analysis only if it related to children's health and one of physical activity or obesity or leisure or play. Documents published between 2000 and 2012 were included as they reflect the recently developing discourse on play. Finally, 150 documents were selected and analysed. While not all documents referred to play or active play, the text segments selected in this article are

Table 1 *The six Canadian organisations examined*

Federal Governmental Organisations	
Health Canada	www.hc-sc.gc.ca
Public Health Agency of Canada	www.phac-aspc.gc.ca
Government-affiliated organisations	
ParticipACTION	www.participaction.com
Active Healthy Kids Canada	www.activehealthykids.ca
Research institutes	
Canadian Society for Exercise Physiology	www.csep.ca
Canadian Fitness and Lifestyle Research Institute	www.cflri.ca

representative of the way in which play and active play are discussed in this literature. All documents were entered into qualitative analysis software for coding and analysis.

While formalised coding is not common in critical discourse analyses, the development of an explicit coding scheme was useful for our research as it allowed us to identify concepts and themes across a large number of documents. We first identified some overarching themes that emerged from our readings of Foucault and Foucauldian scholars around the concepts of governmentality and biopower. Based on this literature, we created three theoretical themes, including: 'imperatives of health', 'cultural and political values' and 'technologies of power'.

Each of these themes was then subdivided into more specific sub-themes that were developed iteratively through multiple readings of the documents we collected. The theme 'imperatives of health' was divided into: physical activity promotion, play equated to physical activity, places/time for play, organised leisure, and self-government. The theme 'cultural and political values' was divided into: utilitarian, productive activities, pleasure/fun as physical activity, play as a term and responsibility for activities, evidence. Finally, the theme 'technologies of power' was divided into: normalisation, surveillance, obesity epidemic, subject categories, dividing practices and risk/safety. We also developed some sub-themes inductively based on topics that recurred in the documents (for example, active gaming and sedentary play). The final coding scheme was thus created deductively from our theoretical framework and was validated with a colleague familiar with, but uninvolved in the project. SA coded the documents and created textual output reports for each code across all documents.

Bacchi's (2009) analytic questions were used to further refine the analysis of the material. Bacchi (2009) suggests beginning an analysis by identifying a central prescriptive text in a discourse to examine the actions proposed on a given problem. We identified the government-commissioned *Canadian Physical Activity Guidelines* (Canadian Society for Exercise Physiology (CSEP) 2011) as a central prescriptive text. These guidelines were selected since they have been widely disseminated by all Canadian public health organisations. The *Guidelines* were coded with the sub-theme: physical activity promotion, which was subsumed under our broader theme 'imperative of health'. This document is our starting point for addressing Bacchi's (2009) first analytic question, 'What's the problem represented to be?'

To address Bacchi's (2009) second question, 'What assumptions and values underlie the discourse?' we examined the organisations and documents that disseminate the *Guidelines*. Specifically, we analysed the text segments that were coded with the sub-themes: utilitarian, productive activities, pleasure/fun as physical activity, and responsibility for activities under our broad theme 'cultural and political values'. Addressing Bacchi's (2009) third question, 'What discursive and subjectification effects are produced in the discourse?' we analysed the text segments that were coded with the sub-themes: normalisation, surveillance, obesity epidemic, subject categories, and dividing practices under our broad theme 'technologies of power'.

Findings

Question 1. What's the 'problem' represented to be in physical activity promotion to children? In this question we identified the explicit problem being addressed in the discourse by looking at the *Canadian Physical Activity Guidelines* (Canadian Society for Exercise Physiology (CSEP) 2011). As discussed earlier, the *Guidelines* recommend that for health benefits, children should be physically active for 60 minutes daily. The *Guidelines* were commissioned by the Canadian government in response to claims that Canadians are witnessing a 'looming

inactivity and obesity crisis' (ParticipACTION 2008) and that Canada 'is facing a childhood obesity "epidemic"' (Health Canada 2011). The *explicit* problem being addressed by the *Guidelines* is therefore children's increasing levels of obesity. According to AHKC's 2010 *Report Card*:

Childhood obesity and inactivity have been at the forefront of child health concerns in Canada in recent years, with compelling evidence that childhood obesity is rising and that inactivity is the norm. (p. 8)

However, the way the *Guidelines* are disseminated to the population by physical activity organisations (for example, ParticipACTION and AHKC) reveals that an implicit problem is being constituted within, and further driving, the discourse of 'healthy active play'. For instance, the AHKC cites child physical inactivity as the principal contributor to the obesity epidemic, and AHKC (2011a: 1) invokes children's 'modern-day' pursuits as problematic. They write: 'an alarming modern-day trend has emerged – Canadian kids are coming home from school and are parking their bodies'.

As such, the implicit problem underlying the discourse is that inactive children are precipitating an obesity epidemic. Indeed, it is precisely in this construction of inactive children as a problem that the relevance of children's play activities enters the field of public health. As the 2011 AHKC (2011b) *Report Card* notes, children's 'modern' leisure activities are particularly problematic:

Anecdotally, we know that most children who grew up a generation or two ago spent this time in active play, running, biking, and playing (usually outside) with their friends. Various data sources suggest that this is not the case today; Canadian children and youth have adopted a modern lifestyle that includes spending a great deal of this after-school time sitting idle indoors. (p. 3)

Even though it has been debated whether modern children are in fact less active than those of previous generations (Biddle *et al.* 2004, Gard 2011), what is relevant is that the explicit problem (that is, children's obesity epidemic) carries within it an implicit problem: that of the leisure pursuits of inactive children. This implicit problem is further highlighted and reinforced by the solutions formulated to address it: workbooks and media releases address the *Guidelines* by promoting 'active play' to children. As AHKC (2010b: 3) suggests: 'at least half of the physical activity accumulated by children should be through active play'.

The promotion of children's 'active play' thus underscores the implicit problem of 'idle' children with modern day, inactive lifestyles. The increasing threat of obesity reinforces the desire to subject children's leisure activities to urgent modification. A discourse of healthy active play has thus begun to take form, framed as an ideal leisure activity and solution to the problem of the children's obesity crisis.

Question 2. What assumptions and values underlie the discourse?

Play as a productive and useful activity A predominant assumption underlying this discourse is that children's play should contribute productively to optimal health and development; playing is valued primarily for its potential to do so. The 2010 AHKC *Report Card* expresses this assumption stating, 'play is such an important contributor to optimal growth and development that limited access to play opportunities has implications for public health' (p. 19). Specifically, it is the reduced access to physically active play that appears to be the central concern in discussions of reduced play opportunities more generally. As AHKC (2010a)

reports, 'Perhaps we are not providing children and youth with adequate access to active play environments because the importance of play has been forgotten' (p. 18).

Indeed, AHKC (2010a) pleads that play is taken more seriously as a developmentally important activity, suggesting there is a need to 'change public opinion about the role of play in order to value its importance in physical, emotional and cognitive development' (p. 18).

However, behind the assumption that play ought to be developmentally beneficial and promote children's health lies a more fundamental value, one that endows the promotion of active play with a certain gravitas: active play, viewed as a way to combat obesity and impact on health and thus the economy, becomes critical to the future growth of Canadian society. For instance, AHKC (2010c) warns that since healthcare costs in Canada are spiralling upwards, it is critical that Canadian society 'build the foundation for a healthier, more active population by supporting and encouraging families, at all levels, to get their kids moving'. AHKC (2009) further advances the view that:

physical activity builds strong, smart kids. Strong, smart kids are the foundation of a strong, smart society that we need in tough times and will lead us to better times. (p. 2)

Active play, as a means of promoting children's physical activity, thus becomes vital for a strong, smart Canadian society.

Furthermore, referencing a report by the organisation PlayWorks (2005), Health Canada (2007) writes that there are costs to the Canadian social system 'if children are unable to play and participate in physical activities' (p. 100), suggesting there are 'huge financial implications for failing to make investments in these areas'. They argue that active children are 'less likely to commit crimes and they are more likely to stay in school and succeed later in life', all of which ensures the reduction of healthcare costs. ParticipACTION (2010a) similarly promotes sport and active play participation for its enormous society-wide implications, that it is endowed with 'the power to reduce crime, foster character and citizenship, introduce newcomers to their communities, stimulate the local economy, teach kids important life lessons and strengthen community connectedness' (p. 2).

Active play is thus assumed to be imperative not only for optimal health and economic growth but for overall social cohesion. Indeed, the requirement that play be productive remains relatively unchallenged in this discourse: it appears unacceptable – even irresponsible – to promote play without an explicit productive purpose (for example, to promote play for pleasure alone). Playing requires justification to lend legitimacy to its promotion in public health. As suggested by ParticipACTION (2012b):

Active play may be lots of fun for youngsters, but it's certainly not frivolous ... it is also shown to improve a child's motor function, creativity, decision-making, problem-solving and social skills.

The growing importance of play to public health is thus legitimised through the declaration and enumeration of its many health and social benefits.

In brief, these discursive assumptions hold in play a perspective through which concerns regarding health, utility and economic productivity are woven. The social and economic consequences attributed to children's obesity reinforce the importance of active play, directly linking children's play to the social and economic prosperity of the country. Thus, in the public health discourse, play becomes a serious activity for children. With this as underlying assumption, it appears increasingly necessary (and justified) for public health institutions to intervene in childhood early as a way of governing the forms of play children engage in.

Fun and pleasurable play = physical activity Several assumptions about the relationship between fun, pleasure and physical activity emerge in this discourse. One notable element concerns the way in which pleasure and fun function as tropes for physical activity. Indeed, pleasure and fun are drawn upon to promote active play and are assumed to be essential components of physical activity for all children. For instance, ParticipACTION's 2011 workbook *Active Ways To Play!* implies that being active and having fun necessarily coexist for children. They propose to children: 'Hey kids, this is your free time, and your only job is to make it active and to have fun' (p. 3). Such assertions about fun, pleasure and physical activity culminate in conclusions such as 'the direction to go and play more after school should be a welcome *prescription* for a healthy active life for our children' (AHKC, 2011a: 2 our emphasis).

These statements not only assume that fun and pleasure are the qualities experienced by all children who engage in physical activity, but that by prescribing play as a proxy for physical activity they also underscore the function of play as a health practice. Given that fun and pleasure are conceived of as important elements of children's physical activity, parents and guardians are given the responsibility of providing children with frequent opportunities for physical activity that children will enjoy. For instance, ParticipACTION (2010b: 1) encourages parents and guardians to 'make physical activity a fun, regular part of every day', while PHAC (2008) educates parents on the importance of reinforcing pleasure as a primary motivator for physical activity:

Although physical activity results in many health benefits, these benefits do not motivate young people to be physically active. Rather, they tend to participate in physical activity for fun and enjoyment, and for social reasons. (p. 39)

Moreover, as a further responsibility to their children, parents and guardians are expected themselves to adopt a positive disposition towards physical activity; one that takes similar pleasure in being active. Indeed, parents and guardians are encouraged to show explicit enjoyment of physical activity for the sake of their child's health. ParticipACTION (2010c) recommends to parents and guardians:

Be a good role model. Make sure you live an active life. It's important for your kids to see you running, walking, playing sports regularly after work. Display a positive attitude that being active is fun and feels good. (p. 46)

Further assuming that physical activity is at the forefront of family values and responsibilities, the entire family is implicated in, and made responsible for, creating fun physical activities for children: 'Start a family fun night. Have a family physical activity night once a week, where everyone does something together' (ParticipACTION 2009: 1).

The discourse thus appears to place a dual responsibility on parents and guardians: not only should they 'get their kids active' for health purposes, but they are expected to ensure that the activity is fun for the sake of their child's future enjoyment of (and investment in) physical activity. Indeed, parents and guardians who do not (or cannot) take up these prescriptions, and who do not (or cannot) engage in physical activities (while feigning pleasure and enjoyment) are nonetheless unrelentingly reminded of their duty to be involved in the provision of fun, active play for their child's wellbeing. AHKC asks parents and guardians: 'What are YOU doing to provide opportunities for children to engage in free, unstructured, active play? Do YOU encourage, promote and participate in active outdoor play?' (AHKC 2010a: 10).

Thus, concepts of fun and pleasure in play are closely bound to the promotion of physical activities for children based on the assumption that play is necessarily active, and that active

forms of playing will necessarily be fun for all children. Parents and guardians are not only made responsible for reinforcing these associations (that fun equates physical activity) but for modelling this enjoyment themselves.

Children self-governing their play Early intervention by educating children about healthy lifestyles emerges as a significant preventive health measure and is viewed as a means to ensure children are set on a path to future health and wellbeing. Since ParticipACTION's workbooks and social media campaigns reach children and families via television and the Internet, they appear to be one important means through which the values of healthy active play are instilled in children's lives. The workbooks, for instance, are created to encourage children to learn to monitor, tabulate and evaluate their own active play. The workbook *Active Ways to Play!* encourages children to record their favourite activities (provided they are active) and then gauge whether they are improving their physical activity levels each week:

Pick an activity that you love or try a new one. Don't forget to track how much time you spend doing your activity each week. See if you can beat your weekly total. Now turn off the TV and all your electronic toys and get ready, get set, PLAY! (ParticipACTION, 2011: 3)

Later, the workbook outlines the academic grade children would receive based on how many minutes they have been playing actively:

Have your kids track their daily physical activity. At the end of the week, see how many days they've hit 60 minutes per day. Use the handy chart to assign a weekly mark. Get ready, set, go! Look for the activity tracker on the back page of the after-school activity guide. Post one for each child in the house and see who can have the most fun getting an A. (p. 2)

However, it is not only play and physical activity that children are encouraged to govern, but the choice of active friends must be managed as well. AHKC's 2011 *Report Card* notes:

Given the important influence peers have on health-related behaviours, parents should talk more with their children, and encourage them to have friends who will have a positive effect on their behaviours. (p. 40)

Inherent in this somewhat paradoxical message in which children are encouraged to track, tabulate and govern their (active) play (and their actively playing peers) while also ensuring that it is fun, is the message that active play is akin to schoolwork. Indeed, by drawing a parallel between the competition and evaluation of academic work and children's self-government of active play, children's play becomes linked with academic achievement. Under these circumstances, active play as a governed and evaluated activity appears to relate very little (or at best indirectly) to fun and enjoyment and remains quite distant from the unstructured pleasure that children are simultaneously being encouraged to gain from their active forms of play. Furthermore, this perspective assumes that all children will find competition in play rewarding; that all children will 'have fun getting an A' in active play. It is taken for granted that the competitive evaluation of play activities is a notion to which all children will excitedly relate and, importantly, a value that all families share.

The way in which children's play is being regulated and governed in this discourse is reminiscent of, and can be historically traced to, 19th century child-saving and playground movements in the USA and England (Hart 2002, Read 2010). Aimed primarily at working-

class children believed to be inappropriately socialized and thus unfamiliar with ‘appropriately moral’ ways of playing (Hart 2002: 138), expert reformers taught children about the proper ways to play (Read 2010). Middle-class and upper-class children, for their part, were discouraged from playing with working-class children in order to prevent them from adopting their less savoury forms of play (Chudacoff 2007, Hart 2002, Read 2010). While this explicitly moralistic and class-based discourse on children’s play is no longer present in contemporary discussions, there remains a distinct flavour of it in the way play (and the selection of similarly playing peers) is being prescribed, regulated and normalised for children in the public health discourse, and in the way it extols active play while denouncing inactive forms of play as ‘idle’.

Valorising parents and children who voluntarily fill out workbooks and display their joy in playing actively is thus a principal means of instilling practices of the self in children (Markula and Pringle 2006). Indeed, the workbooks might be thought of as technologies of power for the social regulation of childhood activities through which parents and children are invited to ‘turn the gaze upon themselves’ (Lupton 1995: 11) and learn to self-regulate playing for health. Placing further weight on the importance of children’s self-governance, it is through the culpabilising influence that children have on their parents and guardians (that is, reminding them of their responsibility) that public health institutions hope to extend their reach and regulate healthy lifestyles of families more widely. Indeed, a Health Canada (2007) report suggests that values of healthy lifestyles should be instilled early, not only as a way to impact on children, but to effect wider changes:

Canadian children and youth need to be educated to understand the importance of leading healthy lifestyles. They will then, in turn, educate their parents about just how important this is. (p. 100)

Children thus appear to be viewed as intermediaries in the reform of adult physical activity as well.

Question 3. What effects are produced by the discourse?

Discursive effects. Discursive effects are defined as the effects that follow from the discursive limits that are implicitly imposed on what can and cannot be thought and said about a particular topic (Bacchi 2009). Examining discursive effects requires that we ask who benefits from a discourse and who is forgotten, and the effects this might have. For instance, in the current discourse, overweight and obesity are exclusively framed with regard to the health and social risks they engender. Although there is a growing body of critical obesity literature that questions the assumptions and the epidemic proportions of childhood obesity (Gard 2011, Gard and Wright 2005, Rail 2012, Rich *et al.* 2010, Wright and Harwood 2009), the existence of this literature is omitted from discussions of children’s obesity. Relatedly, the unchallenged view that children’s bodies are the sites for identifying risks of ill-health due to overweight or obesity does not acknowledge that overweight and obese bodies may not represent equally significant forms of risk for all children.

Thus, the limits imposed on what can be discussed within this discourse also function to exclude alternatives to the ‘obesity as risk/epidemic’ narrative and to limit discussion of possible negative effects the discourse may have. This is critical, since an acknowledgment of alternatives to, or contestations of, obesity as an epidemic might go a long way in reducing some of the emotional and social consequences that are suggested to be linked to child obesity (that is, stigma). For instance, Health Canada (2011) suggests that ‘low self-esteem and negative body image; depression, feeling judged; being teased or bullied’ are significant consequences of being obese as a child and thus justify the urgency to intervene. What is not considered,

however, are the social and emotional consequences that may arise from the momentum that the medicalised view of obesity as an illness is gaining, and the fact that childhood obesity is viewed as requiring society-wide social and health intervention. This may itself negatively affect children who perceive themselves as obese or overweight and hence, as the targets of these interventions, while children who are not obese or overweight (regardless of their health otherwise) are unequivocally viewed as healthy, normal and therefore as privileged subjects.

Furthermore, by emphasising that children should learn to self-govern their play for health, this discourse also attributes blame to children for their inactivity and obesity; it becomes children's responsibility to reduce obesity by learning to play the right way. The underlying assumption is that once children have learned to properly govern their leisure time in healthy ways they will happily do so and this will have positive health effects. The possibility that this responsibilising of children could have negative effects for children and their families is not addressed.

These discursive limits can in part be attributed to the significant authority that biomedical knowledge holds in public health. The current discourse draws on medical expertise (for example, CFLRI, CSEP), which subsequently produces forms of knowledge that are consistent with the dominant medical practices and assumptions that inform public health action more generally (Lupton 1995). The reliance on medical knowledge is relevant as it shapes what is considered a legitimate narrative around children's bodies and physical activity. Importantly, this has implications for the forms of play that will be authoritatively promoted (that is, active play) and for the children who play in particular ways and whose bodies have particular shapes (that is, more or less weight).

Subjectification effects. Biopower and its related technologies of power (that is, assumptions, values and related practices) seek to govern children to become normatively healthy and productive members of society through subjectification effects. These effects include the ways in which individuals are constituted through discourses and produced through discursive constructions of knowledge formations (Bacchi 2009, Foucault 1983, Markula and Pringle 2006). As Lupton (1995) has argued, it is through processes of normalisation by expert advice and judgement that a normative and 'privileged type of subject' (p. 10) is constructed.

Identifying the subjectification effects involves first examining the kinds of individuals and practices the discourse invites children to be and adhere to. Children are categorised according to their body size, their physical activity levels and their participation in particular activities, as well as their dispositions towards these activities. Binaries also emerge based on knowledge of children's health and physical activity (for example, overweight versus healthy weight, active versus sedentary play). These divide children in opposition to one another and further function as judgments reinforcing desired subject positions and creating norms that engender a desire to become a 'normal' subject.

Within the current discourse, a relatively clear picture of the privileged child subject emerges. These are children who are neither obese nor overweight, who govern their healthy lifestyle according to public health prescriptions and who take pleasure in active play. These children are also rewarded by the prospect of possessing other qualities such as being happier, healthier and smarter (ParticipACTION 2011) than children who do not play actively. These children's activities have also been shaped by role model parents and are consequently more likely to maintain healthy, active behaviour throughout their life, becoming the desired productive citizens. What is problematic in these readings is that these constructions of the desired child subject may have the effect of privileging and normalising some children (those who

seamlessly adapt to the active play prescriptions), while stigmatising those who do not (or cannot) adhere to the desired subject positions.

Discussion

In this article we have attempted to trace how public health, as a dominant social and health institution and disciplinary apparatus, has taken up children's play and begun to transform it into a health practice. Specifically, we have addressed the promotion of active forms of play as a way to increase children's physical activity in the context of growing public health concerns around childhood obesity. Through this lens, children's active play is being constructed as a health practice, as a means to a health end. We aimed to problematise this construction by identifying and critically examining its underlying assumptions and dominant values, and their possible effects.

Relevant analytically for the current examination is the acknowledgement of the role of a neoliberal governmental rationality in emphasising approaches to health that are focused on a self that is 'regulating and productive' (Petersen and Lupton 1996: 12). As we have shown, values inherent to neoliberal rationalities, including productivity and self-governance, are shaping the regulation and normalisation of the forms of play sanctioned and the requirement that children's leisure time be explicitly active and healthy. Children, who are conceived of as pivotal for the future of the country's wealth and prosperity, become targets of an unrelenting discourse about appropriate forms of play and health. The apparently self-evident notion that play ought to be healthy and productive highlights the dominance of underlying neoliberal values, which are virtually unquestioned in this discourse.

As Foucault (2008) has argued, neoliberalism after World War II began to explain even the qualities of the mother-child relationship, with the mother's quality of care, affection, time and pedagogical assistance being equated with an economic calculation and an investment in human capital (Foucault 2008). Indeed, in her analysis of the biopolitical technologies governing childhood in the 21st century, Nadesan (2010) writes that contemporary American neoliberalism has further shaped domestic life 'in that market logics and technologies of the self define attitudes toward children, child rearing, and education' (p. 4). Targeting children who are deemed to be at risk for various illnesses, North American paediatricians and health-surveillance networks have begun to monitor the activity levels of children and their parents 'to help conquer obesity' (Nadesan 2008: 110).

Paralleling the public health discourse we have analysed, Nadesan (2008) argues that children's bodies have become a personal and moral liability as families and children are held responsible for managing their health and for minimising the social and economic costs of the health risk they may be carrying. Parental anxieties invoked by risks of childhood obesity can only be tamed by engaging in the prescribed practices of the self (Foucault 1988). What this perspective further underscores is the importance attributed to children generally, and to their leisure activities specifically, for strengthening the social and economic growth of the country.

We acknowledge that it is not necessarily problematic that new constructions of play are being introduced into public health discussions. However, we argue that since public health is a powerful governmental institution, the underlying assumptions, values and effects of these new constructions of play tend to gain a widely recognised and accepted legitimacy. As such, the privileging of 'healthy' 'active' forms of playing (and the children who play this way) remains largely unquestioned in the field. For instance, the neoliberal risk discourse underlying public health more generally also permeates discussions of children's health and shapes the view that children are at imminent risk of overweight or obesity. Such discourses further

justify and legitimise greater interventions on, and regulations around, children's leisure activities. Indeed, the pervasiveness of risk discourses around obesity in public health illustrates the dominance of the biomedical lens cast on children and thus on the meanings and roles attributed to children's play and leisure. What remains problematic, however, is that while risk discourses may encourage physical activity among some children, they also have the potential to marginalise those children who are constructed as being outside the discursive delimitations established for the desired child subject and, even more troubling, those children who simply do not or cannot engage in the sanctioned forms of healthy active play.

Finally, by regulating children's play to be healthy and active, and thus normalising the ways in which children are encouraged to play, other relevant qualities of play may be neglected. Indeed, while playing simply for fun (that is, frivolous pleasure) is considered a common experience of childhood, it appears to be less important than the more productive and explicitly active play for health. As Mark Twain's young character Tom Sawyer suggests, 'Play consists of whatever a body is not obliged to do', while 'Work consists of whatever a body is obliged to do'. Considering the discourse from a child's vantage point, the forms of play mandated by public health – those prescribed to be healthy, active, monitored, tabulated and evaluated – appear to take on precisely the quality of work (that is, schoolwork): play becomes an obligation engendering qualities decidedly different from leisure that is more freely chosen. Taken together, we suggest that the interrogation of this emerging discourse in public health is especially important, as it underscores the need to recognise that the discourse on healthy active play, with its underlying assumptions and values, represents but one of many possible narratives on children's social lives, health and play.

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