

**University of Alberta**

**When You Smoke, They Smoke:  
Children's Rights and Opinions about Vehicular Smoking Bans**

by

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fulfillment of the requirements for the degree of

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## **Abstract**

International law guarantees every person the highest attainable standard of health, and this should include protection from the health risks of environmental tobacco smoke. As knowledge of these risks has increased, there has been an incremental expansion of smoking bans in public space. Since 2007, they have extended to the private space of the motor vehicle in an attempt to protect child passengers. This thesis aimed to understand the views and interests of children and youth on vehicular smoking bans, and the extent to which these have been sought after and considered in previous discussions of this policy initiative in Canada. A print media analysis found a lack of concern for children's perspectives. Rights, when considered, were generally those of adults. In focus groups, children discussed the unfairness of exposure to smoke in any space, but especially within the motor vehicle, and articulated a desire for increased participation in decision-making.

**Keywords:** Smoking, smoking bans, rights, children's opinions, vehicles, Canada

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## **List of Abbreviations**

ACH – Air Changes per Hour

CDC – Centre for Disease Control

CCS – Canadian Cancer Society

ETS – Environmental Tobacco Smoke

FCTC – Framework Convention on Tobacco Control

HRTCN – Human Rights and Tobacco Control Network

OHCHR – Office of the United Nations High Commissioner for Human Rights

NSRA – Non-Smokers' Rights Association

SHS – Secondhand Smoke

UNCRC – United Nations Convention on the Rights of a Child

UNICEF – United Nations Children's Fund

USDHHS – United States Department of Health and Human Services

WHO – World Health Organization

YSS – Youth Smoking Survey

“No man is good enough to govern another man without that other's consent.”

Abraham Lincoln, Speech on the Kansas-Nebraska Act, Oct 16, 1854

## **Chapter 1 Introduction**

Nine Canadian Provinces and one Territory have banned smoking in vehicles in which children and youth are present. These laws are intended to prevent persons of specified ages – those under 16 (BC, MB, NB, NL, ON, and SK), under 18 (AB, and YT), or under 19 (NS, and PEI) (Propel, 2012; Canadian Cancer Society, 2011) – being exposed to environmental tobacco smoke (ETS) within the confined space of motor vehicles.<sup>1</sup> As more public spaces become off limits for smokers, private spaces are increasing in relative significance as sites of ETS exposure (Collins and Procter, 2011).

Private ownership is not necessarily a significant obstacle to government regulation of ETS. Bans have already been applied to publicly accessible spaces that are privately owned such as transport, theatres, shops, and office buildings (Collins and Procter, 2011). Private motor vehicles are not publically accessible in the same way. Nevertheless, the law has long recognized a public interest in regulating the interiors of cars (Chapman, 2007). Laws around seat belt use, car standards, driving conduct, impaired driving and mobile phone use are all intended to define behaviors considered dangerous, draw attention to misconduct, protect others inside and outside of vehicles, and set and reinforce the norms around what is considered socially acceptable behavior (Saltman et al., 2010; Chapman, 2007). There are also precedents for specifically protecting children when they ride in vehicles, which adults are required to obey and implement, such as child car seat laws (Bauman et al., 1995). Vehicular smoking bans set a standard that smoking in a confined space containing children and/or youth is unacceptable and should not be tolerated (Saltman et al., 2010).

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<sup>1</sup> For the purposes of this study, ‘children’ are defined as persons aged less than 13 years, and ‘youth’ are defined as persons aged 13-19 years (Oxford English Dictionary, 2<sup>nd</sup> Ed., 1989). The term ‘minors’ (persons aged under the age of majority - under 18 years in Canada) is not applicable here because in six provinces, only those under 16 years are protected, and in two 18 years olds remain protected.

It is commonly stated that ‘children and youth are the future’ – a framing that suggests they are not already full persons, and their current views do not need to be heard and responded to (Kelley, 2006). Yet legislation affects them as children and youth in the present, including laws passed in the name of protecting them. Children and youth have expressed an interest in having more of a say in issues that affect them, and about which adult legislators currently make decisions (Strafford et al., 2003). In addition, international human rights standards require States to uphold the right of children to express their opinions. Rights “are social protections that inform or create normative standards concerning the relationship between individuals, groups, and the State” (Johnson, 2008, p. 122). These standards should inform law and public policy formation in States and be reflected in their everyday practice.

### **1.1 Research Question and Objectives**

This research aims to understand the views and interests of children and youth on laws that prohibit smoking in vehicles when they are present (henceforth: vehicular smoking bans), and the extent to which these have been sought after and considered in previous discussions of this policy initiative in Canada.

To achieve this, three research objectives are addressed:

1. To explore the ways in which rights, particularly children’s rights and health rights, are acknowledged and discussed with respect to vehicular smoking bans;
2. To determine how children and youth are represented in Canadian print media reports about vehicular smoking bans; and
3. To seek the opinions of young people in Edmonton with regards to Alberta’s vehicular smoking ban.

## **1.2 Chapter Overview**

This chapter will outline the conceptual framework of health rights. The concept will be used to relate vehicular smoking bans to the national and international movement toward improving health and promoting it as a fundamental right for everyone. Section 1.3 centers on health, including the meanings of that term, its use within human geography, and the notion of health rights. Section 1.4 discusses how health rights apply to children in the international arena and in Canada. Section 1.5 and 1.6 explains how health rights apply to ETS, tobacco control legislation internationally and in Canada, more specifically vehicular smoking bans. The chapter concludes with a brief summary.

## **1.3 Health, Health Geography, and Health Rights**

### **1.3.1 The Meaning of Health**

Health is a complicated concept that involves many different aspects. Four key models can be identified (Larson, 1999). The most widely used is the biomedical model, which defines health as the absence of disease or disability. By contrast, the wellness model defines health as a progress leading to higher functioning, energy, comfort, and integration of mind, body, and spirit. This idea goes beyond disease and focuses more on how everyday life affects a person's health. A combination of the two is the environmental model, which defines health as a balance between physical and social surroundings in order to free a person from undue pain, discomfort, or disability (Larson, 1999). In international law, health is also outlined as being separated into mental and physical (*International Covenant on Economic, Social, and Cultural Rights*, Article 12). The most comprehensive model stems from the World Health Organization's (1946) definition of health as a state of complete physical, mental, and social well-being and not merely the absence of disease and infirmity. These definitions explain that health goes beyond what is provided for by the health care system and involves a person's entire self, including social relationships.

### 1.3.2 Health Geography

Until the 1980s, geographical considerations of health were under the sub-discipline medical geography, which focused on biomedical issues in geographical contexts. Its major themes included death and disease mapping, disease ecology, and spatial patterns in the provision of healthcare (Moon, 2009). It was rooted in the Hippocratic tradition – originally researchers attempted to relate human diseases to cultures and lived environments – making place the “container of characteristics” in which “things are simply recorded” (Kearns, 1993, p.140; Kearns & Moon, 2002, p. 609). This evolved to looking at space more abstractly by studying locations of disease occurrence – the focus here was on spatial relationships between individuals, places, and institutions (Kearns, 1993). Most recently it saw places as locations where “disease agents, vectors, hosts, and culture traits came together or where facilities such as hospitals were located” (Kearns and Gesler, 1998, p.5). As this language implies, infectious diseases were usually of greatest interest to medical geographers.

Beginning the early 1990s, geographers began to broaden their interests in this area to include the social aspects of health. An influential article by Kearns (1993) called for more research putting health *into* place. This emphasis on place followed the earlier changes in human geography research towards investigating and conceptualizing how individuals experience place (i.e. sense of place). It was also intended to connect the concerns of medical geography with the rich theoretical traditions in other social sciences, such as sociology. As noted by Kearns and Gesler (1998), this call for reform prompted some conflict, but it was part of a larger shift in the discipline – diseases, service delivery systems, and health policies were seen to be socially produced, constructed, and transmitted; therefore, it was felt that studies of health should acknowledge social context.

As part of this shift, the ‘new’ sub-discipline of health geography broadened research to focus on issues outside of the body: “beyond the immediacy of the diseased body to the more distant, but more fundamental social causes of ill-health” (Moon, 2009, p. 36). This involved an acknowledgement that

what occurred in the surrounding socio-ecological environment influenced health, rather than solely lesions. At the same time, prevention of ill-health became a fundamental concern, in contrast to the earlier focus on curative biomedicine. This shift in focus lent itself to the study of health-related characteristics of place and how individuals' experiences of place affected their health (Kearns, 1993).

In 1995, the journal *Health and Place* was launched to include studies “where place matters with regard to health, healthcare, and health policy” (Moon, 2009, p. 39). It embraced a wider definition of health and began focusing on well-being – this was indicative of social sciences in general with a shift in the definition of health from diseases of the body to the entire physical, mental, and spiritual well-being of a person (see section 1.3.1). The articles were intended to explain how place mattered when it came to understanding health outcomes (Moon, 2009). One such way that place was focused on was through locality studies; the place where the study occurred was most important – examples ranged in scale from home and personal vehicles to Cities and States. The idea was to investigate how health was influenced by an individual's literal or perceived place in the world (Moon, 2009).

A key observation about the sub-discipline of health geography made during this time of change, beyond the increased awareness that places matter and that health has a social dimension, was that there was “an enhanced sensitivity to difference” (Kearns and Moon, 2002, p. 608). This can be seen in the more recent concerns about social justice and equality. This has been termed “critical geography” where researchers opposed unequal and oppressive power relations, spotlighted social justice and transformative politics, and developed critical theories to apply to social issues (examples of these issues in health geography would relate to equity of health status and access to services, the gradients of health status, and health rights – this research displays the example of children's health rights when exposed to ETS in vehicles). The benefits of this would be the possibility of seeing political as well as practical change (Kearns and Moon, 2002).



### **1.3.3 International Treaties, Declarations, Norms, and Standards**

Many international documents mention, define, and commit to upholding the right to health. In the Preamble to the World Health Organization's (WHO's) *Constitution* (1946), it is stated that the enjoyment of the highest attainable standard of health is a fundamental right of every person. Article 25 of the *Universal Declaration of Human Rights* (1948) declares that "everyone has the right to a standard of living adequate for the health and well-being of himself and his family". Article 12 of the *International Covenant on Economic, Social, and Cultural Rights* (1966) reiterates the WHO's statements that everyone has the right to the enjoyment of the highest attainable standard of physical and mental health. The Office of the United Nations High Commissioner for Human Rights (OHCHR) has written two resolutions in recent years that reaffirm the international community's commitment to the right to health (*Resolution 2002/31* and *Resolution 2003/28*) and other international bodies have written specific declarations committing to ensuring health for citizens (OHCHR, 2008). These documents outline a general definition of health rights; others not mentioned here focus on specific issues, such as disabilities, mental health, or HIV/AIDS.

There are specific aspects of the right to health that are standardized throughout the literature. First, the right to health is inclusive. This means it encompasses a wide range of factors beyond access to health care that help individuals to lead healthy lives. The *International Covenant on Economic, Social, and Cultural Rights* (1966) calls these 'the underlying determinants of health' and they include:

- Safe drinking water and adequate sanitation (Article 11)
- Safe food (Article 11)
- Adequate nutrition and housing (Article 11)
- Healthy working conditions (Article 7)
- Healthy environmental conditions (Article 12)
- Health-related education and information (Article 13)

- Gender equality (Article 3)

The second aspect is that the right to health contains freedoms. This means that, in order to ensure health, individuals must be free from activities that can damage their well-being, such as non-consensual medical treatment and torture. Third, the right to health contains entitlements that ensure specific aspects must be included in the health care system. Some examples of these include: equality, preventive treatments, access to essential medicines, maternal and child care, and health-related education and information. Fourth, the right to health must include available, accessible, and acceptable services, goods, and facilities that are provided to all without any discrimination. This means there must be sufficient quantity of facilities, services, and goods that are easy to access and medically and culturally appropriate within a State (OHCHR, 2008).

There are some misconceptions around the right to health. It is not the same as the right to be healthy (Hunt et al., 2009). It is instead the right to the enjoyment of a variety of facilities, services, goods, and conditions within a State that are necessary for the realization of the highest attainable health. It is not a program set up by the international community. It is instead a set of standards that are to be followed by each State. Countries with difficult financial situations are not absolved from this and need to take any action they are able to. Moreover, some actions are essentially free of cost (for example, eliminating discrimination); therefore, no country is absolved of those responsibilities (OHCHR, 2008; Hunt et al., 2009). To ensure that action is taken and ongoing there are international networks that monitor health rights: examples include the Human Rights and Tobacco Control Network (HRTCN) and the UN Task Force on Tobacco Control (Dresler et al., 2011).

#### **1.3.4 Health Rights in Canada**

A key principle to strengthening health rights internationally is the recognition by States' to their duty to respect, protect, and fulfill these human rights (Dresler et al., 2011). In Canada, the *Canadian Health Act* (1984) declares that the primary

objective of health care policy is “to protect, promote, and restore the physical and mental well-being of residents of Canada and to facilitate reasonable access to health services without financial or other barriers” (Section 3). The right to health is not included in the *Canadian Charter of Rights and Freedoms* (1982), but it does state, “everyone has the right to life...” (Article 7). The right to life can include the right to health in order to preserve life (Hunt et al., 2009). Canada is also a signatory to the *Universal Declaration of Human Rights* (which is binding on all UN Member States), and has ratified the *International Covenant on Economic, Social, and Cultural Rights* (1966).

## **1.4 Health Rights and Children**

### **1.4.1 How Health Rights Apply to Children**

In 1990, the UN developed eight Millennium Goals in order to better the world. Goal Four was to reduce child mortality rates. Children suffer a variety of health issues throughout the world, but most are preventable with an increased focus on the health rights of children (OHCHR, 2008). Every region has different leading causes of child mortality and morbidity ranging from pneumonia to malnutrition. Developing countries tend to have many infectious diseases that cause death in children. In high-income countries injuries and non-communicable diseases are most significant. Tobacco use and exposure are the world’s leading preventable cause of disease, and have particular effects on children (WHO, 2010a). ETS exposure is a known risk factor for Sudden Infant Death Syndrome, which was responsible for 112 deaths in Canada in 2005, and 107 in 2008 (USDHHS, 2006; Statistics Canada, 2005-2008). It is also a known risk factor for asthma, lower respiratory diseases, and other respiratory health problems, which were responsible for a proportion of the 10,923 deaths from chronic lower respiratory diseases in 2008, and the 69,648 deaths from major cardiovascular diseases in 2008 in Canada (USDHHS, 2006; Statistics Canada, 2005-2008). Further details are in Table 1 in Appendix A. Since ETS has been established as a significant health hazard, it interferes with the right to health, and ultimately the right to life.

In children, ETS exposure is a known cause of middle ear disease, respiratory symptoms, SIDS, and lower respiratory illness and a probable cause of brain tumors, lymphoma, asthma, and leukemia (WHO, 2009).

Children are particularly vulnerable to health issues because of their stage of physical and mental development. Mothers are also vulnerable because of their place in society and have great influence on the health of their children (OHCHR, 2008). In order to improve the health of children, a focus on women is also necessary. According to the WHO's *Global Strategy for Women and Children's Health* (2010), investing in the health of women and children reduces poverty and grows a more productive economy. This focus on prevention makes solutions to health issues more cost effective, and women and children are better able to realize their fundamental human rights, such as the right to health (WHO, 2010b). Not only does it make good sense to invest in the health of women and children, they also have the right to the highest attainable standard of health and states have the obligation to reduce the rate of disease and combat the underlying causes of poor health (OHCHR, 2008).

A human rights approach to health not only encourages States to act to protect the rights of their citizens, but it also empowers children and their mothers and enables them to change their condition of vulnerability (London, 2008). This moves beyond the idea that it is the State that hands out rights to citizens and also provides citizens with the capacity to protect their rights (London, 2008). Often children have rights given to them in order to protect them from being victimized, but children may be able to act on and ensure their own rights by communicating their opinions to adults and speaking up for themselves because they find it challenging.

#### **1.4.2 *UN Convention on the Rights of the Child (UNCRC)***

The *UN Convention on the Rights of the Child* (UNCRC) was adopted by the United Nations in 1989 and took effect in 1990. The UNCRC is binding under international law on States that ratify it, a step taken by Canada and all except three members of the United Nations. It is also supported and reinforced by other

international agreements that have followed. Article 24 outlines children's health rights as follows:

**Figure 1.1: UNCRC Article 24**

1. States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.
2. States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures:
  - (a) To diminish infant and child mortality;
  - (b) To ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care;
  - (c) To combat disease and malnutrition, including within the framework of primary health care, through, inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers and risks of environmental pollution;
  - (d) To ensure appropriate pre-natal and post-natal health care for mothers;
  - (e) To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents;
  - (f) To develop preventive health care, guidance for parents and family planning education and services.
3. States Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children.
4. States Parties undertake to promote and encourage international co-operation with a view to achieving progressively the full realization of the right recognized in the present article. In this regard, particular account shall be taken of the needs of developing countries.

When it comes to combating non-communicable diseases, all the sections of Article 24 could apply, but 2(e) and (f) are most relevant. Education (section 2e) allows for society to become better informed and take actions to assist in improving the health of all children (for example, by enacting and enforcing

policies that prohibit smoking in environments used by children, such as playgrounds and schools). Preventative health care (section 2f) also involves education, but focuses more on family and children. This allows them to take actions themselves to encourage better health (for example, choosing to not start smoking and implementing a smoking ban in the home). If States ensure that these actions are taken, societies will become more aware of children's health rights, which will, in turn, improve their health status.

### **1.4.3 Health Rights and Children in Canada**

Canada has taken various steps to improve the health status of children. Since ratifying the UNCRC in 1991, Canada has documented the nation's progress with several reports (Government of Canada, 2001; Government of Canada, 2009). As provincial governments are primarily responsible for the health care system, the majority of the efforts that address Article 24 are under their jurisdiction. Some examples of their efforts include improving the general health care system and putting more effort on pre- and post-natal and pediatric health care. The federal government does try to influence the efforts by encouraging certain actions through funding for projects and overall laws. For example, the federal government has created the *Canada Health Act*, 1984 and the *Tobacco Act*, 1997 that have both encouraged health improvements for children (Government of Canada, 2001; Government of Canada, 2009). The specifics of these projects and efforts are not clear in the reports, which are only written as summaries.

## **1.5 Health Rights and ETS**

### **1.5.1 Health Rights, Smoking and ETS Restrictions**

Life, liberty, and the use of private property are three subtypes of individual rights. These fundamental rights are not granted by the government; they are instead safeguarded by governments and are inherent rights of being human (Katz, 2005). These rights come into conflict in certain circumstances; therefore, there is a hierarchy associated with them. In broad terms, the right to life comes

before the right to liberty, which in turn is more important than the right to use private property (Katz, 2005). It comes down to what are priorities for every citizen.

The right to life is associated with the right to health because health is necessary in order to be alive and to live well. ETS affects this right to life by affecting an individual's health, and, because of this, can be thought of as violating one's right to life (Katz, 2005). The right to be free from other people's tobacco smoke trumps the right to consume tobacco products (Katz, 2005). An individual has a choice as to when and where they smoke, whereas others do not have a choice to breathe because it is necessary for survival (Katz, 2005). ETS restrictions, such as a ban on smoking in public places, protects the right to breathe smoke-free air and, therefore, protects the right to health and life (Reddy et al., 2012).

All parties involved in tobacco control can use rights in their arguments: industry, government, advocates, employers, and individuals (Katz, 2005). The tobacco industry tends to focus on the rights to liberty and use of your property, while neglecting or ignoring the right to life. By contrast, tobacco control advocates prioritize the right to life over liberty and property rights (Katz, 2005). For example, in both moral and legal terms it is now accepted that employees' right to health trumps their employer's right to use private property as they see fit, and as such the State can implement and enforce workplace smoking bans. Individuals continue to prioritize these rights in diverse ways, but it is the actions of the government to protect the right to health, which dictate that smokers may not smoke in publically accessible places (Katz, 2005).

### **1.5.2 UN Framework Convention on Tobacco Control (FCTC)**

The World Health Organization developed the *Framework Convention on Tobacco Control* (FCTC) to address the most significant global cause of non-communicable diseases (Reddy et al., 2012). The Convention entered into force in February 2005 and has been ratified by 175 countries as of June 2012 (WHO,

2012). This evidence-based treaty reaffirms the right of all people to the highest standard of health and provides new legal dimensions for international health cooperation (WHO, 2012). It is helping the international health community to solve the tobacco ‘epidemic’ with various solutions to be used together (WHO, 2003). The main objective is “to protect present and future generation from the devastating health, social, environmental, and economic consequences of tobacco consumption and exposure to tobacco smoke” (WHO, 2003). Article 4 sets the out seven guiding principles that are used in order to achieve this goal as follows:

**Figure 1.2: FCTC Article 4**

- 1) Every person should be informed of the health consequences, addictive nature, and mortal threat posed by tobacco consumption and exposure – Legislation and other measures should be used to protect citizens from this.
- 2) There should be a strong political commitment to the overall objective
- 3) There should also be international cooperation between governments and related areas of expertise to establish and implement effective tobacco control measures
- 4) All measures must be comprehensive in order to achieve the best possible result
- 5) Issues relating to liability are an important part of comprehensive tobacco control
- 6) Tobacco growers and workers need technical and financial assistance to aid with economic transition as well as governments whose economies are also dependent on tobacco growing
- 7) The participation of society at large is essential to achieve the overall objective

The Articles following lay out specifics on particular methods relating to tobacco control, such as taxation, legislation, and education. Article 8 sets out how to protect people from exposure to tobacco smoke or ETS – each party to the FCTC shall adopt, implement and promote effective measures “providing for protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places, and, as appropriate, other public places” (WHO, 2003). In practice this translates to spatial bans on smoking.



The FCTC has encouraged more countries to combat tobacco use and health problems associated with it, but there are no real provisions for enforcement, which could mean that some States only implement the bare minimum policies. There are mechanisms to improve the framework; perhaps over time the FCTC will become more effective (Proctor, 2011). Opponents of the FCTC also claimed that it was a high-income world treaty that was forcing their ideals on the developing world. This argument (falsely) implied that illness caused by tobacco use was not a problem in the developing world (Brandt, 2007). This assumption is contradicted by the developing world's adoption of a variety of tobacco control legislation and education initiatives that complement their already existing programs aimed at curtailing communicable diseases (Brandt, 2007; WHO, 2012).

### **1.5.3 Health Rights and ETS in Canada**

Smoke-Free Canada reported in 2010 that Canada has been exceeding the FCTC's minimum standards in some areas, has improved in some since 2008, and falls short in quite a few as well. It finds that in recent years, Canada has not adequately dealt with contraband tobacco products and also has one of the highest duty-free imports of cigarettes (Smoke-Free Canada, 2010). Canada has exceeded standards when implementing Article 8 (protecting against ETS). Provinces have unanimously enacted comprehensive bans on smoking and the federal government has expanded these bans to spaces that were not mentioned by the FCTC, such as prisons (Smoke-Free Canada, 2010). The comprehensive tobacco control methods that Canada and the international community have are explained in Chapter 2.

### **1.6 Children's Health Rights and Vehicular Smoking Bans**

Subsequent to ratifying the UNCRC and the FCTC, Canada focused more on protecting children against the associated risks of morbidity and mortality. Federal, provincial, and municipal governments have enacted laws that protect the

health rights of children by seeking to reduce their ETS exposure and change adults' behavioral norms around smoking. Vehicular smoking bans and prohibitions on smoking in other environments associated with children – e.g., playgrounds, sports fields, and school property – are prominent examples. In addition, not-for-profit organizations have developed that work with citizens and governments to successfully campaign for laws and education programs throughout Canada. For example, Non-Smokers' Rights Association has a mission to eliminate illness and death caused by tobacco (NSRA, 2012).

As will be explained in Chapter 2, there are increasing restrictions on smoking in publicly accessible places, but private spaces have mostly remained without regulation. This presents an issue for ensuring the health of children, many of whom spend a great deal of their time in private spaces (especially homes, but also cars) (Jarvis et al., 2012). Although both adults and children are exposed to ETS in private spaces, children are especially vulnerable because they have less ability to manage/reduce their exposure, spend more time in private spaces than adults, and are more vulnerable to the physical and mental effects of smoking (Jarvis et al., 2012).

Since everyone has a right to the highest attainable standard of health, it seems logical to ensure this right for children through smoke-free policies in private spaces, either through legal bans or education that encourages voluntary bans. Here the right to health/life and the rights to autonomy and use of private property may come into conflict (see Katz, 2005). Although it can be claimed that individuals (or at least adult individuals) should be free to act as they please, especially in private space, certain actions interfere with the rights of other people. Those rights may be higher – i.e., more important/valuable – than the right to autonomy. In this case, the right to health/life – which is jeopardized by ETS exposure – is morally and legally more important than autonomy and the right to use private property as you wish, as argued above. At a conceptual level, this means that the fundamental right to health supports vehicular smoking bans. In practice rights are more contested than this.

## **1.7 Conclusion**

This research aims to understand the views of children and youth on laws that prohibit smoking in vehicles in which they are present, and the extent to which these views have been sought after and considered in past policy discussions. A conceptual framework of health rights was used to understand this issue in the larger context. Health, as defined by the WHO, is a state of complete physical, mental, and social well-being and not merely the absence of disease and infirmity (1946). Many international documents define and commit to upholding the right to health including Preamble of the WHO Constitution (1946), Article 25 of the Universal Declaration of Human Rights (1948), and Article 12 of the International Covenant on Economic, Social, and Cultural Rights (1966). These documents state that the right to health is an inclusive right, containing freedoms, and entitlements to health care, and must include available, accessible, and acceptable services, goods, and facilities that are provided to all without any discrimination.

A human rights approach to health empowers children and their mothers, which enables them to change their condition of vulnerability (London, 2008). The UNCRC reinforces that actions are taken by countries to encourage the preservation of health rights in order to improve health status of children. Within tobacco control, health rights are a fundamental argument in favor of further bans that prevent exposure to ETS (Katz, 2005). The FCTC reaffirms the right of all people to the highest standard of health and provides legal dimensions to prevent health issues from exposure to tobacco. In recent years, smoking bans in cars have been a growing legislative trend. The ban is specifically targeting protecting children from this health hazard.

## **Chapter 2 Environmental Tobacco Smoke and Tobacco Control**

### **2.1 Chapter Overview**

This chapter focuses on environmental tobacco smoke (ETS) and the measures that have been taken to reduce exposure and harm from it. First what ETS consists of is defined and how it is regarded as harmful. Section 2.3 explains the history of tobacco regulation in Canada from taxation and health warnings to public and private space bans. Section 2.4 delves into vehicular smoking bans in Canada and internationally by explaining how harmful ETS in vehicles is, the consequences of exposure to ETS in vehicles, regulation on vehicular smoking, and what the public thinks of these bans. The chapter concludes with a brief summary.

### **2.2 All About Environmental Tobacco Smoke (ETS)**

ETS is a combination of two types of smoke: sidestream smoke, from the tip of lit cigarettes, and mainstream smoke, exhaled by smokers. It is also known as Secondhand Smoke (SHS), and its inhalation as passive smoking. Firsthand smoke, or active smoking, is the direct inhalation of smoke by the smoker (USDHHS, 2006). Another type of smoke, named “thirdhand”, takes the form of a thin layer of particulate matter on surfaces and in dust that may linger for weeks to months (Winickoff et al., 2009). This compound can release toxins into the air after active smoking is finished for an extended period and is shown to be accidentally ingested by children (Winickoff et al., 2009).

In 2006, the US Surgeon General released a comprehensive report detailing the health consequences of involuntary exposure to ETS (USDHHS, 2006). It emphasized that there is no risk-free level of ETS exposure and that adults and children react differently to it. While ETS exposure has adverse effects for adult cardiovascular systems, causing issues such as heart disease and lung cancer, children and youth are more vulnerable. Their respiratory, immune, and nervous systems are developing and any exposure can slow that development, particularly in the lungs by slowing natural lung growth (USDHHS, 2006). This

also affects the function of the lung by obstructing air flow and inhibiting oxygen intake (Pavic et al., 2011).

Childhood exposure can be pre- and post-natal. Pre-natal exposure can cause low birth weight, as well as increased risk of cancer and sudden infant death syndrome. Post-natal exposure also increases the risk of sudden infant death syndrome, in addition to middle-ear disease, asthma, lower respiratory illnesses, and other respiratory symptoms (such as cough, phlegm, wheeze, and breathlessness) (USDHHS, 2006; Gergen et al., 1998). In addition, occurrences of hay fever and other allergies increase in children that are exposed to ETS regularly (Kabir et al., 2009).

Beyond these direct health effects, exposing children to ETS also increase their susceptibility to its addictive quality (Glover et al., 2011). ETS contains nicotine which is a substantial ingredient leading to the addictive quality of cigarettes and other tobacco products. When children inhale ETS, it increases their likelihood of starting to smoke earlier in life (Glover et al., 2011).

## **2.3 Brief History of Tobacco Regulation in Canada**

Since the 1960s, tobacco control has developed as a public policy to protect both smokers and non-smokers from the health harms of tobacco use. Educational programs (such as public health campaigns warning of risks) and legislation (regarding issues such as smoking bans, taxation, and cigarette packet requirements) have been used to reduce consumption and exposure, and thereby prevent disease. Education provides background and interpretation while legislation provides enforcement and structure to encourage socially acceptable behavior (Hodge and Eber, 2004). In sections 2.3.1 through 2.3.3, past and current educational programs and legislation are explained.

### **2.3.1 Taxation, Advertising, and Health Warnings**

Once the US Surgeon General publicized that smoking cigarettes could cause cancer as well as cause chronic bronchitis and other respiratory and

cardiovascular diseases in the 1964 report and the several that followed (see USDHHS 1964; 1986; 2006), governments began to regulate tobacco products more firmly (Brandt, 2007). As part of the growing movement to reduce tobacco use worldwide, the World Health Organization and other international groups outlined specific strategies to assist governments in achieving this. Taxation, advertising bans, health warnings, and education campaigns were among the first initiatives (Chapman, 2007). These were followed by smoking bans in public spaces (which will be explained in section 2.3.2).

In Canada, jurisdiction over tobacco control is shared between federal, provincial and municipal governments. In 1981, the first major federal tax increase occurred on cigarettes followed by various provincial tax increases, which have continued to the present (Cairney et al., 2012). Taxation on cigarettes and other tobacco products had a profound positive effect on reducing consumption, especially among young people, while also benefitting governments and tobacco control campaigns by increasing funding (WHO, 2009). Even with the benefits taxes had, in the 1990s a serious smuggling issue developed in Canada forcing federal and provincial governments to reduce taxes in an attempt to control it. Since that time, taxes have slowly increased, but there still remains a smuggling problem in Ontario and Quebec, which does not allow taxes to increase as rapidly as in other areas (Cairney et al., 2012).

Since the 1970s, there has been a steady increase in regulation of tobacco advertising in Canada and across the world. This was complemented by an increase in mass media campaigns educating the public about the dangers of smoking and tobacco products (Cairney et al., 2012). By taking positive messages about smoking out of sight of the public and replacing them with negative messages, an anti-smoking culture began to form and grow. Once mass media marketing strategies had been removed from the tobacco industry, it started to use more subtle techniques, such as extravagant designs on the packet and point-of-sale displays (Chapman, 2007). Tobacco control advocates and governments responded to this by regulating these areas of advertising as well.

One specific example is that health warnings were added and have gradually increased in size (Chapman, 2007). In March 2012, Canada changed regulations concerning health warnings on packets so that now Canadian cigarette packets are 75% covered front and back by 16 rotating images illustrating the health effects of smoking (Health Canada, 2012). Australia is moving further by now introducing generic / plain packaging to make cigarette packets even less attractive and enticing to smokers (Parliament of Australia, 2011). In addition to federal rules around packets, provincial governments in Canada restrict the use of Point-of-Sale displays (also known as powerwalls). From 2002-2010, all 10 provinces enacted restrictions or total bans on tobacco retail displays in an attempt to make the product less visible (Ontario Tobacco Research Unit, 2010). All these tactics are used in an attempt to encourage smokers to quit and to discourage take-up among non-smokers.

### **2.3.2 Public Space Bans**

From the early 1980s, smoking became understood as more than just a health issue for smokers. Non-smokers were affected also. Involuntary smoking, or ETS as it is known today, was shown to be associated with increased respiratory problems and occurrences of cancer (USDHHS 1986; 2006). This new information led to an increase in restrictions as well as reduced social acceptability for smoking around non-smokers. Smoking became an environmental issue not just an individual choice (Collins and Procter, 2011).

Since the 1980s there has been an increase in public space smoking bans in Canada. Initially municipalities started prohibiting smoking in public transport systems, and partially banning it in restaurants (NSRA, 2012). Then it progressed further to federal jurisdictions - airlines and federal government facilities – in 1989 (Cairney et al., 2012). With municipalities already enacting partial restrictions on smoking, provinces began completely banning smoking in indoor public spaces starting in 2002 with Prince Edward Island. In 2008, the 10th province, British Columbia, enacted a comprehensive indoor smoking ban

(NSRA, 2012). This made most indoor worksites and other publicly accessible places in Canada - including restaurants, bars, casinos, and bars - smoke-free (Collins and Procter, 2011). Jurisdictions appear to ‘learn’ from each other leading the policies to proliferate across the country (see Nykiforuk et al., 2008). Subsequent policy-making – at both municipal and provincial levels – has begun to offer further protection from ETS via bans on smoking in certain types of outdoor public space (e.g., parks) and in ‘buffer zones’ around public buildings (Kaufman et al., 2010).

Smoking bans have been shown to reduce non-smokers’ exposure to ETS. A study in Ontario showed that there was a significant decrease in exposure at work and in public places because of these restrictions (Naiman et al., 2011). Public space restrictions do not eliminate ETS exposure, especially for children, because of exposure in private spaces. Children are less able to avoid exposure, spend more time in private spaces, and are more vulnerable to the physical and mental effects of smoking (Jarvis et al., 2012). This will be explained in more detail in section 2.3.3.

A study done in Singapore explored the sensory perceptions of smoke and smokers – mainly smell (Tan, 2013). It was found that the olfactory stimulation from cigarette smoke causes others to judge smokers as having a “filthy habit” (p. 61) making the smokers out of place because of an infraction on the senses of others. The smell of smoke causes a discrimination that physically widens the distance between smokers and non-smokers as the non-smokers move away in an “olfactory-phobic response” (p. 62). This behavior by non-smokers is not considered to be negative; instead it causes smokers to respond apologetically as if they have been disrespectful. Cigarette smoke is considered to be similar to an airborne contagion, which is understood to cause illness, thus the smell induces a more intense response from non-smokers that fear physical harm than smokers. This response to ETS by the public along with reinforcement from the medical community on the hazards of ETS has contributed to the increase in smoking bans discussed above.



Canada has been meeting the international obligations set out in Article 8 of the FCTC, which states that everyone should be protected from exposure to tobacco smoke. In order to achieve this, Canada has established restrictions on tobacco smoking in indoor workplaces, public transport, indoor public spaces, and other public spaces, just as the legislation sets out. This is intended to reduce the burden of disease that is caused by exposure to ETS and means that finding a location where you are able to smoke is becoming harder to achieve.

### **2.3.3 Private Space Bans**

After comprehensive public space bans took effect in high-income countries such as Canada, vehicles became the locations where the exposure of children and youth to ETS was likely to be highest (Thomson and Wilson, 2009). Even though there has been an increasing number of homes and private vehicles going smoke-free voluntarily, the pace at which this progresses is lagging behind the spread of public smoke-free environments (USDHHS, 2006). It is known that enacting smoking bans in publicly accessible spaces leads to a decrease in ETS levels (Naiman et al., 2011); therefore, it is logical to assume that bans in private spaces like vehicles would have a similar effect, assuming there is compliance and enforcement.

Private ownership is not necessarily a significant obstacle to government regulation of ETS (Collins and Procter, 2011). The interior of a car is considered by many to be a 'private' space, but the law has long regarded cars as effectively public space (Chapman, 2007). Precedents for specifically protecting children when they ride in vehicles, such as child car seat laws, require adults to obey and implement the recommended requirement (Bauman et al., 1995). Recently, tobacco control policy has expanded to include smoking bans in vehicles when children are present. These laws set a standard that smoking in a confined space containing children and/or youth is unacceptable and should not be tolerated (Saltman et al., 2010).

While traveling in a vehicle, there is no easy way for children to avoid smoke – either through ventilation, alternative transportation, or expressing their views (Thomson and Wilson, 2009). More generally, young people in private spaces may not be able to complain about ETS exposure and, if they do, may be ignored or reprimanded (Ashley and Ferrence, 1998). This forces children into a situation that is damaging for their health. In addition to air quality issues, vehicular smoking bans may be motivated by role modeling concerns (Health Canada, 2006). Observing family and friends smoking increases a child's risk of taking up the habit (Glover et al., 2011). The reverse is also true: a reduction in examples of smoking decreases the risk that children and youth will start smoking. Placing smoking bans in certain areas including vehicles sends a positive message to children about not smoking: “if seeing or knowing of smoking significantly increases the risk of starting smoking, then part of the answer is to reduce the visibility or existence of smoking...” (Hudson and Thomson, 2011, p.5).

A range of arguments against legislated vehicular smoking bans has also been expressed. One persistent concern is enforcement. Specifically, it may be hard for law enforcement to determine whether someone is smoking in a car, and that a child or youth is present, especially if the car is driving past at high speeds. Police have limited time to assess the situation and make a judgment. Situations that are similarly difficult to assess are also regulated. For example, all occupants of cars must wear seatbelts, children of a certain age must be in a car seat, and items such as cell phones cannot be used while driving (Chapman, 2007).

Others are concerned that if this type of legislation sets a precedent, then similar legislation will follow and, before long, the country turns into a ‘Nanny State’. From this perspective, vehicular smoking bans are an example of excessive State paternalism in health promotion laws (Thomson and Wilson, 2009). This argument is also usually paired with the idea that laws like smoking bans are an invasion of rights. In this particular case, it is the parents’ rights that are being ‘invaded’. Those adopting this view contend that smoking is a private and self-

regulated behavior like taking care of your children. It follows that the State should not intervene; unfortunately, this view ignores children's right to health. It is also important to note that there is no fundamental right to smoke (Jarvie and Malone, 2008). In enacting vehicular smoking bans, the State emphasizes parents' duty to protect their children's health in spite of their own autonomy to jeopardize their own health. Yet, some people believe that individuals should be able to choose to protect children themselves, rather than being required to do so by legislation (Jarvie and Malone, 2008).

Opponents of legislative action offer education as an alternative. They feel that if smokers are given the facts, they will make the correct decision to not smoke around their children. Bans are necessary because simply explaining the risk of ETS does not automatically change many smokers' behavior - adding a disincentive (such as a fine, or some other kind of reprimand) does assist in changing behavior. It also gives more power to the victims who can reference the law when they wish for the smoking to stop (Freeman et al., 2008; Chapman, 2007). A legal ban also provides formal support for rights (e.g., the right to breathe smoke-free air, the right to health) that educational campaigns, with their focus on voluntary behavioral changes, cannot achieve.

## **2.4 Vehicular Smoking Bans in Canada and Internationally**

When it comes to how ETS affects children in a vehicle, there are three major issues that have been examined in the literature: the levels of ETS present, the amount of time children are exposed to ETS in vehicles, and whether this type of exposure leads them to be susceptible to taking up smoking. These issues are examined in turn in the following sections.

### **2.4.1 The Levels of ETS in Vehicles**

There are three major ways of monitoring airborne ETS concentrations: measuring nicotine levels, fine particulate matter (PM<sub>2.5</sub>) concentrations, and/or carbon monoxide levels. These methods have been used in a number of locations

including indoor and outdoor spaces as well as cars. Studies of ETS inside vehicles most often focus on measuring levels of fine particulate matter -  $PM_{2.5}$ . As a point of reference, according to the Albertan and Canadian standards for air quality, a person's mean  $PM_{2.5}$  limit of exposure over a 24-hour period should be less than  $30\mu\text{g}/\text{m}^3$  (Alberta Environment, 2007). According to WHO, this limit is  $25\mu\text{g}/\text{m}^3$ .

In 2006, Rees and Connolly published a study that looked at ETS levels in vehicles under actual driving conditions by measuring  $PM_{2.5}$  and carbon monoxide levels. Forty-five trials were done in three moving cars measuring three smoking conditions for five minutes each (nonsmoking baseline, active smoking, and immediate post-smoking) crossed with two ventilation conditions (windows open, and windows closed). The aim was to simulate a child's actual exposure to ETS, so a SidePak (used to measure the  $PM_{2.5}$  levels) and a Q-Trak (used to measure the carbon monoxide levels) were placed in the rear seat on the passenger's side at head height of an infant in a car seat. The trials consisted of a 55-minute driving route on major roads around Boston, Massachusetts where the measurement was done initially with the windows open and, after a "washout period", with the windows closed. No additional ventilation was used, and only one cigarette was smoked during each ventilation condition (Rees and Connolly, 2006).

The research found that  $PM_{2.5}$  spikes substantially during the smoking period whether the windows are open or closed. Peak values of around  $100\mu\text{g}/\text{m}^3$  with the windows open and over  $500\mu\text{g}/\text{m}^3$  with the windows closed were recorded. Dissipation of the particles once smoking ceased occurred more rapidly when the windows were open as compared to when the windows were closed. Carbon Monoxide behaved quite differently. It did not increase or change when the windows were open, but increased from 4ppm to 6ppm when the windows were closed and did not dissipate once smoking ended. This study showed that under both ventilation conditions,  $PM_{2.5}$  levels increase when just one cigarette is smoked during a 5-minute period; closing the windows causes the effect to be

intensified and other dangerous gases to be contained within the vehicle also (Rees and Connolly, 2006).

Ott, Klepeis, and Switzer (2008) expanding on previous research about air circulation in vehicles in order to determine how ETS is affected by air flow in stationary and moving vehicles. The measurement unit is air changes per hour (ACH), which means how many times the air within a defined space is replaced within 60 minutes. A variety of measuring devices were placed in both the front and the back seats of the car during the measuring periods. Four different cars were used with various combinations of ventilation conditions, such as windows open/closed, recirculation on/off, and fan on/off. One cigarette was smoked during each condition. Smoking a cigarette in the car assists in determining the rates of air circulation because the rate of PM<sub>2.5</sub> accumulation and dissipation can be monitored.

When the vehicles were stationary, the ACH was typically less than 1/h. Opening a window fully increased this to 6.5/h and opening a door fully increased this to 68/h. The ACH related directly to speed and increased linearly as the speed increased. While the vehicle was moving with no windows open and air-conditioning on, the ACH was typically less than 7/h at all speeds. Opening a window by just three inches increased this eight to sixteen times depending on the speed. This study supports other studies which report PM<sub>2.5</sub> saying that the high concentrations of ETS inside vehicles with smokers is due to the small volumes of passenger compartments. These concentrations become extremely high when there is a low air change rate because of closed windows and recirculation (Ott et al., 2008).

To assess ETS exposure in vehicles further, Jones, Navas-Acien, Yuan, and Breysse published a study in 2009 that looked at nicotine levels. Nicotine passive samplers were placed in 22 vehicles of both smokers and non-smokers. Two samplers were placed in each vehicle for 24-hours: at the base of the front passenger seat and the other behind the driver's seat. Drivers were instructed to open the sealed samplers only during travelling time, to keep them closed

otherwise, and to handle them using latex gloves. The driving time was during regular commutes of at least 30 minutes. The smoking participants all smoked in the vehicles on a daily basis. Ventilation was not controlled because the participants were asked to behave normally.

There was a wide range of ventilation conditions and amount of cigarettes smoked during a sampling period. All five non-smokers in the study had levels below the limit of detection. The smokers that had similar levels either smoked fewer than four cigarettes, had a large vehicle, had the windows more than half open, and/or had a short commute time. The maximum nicotine concentration was  $128.1\mu\text{g}/\text{m}^3$  that occurred in a small vehicle with the windows closed and eight cigarettes smoked. On average, nicotine concentrations rose by 1.96 times with every cigarette smoked. In compact/small vehicles levels averaged around  $32.3\mu\text{g}/\text{m}^3$ . In midsize/large vehicles levels averaged around  $7.5\mu\text{g}/\text{m}^3$ . It was also found that there was a 60% decrease in air nicotine concentrations if drivers reported that the windows were open more than halfway for most of their commute time (Jones et al., 2009).

Sendzik, Fong, Travers, and Hyland (2009) looked at  $\text{PM}_{2.5}$  levels in a vehicle; under different ventilation conditions during the smoking period. Eighteen drivers were asked to complete five controlled air-sampling conditions while smoking a single cigarette per condition. The five conditions were as follows: 1/ participants smoked with all windows closed and engine off; 2/ participants smoked with all the windows closed during a 20-minute drive; 3/ participants smoked with all the windows completely open during a 20-minute drive; 4/ participants smoked with all the windows closed except the driver's window (which was rolled down approximately halfway) during a 20-minute drive; 5/ participants smoked with all the windows closed, but with the air conditioning running during a 20-minute drive. In conditions one through four, the fan was turned off and left in a state of passive ventilation. The monitor for data collection was placed at head level for a young child sitting in a car seat.

Condition one averaged the highest mean PM<sub>2.5</sub> during smoking at 3850.9µg/m<sup>3</sup> and also had the highest average peak at 6590.5µg/m<sup>3</sup>. Condition three averaged the lowest mean during smoking at 60.4µg/m<sup>3</sup> and also had the lowest average peak at 142.1µg/m<sup>3</sup>. The order of the other conditions from highest to lowest was: two, five, and then four. These results correlate with the difference in ventilation: i.e., the condition with the least ventilation has the highest concentration of particulate matter, and the condition with the most ventilation has the lowest concentration of particulate matter. The only ventilation that was effective at removing ETS from the vehicle was opening all the windows; air conditioning was not effective at clearing the smoke. Importantly, even with an exaggerated ventilation condition (all the windows open on a 20-minute drive), exposure to PM<sub>2.5</sub> was not eliminated (Sendzik et al., 2009).

Semple and colleagues published a study in 2012 that supported previous research on PM<sub>2.5</sub> levels in vehicles during active smoking. The researchers placed no restrictions on the participants and asked them to carry on their normal driving and smoking behaviours over the three days that the measurements were being taken. A SidePak device was placed at a similar height that a child's head would be to measure PM<sub>2.5</sub> during all car journeys and the amount of time it took for levels to exceed 25µg/m<sup>3</sup> was also calculated. The participants were both smokers and non-smokers. The main difference between this study and others is that this study measured for entire real life journeys, not just during when smoking was taking place.

It was found that the average for cars where active smoking was or had taken place was 85µg/m<sup>3</sup>, while the average for cars where no smoking occurred was 7.4µg/m<sup>3</sup>. Also, there was a strong relationship between the level of PM<sub>2.5</sub> and the amount of smoking activity. This study supports previous conclusions that even with good ventilation, PM<sub>2.5</sub> levels in a car are still dangerous when smoking takes place (Semple et al., 2012). Overall these studies show that a person's recommended daily limit of PM<sub>2.5</sub> exposure can be exceeded easily when in a vehicle with a smoker, depending on the duration of exposure. Even exposure

over a relatively short time may place a person at risk of exceeding the 24-hour average, as they may be exposed to ETS elsewhere during the day, as well as other sources of particulate matter (such as cooking smoke).

#### **2.4.2 Exposure to ETS and Susceptibility to Smoking Uptake**

As stated earlier, widely-adopted public space smoking bans do not protect children fully against ETS because they may continue to be exposed to smoke in their homes and vehicles. Equally, adults may continue to be legally exposed in private spaces, but this is deemed less problematic, as it can be assumed that they have some ability to avoid such environments and/or voice their objections to smoking (Ashley and Ferrence, 1998). Several studies have investigated the exposure of Canadian children to ETS. The majority of this information comes from Health Canada's Youth Smoking Survey (YSS), which asks a sample of young people in grades 5-12 about their opinions, exposure, and susceptibility to smoking.

Using this survey, Leatherdale and Ahmed (2009) found that in 2006, 22.1% of the participants were exposed to smoking in their homes on a daily basis, 4.6% were exposed in vehicles on a daily basis, and 28.1% were exposed to smoking while in a vehicle at least once a week. Youth who have tried smoking reported the highest prevalence of being exposed in the home (40.5%), and in a vehicle (58.1%). The vast majority of the participants thought that smoking should not be allowed around young people at home (88.3%) or in vehicles (88.4%). This opinion was highest among non-smoking youth (90.0%), but a large majority of smoking youth also agreed (79.7%) (Leatherdale and Ahmed, 2009).

Nowatzki, Schultz and Griffith (2010) used the 2004/05 YSS and additional parental surveys to understand the similarities and differences in the opinions of youth and their parents with respect to ETS exposure. This study found a number of important discrepancies between children's and parents' perceptions of smoking habits. When there was a difference between youth and



parent opinions, the researchers indicated several reasons for this, and the majority of the time the reasons related to communication. Parents tended to hide or not fully explain smoking situations to their children. For example, some parents hid their attempts to quit, did not explain they had recently quit, hid their smoking from their children, or did not explain there was a smoking ban in the home and vehicle. These deceptions jeopardize children's and youths' ability to resist smoking as a habit because they are not aware of parental actions and opinions about smoking. Parental smoking and non-smoking can have a significant influence on the habits of their children, so communicating positive smoking behaviors and opinions to children helps them to be better prepared to resist smoking take-up (Nowatzki et al., 2010).

The same authors (with the addition of Dunn) explored the hypothesis that being exposed to parental and sibling smoking in the home and vehicles causes an increased interest and propensity to taking up the habit (Schultz et al., 2010). A key finding of this study was that any exposure to smoking in vehicles increases a youth's susceptibility to taking up the habit (Schultz et al., 2010). The variables found to increase the odds of being a susceptible non-smoker versus a non-susceptible non-smoker include having at least one sibling who smokes, only some or no restrictions on smoking in the home, and having recently been exposed to smoking in vehicles. The same variables increase the odds of being an experimenter or smoker versus a susceptible non-smoker. Two explanations were given for these results: (1) exposure to any familiar smoker models smoking as a positive behavior, and (2) total smoking bans provide messages that smoking is neither appropriate nor socially acceptable. Even though parental smoking was not found to be a direct influence, parental actions such as implementing smoking bans, smoking in vehicles, and smoking when the children are young can have an influence if the children are aware of them. Sometimes children do not necessarily notice these actions and do not associate them with parents. This further demonstrates that if children are not being told about certain behaviors, they do not get the intended benefit (Nowatzki et al., 2010). For example, when children

are not told there are smoking bans in their family home and vehicle, they are unaware that smoking in those places is bad (Nowatzki et al., 2010; Schultz et al., 2010).

In addition, Yang et al. (2011) found that characteristics such as being female, being in lower grades, having smoking friends, and/or having tried marijuana or alcohol made youth more likely to be susceptible to taking-up smoking. Parental smoking status and exposure in homes or vehicles were not significant influences in this study. Taken together, Schultz et al. (2010) and Yang et al. (2011) indicate that there are a large number of factors that contribute to becoming a smoker.

A study in New Zealand also looked at the topic of smoking status and reported exposure to smoking in cars, using Keeping Kids Smokefree survey data (Glover et al., 2011). Participants in this survey were children between the ages of 10 and 13 living in a low socioeconomic area of Auckland with a high smoking prevalence. In total, 90% of the group surveyed reported being never-smokers, 8.2% had initiated smoking, and 1.3% were current smokers. Factors that led to 'initiated smoker' or 'current smoker' status were exposure to ETS in cars or at home and parental smoking. Additionally, having pocket money over \$10 per week also increased the chance of at least trying cigarettes. Reported exposure to smoking in vehicles was the variable that stayed as a consistently significant influence for both the initiated and current smokers (Glover et al., 2011).

There are a lot of influences in young people's lives that could lead to taking up smoking, and exposure to smoking in vehicles is one of them. Along with direct health risks from exposure to high levels of ETS, susceptibility to taking up smoking is one of the reasons why a number of governments, including those in Canada, have legislated to combat children's exposure to smoking in cars.

### **2.4.3 International and Canadian Regulation of Vehicular Smoking**

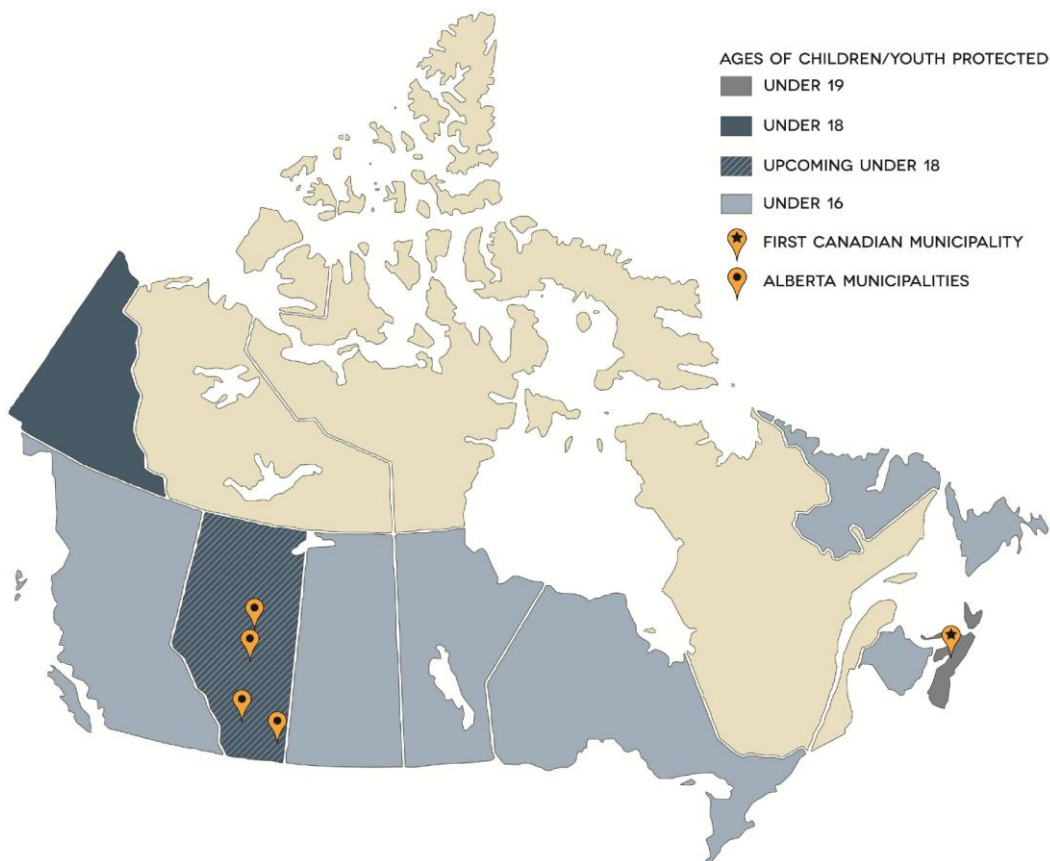
Virtually every country in the world has some kind of smoke-free legislation in place (Gruer et al., 2012). By the end of 2010, 11% of the world's populations were protected by comprehensive indoor smoke-free legislation, up from 5% in 2008 (Gruer et al., 2012). High-income countries have the most comprehensive tobacco control policies, whereas in middle- and low-income countries, there are fewer legal protections against ETS and weaker enforcement of those protections that do exist (WHO, 2009). Even in countries with comprehensive smoke-free legislation, many children are still exposed to dangerously high levels of ETS in the home, and private vehicles (Gruer et al., 2012). Importantly, this is now changing for private vehicles (see figure 2.1): although not without debate.

Wilson and Thomson (2011) interviewed policy-makers in New Zealand to determine what goes into making smoke-free legislation in a high-income country in order for it to be recreated elsewhere. They found that creating this legislation involves a balance of the evidence (that proves ETS is harmful) with considerations such as: personal experiences, concerns about the 'Nanny State' and public approval, engaging the community, and smokers' interests. Policy-makers felt that there was no shortage of evidence that proves ETS is harmful especially in vehicles, but other considerations, particularly a perceived lack of public approval and acceptance, delayed legislative action. The focus on having the majority of the public agree, with particular attention to including smokers in public opinion polls, sometimes means that individuals who are vulnerable to ETS, especially children, and positive consequences of the legislation, such as smokers quitting, are ignored (Wilson and Thomson, 2011).

Since 2006, an increasing number of jurisdictions have adopted some kind of vehicular smoking ban in an attempt to protect children from exposure to ETS in the confines of private vehicles. The map in figure 2.1 and the timeline in figure 2.2 show the progress of vehicular smoking bans internationally and in Canada. Internationally, the first vehicular smoking bans were enacted in Arkansas for when children requiring a car seat are present, Louisiana for when

children under 13 are present, Puerto Rico (under 13), and South Australia (under 16). Canadian jurisdictions took action starting in 2007, beginning in Nova Scotia with a municipal by-law (in Wolfville) followed promptly by provincial legislation. Interestingly, by-law in Wolfville took effect after the provincial legislation in Nova Scotia even though the municipality voted on it first. Four Albertan municipalities have enacted bylaws: Okotoks (under 16), Athabasca (under 18), Leduc (under 18), and Medicine Hat (under 16) (City of Leduc, 2011; Canadian Cancer Society, 2011; Saltman, 2010). In total eight Canadian Provinces and one Territory have banned smoking in vehicles in which children and youth are present.

**Figure 2.1 Map of Provincial Vehicular Smoking Bans**



Sources: Canadian Cancer Society, 2011; Propel, 2012

**Figure 2.2: Timeline of International and Canadian Vehicular Smoking Bans**  
(by date legislation took effect)



Sources: Canadian Cancer Society, 2011; Propel, 2012

These laws are intended to prevent persons of specified ages – those under 16 (BC, MB, NB, NL, ON, and SK), under 18 (YT), or under 19 (NS, and PEI)

(Propel, 2012; Canadian Cancer Society, 2011) – being exposed to ETS within motor vehicles. Alberta Liberal MLA Raj Sherman introduced *Bill 203: Tobacco Reduction (Protection of Children in Vehicles) Amendment Act, 2012*, which passed in February 2012 and protects persons under 18, but has yet to take effect. When it is implemented, it will bring the number of Canadian Provinces and Territories with vehicular smoking bans to ten.

#### **2.4.4 Public Opinion on Vehicular Smoking Bans**

The trend by governments to ban smoking in cars that carry children has been met with broad public approval. A 2007 survey found 82% of Canadian adults – including 81% of Albertans – agreed with and wanted vehicular smoking bans when children and youth are present (Canadian Cancer Society, 2007). In an ITC Four Country Survey, 74% of Canadian smokers supported a ban (Hitchman et al., 2010). Of the four countries surveyed in 2007, Australia was top with 82% of smokers, followed by the United Kingdom with 75% of smokers, then Canada, and lastly the United States of America with 59% of smokers (Hitchman et al., 2010). Even the lowest number is still a majority of respondents. This means that this type of ban is well supported in the high-income parts of the world, which also have the most comprehensive smoking restrictions (Hitchman et al., 2010). Smokers in these countries tend to understand and agree with the research that has found ETS is bad for children, and wish to provide positive role models for their children in order for the habit of smoking to not be passed on to the next generation (Hitchman et al., 2010).

Before there was legislation in place, some families were already putting personal smoking bans into effect in their homes and vehicles. Kegler, Escoffery, and Butler did a study on this in 2004/2005 by interviewing participants in Georgia, USA (2008). The participants were either parents with children aged 10-14 or lived in adult-only households. The main objective was to understand family rules about smoking in family vehicles, how these were enforced, and what would convince them to have stricter rules (Kegler et al., 2008). The most

common theme that appeared as to why families did not have a ban was not thinking or talking about it. There were either no smokers, the smokers were already sensitive to the needs of non-smokers and children in the absence of a declared 'ban', or the household did not have any children or non-smokers to be sensitive to (Kegler et al., 2008). The reasons for families to have bans were much more diverse. Participants were concerned about the cleanliness and quality of the family vehicle, possible health problems associated with ETS for non-smokers and children in the car and the home, a dislike of the smell by the non-smokers, and the vehicle was a closed-in space that makes ETS even more irritating (Kegler et al., 2008). Policy-makers and advocates used these reasons to encourage more people to adopt smoking bans in their vehicles and homes, and support legislation that enforced smoking bans in vehicles.

Moving beyond simple expression of support or opposition, an exercise in Liverpool, UK asked children aged 4-8 to draw and describe in writing how they feel while being exposed to ETS in vehicles (Woods et al., 2005). They expressed negative feelings toward being exposed and were concerned about their health. This concern increased with age, but they were reluctant to take direct action and remove themselves from the situation, and instead relied on their parents to protect them from harm. Most participants expressed a wish to talk to their parents about the issue and expected a positive response that reduced ETS exposure (Woods et al., 2005).

B. Freeman, Chapman and Storey (2008) conducted a media analysis to examine how a smoking ban for vehicles was discussed in Australian newspapers before legislation was introduced. The main reasons given in support of legislation were that ETS was harmful, children need protection from ETS, cigarette butts thrown from cars are litter and can cause fires, there are precedents of legislation relating to activities in vehicles, and there is widespread public support (Freeman et al., 2008). The majority of these reasons focus on the benefit to others rather than the smoker – i.e., it is non-smokers who are the victims of ETS. The main reasons given in opposition to the proposed legislation were that

enforcement would be difficult, education would be better, this would lead to further legislation and turn the country into a 'Nanny State', it is an invasion of parental rights, ETS is not as harmful as people say, smoking is not a distraction, and butts do not litter or cause fires (Freeman et al., 2008). In contrast to the support, these reasons focus on the smokers and how they are being victimized by a 'Nanny State'.

By surveying academic studies, Thomson and Wilson (2009) were able to discover similarities around the world in regards to public attitudes towards vehicular smoking bans. In every study reviewed, majorities of both smokers and non-smokers agreed that this was a good idea. This support is growing, as is shown through survey results over time. The majority of the public wanted this type of legislation in order to protect children from the harms of ETS. This particular study demonstrated that concerns about the 'invasion' of government into private space do not apply strongly in this case because the welfare of children is involved (Thomson and Wilson, 2009).

Policy-makers in some areas are still hesitant to pass this legislation because they have concerns about public support. A few studies have been done looking at the attitudes of policy-makers specifically. In New Zealand, policy-makers were interviewed to determine the obstacles to and opportunities for legislation that protected children from health problems and possible adoption of smoking (Rouch et al., 2010). The policy-makers had similar views to those expressed in media articles. Concerns about intrusion into private lives caused the policy-makers to hesitate; nevertheless, the arguments in favor of legislation, such as protecting children, tended to sway policy-makers toward a policy (Rouch et al., 2010). Those who were not swayed by the protection of children argument tended to favor arguments about the rights of parents to do as they wish in private spaces (Rouch et al., 2010).

Thomson, Hudson, Wilson, and Edwards conducted a similar study interviewing policymakers in New Zealand focusing on the protection of children from smoking in vehicles (2010). They found that policy-makers had strong



beliefs that children are vulnerable, and should be protected. The policy-makers tended to disagree on how to go about this. Some thought an educational campaign would be best, and others thought that legislation would be more effective. Those who opposed legislation had a perception that enforcement would be close to impossible. In contrast, those who favored legislation stated that an education-only campaign would not have the widespread effect that a ban would. Many also argued that this is one in a long line of smoking bans; it is just another step to a healthier society (Thomson et al., 2010). Hudson and Thomson published more results from a continuation of the previous study (2011). They showed that more policy-makers have come to the conclusion that the immediate steps need to include education, social marketing, and the use of law.

## **2.5 Conclusion**

Since the first US Surgeon General's Report on smoking in 1964, there has been a progressive expansion of the tobacco control policies around the world. These policies originally came into place in order to improve the health of smokers by increasing taxation and providing health warnings in order to encourage quitting (Brandt, 2007). The health warnings became more graphic and advertising bans were put into place in order to discourage young people from taking up smoking. As evidence of the harms of ETS emerged from the early 1980s, more comprehensive policies came about, such as banning smoking in indoor worksites and publicly-accessible places in order to protect non-smokers from health problems. In recent years, smoking in private spaces is beginning to be banned in order to encourage more spaces to be smoke-free, such as vehicles that carry children (Thomson and Wilson, 2009).

ETS can cause serious health problems, especially for children (USDHHS, 2006). Not only does exposure to smoke cause direct health harm, it can also increase individual susceptibility to up-take and addiction. Any level of ETS exposure is harmful to health. In vehicles these levels can become especially harmful. Extremely high levels of ETS in vehicles have been reported in

numerous studies (Rees and Connolly, 2006; Ott et al., 2008; Jones et al., 2009; Sendzik et al., 2009; Semple et al., 2012), most of which have measured concentrations of fine particulate matter (PM<sub>2.5</sub>). Even though there are relatively few places in a country such as Canada where people can smoke today, children are still not fully protected from exposure, especially in private spaces. In 2006 it was found that 22.1% of Canadian children are exposed in their home daily, and 28.1% are exposed in a vehicle at least once a week (Leatherdale and Ahmed, 2009). For a high-income country with elaborate and comprehensive tobacco control policies, there was a shortcoming in protecting children from ETS exposure while in private spaces, including vehicles. This exposure is not only bad for their health in an immediate sense – it may also increase the likelihood that a child will take-up smoking in the future because of negative role-modeling (Glover et al., 2011; Schultz et al., 2010; Yang et al., 2010).

Figure 2.1 and 2.2 shows that the progression toward making vehicles smoke-free has quickened and expanded in recent years. A broad body of international research finds that most members of the public support these laws. In Canada, around 80% of smokers and non-smokers support these laws coming into effect (Canadian Cancer Society, 2007; Hitchman et al., 2010). Public and political opposition has claimed these bans invade private space; upon closer examination, it is clear that behavior in vehicles has long been publicly- restricted in order to benefit and protect the public from safety and health issues (Chapman, 2007).

## **Chapter 3 Children's Voices**

### **3.1 Chapter Overview**

This chapter discusses child empowerment, participation, and engagement in the context of political and government decisions. Terms such as 'engagement', 'participation', or 'empowerment' relate to the right of children to express their opinions. This right may be conceived of as an option provided by adults in positions of authority, but is also a legal obligation set out in the UNCRC (Lundy, 2007). In practice, children's right to express their opinions is often dependent on the cooperation of adults (Lundy, 2007). Section 3.2 will discuss the origins of children's geographies to provide an introduction to the sub-discipline. Section 3.3 will define the three terms mentioned above. Section 3.4 will explain the international law regulating a child's participation, and section 3.5 will explain the Canadian regulation. Section 3.6 will discuss the significance of the UNCRC's Article 12, and the next section will explain how Article 12 can be put into practice by using theory and case studies as examples of this practice. Section 3.8 will link health rights, Article 12, and smoking bans.

### **3.2 Geography of Children**

In the 1970s, social scientists began to focus their research on relatively powerless groups who had been traditionally under-represented in academic work, including children. At this time, childhood began to be viewed as a social construction originating in different experiences based on diverse historical, political, economic, and geographic contexts – as opposed to a universal time for development (Smith and Ansell, 2009). However, as late as 1990, James observed that geographical research continued to largely ignore children's lives and experiences. This article is commonly credited with starting the "debate on the state of research on children in human geography" (Smith and Ansell, 2009, p. 59). Her main argument was that, with a few exceptions, geographical research had ignored children. She claimed that they were the largest minority; children were assumed to be difficult and not worthwhile to study. They were considered

to use space only with adults, and this overlap would be reflected when researching adults' use of space (James, 1990). In her opinion, not including children leads to research that is unbalanced and that overlooks possible contributions to improve quality of life (James, 1990).

Partly in response to this article, geographers began to broaden their frames of inquiry to explicitly include children. The field of children's geographies emerged to "explore the material and corporeal experiences that embody children's everyday lives and consider the ways children's social identities are gendered, classed, racialized, etc within particular spatial contexts" (Smith and Ansell, 2009, p. 59). Along with this change, children were being conceptualized as social actors because of the development of the children's rights movement including the writing and ratification of the UNCRC by a large swath of the world.

In 2000, Holloway and Valentine wrote a book to present an overview of this expanding sub-discipline. By providing a variety of case studies the editors aimed "to contribute to and broaden debates within children's geographies" (p. 17). In the introduction they explain the importance that places make to children, the importance of everyday spaces, and how children imagine space – using interdisciplinary research to provide an outline for the rest of the book. Holloway and Valentine admit that they hope their book is one of the steps that encourages the geography of children to become a recognized sub-discipline (2000) and this book is used by the editors of *Children's Geographies* as an example of how the sub-discipline got started (2003).

In 2003, *Children's Geographies* was started as "a new international journal that provides a forum to discuss issues on the geographical worlds of children and young people aged under 25 and of their families" (p. 3). Like the creation of *Health and Place* discussed in section 1.3.2, this journal provided a forum for researchers to explore an emerging sub-discipline. Its first issue dealt with issues of participation and engagement as well as migration and the use of recreational spaces. These diverse articles showed that the sub-discipline of

children's geographies could deal with diverse aspects of geography while focusing on children's perspectives (Shelton, 2009). Many other journals have also published special issues on children's geographies.

While these have been vital outlets for establishing a body of work and allowing the sub-discipline to mature, they arguably compartmentalize it – separating children's geographies from the mainstream and allowing the articles to be ignored or bypassed by researchers of 'adult' geography (Shelton, 2009). Similar to James (1990), she felt this was unacceptable because children should be focused on for their own merits – they should not be invested in and researched because they are future adults, instead “they should be supported, nurtured, and included because they are children now” (2009, p. 1443). This approach is used in the children's rights movement especially through a focus on what children have a right to while under the age of majority in order to improve their environment.

This research deals with children's rights, the creation of which was a contributing factor to the initiation of the sub-discipline because of the ratification of the UNCRC. Children's access and use of space and place is presented as a legitimate right in research and politics as well as their inclusion in the decision-making concerning space and place (Matthews and Limb, 1999). Matthews and Limb proposed that children's geographies should not be researched for its own sake, but “should lead to outcomes which encourage empowerment, participation, and self-determination consistent with levels of competence” (1999, p. 83). This will be explored further through vehicular smoking bans.

### **3.3 Empowerment, Participation and Engagement**

Empowerment refers “to the process by which individuals gain influence of events and outcomes of importance to them” (Holden et al., 2004, p. 551). It is “the mechanism by which people, organizations, and communities gain mastery over their lives” (Rappaport, 1984, p. 3). It offers individuals a sense of control or even actual control over their lives in political, economic, interpersonal, psychological, and/or spiritual ways. It is “not simply self-perceptions of

competence, but includes active engagement in one's community and an understanding of one's sociopolitical environment" (Zimmerman, 1995, p. 582). Empowering processes are those "where people create or are given opportunities to control their own lives and influence the decisions that affect their lives" (Zimmerman, 1995, p. 583). Participation and engagement are regarded as empowering processes.

Participation is a term used to refer to the process of assisting with decision making that affects people's lives and communities – it is the basis of democracy and a fundamental right of citizenship. It can be incorporated into political decision-making, but participation can also apply to communities, organization, and families (Hart, 1992). For children, participation involves "active involvement in decision-making at different levels in matters that concern them". It is a term used as shorthand "to describe the process of children expressing their views and having them taken seriously" (Lansdown, 2011, p. 3).

The term engagement has "a considerable range of definitions" and is used profusely throughout academic literature (Adler and Goggin, 2005, p. 237). Overall, "how engagement is defined depends on the perspective and interests of the definer" and ranges from community service and collective action to political involvement and social change (Adler and Goggin, 2005, p. 238). Broadly defined, engagement is "individual and collective actions designed to identify and address issues of public concern" (Adler and Goggin, 2005, p. 239). For the purposes of this research, participation and engagement are both used in the context of government and political decisions.

### **3.4 International Law Regulating a Child's Participation**

The UNCRC is "the first legally binding international instrument to incorporate the full range of human rights – civil, cultural, economic, political, and social rights"; it sets out "the basic human rights that children everywhere have" in 54 articles and two optional protocols (UNICEF, 2005, Para 3 and 4). As of March, 2013, 140 States have signed and 113 have ratified the UNCRC since 1989 when

it was first written (UN Treaty Collection, 2013a). In other words all States except the United States and Somalia have agreed to the UNCRC.

A convention is a source of law that is a formal multilateral treaty with a broad number of parties. It creates binding obligations with consequences if broken (UN Treaty Collection, 2013b). Rights are not just models for good practice; they are legally binding obligations, and the effort required to realize them is not optional. In practice, these are usually treated like ethical standards where the punishment for violations is through informal mechanisms such as international pressure and embarrassment or sanctioning exercises (Johnson, 2008).

According to Article 1, “a child means every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier” (OHCHR, 1989). In Canada, this would mean a child is below the age of eighteen years. Chapter 1 earlier defined this as a minor and split the group into children (age less than 13 years) and youth (age 13-19 years) to be more specific. When discussing the UNCRC and for the remainder of this chapter, children will be used broadly to mean any person under eighteen years.

Article 12 (see figure 3.1) of the UNCRC recognizes that children have a right to express their views and have them taken seriously. This calls upon States to ensure that children have the opportunities to participate and be heard (OHCHR, 1989).

**Figure 3.1: UNCRC Article 12**

1. States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.
2. For this purpose, the child shall in particular be provided the opportunity to be heard in any judicial and administrative proceedings affecting the child, either directly, or through a representative or an appropriate body, in a manner consistent with the procedural rules of national law.

The language in the first statement of Article 12 could be construed in a way that may restrict the rights of children. It sets out that only a “child who is capable of forming his or her own views” has the right to express them. This could restrict younger children from participating because they are deemed incapable. What defines a child who is capable then? This was clarified by the *UNCRC General Comment No. 12: The Right of the Child to be Heard* (2009). The phrase “capable of forming his or her own views” is defined as an obligation for governments “to assess the capacity of the child to form an autonomous opinion to the greatest extent possible” and adults should presume that a child has the capacity to form an opinion (*UNCRC General Comment No. 12*, 2009, p. 9). It is not up to the child to prove his or her capacity, nor does the child have to have comprehensive knowledge of all aspects of the issues; he/she just needs to understand a sufficient amount to form an opinion. The UNCRC Comment discourages governments from introducing specific age limits for children expressing their opinions. Even the youngest of children can form views when they are unable to express them verbally – there are non-verbal forms of communication that young children use to demonstrate understanding, choices, and preferences such as body language, facial expressions, drawing, and play.

The phrase “to express those views freely in all matters affecting the child” is explained as the child being allowed to express his or her views without pressure, and includes the choice about whether or not to make an opinion heard in discussions relevant to his or her life (*UNCRC General Comment No. 12*, 2009). These discussions can be at the level of governments, organizations, or homes. The realization of this participation requires a right to information, which means that the child should be informed about the matters, options, and possible decisions to be taken, and the consequences as well as the conditions under which he or she will be asked to express his or her views. Article 12 also states that “the views of the child being given due weight in accordance with the age and maturity of the child”, which refers to the capacity of the child that is explained earlier and emphasizes that merely listening to the child is insufficient – the child’s opinions



have to be seriously considered. By stating “age and maturity” it clarifies that age is not the only factor that determines the capacity of the child, which is why introducing an age limit would be inappropriate (*UNCRC General Comment No. 12*, 2009).

The second statement of Article 12 is much less general and clarifies when and where a child shall be provided particular opportunities to be heard. General Comment No. 12 (2009) provides examples to clarify this clause. Judicial proceedings that affect the child could for example be parental custody or adoption, abuse or violence against or by the child, or refugee and asylum-seeking children. Administrative proceedings that affect the child could for example be decisions about education, health, or living conditions. The child can make these expressions of opinions directly or through a representative/appropriate body that exclusively represents the child and the proceedings should comply with the basic rules of fairness, such as the right to a defence and to have access to one’s own files.

Within the family, these rights mean that parents have the duty to provide direction and limitations to their children, but they also have the obligation to grant increasing amounts of autonomy to their children as they mature, and should regard their views as important in family decision making (Covell and Howe, 2001). Within schools, these rights mean that structures need to be provided that allow for the opportunity to exercise the right to be heard in school policy (e.g. school council), freedom of expression needs to be upheld in the culture of the schools, and students need to be educated about how to practice participation (Covell and Howe, 2001). In legal proceedings, children have an explicit right to participate directly or through a legal representative/advocate. Whether a given child can understand the issues and whether they are mature enough is up to the discretion of the adult of authority (e.g. parent, judge, or policymaker), and their decision will determine the weight that is given to the child’s opinion (Covell and Howe, 2001).

Beyond Article 12, other articles in the UNCRC contribute to the meaning of empowerment, participation, and engagement of children (Lundy, 2007). According to *General Comment No. 12*, “Article 12 is connected to all other articles of the Convention, which cannot be fully implemented if the child is not respected as a subject with her or his own views” (2009, p. 17). Of particular relevance are Articles 3, 13, 17, and 29.

Article 3 (see figure 3.2) establishes the objective of achieving the best interests of the child while Article 12 provides the method to reach that goal (*UNCRC General Comment No. 12*, 2009). This article emphasizes the importance of protecting a child’s well-being. Other articles, such as Article 12, provide a means to achieve this by outlining specific steps that should be taken.

**Figure 3.2: UNCRC Article 3**

1. In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.
2. States Parties undertake to ensure the child such protection and care as is necessary for his or her well-being, taking into account the rights and duties of his or her parents, legal guardians, or other individuals legally responsible for him or her, and, to this end, shall take all appropriate legislative and administrative measures.
3. States Parties shall ensure that the institutions, services and facilities responsible for the care or protection of children shall conform with the standards established by competent authorities, particularly in the areas of safety, health, in the number and suitability of their staff, as well as competent supervision.

Article 13 (see figure 3.3) outlines the freedom to seek, receive, and impart information and ideas of all kinds without restriction from the State (OHCHR, 1989). Whereas Article 12 imposes an obligation on governments to have a legal framework to facilitate active involvement of the child, Article 13 creates no such obligation and governments should merely refrain from interfering (*UNCRC General Comment No. 12*, 2009).

**Figure 3.3: UNCRC Article 13**

1. The child shall have the right to freedom of expression; this right shall include freedom to seek, receive and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing or in print, in the form of art, or through any other media of the child's choice.
2. The exercise of this right may be subject to certain restrictions, but these shall only be such as are provided by law and are necessary:
  - (a) For respect of the rights or reputations of others; or
  - (b) For the protection of national security or of public order, or of public health or morals.

Article 17 (see figure 3.4) guarantees a right to information, which is a prerequisite for the effective deployment of the right to express views. This is because, without information about their rights or the issues concerning them, children would not be able to have an informed opinion nor understand they can express it (*UNCRC General Comment No. 12*, 2009). Article 17 is especially relevant when the information concerns the child's social, spiritual, and moral well-being, as well as physical and mental health (OHCHR, 1989).

**Figure 3.4: UNCRC Article 17**

States Parties recognize the important function performed by the mass media and shall ensure that the child has access to information and material from a diversity of national and international sources, especially those aimed at the promotion of his or her social, spiritual and moral well-being and physical and mental health.

To this end, States Parties shall:

- (a) Encourage the mass media to disseminate information and material of social and cultural benefit to the child and in accordance with the spirit of article 29;
- (b) Encourage international co-operation in the production, exchange and dissemination of such information and material from a diversity of cultural, national and international sources;
- (c) Encourage the production and dissemination of children's books;
- (d) Encourage the mass media to have particular regard to the linguistic needs of the child who belongs to a minority group or who is indigenous;
- (e) Encourage the development of appropriate guidelines for the protection of the child from information and material injurious to his or her well-being, bearing in mind the provisions of articles 13 and 18.

Article 29 (see figure 3.5) specifies what a child should be educated about. This relates to Article 12 by allowing the child to be formally taught about principles outlined in the Convention including, human rights, respect for the child's parents, and how to be responsible (OHCHR, 1989). The UNCRC promotes "opportunities for the child's right to be heard, as child participation is a tool to stimulate the full development of the personality and the evolving capacities of the child consistent with... the aims of education embodied in Article 29" (*UNCRC General Comment No. 12*, 2009, p. 19).

**Figure 3.5: UNCRC Article 29**

1. States Parties agree that the education of the child shall be directed to:
  - (a) The development of the child's personality, talents and mental and physical abilities to their fullest potential;
  - (b) The development of respect for human rights and fundamental freedoms, and for the principles enshrined in the Charter of the United Nations;
  - (c) The development of respect for the child's parents, his or her own cultural identity, language and values, for the national values of the country in which the child is living, the country from which he or she may originate, and for civilizations different from his or her own;
  - (d) The preparation of the child for responsible life in a free society, in the spirit of understanding, peace, tolerance, equality of sexes, and friendship among all peoples, ethnic, national and religious groups and persons of indigenous origin;
  - (e) The development of respect for the natural environment.
2. No part of the present article or article 28 shall be construed so as to interfere with the liberty of individuals and bodies to establish and direct educational institutions, subject always to the observance of the principle set forth in paragraph 1 of the present article and to the requirements that the education given in such institutions shall conform to such minimum standards as may be laid down by the State.

Article 12 is complemented by Article 3, which establishes a reason for a child's participation (to achieve the child's best interests), and Articles 13, 17, and 29, which establish the means for participation (a child's right to seek, receive, and impart information freely without restriction from the government; a child's right to information; and a child's right to be educated). These articles establish that participation will benefit the child, and the only way to achieve participation

successfully is for the child to have access to information and be provided with information as well as be educated.

### **3.4.1 Discussions and Critiques of the UNCRC**

Reynaert et al. (2009) attempt to “map the academic discourse on children’s rights since the adoption of the UNCRC in 1989 through 2007” (p. 528). The Convention encouraged a new wave of academic discourse about children’s rights and the analysis of this brings to light discussions and critiques of the UNCRC since its inception. The scholarly work is placed into three themes: (1) autonomy and participation rights as the new norm in child rights practice and policy; (2) children’s rights vs. parental rights; and (3) the global children’s rights industry.

Before the UNCRC, children were often considered incompetent and objects in need of protection. The Convention and subsequent academic research have fostered the image of the competent child – childhood became a time of developing autonomy. With this change in attitudes, some research identifies the UNCRC as having a role in social reform. This has implications for the rights of parents to bring up their children as they see fit (*‘parens patriae’*); a notion that was historically protected by the State, which was reluctant to *‘interfere’* in family life, except in (more extreme) cases of abuse or neglect (Reynaert et al., 2009). With increasing recognition of children’s rights, parenthood is no longer “a possession obtained from the birth of a child” it is a process – as the child becomes more and more competent and is capable of exercising their rights autonomously, “parents have fewer parental responsibilities to support their children in realizing these rights” (Reynaert et al., 2009, p. 525). Some feel this creates a general conflict between children’s rights and parental rights – or more precisely between “the rights of parents to raise their children... and the rights of children to autonomy and self-determination” (Reynaert et al., 2009, p. 524). This tension is addressed in the UNCRC with the use of terms such as *‘parental responsibility’*, and its understanding of parents as the primary advocates for their children’s rights. This makes parents’ rights fundamental also – they are derived

from the rights of their children (Reynaert et al., 2009). This means that parents' right to raise their children is based on all of the rights children have, including the right to participate under Article 12.

Support for child participation and children's rights is not the only view in academic literature – some authors feel that the approach to participation and negotiation between parents and children promoted by the UNCRC is biased toward “white, western, middle-class” societies by placing “the emphasis on the individuality of children” and implying that “negotiation between parents and children [is] the norm in parenting” (Reynaert et al., 2009, p. 523-524). With little context being taken into account, children's rights are failing to be realized in certain environments. Others believed it created a winner/loser mentality rather than a collaborative solution. The focus on how to put children's rights into practice neglects the debate on whether children's rights are worthwhile. One critic states, “anybody who challenges the new orthodoxies of children's rights and therapeutic approaches is likely to find themselves accused of heresy” (Reynaert et al., 2009, p. 528).

According to Roose and Bouverne-de-Bie (2007), the UNCRC has three different types of rights (protection, provision, and participation) that allow countries to have certain categories take precedence over others. In the West, the emphasis is usually on participation rights because the other rights are felt to be established already. The debates mentioned above suggest that the UNCRC is not a neutral instrument, but instead describe a certain type of child – the Convention focuses on what rights children have, turning the debate into a dialogue of potential or neglected legal status where any solutions are only to be found in laws and other legal action (Roose and Bouverne-de-Bie, 2007). The Convention does not question whether children's rights are worthwhile.

Johnson (2008) offers an alternative perspective, arguing that children's rights are aimed at their protection and development rather than their empowerment. She states that children are still viewed as “future political participants” and that society seems to have “no expectation that children

recognize or exercise these rights on their own behalf” (p.115-116). In her opinion, children’s rights are in place in order to allow adults to protect children’s well-being. Participation rights are still important and should be taken into consideration because most countries in the world are not liberal-democracies like Canada, and therefore require more encouragement to support children’s rights.

According to M. Freeman (2007), “rights are important because they are inclusive: they are universal, available to all members of the human race” (p. 7). This includes children. M. Freeman believes that adults try to diminish the importance of children’s rights and claim parents’ rights to raise as they see fit are more important because they desire to keep children in an “imposed and prolonged dependence” on them in order to keep control (p. 7). If they raise their children according to children’s rights to participate for example, this dependence would be unlikely. “Rights are important because they recognize the respect their bearers are entitled to” (p.7) as human beings – age, gender, and race don’t negate this fact. Why are there differences in the establishment of children’s rights then?

The language of rights offers “a vocabulary for ‘naming, blaming, and claiming’” (Blomley and Pratt, 2001, p. 153). Rights are meant to provide a lexicon to ‘name’ who is protected, ‘blame’ the wrongdoers, and ‘claim’ protection not already enforced (Blomley and Pratt, 2001). Even though rights may be theoretically universal, in reality particular world views are written into them (Pratt, 2004). They are often based on individualism and distinct separations between public and private space. For example, the right to private property in Canada protects individuals who own land from having unwanted individuals from using it also, but this comes into contention with societies need for wide reaching resources such as water that may be partly or fully on land owned by an individual (Blomley and Pratt, 2001). Does society have a right to that water instead of the individual? The focus on the individual encourages ‘other’ cultural identities to conform to those particular social characteristics in order to make rights claims (Pratt, 2004). If ‘other’ groups do not already fit the social characteristics required, rights can contribute to them being invisible, excluded,

and without power (Blomley and Pratt, 2001). Contention arises when ‘other’ groups’ rights claims are not acknowledged by society because what the claimant believes is the morally correct approach is not what the State interprets the formal rights are saying to be the correct approach. Nonetheless, rights still provide a mechanism to discuss publically what, if anything, government and society are doing wrong. They are organizing tools that both mark “a possible exclusion from formal rights and the moral authority of being in the right” (Pratt, 2004, p. 115). Through rights claims, groups and individuals can receive a formal affirmation from the State and its disciplinary powers as well as acknowledgment that they have been wronged in some way (Bromley and Pratt, 2001).

Gran (2010) attempts “to answer what explains differences in establishment of children’s rights and whether children’s rights are valuable to children’s and others’ outcomes, a comparison across countries is necessary” (p. 2). He introduces the Children’s Rights Index (CRI), which measures four different types of young people’s rights (civil, political, social, and economic) for over 190 countries in 2004. According to Gran (2010), the Convention includes these four types of rights and two specific examples of each type are used in the index (see table 3.1 below).

**Table 3.1: Rights Used in the Children's Rights Index**

<b>Types of Children’s Rights</b>	<b>Specific Children’s Rights from UNCRC</b>
Civil Rights	Freedom of Conscience (Article 14) Freedom from Imprisonment with Adults (Article 37)
Political Rights	Right to Vote (Not in UNCRC) Right to Assemble (Article 15)
Social Rights	Right to Education (Article 28) Right to Health Care (Article 24)
Economic Rights	Freedom from Economic Exploitation (Article 32) Freedom from Hazardous Work (Article 32)

Source: Gran, 2010, p. 5-6

Each specific right can be coded according to four levels of possible realization: (1) no right; (2) right exists with significant, formal limitation; (3)



right exists with informal, minor limitations; (4) right exists. As such it “analyzes rights as a matter of degree” (p. 13). Potential scores range from 8 (a one for each of the eight rights) to 32 (a four for each of the eight rights). When implemented by Gran, the lowest score was 13 and the highest was 31. Ratifying the UNCRC appears to not be enough to improve children’s rights because quick ratifiers have moderate levels of rights, and late ratifiers vary from low to high levels. It would be expected that quick ratifiers would have the highest levels and late ratifiers would have the lowest. This confirms that social, economic, political, and cultural context of a country is important to the realization of children’s rights within that country. According to Gran (2010), the variation and patterns among countries suggests, “children’s rights vary according to international pressures, country wealth, and democracy” (p. 13). Wealthier and more democratic countries have higher levels of children’s rights because of their status. Canada scored 30 in the CRI and ratified the convention only 2 years after it was put into force making it a quick ratifier – this would make Canada a high children’s rights country and it is also regarded as a wealthy democratic country.

### **3.5 Canadian Law Regulating a Child’s Participation**

The Government of Canada ratified the UNCRC on December 12, 1991 and has since been reporting on the efforts it has made to protect and improve children’s rights. A UNICEF (2009) report outlined various shortfalls in Canada’s interim progress in implementing the UNCRC, including its neglect of some sections. First, there is no dedicated political mechanism for the promotion of child rights at the federal or provincial levels. As such, there is no point of reference to start a discussion on the rights of children. Second, federalism is often used as a reason for inaction – the federal government states that issues relating to children fall under provincial jurisdiction, and provincial governments tend to see international law as a federal responsibility not a domestic obligation (UNICEF, 2009).

With respect to Article 12 specifically, the report outlined two shortfalls. First, funding has been reduced for public consultation on children’s issues as

well as for organizations that advocate for children. This lack of funding could lead to children's voices not being heard, or indeed silenced because they have neither a mechanism for expressing their views, nor awareness of their rights because of a lack of disseminated educational materials. Second, the Article 12 right to participation is not specifically encouraged and there are no federal or provincial policies promoting it. The welfare and justice systems respect the Convention in practice, but are not legally bound to adhere to the provisions according to domestic laws. This means that there are records of social workers and judges asking children for their opinions and making sure to take that into consideration, but there are no Canadian laws (provincial or federal) requiring them to do this. Canadian provinces appeared to be reaching out to children on a few occasions, but "it is still unusual for children and young people to be called as witnesses when bills that affect them directly are discussed in Parliament or in a Legislature" (UNICEF, 2009, p. 59). Although Canada has ratified the UNCRC, they are not encouraging the practice of it through domestic legislation.

UNICEF specifically targets the media as a key player in raising awareness of and promoting the implementation of the Convention. Article 17 of the UNCRC encourages media to promote children's rights by disseminating information about the Convention to adults and children. This relates to Article 12 in at least two ways: the media can inform children more about issues of interest to them, and it can express the opinions of children in its reports. Canadian media is generally lacking in this area and tends "to place children in stereotypical roles of the 'victim', where small children are concerned, and in the role of 'wrong-doers', where adolescents are concerned" (UNICEF, 2009). The National Film Board of Canada and other filmmakers have produced films and series, such as "Rights from the Heart" aimed at different age groups to educate them about the Convention. Such efforts are the exception not the rule.

In a recent official UN report by the Committee on the Rights of the Child, it was concluded that Canada has "inadequate mechanisms for facilitating meaningful and empowered child participation in legal, policy, environmental

issues, and administrative process that impact children” (2012, Concluding Observations, p. 8). The UN recommended to the Government of Canada that “the views of the child be a requirement for all official decision-making processes that relate to children, including custody cases, child welfare decisions, criminal justice, immigration, and the environment” (2012, Concluding Observations, p. 8). More positively, Canada is described as a prosperous country which is securely governed by the rule of law and has a growing population of legal scholars, academics, health experts, and social innovators who are already researching and advocating for children’s rights. As such implementing mechanisms to support the participation of children in political and judicial decision making should not be difficult with the appropriate political will (UNICEF, 2009).

### **3.6 Why is UNCRC Article 12 Significant?**

#### **3.6.1 Article 12’s Importance for Children**

A recent report by UNICEF (Lansdown, 2011, p. 5-11) summarized five benefits that participating has for children:

- Participation contributes to personal development;
- It leads to better decision-making and outcomes;
- It strengthens accountability;
- It contributes to preparation for civil society development, tolerance, and respect for others; and
- It serves to protect children.

Academic literature will be used now to explain and provide examples for each benefit.

There is growing evidence that “routinely taking children’s views and experiences into account... helps develop children’s self-esteem, cognitive abilities, social skills, and respect for other” (Lansdown, 2011, p. 5). A series of Canadian studies (Covell and Howe, 1999; 2001; Covell, O’Leary, and Howe, 2002) discovered that with increased education about their rights, children

became more respectful of others, increased their understanding of their rights and responsibilities as citizens, and gained more self-esteem (Covell and Howe, 2007). By participating in classroom discussions and activities about the UNCRC and children's rights legislation, the children bullied each other less, cooperated with each other more, and were more willing to take control of their own learning. Although these studies did not involve political participation, it was active engagement in their own education – which is regarded as a type of participation and could be translated to political engagement.

Since children “have a unique body of knowledge about their lives, needs and concerns, together with ideas and views which derive from their direct experience”, they have insights that can inform decisions and policies that will affect them (Lansdown, 2011, p. 5). Participation in political decision-making also strengthens their capacity “for holding governments and other duty-bearers to account” (p. 9). The example provided is the creation of Nigeria's *Children's Rights Act* (2003) where children made a special presentation at a public hearing on the draft bill and then visited the President of the Senate and the Speaker of the House of Representatives to urge them to pass it. Subsequently children's parliaments have been inaugurated in the country to increase child participation (UNICEF Nigeria, 2007). The actions of the children communicated their unique experience to policymakers and held the government accountable to protect children's rights.

Allowing children to participate in organizations and policy-making “offers them opportunities for helping to strengthen civil society, learning how to contribute towards community development, and recognizing that it is possible to make a positive difference” (Lansdown, 2011, p. 9). According to Hart (1992), children should always be involved in meaningful decisions with adults of authority because “it is unrealistic to expect them suddenly to become responsible, participating adult citizens at the age of 16, 18, or 21 without prior exposure to the skills and responsibilities involved” (p. 5). This experience can only be acquired through gradual practice not abstract learning. Initial

involvement promotes competence, which in turn, promotes motivation for further involvement (Hart, 1992). Article 12 encourages this type of incremental learning through participating according to maturity while still continuing to voice their needs as young citizens.

When children are silenced, violations of their rights cannot be exposed as easily by them. “If they are encouraged to voice what is happening to them, and provided with the necessary mechanisms through which they can raise concerns, it is much easier for violations of rights to be exposed” (Lansdown, 2011, p. 7). An NGO in Bangladesh worked with a school that was located next to a brothel. Some of the female children that attended the school approached the NGO organizers and explained they were afraid to go home to the brothel because they did not wish to have the same job as their mothers (sex workers). The NGO discussed this with the children’s mothers, and organized for the girls to sleep in the school – once enough funding was obtained the organization built a safe house for the girls (Heissler, 2001). If the girls had not felt that they had the right to communicate their fears to someone, they may have been exploited.

“If adults are to fulfill their obligations to promote the best interests of children, they need to listen to children themselves” (Lansdown, 2011, p. 5). Article 12 and encouraging child participation seems to have many benefits for children as well as adults. The examples provided illustrate the research and programs around the world that provide benefit to children through encouraging expressions of their opinions.

### **3.6.2 Adult Concerns about Article 12**

There are concerns from some adults about allowing children to participate and express their opinions publicly. Some adults believe that giving children a right to participate will diminish the time they have in a carefree environment without responsibility and their experience of childhood will be compromised (Hart, 1992; Lansdown, 2011). As explained in section 3.4.1 by Hart (1992), childhood is a time to prepare for being an adult in order to make a gradual transition to full

responsibility. Additionally, conceptualizing childhood as a carefree environment idealizes the experience of childhood ignoring factors such as poverty, violence, and neglect (Freeman, 2007). Providing children with the right to express their opinions will benefit them (as explained in section 3.4.1) while preparing them to be adult citizens, which encompasses the majority of a lifespan.

Some believe that children lack the capacity to participate – children are seen to lack competence because of their lack of experience (Lansdown, 2011). Children have a unique perspective on issues that affect them, which adults may not understand – this means children are competent when it comes to issues pertinent to their lives (Hart, 1992). M. Freeman (2007) finds the competence argument illogical because the vote is given to virtually all people 18 and over regardless of their competence, and in his experience “most of the adult population cannot think rationally or think in such a way as to maximize benefit or minimize loss or reach a reasoned decision” (p. 12) so why should that be a condition of young people participating?

Some believe that children will not respect the authority of adults if they are allowed to participate in decision-making (Lansdown, 2011; Lundy, 2007). The counter-argument is that once respect for their opinions is given to children, they may respect adults for that. Moreover, if rights of expression are explained to children as a right for all people, irrespective of age, then they will learn that respect for their opinion comes with the responsibility to respect other people’s also (Lansdown, 2011). This can be seen in the Covell et al. case studies about rights education in schools – once children understand rights, they respect others more (1999; 2001; 2002; 2007). Article 29 clearly states that through the education of children, they should be taught to respect the rights and freedoms of others, their parents, the cultural and national values within the country they reside, and other responsibilities citizens have in a free society (OHCHR, 1989). If the UNCRC is implemented as a whole, then all sections will work together to encourage the development of responsible child citizens.

Finally, adults are concerned that allowing children to participate will require too much effort on the part of adults (Lundy, 2007; Lansdown, 2011). Notions of effort in this context are necessarily subjective; effort from government, civil institutions, and citizens is required in order to ensure any human right is upheld. As explained earlier, rights are not just models for good practice; they are legally binding obligations, and the effort required to realize them is not therefore optional. The Canadian Government's ratification of the UNCRC mandates effort to ensure all its measures, including Article 12, are upheld. From this formal perspective, complaints about the effort required to facilitate and incorporate children's participation are not relevant, although in practice they may remain an impediment.

### **3.7 Putting Article 12 into Practice**

Even when policy-makers accept an obligation to implement Article 12, there is a possibility that conservative interpretations will diminish its value (Lundy, 2007). For example, if 'all matters affecting the child' are decided based on assumptions made by adults, the child will have lost the opportunity to express for themselves what they feel matters to them. In this case, efforts need to be made in order to ensure that children are involved at all stages of decision-making. Lundy (2007), used the examples of decisions that impact children in the school – starting with decisions that impact individual students, to classroom and school policies being developed, finishing with government policy and legislation about education.

Kelley (2006) argues it is not merely the acceptance of Article 12 in public policy that contributes to benefits for children (as explained in section 3.4.1); policy-makers also need to provide quality engagement in order to prevent tokenism. Engagement and consultation with public stakeholders, especially children, is often undertaken to gain endorsement for an idea that already exists rather than creating a new idea from the knowledge and views of citizens. This reflects a common assumption within contemporary policy making: that stakeholder-influenced policy is less important than evidence-based policy.

Without encouraging children and young people to participate at the beginning of the policy formation process, it may be impossible to ensure their meaningful involvement at any subsequent stage. This is because children typically cannot collectively organize to lobby for inclusion, make their voices heard above competing voices, or hold policymakers accountable for their actions. Consequently, efforts from policymakers are required to ensure children have the opportunity for inclusion (Kelley, 2006).

Sinclair (2004) argues that in cases where children are asked to participate, they often get fatigued with the process and become disillusioned. They do not see results come from the collection of their opinions. If meaningful, good quality participation was embedded as part of the mainstream, then perhaps there would be more incentive to participate and the agendas of policy-makers would reflect the views of children as well as adults through stakeholder-influenced policy. Sinclair (2004) uses the example of Hear by Right, an organization in the UK, which assists organizations to integrate the participation of young people into their current structures and cultures with practice standards and training. The idea is to make the participation of children part of society as a whole – from organizations and agencies to government.

Participation today is mainly aimed at capturing different voices about the issue – the professionals use some of these voices to make a final decision according to Percy-Smith (2010). Simply voicing their opinions about important issues is not enough for children or other parties involved in participation. People want have their views taken seriously. A new method would be a “social learning process”, which involves all parties coming together to understand the issue and the perspectives of others – this then becomes a key influence on the final decision. The essence is that children “do not participate alone, but in collaboration with other members of the community” (p. 117). This should discourage ignorance, misunderstandings, and mistrust between adults and children in the participation process and allow for the children to feel valued and as if they are contributing to society (Percy-Smith, 2010).



### **3.7.1 Requirements for the Practical Application of Child Participation**

Save the Children (2005) articulated standards to ensure that its programs included consistent and high quality child participation. UNICEF have used these standards to outline what child participation in policy-making should look like in practice (Lansdown, 2011). Table 3.2 provides definitions of each requirement.

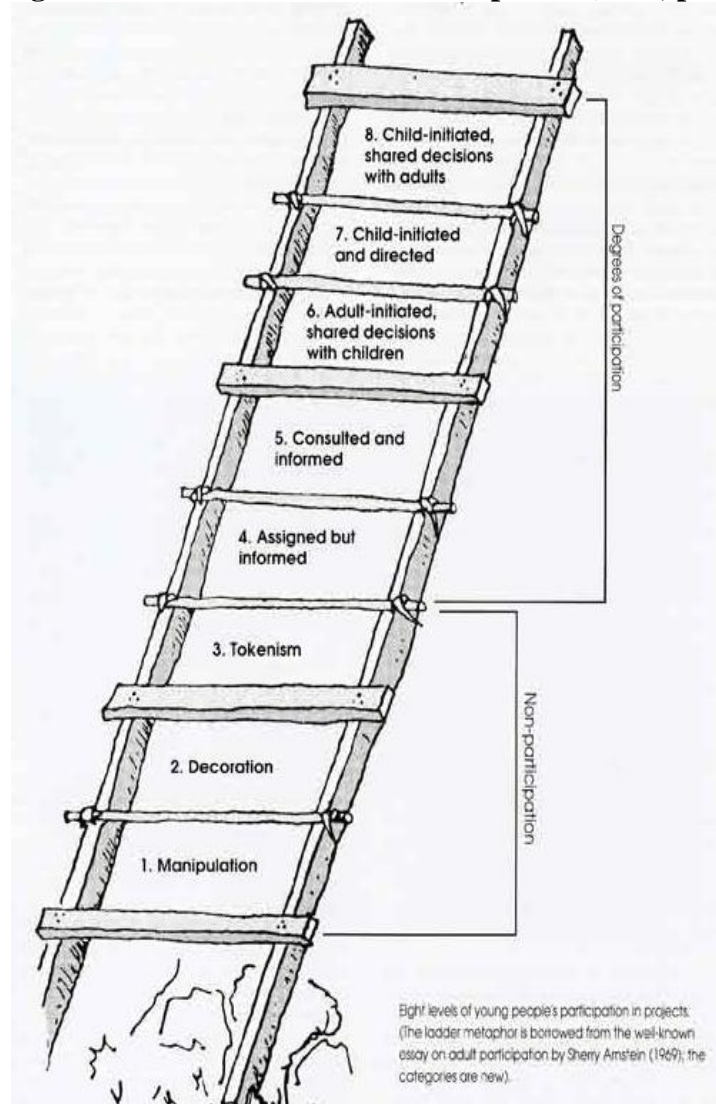
**Table 3.2: UNICEF's Nine Requirements for the Practical Application of Child Participation**

<b>Requirement</b>	<b>Definition</b>
<i>Transparent and Informative</i>	Children should be provided with full, accessible, diversity-sensitive, and age-appropriate information about: their right to express their views freely and for their views to be given due weight; how this participation will take place; and the participation's scope, purpose, and potential impact
<i>Voluntary</i>	Children should never be coerced into expressing their views against their wishes. They should also be informed that they could cease involvement at any stage
<i>Respectful</i>	Children should be provided with opportunities to initiate ideas and activities; their views should be considered and appreciated; and their socio-economic, environmental, and cultural background should be understood
<i>Relevant</i>	Opportunities should be available for children to express their views on issues of real bearing to their lives and enable them to draw on their knowledge, skills, and abilities
<i>In a Child-Friendly Environment</i>	Approaches to working with children should be adapted to their capacities – children need differing levels of support and forms of involvement according to their age and evolving capacities
<i>Inclusive</i>	Children are not a homogeneous group and participation needs to be provide for equality of opportunity for all, without discrimination on any grounds
<i>Supported by Training</i>	Adults should be provided with skills in listening, working jointly with children, and engaging children effectively in accordance with their evolving capacities
<i>Safe and Sensitive to Risk</i>	Adults should take every precaution to minimize the risk to children of violence, exploitation, or any other negative consequence of their participation
<i>Accountable</i>	A commitment to follow-up and evaluation should be essential

Source: Lansdown, 2011, p. 152-157

In addition to these requirements for ensuring good quality participation, there are levels of participation that involve varying degrees of child involvement. Hart (1992) developed a ladder of participation, similar to Arnstein's Ladder of Participation (1969), except specifically tailored for children. It starts with non-participation and continues to five degrees of genuine participation (shown in Figure 3.6).

**Figure 3.6: Hart's Ladder of Participation (1992, p. 8)**



Non-participation means the children may become involved and express their opinions, but they have no meaningful role. Genuine participation starts with adults “assigning” the children to a participation activity, and progresses to children gaining more involvement in making decisions about the process by being “consultants” then “sharing decisions” and ending with the last two rungs where “children initiate” the participation. Throughout, children are “informed” (or understand) about involvement and why it is taking place and they always participate voluntarily. In the middle of the ladder, the adults start the projects and invite children to participate; at the top of the ladder the children start the projects and invite adults to participate (Hart, 1992).

### **3.7.2 The Alternative Pathways to Participation**

Hart’s ladder of child participation has become “the dominant model used to think about children’s participation” (Shier, 2001, p. 108). Alternative frameworks have been created, which aim to improve the original ladder or use a completely different method. From these, two were chosen that are based on Article 12 of the UNCRC (Shier, 2001; Lundy, 2007). A third pathway is described that deviates from political participation altogether (Sinclair, 2004).

Shier (2001) attempted to eliminate the types of non-participation that are present in the ladder of participation (i.e. manipulation, decoration, and tokenism) in order to emphasize techniques for participation while using Article 12 from the UNCRC as a guide. Therefore only five levels were used. Children are listened to at first, and then supported to express their views. Their views are then taken into account, then the children are involved more in decision-making, and finally they share power and responsibility with adults for decision-making. At each level there are three stages of commitment from the adults: openings (a personal commitment to have children participate in a certain way), opportunities (a chance to have children participate in a certain way because resources required are available), and obligations (an agreed policy to have children participate in a

certain way). In other words, adults have to make a commitment, provide a chance for participation, and then make a policy to always include participation.

Lundy (2007) recognizes the value of Hart's ladder of participation and its distinction between meaningful involvement and tokenism, but focuses on conceptualizing four elements for the implementation of Article 12: space, voice, audience, and influence. According to Lundy (2007), Article 12 specifies that 'children must be given the opportunity to express a view' (space), 'children must be facilitated to express their views' (voice), 'the view must be listened to' (audience), and 'the view must be acted upon as appropriate' (influence). These four elements, when implemented in this order, provide a foundation of implementing Article 12. Once the child is informed of the extent to which their views have been acted upon, the process may start again either because the child disagrees with the result or because the child wishes to pursue another issue. This model is quite different from the previous two because it moves away from ladders and instead conceptualizes children's participation as more of a circle or a flow chart – continuously moving.

Sinclair (2004) argues that a way to ensure that time and patience are dedicated to children's participation is to undertake participatory research – this provides more time for children to voice their opinions than limited public consultations do. Research allows for children to be involved at all stages: constant checking back with children, getting to know them sufficiently, spending time with them, observing and gaining information from several points of reference. This type of good practice allows what children are saying to be clarified, interpreted and understood fully. In other words, participatory research allows for the time to communicate opinions thoroughly; unfortunately, the research may take so much time that once the results are communicated, they may no longer be relevant or useful.

These four models show how participation occurs in reality. If a State has ratified the UNCRC, the minimum amount children are required to be allowed to participate is that they are involved in decision-making processes – this means if

the government has committed to the UNCRC then the first three levels in Shier's model and the first five levels in Hart's model are redundant and not useable.

### **3.7.3 Case Studies of Child Participation**

The following section describes case studies of children participating in decision making that relates to urban planning and health campaigns. The first case study is a consultation process for a city that is planning a strategy for the future (Cunningham et al., 2003). The second is of a community campaign to pass a clean indoor air ordinance (Bozlak and Kelley, 2010). The third is a health campaign for a smoking ban in a local park started and organized by a 12-year-old boy (Henriques et al., 2003). The fourth involves a tobacco control children's movement (Holden et al., 2004). This section analyzes these case studies against the models of participation introduced above.

In Blue Mountains City in New South Wales, Australia, the council began a consultation process with adults and children to prepare a regional planning strategy (Cunningham et al., 2003). A variety of techniques was used to include younger age groups – including workshops, discussions, and written or artistic representations of children's visions. The purpose was to understand how the participants envisioned themselves and their community in 25 years. This was difficult for the children at times, so they tended to comment on “current experiences and problems in their environment” (p. 209). “Any future strategy must build on current perceptions of issues that must be addressed”, so the future planning was not impeded by the children's focus on the present (p. 209). The city put significant effort into including the young people in the consultation process and chose to include them with “age appropriate” activities. This was significant because it put “the concerns of younger children [into] the public domain and open to public comment” (p. 218). The young people provided unique perspectives that sometimes did not emerge from the adult workshops – for example, they felt they should be allowed to keep non-native animals as pets (such as dogs or cats), which was currently prohibited.

Cunningham et al. (2003) refers to the children's participation as "consultation", which, according to Hart's Ladder (1992), is the fifth degree and regarded as genuine participation. This means that the children did not organize the project and are not included in the decision-making, but their opinions are taken seriously and may influence future policies. Even though Shier (2001) renamed the levels he would regard this participation similarly to how Hart would. Lundy (2007) broke the participation down to space, voice, audience, and influence – from the description given by Cunningham et al. it is clear that all areas of participation except influence were included because the project was aimed at future development that had not yet begun.

Bozlak and Kelley (2010) analyze a Chicago community campaign to pass a clean indoor air ordinance in which "a deliberate effort to involve [children]... was made" (p. 531). The reason for their study was to better understand child empowerment in tobacco control activities. According to this study, sustaining children's involvement was difficult because of other commitments; the children felt that the adults were key to reminding them of "their commitment and significance to the campaign" (p. 537). The participation of children and adults was complementary in this case study, but the adults felt "that the [children] gave credibility to the campaign that the adults would not have attained by themselves" (p. 537). This study also discovered that "the [children] acquired and developed various social and community skills" such as how to address local government leaders, speaking articulately, and working with their peers as well as increasing their knowledge of civic practices and local political processes (p. 537). To acquire and keep children participating, both the children and the adults felt that "the issue must be salient to the [children]" and there should be a designated plan for participation (Bozlak and Kelley, 2010, p. 538).

This clean air campaign included children as consultants where they assisted with the campaign by doing assigned tasks and expressing their opinions on the topic, but the children were not included in the decision-making. To Hart (1992) and Shier (2001), this would be classified as genuine participation, but not

at the top of the ladder. In the Lundy (2007) model, the children were able to have space, voice, and audience to express their opinions. The children even shared influence with the adults because the ordinance was eventually passed. Therefore, this campaign included all aspects of participation included in Article 12 as interpreted by Lundy (2007).

A notable example of children's participation in a health campaign is from Henriques et al. (2003), where a 12-year old in Grand Terrace, California organized a group of his peers to address the city council in order to get smoke-free parks in his city. He collected tobacco-trash from the park and signatures on a petition with the help of his parents, other adults, and a group of friends. Once all the evidence had been collected, they showed their findings to the city council. The impact of the presentation was enough to convince the city council to pass the bylaw. According to this study, the support and commitment from a 12-year-old's family for his involvement in this project encouraged him to make changes in the world. These types of bans have now spread to other parks and places making them smoke-free (Henriques et al., 2003).

This example of a health campaign was from the top rung of Hart's Ladder (1992) where the child initiated and led the project, and also invited adults to join with the decision-making. The children involved were encouraged to voice their opinions and were given the space to do so by other adults in the community. The politicians gave them an audience and ended up agreeing with the children; this allowed them to influence the political decision to have a smoke-free park (Lundy, 2007). This unique example can be regarded as the maximum level of participation possible by children where they fully realize their rights to express their opinions.

The American Legacy Foundation started a "Statewide Youth Movement against Tobacco Use" in 2002 that was intended to support "[child]-led and [child]-driven initiatives" to provide positive child development (Holden et al., 2004, p. 549). The data from a survey was used to create a model to examine the extent to which characteristics of empowerment are an outcome of individual



participation in these particular groups. Through this expansive analysis, the researchers concluded that their hypothesis was correct – “increases in quality and intensity of participation produce a sense of both intrapersonal and interactive aspects of personal empowerment” (p. 626). In other words, when children have the opportunity to participate meaningfully, they feel empowered. The researchers found that duration did not have much effect on their feelings of empowerment, whereas the intensity of their involvement and the roles they were given did - “quality of involvement is much more important to members than the quantity of time spent in the group” (p. 626).

According to Hart’s Ladder (1992), the more children are involved and participate, the better the outcome. Although Hart does not explain why the outcome improves as participation increases, this study from Holden et al. (2004) does. If the results are analyzed in terms of Hart’s Ladder, it would suggest that lots of assigned or consulted participation would not have as much benefit to the children as a few child-initiated projects would. This research would also suggest that Lundy (2007) is correct when saying that including all aspects of Article 12 (space, voice, audience, and influence) has more benefit to children than merely including one or some.

### **3.8 Health Rights, Article 12, and Smoking Bans**

The realization of Article 12 requires a child’s right to express his or her views to be respected when participating in decisions about personal health-care as well as the development of health policy and services (*UNCRC General Comment No. 12*, 2009). According to the UK Department of Health, the participation of children in health decisions “should go beyond consultation and ensure that children and young people initiate action and make decisions in partnership with adults” (2002, p. 4). However, health is more than just health care. According to Percy-Smith (2010), a healthy community depends on the intergenerational interactions that come with the participation of children in policy discussions. This involvement by children can make them and their community healthier

because their participation contributes towards the success of the health campaign and increases their knowledge of health and well-being leading to healthier personal decision-making (Bozlak and Kelley, 2010).

In the *Report on the Tobacco Epidemic*, the WHO (2009) articulates a right for children to be protected from ETS. Although the WHO surveyed children about ETS exposure, the report does not state that children have the right to be consulted further on tobacco problems (e.g. ETS exposure in vehicles). The CDC has published a user guide on how children can become engaged in the tobacco control movement with the intention of assisting tobacco control staff in facilitating a child's role in advancing tobacco control policy in the USA (2010). There is no specific mention of the right to express opinions in the document, but there are examples that constitute expression of opinion in the 'what should [children] be working on?' section: e.g. writing letters to legislators, rallying in front of the State capitol, protesting tobacco use in child-rated movies (CDC, 2010, p. 9-11).

### **3.9 Conclusion**

Empowerment, participation, and engagement allow individuals to express their opinions in meaningful ways. The UNCRC recognizes and supports children's rights to express their opinions, and have them heard by others, through Article 12. In support of this, Articles 3, 13, 17, and 29 complement Article 12 by establishing a reason for a child's participation (to achieve the child's best interests) and establishing the means for participation (a child's right to seek, receive, and impart information freely without restriction from the government; a child's right to information; and a child's right to be educated). Since Canada's ratification of the UNCRC, Canada has fallen short in implementation. A recent UN report concluded that Canada has "inadequate mechanisms for facilitating meaningful and empowered child participation in legal, policy, environmental issues, and administrative process that impact children" (UNCRC, 2012, Concluding Observations, p. 8).

“Rights are important because they recognize the respect their bearers are entitled to” (Freeman, 2007, p.7) as human beings – age, gender, and race don’t negate this fact. Children exercising their rights through participation can develop their self-esteem, cognitive abilities, social skills, and respect for others. They also provide a unique perspective that may be lacking when they are not included and encouraging them to participate brings violations of rights to the surface more easily (Lansdown, 2011).

Even with these known benefits, adults still have concerns. Some adults believe that giving children a right to participate will diminish the time they have in a carefree environment without responsibility and their experience of childhood will be compromised (Hart, 1992; Lansdown, 2011). This argument ignores the experiences of childhood that include poverty, violence, and neglect (Freeman, 2007) and ignores the reality that childhood is a time to prepare for being an adult – participation could give children the tools to express their opinions about their living conditions, have influence of changing their circumstances, and provide a gradual transition to full responsibility (Freeman, 2007; Hart, 1992). Some adults also believe children lack competence, but virtually all people 18 and over can vote regardless of their competence making that argument irrelevant (Freeman, 2007). There is also concern for children not respecting authority, and including them would be too much effort. Effort is required to make sure rights are respected, especially fundamental rights.

Putting Article 12 into practice requires quality engagement at varying degrees of child involvement. These types of participation are discussed with Hart’s Ladder of Participation (1992), Shier’s modification of this ladder (2001), Lundy’s flow chart of space, voice, audience, and influence based off Article 12 (2007), and Sinclair’s emphasis on participatory research (2004). These four models show how participation occurs in reality; if a State has ratified the UNCRC, the minimum amount children are required to be allowed to participate is that they are involved in decision-making processes – this means that in Shier’s model the first three levels and the first two level of genuine participation for

Hart's model are redundant if the government has committed to the UNCRC. Several case studies were shown to provide real life examples of how these types of participation could be used. The last case study provides reasoning for why the benefits to children increases as participation becomes more involved – Holden et al. (2004) found when children have the opportunity to participate meaningfully, the more they feel empowered – quality is better than quantity.

## **Chapter 4 Methodology**

### **4.1 Chapter Overview**

To understand the views and interests of children and youth on vehicular smoking bans and the extent to which these views have been sought after and considered in previous discussions of this policy initiative in Canada, a two-part methodology was developed. It involved a comprehensive analysis of relevant articles in the Canadian print media, as well as focus group discussions with young people in the city of Edmonton, Alberta. It follows a child-centered approach, adopting the premise that children “are competent witnesses who can speak for themselves and express their experiences of and perspectives on the social worlds in which they live” (Barker and Weller, 2003, p. 208). Children can provide a unique perspective on issues such as smoking bans, by actively contributing to and influencing the spaces they inhabit (Barker and Weller, 2003).

The print media analysis was undertaken because newspapers, along with other media sources, do not simply report on the world. They guide the reader as to how they should interpret events and what is considered newsworthy and significant (Smith et al., 2002). In the context of this study, understanding the ways in which the print media expresses (or ignores) children in the discussion about smoking bans in cars could help understand values and concerns relating to this issue (Smith et al., 2002). The focus groups were used to collect children’s opinions directly, and in more depth than is available via secondary sources (e.g. newspaper articles).

This chapter describes the way this research was conducted. Section 4.2 reviews previous print media research and explains how relevant print media articles were identified and analyzed for this study. Section 4.3 outlines previous research on focus groups with children, and describes how focus group participants were recruited, and how the focus group discussions were organized and analyzed. Section 4.4 outlines issues of ethics and research reflexivity that flowed from adopting a child-centered approach and involving child participants.

This chapter concludes with section 4.5 where the literature and methods are briefly summarized.

## **4.2 Print Media**

To determine the place of children and youth in policy debates and decisions to date in Canada, a print media analysis was undertaken. Four scholarly articles were used as guides for this aspect of the research. The first, by B. Freeman, Chapman, and Storey (2008), directly addresses banning smoking in cars carrying children. Unfortunately this article only provides a very brief description of methods. It does outline a useful data collection technique: searching in a specific database for a specific search term with a specific date range. Specifically, B. Freeman et al. (2008) searched for the term ‘smoking in cars’ in reports from Australian newspapers before June 1, 2007 in the factiva.com database. A broadly similar approach was employed for this research, albeit with different search terms and dates, and a different database. With respect to analysis, B. Freeman et al. (2008) characterized articles as either favorable (“pro”) or opposed (“con”) to restricting smoking in cars. This binary approach was mirrored here in analyzing the distinction between articles that prioritized adults’ rights and those that emphasized children’s rights.

The second article is a study about media coverage of tobacco issues in Australia and the USA by Smith, Terry-McElrath, Wakefield, and Durrant (2005). In the data collection, this study used a specific statistical average of circulation rate to find the appropriate newspapers (those selected had to reach at least 0.1% of each country’s national population), which did not apply to this research because the sample size was not as large and only included one country. During the analysis, Smith et al. coded and analyzed using three types of coding variables: article descriptive measures, article content (also known as subject matter), and tone (2005). Each coding variable had a list of issues defining it. Descriptive variables included the date of publication, the newspaper title, and the type of article (Smith et al., 2005). Tone variables included measures of event and

opinion (Smith et al., 2005). Both descriptive variables and tone variables were not used for this research because they were not directly relevant to the research. The content/subject matter variables included were health effects, secondhand smoke issues, consumption, advertising, promotion and sponsorship, economic issues, farming product issues, addiction, youth access, education, prevention, and cessation efforts, unintended damage, tobacco industry, and other (Smith et al., 2005). These were relevant as inspiration because focusing on the subject matter (which Smith et al. referred to as ‘content’) of the articles was necessary to determine how children and youth are included in the debate on smoking bans in cars. Smith et al. also assessed intercoder reliability (2005). This technique was not applicable to this research because the ideas were found through systematic searching for specific terms within the text – researcher interpretation did not play a significant role.

The third article is a study about media coverage of tobacco control issues in China by Gao et al. (2012). The differences between media in Canada and China mean that the data collection method did not apply to this research. This article, like the one by Smith et al (2005), used the content (also known as the subject matter) of the articles to determine relevant ideas. Gao et al. coded according to nine tobacco control categories: monitoring; protection; offering help; warning; enforcement; raising taxes; youth access; large scale smoke-free events; and miscellaneous (2012, p. 2). The goal of this study was to gain a broad understanding of how tobacco subjects are discussed in media articles in China. The focus on the subject matter of each article when coding is highly applicable to this data.

The fourth article is a study of how health is reported on in Canada using a print media analysis by Hayes et al. (2007). It reports on an extensive study, and contains a lot of detail regarding methodology. Hayes et al. (2007) used a systematic procedure to collect the data, selecting newspapers that met specific criteria (major daily, available electronically, varied ownership, both official languages). The research undertaken here considered all relevant articles available

in a database, and as such was not focused on particular newspapers, unlike Hayes et al. With respect to data analysis, this research followed Hayes et al. (2007) by rereading and checking the topics in the articles multiple times in order to ensure that the coding was accurate. Similar to other articles, Hayes et al. (2007) undertook a content analysis, as was the case with this research.

#### **4.2.1 Data Collection**

This research utilized the Canadian Newsstand Complete database, which offers access to nearly 300 Canadian newspapers, including both English and French-language publications. This database was selected because it allowed the researcher to have full access to a wide variety of newspapers, while being able to narrow down the selection according to the needs of the study. Four parameters were employed for all search terms. These were Full Text; the specific date range of November 1, 2007 to June 30, 2012; the document type of News; and the language of English. These were specified because full text was necessary for the researcher to analyze the articles, the date range reflected when laws that banned smoking in cars were enacted in Canada and when the research was being done, news was specified in order to focus on articles that reported on recent events (Merriam-Webster Online, 2012). English was specified because it is the language spoken by the researcher.

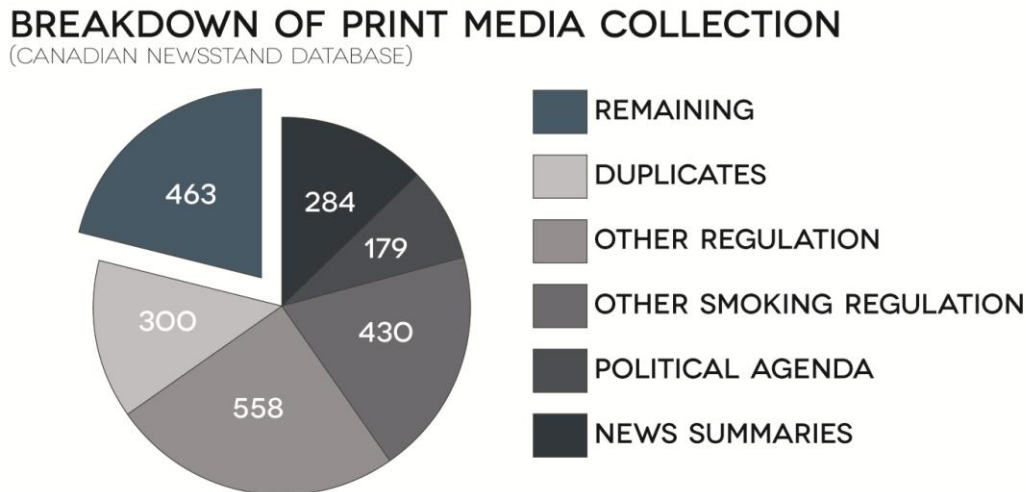
With these parameters specified, two search terms were entered. The first was ‘smoking in cars’, following B. Freeman et al. (2008). This returned 642 articles, which were combined in a single PDF by the database. A second search term was developed incorporating the more specific notion of smoking bans: ‘smoking AND (cars OR vehicle) AND ban’. This returned 1577 articles that were made into another PDF.

All 2219 articles returned by these searches were then scanned to determine their relevance to this research. Articles were retained if they made more than passing mention to the issue of smoking in cars with children present: passing mention was defined as no more than two sentences referring to the issue



(across the article title and text). This approach eliminated 284 articles from the first search (353 articles remaining) and 1167 articles from the second search (410 articles remaining). The breakdown of the print media collection is shown in figure 4.1.

**Figure 4.1 Pie Chart of Print Media Collection**



The eliminated articles fell into four broad categories: news summaries, political agendas, other smoking regulations, and other regulations. ‘News summaries’ were articles that made brief mention of the ban on smoking in cars because they were summing up events that had happened in a past week, year, or historically (this included 17 letters to the editor). ‘Political agendas’ were articles that summarized promises made by politicians during elections. ‘Other smoking regulations’ were articles that discussed smoking regulations and made reference to the ban on smoking in cars as a way to examine the regulation being focused on (e.g. a smoking ban in parks) (this included 3 letters to the editor). ‘Other regulations’ were articles that discussed regulation and made reference to the ban on smoking as a way to consider another regulation (for example, the ban on cell phone use while driving) (this included 2 letters to the editor). The first search eliminated articles contained 75 news summaries, 86 political agenda articles, 71 other smoking regulation articles, and 52 other regulation articles. The second

search eliminated articles containing 209 news summaries, 93 political agenda articles, 359 other smoking regulation articles, and 506 other regulation articles.

The retained 763 articles, none of which were letters to the editor, were combined into a single dataset. This was then searched to eliminate duplicates. They were defined as articles that were identical across title, date, location of publishing, and contents. This process eliminated 300 articles leaving 463 for full analysis.

#### **4.2.2 Data Analysis**

##### **Rights**

This research is centrally interested in the rights claims that are associated with smoking bans (see Chapter 1 and Objective 3). As such, a comprehensive list of terms related to rights was developed: right(s), liberty(ies), freedom(s) and duty(ies). Every article was then searched using the “find” functionality and the following terms: ‘right’, ‘libert\*’, ‘freedom’, and ‘dut\*’. When one or more of these words appeared in an article, surrounding sentences were read to determine whether the word(s) were being used in a manner relevant to this study (i.e. relating to what is morally correct, just, and/or honorable; a legal right, freedom, liberty or duty). Examples of phrases and words not relevant (and therefore excluded from further examination) were: references to time such as ‘right now’ or ‘right away’; references to being correct such as ‘right decision’ or ‘get it right’; references to publishing such as ‘copyright’; references to names such as ‘Wright’; miscellaneous words such as ‘bright’ or ‘righteous’ or ‘dutiful’; and references to specific political viewpoints such as ‘libertarians’. The terms that did reflect the intended definition were counted and recorded.

In total, 103 articles contained relevant references to rights. These were read to determine in what ways rights were being discussed. Four categories were apparent: the right or duty of government to act, adult rights, child rights, or a combination of two or three of the previous categories. For the first category, words such as government, city, police and RCMP were central to understanding

the meaning of the right being discussed. For the second category, phrases and words such as adults, parents, smokers, government infringement on individual rights, and civil liberties were of central importance. For the third category, phrases and words such as children, kid, youth, young, health, and smoke-free were most relevant. The fourth category contained multiple phrases from categories previously. The articles that contained adults' rights or children's rights were analyzed further to answer the research question.

### **Children's Opinions**

This research is centrally interested in the place of children and youth in policy debates and decisions to date and the extent to which the opinions of children are discussed and considered (see Chapter 3 and Objective 1). A search of the 463 articles in the data set involved reading through each article to identify and count those that contained expressions of children's opinions, ideas, and interests. These could be expressed directly (via quotations from a child) or indirectly (via summaries from an adult).

### **4.3 Focus Groups**

There are many qualitative methods that can be used to collect information from individuals. Focus groups were used to engage children in this research because it allowed for more informal discussion between peers than a one-on-one interview with an adult would (Morgan et al., 2002). The specific approach to organizing focus group discussions followed that set out by Morgan et al (2002).

Specifically, this involved starting off with a warm up brainstorming activity to start the discussion and encourage participation (Morgan et al., 2002). In this research, each focus group began with asking the participants to write down and then discuss their answers to two questions. The open-ended nature of this pen and paper exercise also encouraged children to express their values (Morgan et al., 2002). Group dynamics such as having friends or relatives in the same group can cause the discussion to be dominated by these individuals or for

concentrations to lapse and for participants to get distracted (Morgan et al., 2002). Awareness of these possibilities allows for the researcher to be prepared with further questions to keep the conversation progressing (Morgan et al., 2002). A more detailed explanation of how the focus groups were conducted follows.

#### **4.3.1 Recruiting Participants**

Initially, the plan to recruit participants was to make contact with an adult coordinator of a youth group that worked on tobacco-free initiatives; unfortunately, these youth groups did not express any interest in participating after an introductory email was sent to them. As a second option, contact was made through an introductory email, which is attached in Appendix B, with adult coordinators of summer camps in Edmonton, AB. The University of Alberta Basketball and Volleyball camps expressed interest, and a face-to-face meeting was held with their head coordinator in order to make solid plans for work during the eight weeks that the camps were being held.

New camps began each week; accordingly, every Monday morning the researcher made a short presentation to the youth entering the camps. The presentation was brief and impromptu, but a general script is provided in Appendix C. At the conclusion of this talk, parental consent forms and participant assent forms were given to those who were interested. On Tuesday and Wednesday mornings, the researcher returned to collect the forms. Provided there were sufficient participants by Wednesday morning, a lunchtime focus group was organized. Having the focus groups at the summer camp's venue allowed for the environment to be more informal in comparison to conducting them in a school or unfamiliar location (Morgan et al., 2002).

The results of recruitment are shown in Table 4.1 below. Out of the 201 sets of forms that were taken, only 25 were returned and only 23 youth participated because either the participant changed their mind about participating or no other people that week wanted to participate (a minimum of three participants was required to make one focus group). This is a participation rate of

just over 12%. Because of a low level of interest among young people on the first week, the recruitment protocol was revised (with approval from the University of Alberta Research Ethics Boards) to provide a minor incentive. Specifically, participants were offered a gift card of \$15; this value was chosen because it was sufficient to provide an incentive (similar to pocket money), but not so high as to become coercive. Offering child participants gift cards can also be justified on the grounds that children, like adults, have economic lives (Morgan et al., 2002). With gift cards being provided in the second week, it can be seen that it may have encouraged the youth to consider participating and pay attention to the presentation more than in the first week.

**Table 4.1: Results of Recruiting Participants**

	<b>Forms taken</b>	<b>Forms returned</b>	<b>Participants</b>
1st Week*	0	0	0
2nd Week	16	5	5
3rd Week	12	0	0
4th Week	47	12	11
5th Week	15	3	3
6th Week	39	4	4
7th Week	47	1	0
8th Week	25	0	0
<b>TOTAL</b>	<b>201</b>	<b>25</b>	<b>23</b>

\* No Gift Cards were offered as an incentive

The 23 children participating were between the ages of 10 to 18 years, including 16 females and 7 males. Participants were likely drawn disproportionately from middle- to high-income families due to the fact that fees are charged for the summer camps in which they were involved. The only specific demographic information collected was gender and age in order to encourage anonymity and provide a secure environment, but the children discussed their

family backgrounds in the group discussions if they felt comfortable. In so doing, they discussed family members who were smokers and nonsmokers. No explicit questions regarding family backgrounds were asked.

#### **4.3.2 Group Discussions**

Each focus group had a discussion in a separate room from the larger camp. The environment for these focus groups was familiar for the participants in an attempt to ensure more informal discussions than would take place in an office or a school in order to bring up information not previously found by other related research (Morgan et al, 2002). Prepared questions and a letter-writing exercise were used to keep the discussion going throughout the 30-45 minute lunch period. These are attached in Appendices D and E. The discussions focused on experiences and opinions about smoking in cars, banning this activity when children are present, and how this should be explained to politicians and other adults. This led up to writing the letter to policymakers in the Alberta government as a participatory exercise for the children. It also ensured the focus groups had a goal in mind – to express children’s opinions about this topic. The discussions were recorded and later transcribed by the researcher. The letters were also written up and, once all focus groups were complete, and sent as a group to the four leaders of the Alberta Provincial Parties and to the Minister of Health.

As discussed above, a pen and paper brainstorming activity was used to start the group discussion. These types of activities provide the young people participating “to express their ideas and feelings in more active ways” (Colucci, 2007, p.1424). Specifically, each participant was asked to make lists on paper and then share it with the group. These described a car owned by or used by a person who smokes, and what they would do or think if they saw a 1-year-old baby in a car seat in a vehicle where the driver was smoking. At the end of the discussion, while making the letter, these individual lists were used again to make a list as a group within the letter to explain all participants’ opinions and thoughts. In combination with making a list, the participants were asked to complete sentences

in the letter (Colucci, 2007). These techniques seemed to encourage further discussion from the participants and make it more interesting for them, although the participants were not asked about this specifically.

The purpose of brainstorming, discussing, and the letter writing was to seek and express the opinions of children and youth in Edmonton with regards to smoking in cars, and vehicular smoking bans (see Objective 2 and Chapter 3). It became clear that some of the participants had parents and/or other relatives who were smokers, but this question was not asked directly, nor was the number of participants who had smoking relatives recorded. The results from the analysis of this data will be combined with the data gained from the print media analysis in order to understand the views of children and youth on the laws that prohibit smoking in vehicles in which they are present. Seeking the opinions directly allows for the researcher to interact with and collect more complex and in depth opinions from children and youth than from print media articles.

#### **4.3.3 Data Analysis**

Focus groups transcripts were analyzed using a contextual thematic approach focused on semantic themes identified via inductive means (Braun and Clarke, 2006). This involve identifying, analyzing, and reporting patterns within the data (i.e. thematic analysis) by focusing on finding themes without trying to fit them into a predetermined framework (i.e. inductive approach) and without looking at anything beyond what participants has said (i.e. semantic approach) (Braun and Clarke, 2006). This method acknowledges the ways individuals make meaning of their experience and the ways the broader social context imposes on those meanings.

Using the steps set out by Braun and Clarke (2006, p. 87-93), the analysis started when the researcher became familiar with the data by transcribing it and then reading through the transcripts again. After this step, the researcher generated an initial list of codes (single topics) by reading the transcripts again and taking note of all the ideas relating to the opinions and rights of children. In

the third step, this list was reviewed and categorized according to broader themes that group related codes together. A combination of these steps is show in table 4.2.

**Table 4.2: Initial list of Focus Group Codes Categorized into Themes**

Theme	Code
Children's Opinions of Smokers and Smoke	Dislike smell of smoke Smokers are addicted Smoke is dirty Dislike being around smoke Behavioral responses - ways children deal with smell of smoke
Children's Health Concerns relating to ETS	Cancer, coughing, and other health problems Health education messages from school
Expressing Children's Opinions about ETS exposure	Concern about backlash for expressing opinion Communicating opinions to different people Don't want to express opinion about smoke Want to tell politicians about opinion
Children's Opinion of Law*	Law* is a good thing Law* could be a bad thing too
Exclusion and Inclusion in Political Discussions	Children need to be included – with a vote or survey or other options
Adult's and Children's Rights Issues Associated with Law*	Rights and Freedoms of anyone involved **Key term: Choice (n.), **Key term: Fair (adj.) **Key term: Correct (adj.) **Key term: Should/n't be Allowed (v.) A moral judgment – what is right/wrong

\*Law = Vehicular Smoking Ban

\*\* Key term = synonyms used in discussion of rights issues associated with a ban



In the last step, these five themes were pinpointed and highlighted in the transcripts. A new document was made for each theme from a non-highlighted version of the transcript. This way previous coding of the transcripts did not influence subsequent coding and the researcher was unbiased when coding for each theme.

#### **4.4 Ethics and Reflexivity**

Focus groups often involve asking questions that can be personal for the participants, so confidentiality is fundamentally important (Dowling, 2010; Guillemin and Gillam, 2004). Participants' privacy and confidentiality in this research were protected by not collecting names during the discussions. This way there is no way to identify speakers, or attribute comments to particular individuals. The audio recordings of the group discussions were stored in secure locations and on password-protected computers and the researcher transcribed all discussions. All participants were asked to refrain from stating anyone's name during the discussion and were asked to not tell anyone about other participants' opinions outside of the focus group. The former was ensured by not transcribing any names that slipped out during the discussions. The latter, although it cannot be enforced, was protected by informed consent forms from the parents and informed assent forms by the children who participated, which stated they would keep the confidentiality of the other individuals involved in the research (Dowling, 2010; Guillemin and Gillam, 2004). The University of Alberta Research Ethics Board #1 approved all procedures for this research.

Research is a dynamic process that requires the researcher to pay close attention, and be self-critical (Dowling, 2010). Procedures are set up beforehand and approved by the Research Ethics Board in order to anticipate ethical issues. The researcher should also use reflexivity so that the research is as ethical as possible (Guillemin and Gillam, 2004). Reflexivity is the process of constant, self-critical scrutiny of the self and of the research process by the researcher

(England, 1994 as cited by Dowling, 2010). Although a research diary was not kept, notes were made during data collection and analysis. “Ethically important moments”, where the decision on how to deal with the issue that has arisen has important ethical consequences, were the main focus of these notes (Guillemin and Gillam, 2004, p. 265).

During the process, recruiting participants was the first “ethically important moment”. When a group was found where the adult coordinator allowed the researcher access to children, the researcher had to get children interested. The gift cards grabbed the participants’ attention and, because of the amount (i.e. \$15), did not bribe or coerce them. Because the researcher was relatively close in age to the participants, she could use the same terminology and speak to the participants on the same level. Being the facilitator she also was viewed as an authority figure and was able to take control of the group when necessary (Morgan et al., 2002).

The researcher influencing the opinions of the groups was the second “ethically important moment”. In an attempt to prevent influencing the opinions of the participants, the researcher refrained from expressing her opinions to the focus groups. For example, the researcher would turn questions that participants asked her into questions for the participants to answer:

Girl 2: Do you think smokers would allow their children to smoke?

Researcher: Well that depends. You guys have parents that smoke.

Would they let you guys smoke?

The researcher also asked follow-up questions of the participants, so that they had an opportunity to explain their opinions further. This was intended to bring out the reasoning behind the opinions of participants, and make sure these were clearly expressed. The researcher also tried to keep the questions as open as possible in an attempt to not influence the answers of the participants.

Girl 1: Why are we talking about chicken noodle soup when we are like already on a subject or something?

Researcher: It's ok to change subjects if we want to. We don't just have to talk about this.

Girl 4: Yeah it is kinda depressing.

Researcher: Well, it can be depressing, but because they have a law now, right, it is changing things especially here.

All Girls: Yeah.

Girl 5: But what we are discussing, if more people discuss about it then it will make it less depressing.

Girl 1: Huh?

Girl 2: It makes sense if you listen.

Researcher: Yeah. If more people talk about it, it will change things.

Making sure the participants were comfortable was the third “ethically important moment”. One particular example came in the first focus group close to the end of the discussion when the discussion went off topic (stated above). It became clear that the topic was very serious and unusual for the participants. If the discussion went off topic, the researcher allowed it for a short time, so that the mood in the room could become more positive. The researcher also tried to mention positive things about the topic, such as how the ban could influence smokers to not smoke around children, if the participants seemed sad or upset by the topic.

#### **4.5 Conclusion**

This chapter has detailed the methods used in undertaking this research, including the use of print media articles, and focus groups, to collect data about the opinions of children and youth regarding vehicular smoking bans. Print media articles were analyzed to determine if and how children's opinions were represented, as well as

how rights were discussed in relation to this debate. The researcher personally coded the articles. To complement this, children's opinions were directly sought out through focus groups. The transcripts of these were analyzed to identify and explore the opinions of participants regarding vehicular smoking bans, and their impacts on rights.

If this research is to be recreated, improvements to the process could be considered. The print media analysis was limited to English newspapers only. If a more expansive study was to be done, French newspapers should be included. The focus groups were limited to one summer camp at the University of Alberta because of access capabilities of the researcher and a lack of interest from other groups. This limitation caused the groups to be made up of youth who were likely to be already focused on their health because of the sports camp environment. To improve this, the best way would be to have more time and increased flexibility in the project schedule to attempt to include more varied participants.

## Chapter 5 Print Media Results

### 5.1 Chapter Overview

This chapter discusses the results found from the print media results. Section 5.2 starts with an overview of the types of rights found in the print media articles followed by two subsections (adults' and children's rights) that use illustrative quotations from the media. Section 5.3 begins with an overview of the place of children's opinions in these articles followed by two subsections (direct and indirect opinions) that also use quotations for illustration. This chapter ends with a summary.

### 5.2 The Place of Rights in Media Articles on Vehicular Smoking Bans

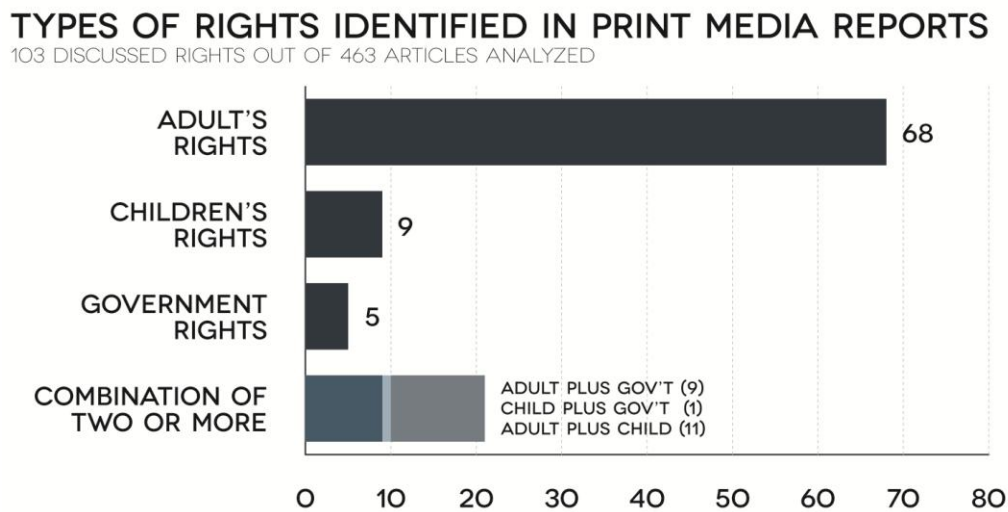
A survey and analysis of Canadian print media reports around vehicular smoking bans was undertaken to explore the extent to which the rights of children, including health rights, appear in discussions. The articles were searched systematically for any mention of rights, freedoms, and/or liberties, as explained in Chapter 4. Out of the 463 articles relating to vehicular smoking bans, 103 (22.2%) mentioned rights or closely related terms. All 103 articles were read to determine which kind of rights was being discussed.

**Table 5.1: Types of Rights Identified in Print Media Reports**

<b>Rights content in articles</b>	<b># Of Articles</b>	<b>% Of Articles</b>
Government rights	5	4.8%
Adult rights	68	66.0%
Child rights	9	8.7%
Combination of two or more rights:		
Government and Adult	9	8.7%
Government and Child	1	1.0%
Adult and Child	11	10.7%
<b>TOTAL</b>	<b>103</b>	<b>99.9%</b>

Three distinct kinds of rights were identified in the data set. Government rights related to a province's or municipality's right to legislate with respect to smoking in vehicles. It also encompassed a police department's right to stop drivers and enforce a smoking ban. Overall, this right concerned the legitimate extent of governmental powers. The adult and children's rights were more complicated and are explained in the sections below (5.2.1 and 5.2.2). As Table 5.1 and Figure 5.1 makes clear, adult rights are prioritized in the print media in terms of the frequency with which they are mentioned.

**Figure 5.1 Bar Graph of the Types of Rights Identified in Print Media**



Overall, the vast majority of articles (85.4%) that mentioned rights focused on adults – including 68 that considered adults' rights alone, and 20 that discussed these alongside other rights. By contrast, only 21 articles (20.4%) mentioned rights held by children, including 9 that mentioned children's rights alone. Finally, 15 articles (14.6%) mentioned governmental rights.

### 5.2.1 Adults' Rights

A total of 88 articles referred to adults' rights. Some made multiple references to this concept; therefore, for the in-depth analysis, 137 total references were used to determine what perspectives were used to discuss the rights of adults with respect

to vehicular smoking bans. Seven types of rights were discussed: general, privacy, autonomy, smokers, parental, hierarchical, and health. Each of these will be discussed and explained individually; the count of references by type is displayed in Table 5.2.

**Table 5.2: Types of Adult's Rights Identified in Print Media Reports**

Adult's right content in articles	# Of References
General	34
Privacy	35
Autonomy	33
Smokers	17
Parents	7
Hierarchical	7
Health	4

General references to adult rights were vague accounts that included relevant keywords, but did not give a fuller explanation. They did not specify which adult rights were threatened by the smoking ban. The following three quotations are examples of this:

(1) I agree nobody should smoke in front of a child, (but) I believe our rights are being whittled down. (Weldon, *North Shore News*, 2009, p. 10)

(2) Premier Dalton McGuinty once dismissed a province-wide ban as a slippery slope that infringed too much on people's rights, but changed his tune in March. (Baggage, *The Globe and Mail*, 2008, p. L5)

(3) Instead of arguing about enforcement of this proposed law or government interference, we should be directing our energies toward public education and quitting campaigns. You can look on this promised legislation as an assault on your rights, or you can see it as necessary, but either way, it is for the good of our children, and who can argue with that? (*Daily Gleaner*, 2009, p. C6)

In quotation 1, the adult male quoted separated children from ‘our’ rights as adults. Children were not associated with rights, and the rights of the adults “being whittled down” by smoke-free vehicle legislation were not specified. In quotation 2, the Premier of Ontario had a concern about “people’s rights”. Again, this concern was general with no specifics as to which rights were being infringed. Quotation 3 is the final sentence of an article that summarizes the multiple viewpoints, concluding that nothing is more important than protecting children. “An assault on your rights” is mentioned, but not explained fully and appears to encompass multiple types of rights rather than just one. Although the reader could infer the meaning behind each mention of rights, it is not explicit in the articles. Other mentions of adult rights in print media articles do offer specificity.

These six types of adult rights were invoked either in favor or against the ban. The majority of these rights were mentioned only as reasons to oppose the ban (privacy, autonomy, smokers, and parents), but some were used to argue in favor of the ban (hierarchical and health). From the 137 references to rights, 35 (25.5%) concerned privacy. These related to smoking bans and represented an ‘invasion’ of personal space or private property such as the car or home. The following three quotations are examples of this:



(4) It is one of our culture's most fundamental rights, not to have the state micromanage our private family life. (Simons, *Edmonton Journal*, 2007, p. B1)

(5) "It started off as banning smoking in public places, and then they wandered into private places, and now they're in our driveways," she said, adding it's not a huge leap to suggest smoking will soon be banned in homes. "It's ridiculous," she said. (Harnett, *Times - Colonist*, 2007, p. A1)

(6) "What tends to happen is people begin to give up more and more of their privacy and we do [it] easier and easier," said Stephen Jenuth of the Alberta civil liberties association. "What happens is there aren't any private places anymore, and that's what we have to guard against." (*The Windsor Star*, 2007, p. A11)

In quotation 4, the author explained that this ban on smoking would infringe on 'private family life'. This could be understood as an infringement of parental rights, but the word 'private' suggests a more specific concern for 'privacy'. The author previously defined a car as private property and this quotation explained that the government should not infringe on this area of an adult's life. In quotation 5, the speaker was the media director for Citizens for Civil Liberties, which works to prevent infringement of the right to private property amongst other issues. She contended that the government was infringing more and more into the private realm (e.g. preventing people from smoking in private cars parked in driveways outside homes) and is one step closer to the slippery slope to further intrusive legislation. In quotation 6, a member of another civil liberties association stated that the invasion of private places by the government with regulation had to be guarded against and privacy had to be protected from laws such as the vehicular smoking ban. The above examples

show the viewpoint that a regulation of the ‘private’ space of a vehicle was felt to be an infringement of the right to privacy. This was framed as a negative outcome, which should be resisted.

From the 137 references to rights, 33 (24.1%) mentioned autonomy. This referred to freedom of choice and people (presumably adults) making decisions for themselves. The following four quotations are examples of this:

(7) We allow the state to limit our freedoms, in these cases, because there is a direct connection to traffic safety... But a local municipality has no such ethical right or moral responsibility to control what you do within your own car to influence the pulmonary health of your private passengers. (Simons, *Calgary Herald*, 2011, p. A12)

(8) The ban drew skepticism from some residents and politicians when it was first proposed. Some dismissed it as unenforceable; others labeled it a violation of personal freedoms. Alberta Civil Liberties Association president Stephen Jenuth considers the bylaw excessive. (Gignac, *Calgary Herald*, 2009, p. B1)

(9) The plan to cut long-term smoking rates should be this – phase out cigarettes over a set period of time... Instead they’re content to infringe upon personal freedoms... I guess smokers are exempt from having their rights protected. (Bassett, *Daily Bulletin*, 2008, p. 7)

(10) Really, it’s rude of politicians to infringe on individual rights and impose their belief that everyone should be entitled to breathe smoke-free air... The militants say people like the lawmakers in Wolfville – or any politician who tries to curb smokers’ rights -

essentially an evil dictator trying to attack personal freedom.  
(Brown, *The Guelph Mercury*, 2007, p. E3)

In quotation 7, the author acknowledged limits to autonomy. This referred to restricting speeding and drunk driving, explaining that government is allowed to restrict 'our freedoms', or limit autonomy, for the greater good. She then clarified that this should not extend to smoking in the car, or 'to control what you do within your own car'. In quotation 8, the author broadly outlined the views of 'some' residents and politicians of Calgary. The ban was thought to be a 'violation of personal freedoms'. The author did not go into detail as to why some people feel this way, but included a reason for opposing the ban. In quotation 9, the author called for this ban to be fought by the BC Civil Liberties Association and contended that this law was a direct restriction on a person's liberty. In quotation 10, the author sarcastically summarized the viewpoints opposing the ban by using extreme terms such as 'militants' and 'evil dictator'. The intent here is to discredit opponents by making their rights-based claims sound ridiculous and exaggerated, selfish and one-sided.

In total, 17 articles (12.4%) mentioned smokers' rights. There was overlap with other concepts, such as privacy and autonomy - most likely because smokers are the people whose actions are directly affected by the ban. These references were counted separately because they explicitly mentioned smokers. The following three quotations are examples of this:

(11) I'll defend your legal right to smoke around your children, in the privacy of your home or car (– but not your right to smoke around mine, in a public place). City parks and playgrounds aren't private spaces. They're owned and operated by the municipality, for the common good, the city has a right and responsibility to regulate what happens within them. (Simons, *Calgary Herald*, 2011, p. A12)

(12) “The problem is people believe they have the right to smoke,” he said. “It’s their vehicle, it’s their free will to be able to have a cigarette. Generally speaking, I think we’re going to run into a lot of bad attitudes when we pull people over for that. It’s going to become a human-rights issue for them.” (*Trail Times*, 2009, p.5)

(13) A decision by a Nova Scotia municipality to ban smoking... is part of a national trend to criminalize a legal behavior, says a smokers' rights advocate. “Smokers are viewed as criminals at this point in time, and that's exactly the goal of the anti-smokers groups,” Arminda Mota, president of mychoice.ca, said Tuesday about the ban in Truro ... Last March, Wolfville, N.S. introduced a ban on smokers who light up in cars with children... she said the bylaws imply “that smoking is a behavior that is viewed as morally reprehensible.” (Patten, *Telegraph – Journal*, 2009, p. A5)

Quotation 11 overlapped with debates over the right to privacy. The author argued that private spaces should not be regulated, but public spaces should be. Her argument was that there were limitations to the right to smoke. Although she used the term ‘right to smoke’, she did not believe that it trumps other rights. Quotation 12 is from the same Ontario Police Officer in quotation 3, who was explaining the opposition to the ban. He noted that other people were under the assumption that they had a right to smoke, which trumped other people’s rights, such as health. He did not explain whether he believed this viewpoint; he was merely relaying the information. Both of these speakers did not advocate the viewpoint that there was a ‘right to smoke’, but used the jargon of other individuals. Quotation 13 was from a smokers’ rights advocate and explained the view that these bans ‘criminalize’ smokers, meaning it takes away their rights to perform a legal activity. The article, which this was taken from, explained the

viewpoint of the smokers' association on multiple different types of smoking bans, which was that nonsmokers are treating smokers unfairly.

Parents' rights were included in 7 (5.1%) of the 137 references. These rights centered on the responsibility of parents to decide how to bring up their child(ren). Again, this overlapped with privacy and autonomy, but these references were counted separately because of specific references to parents. The following two quotations are examples of this:

(14) Large amounts of sugar are also known to be detrimental to health, but it would be crazy to ban people from giving their children a Coke... "How far do you push what should be the parent's right to decide? ...Whether to enforce it to the point of a law that's... I think maybe crossing the line a bit to the point of abusing political authority." (Bergland, *Dawson Creek Daily News*, 2008, p. A1)

(15) "Parents have the right to decide how to raise their children," he said. "And the State telling parents what they should do in regards with their children is not a line I'd want to cross." (Varghese, *Calgary Herald*, 2008, p. A13)

In quotation 14, a councilor of Dawson Creek, BC explained that he was unsure whether a bylaw that bans smoking in vehicles was an infringement of a parent's right to decide what should happen to their child. He brought up the example of not allowing parents to feed their children sugar. He believed it could be a slippery slope to further regulation. Quotation 15 was from a regional coordinator of the Libertarian Party of Canada in Edmonton, someone who presumably regards any government regulation as negative. He took a specific viewpoint that it was a restriction on parental rights that could set an unwanted and risky precedent for future legislation to restrict parental rights further.

From the 137 references, 7 (5.1%) referred to the hierarchical nature of rights. Specifically, they invoked the argument that smokers' rights are less important than rights to health (especially for children), and that they should not be used as an excuse to harm others. The following three quotations are examples of this:

(16) I hate it when I see adults smoking in cars, their children trapped in a rolling cloud of toxic fumes...Banning smoking in public parks wouldn't infringe on anyone's privacy, but it would send a strong social message that smoking is a nuisance, not a right, and that we, as a community, won't encourage or countenance smoking where children and families specifically come to play. (Simons, *Calgary Herald*, 2011, p. A12)

(17) "Whether you're an adult or a child, it's not good,"... "Smoking around others is a privilege, not a right"... Second hand smoke is worse because it is more concentrated in small spaces like cars. (Barron, *Kamloops Daily News*, 2009, p. A4)

(18) I don't think you have the right to harm other people and in this case, especially in a confined area such as a car, it [a vehicular smoking ban] makes perfect sense. (*Daily Gleaner*, 2007, p. A7)

Quotation 16 expressed the idea that, at least around other people, smoking was not a right; it was a "nuisance" by virtue of the "toxic fumes" produced. Concern for those adversely affected by such fumes – e.g. "children and families" – properly trumped any right to smoke. Although the author was discussing a ban on smoking in public parks when making this specific comment, the idea that smoking is not a right was also applied to children in cars as the beginning of the quotation shows. Quotation 17 rephrased the same idea by

exchanging ‘nuisance’ for ‘privilege’ implying that smokers should ask permission rather than assume they were allowed to partake in the activity around others. The speaker was a member of the BC Lung Association and followed this statement with a discussion of protecting children from the harms of second-hand smoke. In quotation 18, the speaker, a Liberal Party leader from Nova Scotia stated rights should not extend to having a right to harm other people. He was saying that everyone’s rights were limited, especially when the expression of them caused harm to others. These three quotations are examples of different ways to express the same idea: namely that there is a hierarchy to rights and that the right to smoke is superseded by the rights of others to be free from the harm caused by ETS.

Of the 137 references to rights, just 4 (2.9%) explicitly mentioned health or related concerns. These related to the right to smoke-free air, protecting health, and non-smokers’ rights. All four are quoted below:

(19) In the past two years, the right to breathe smoke-free air in public is something that most Albertans have come to expect. Our neighbours to the right of us, however, have no such luxury and won’t anytime soon if proposed legislation passes as is. The government of Saskatchewan is currently proposing legislation that would make it illegal to smoking in a vehicle that contains anyone under the age of sixteen. However, the proposed legislation does not include any clauses that would make it illegal to smoke in public areas. (Bryant, *The Pipestone Flyer*, 2009, p. A7)

(20) “The point of doing this is to let them know that they do have a choice and that it’s OK to ask someone not to smoke in the vehicle that they’re travelling in,” she said. “One does have the right to protect his or her own health.” (Varano, *The Guelph Mercury*, 2007, p. A1)

(21) The Ontario government's proposed ban on smoking in cars carrying children is just the latest in a 30-year battle against second-hand smoke...a victory that Gar Mahood, of the Non-Smokers' Rights Association, says is the result of "years of incremental social change"... health studies began to show the serious effects of smoking, both for the puffer and for those inhaling their smoke second-hand. (Crawford, *Toronto Star*, 2008, p. A23)

(22) Second hand smoke can also cause health problems for people and there are documented causes of cancer and other illnesses in non-smokers who had been regularly subject to second hand smoke... There are those who will say the rights of smokers are being trampled upon. But what is missing in that argument is always the rights of non-smokers not to be subjected to harmful cigarette smoke... an adult can tell a smoker to butt out. (*Miramichi Leader*, 2009, p. A6)

Although quotation 19 mentioned public space smoking bans, the 'right to breathe smoke-free air' applied to any space where smoking took place around non-smokers. Although the author did not explicitly say 'health', breathing smoke free air is thought to be one right that should be protected in order to protect health. Quotation 20 developed the same idea adding further explanation as to why breathing smoke-free air was important to the wider right to health. The speaker described these bans as providing power to non-smokers to be able to assert themselves and act to protect their health. Quotation 21 provides a context behind the smoking ban stating that it is just one of a long line of smoking bans that work to protect the health of non-smokers. Quotation 22 explains how second



hand smoke is harmful using examples and then asserts that non-smokers have the right to not be “subjected to this harmful cigarette smoke”.

The extent to which the rights of adults appear in the discussion about vehicular smoking bans in Canadian print media is significant with 85.4% mentioning adult rights. In the majority of these references, rights were invoked to argue against the smoking ban. This is most likely because it is adults whose behavior and ability to make a choice for themselves is restricted by vehicular smoking bans. This restriction can be represented as a constraint on autonomous action or an invasion of private space, and a limitation of parental and smokers’ rights. Therefore, the adults could be seen as the victims suffering the consequences of the legislation.

### **5.2.2 Children’s Rights**

Each of the 21 articles that mentioned children’s rights only made one reference to the concept. Therefore, for the in depth analysis, 21 total references were used to determine how the rights of children were discussed. Rights were either general (7 references), or specifically related to health (14 references).

General references to children’s rights were vague explanations that included one or more of the keywords searched (i.e. ‘right’, ‘libert’, ‘freedom’, or ‘dut’), but did not give a fuller explanation of what was at stake. Eventually they merely stated that children have rights. The following three quotations are examples of this:

(23) “We talk about the rights of smokers, but there are also the rights of the children who don’t have a say. They are the ones that count.”... The new law is aimed at protecting children under age 16 from the effects of second hand smoke, which studies show can become highly concentrated inside cars and trucks.” (Casey, *Telegraph-Journal*, 2009, p. A3)

(24) The Quebec Lung Association wants the province to go even further by introducing a full ban in vehicles carrying children...  
“People should really think of their kids and not of themselves... kids have rights.” (Valiante, *The Gazette*, 2008, p. A8)

(25) “Someone has to stand up for the rights of the kids. They are being hurt by smoke, but they have no rights. It’s a good start. Maybe they can take the law even further in the future.” (*The Times – Transcript*, 2007, p. D6)

The speaker in quotation 23, the president of the Lung Association, discussed children as people who have rights that, in comparison to the ‘rights of the smoker’, are more important and should be protected. The article then went on to explain the health consequences of being around someone who was smoking; it did not explain explicitly which area of the child’s life was being infringed upon though. The Quebec Lung Association executive director speaking in quotation 24 had a similar argument, but phrased it in a way to convince adults to be considerate and think of the victims. Quotation 25 was from a female adult, in an entire article made up entirely of quotations from the public. The opinions varied from disagreement with the ban to vehement agreement. This woman agreed with the ban and used children’s rights to justify her position without explaining which rights she was referring to. Although it could be deduced that the speakers in these references were probably discussing the right to health, this was not stated explicitly in the text.

From the 21 references to children’s rights, 14 specifically mentioned health. These referred to the right to health and to breathe clear air. The following five quotations are examples of this:

(26) Every child has a right to good health and clean air. By enacting legislation in Alberta to prohibit smoking in vehicles

carrying children under the age of 18, the province's next premier would be protecting those rights... Since infants and children are less able to guard themselves against exposure to second hand tobacco smoke, it is important that policy is in place to protect them. (Holinda, *Edmonton Journal*, 2011, p. A12)

(27) We have the right to do as we choose as long as our actions don't infringe on the rights of others. Smoking in a car denies children their right to breathe clean air. (*Toronto Star*, 2008, p. AA7)

(28) When it comes to choosing between their need for a smoke and child's right to un-poisoned air, some smokers yield to the selfish tendencies of nicotine addiction. (*This Week Online*, 2009)

(29) "We need something in force where if someone is seen doing this there is a sanction, because there's certainly one for if you don't have your child properly installed in a child seat."... But children should also have some rights when it comes to second-hand smoke. (Vrbanac, *New Hamburg Independent*, 2008, p. 10)

(30) "I think it is a good idea, because children should not be exposed to second hand smoke. Kids are not old enough to fight for their rights... I think they should ban smoking on playgrounds, daycares, children's play areas, school or even near schools, anywhere that children are around. No one should smoke in cars with kids." (Silva, *Caledon Enterprise*, 2007, p. 1)

The author of quotation 26 defined health rights in this context as 'a right to good health and clean air'. The author believed that the legislation was put in

place to protect these rights, especially of children who ‘are less able to guard themselves against exposure to second-hand tobacco smoke’. According to the author, it is the policymakers who protect the victims, who are the children in this case. Quotation 27 defined which rights are most important by explaining that a person’s actions cannot ‘infringe on the rights of others’. Although similar to the hierarchical rights explained earlier, this reference specifically mentioned a child’s ‘right to breathe clean air’, which the author explains is more important than the right to do as you please. Quotation 28 articulated children’s right to ‘unpoisoned air’, and characterized adults who smoke in vehicles in which children are present as selfish and rights-infringing. Quotation 29 provides the example of child seat regulations to counter the argument that vehicular smoking bans infringe the right to privacy. The author argues that children have a right to health in vehicles, which are already legislated for properly installed child seats, and that there should also be ‘some’ recognition of their need for smoke-free air. Quotation 30 is a combination of two opinions from members of the public. These opinions explained that children have rights to health that merit protection against exposure to second hand smoke. These quotations explained the side of the debate where children were the focus and were shown to need protection, especially to guard their rights.

The extent to which the rights of children appear in the discussion about vehicular smoking bans in Canadian print media is less significant with 20.4% of articles mentioning child rights. All of these references argued in favor of the smoking ban probably because children benefit from the health consequences and are considered the victims in need of protection by this ban. This lack of emphasis on children’s rights may not be representative of the population at large and could be incorrectly interpreted by the newspapers.

### **5.3 The Place of Children in Media Articles on Vehicular Smoking Bans**

To investigate further the place of children and youth in policy debates and decisions, media reports were further searched for expressions of children’s

opinions, ideas, and interests. These expressions could be made by children directly or indirectly through explanations/representations by others. Out of the total number of articles found to relate to the vehicular smoking bans (463), only 9 (1.9%) contained children's opinions. Having few references to children's voices in this sample strongly suggests a lack of interest in, or a lack of focus on, children's opinions in a matter that directly affects them. Two categories of children's opinions were found: direct (4 articles) and indirect (5 articles). Thus, most of articles that have included any children's opinion did so indirectly. Thus, not only are children's opinions seldom included in print media considerations of vehicular smoking bans, more often than not those opinions expressed are filtered through adults. With there being few references, all are included below.

### **5.3.1 Direct**

Direct references were those that were specific and exact quotations from a person under the age of 19 (i.e., a child or youth). These four quotations, listed below, were all of the direct references found in the data set.

(31) Amelie Langlois of the Estrie Advisory Network of the Youth Coalition reminded adults 'babies do not smoke' and urged Townshippers to ditch the cigarettes if they were driving with children under the age of 16 in their vehicle. Langlois is one of fifteen Coalition teenagers between the ages of 13 to 16, who were elected to launch similar appeals across the province. The 15 year old said that she and her fellow members of the Coalition were greatly disturbed and concerned to see adults smoking in cars when children are present. "I want people to hear my call in the Townships because here in Quebec, 40 per cent of smokers light their cigarettes in their cars even if there are children on board, and that it is more than double the average Canadian," she stated. (Pole, *Record*, 2011, p. 4)

Quotation 31 was from an article that considered the campaigns of local teenagers advocating for a ban on smoking in cars in Quebec. The words of the teenager are broken up to fit into the points being made by the adult author and there was only one verbatim quote at the end. In this sense, it is a rather modest example of the media giving voice to children's opinions on a law intended to protect them from ETS. Yet, it was also the longest and most in depth consideration of children's views in the data set, constituting just over one quarter of the entire article (approximately 7/26 lines). The remainder of the article provided background and discussed other legislation, and did not explore children's opinions.

(32) "It's stinky," said the 10-year old John McCrae Public School student. (Dharmarajah, *The Guelph Mercury*, 2008, p. A1)

Quotation 32 includes a two-word direct quotation from a child - an example taken from a radio campaign intended to "give the adults a bit more of a clue about how the kids feel". The quotation was one of several from grade 5 students whose words were used in the commercials. Although the expressions of the other children were not included in this article, the article indicated that sharing children's opinions on the topic of smoking bans in cars was a priority in the campaign.

(33) Julian DeNardi, a Grade 3 student at St. Elizabeth School in Wainfleet, had a strong message in her poster. It read: "It's a well-known fact that if you smoke around your kids, your kids will smoke, too. Don't let your kids make the same mistake as you did." (Forsyth, *Niagara This Week*, 2008, p. 1)

Quotation 33 is sourced from an article summarizing a poster competition relating to ‘tobacco-free living.’ It was clear that these children did not support any smoking around young people, including smoking in cars, which was this student’s message. The actual quotation took up only 3/19 lines. As with the previous article, the tone was supportive of children’s opinions.

(34) “It’s important because the kids have no choice right now and they need the support from other people to protect their health and their future health,” said Sky Breen-Needham, a Grade 12 student at the school. “Hopefully this will make [government] start thinking about it.” (Rud, *Times – Colonist*, 2007, p. A5)

The final quotation, number 34, is from an article that started discussing a proposed smoking ban by talking to the municipal representative who introduced it. In the middle there was a brief mention of grade 11 and 12 students who held a ‘die-in’ where one of them offered the above quotation. This only took up 3/26 lines. The remainder was dedicated to adult representatives discussing their reasons for introducing the ban and their plans for legislation. This article, although showing support for the ban, only used the children’s opinion as an example rather than a focus, similar to the context for quotation 31.

In all of these four articles, the opinions of children were used to express support for the ban and protecting children from ETS. Two articles used quotations from children as examples to back-up the opinions of adults, and two emphasized children’s opinions in their own right. In all cases, children’s direct opinions were only briefly stated, constituting at most one quarter of an article’s space. It was clear from this that directly expressing children’s opinions was not a priority in Canadian print media articles reporting on vehicular smoking bans.

### **5.3.2 Indirect**

Indirect references were those that explain a child’s opinions through the voice of an adult. This could involve the adult changing or misinterpreting a child’s

experience. These five quotations, listed below, are all of the indirect references found in the data set.

(35) Where is second-hand smoke more dangerous? In a car, with the windows rolled up? Or on a playground, where the smoke can drift away in the open air? The answer is simple enough.

Obviously, there are far more health dangers in being trapped in a smoky car, especially if you're on the sort of long summer vacation car rides I remember as a kid. I hated being forced to travel in a car full of smoke. (Simons, *Calgary Herald*, 2012, p. A10)

Here, the author of the article is recalling her own childhood experience. Additional investigation reveals that Paula Simons was a child over two and half decades ago; therefore, there have been quite a few years to form and change her opinions. Even so, her life experiences were used as a first-hand account of how a child can feel being in a car with a smoke. This recollection was only 1/37 lines in the article. Most of the article was written in the first person, so it is likely the author used her childhood memory when discussing present-day children in cars with smokers.

(36) For example, I distinctly remember, at 14, in dad's Ford half-ton, and with no safety restraints even at 60 miles an hour -- (seat belts? Ha!) -- when the smoke from that Export A was so harsh that my entire respiratory system horked involuntarily with the spasms of a German shepherd working up a pork chop bone.

(Petrie, *Leader Post*, 2010, p. A3)

Quotation 36 is drawn from an article about the history of smoking and smoking bans, in which the author used colorful language to recall his own experiences as a child. With further investigation again, it was discovered that this



author died of cancer in 2012 at the age of 52 (Ronald Petrie [Obituary], 2012); therefore, when writing this in 2010, the author was also a large number of years removed from being a child. A total of 3/41 lines was dedicated to this explanation of a child's opinion. Similar to quotation 31, the author used his life experience of these situations throughout the rest of the article.

(37) As a crowd of middle school students cheered Monday, Health Minister Michael Murphy announced Monday an amendment to the Smoke Free Places Act that will prohibit smoking in a vehicle when a person under the age of 16 is present. (MacLean, *Telegraph – Journal*, 2009, p. A1)

The author started this article with this brief illustration of child support for the ban with quotation 37. This brief observation accounted for 2/36 lines, and is a superficial example of children's opinions on the ban. At school assemblies, students may be instructed to applaud, so this may not be authentic approval.

(38) I was raised by parents who did not know that second-hand smoking was dangerous, and I was severely asthmatic and often spent time in hospital. I have since survived breast cancer twice and even my doctors cannot say for sure whether this was caused by second hand smoke all those years ago. My generation and future generations have no excuses, we are educated and we do know. (Ockwell – Jenner, *Waterloo Region Record*, 2008, p. A9)

Quotation 38 was 2/8 lines, or 25%, of the article. This was a first-hand example used by the author to explain her support. It was clear that this had been added to by her recent knowledge and she acknowledged that she was now more educated about the subject than she was back then. This influenced her expression of a child's opinion with an added adult interpretation of the events.

(39) She still recalls sitting in the back seat of the family car as a kid while both her parents were smoking in the front. “I remember coughing and my parents rolling the windows down,” said Ms. Sendzik, a grad student. (White, *The Globe and Mail*, 2008, p. L1)

In a different interpretation of the issues, this article including quotation 39 described research into the effects of smoking in cars on children and how concentrated smoke can become. One of the grad students who did this research was quoted on her personal commitment to the research: she had to be in cars with smokers when she was a child. Although she does not state explicitly if she disliked the situation or not, it was reasonable to assume that coughing and needing to roll down the windows were not pleasant.

All five of the indirect references to children’s opinions were expressions of support for the ban, similar to the direct references. The indirect references may not have been accurate representations of children’s opinions though because the speakers were removed from childhood by decades, which could lead to a change in the opinion through interpretation and increased knowledge of the adult self.

#### **5.4 Conclusion**

Out of the 463 Canadian print media articles found to relate to vehicular smoking bans, only 103 (22.2%) mentioned rights, freedoms, and/or liberties. These mentions could be classified into three broad types: government rights (to legislate), adult rights and children’s rights. These rights could appear independently or in combination. Adults’ rights were mentioned most frequently, and were broken down into seven sub-types: general, privacy, autonomy, smokers, parental, hierarchical, and health. The majority of references to adults’ rights tended to be used as reasons against the ban (privacy, autonomy, smokers, and parents), but others were used to argue in favor of the ban (hierarchical and

health). This was most likely because it would be the adults whose actions were restricted by vehicular smoking bans; thus, they would be the ones rejecting the ban. Articles that referenced children's rights were also broken down into two types: general and health. Children's rights were cited consistently in support of a smoking ban in vehicles. This was because the children are viewed as victims that need protection via legislation and explaining children's rights would add support to the ban.

The second part of the print media analysis followed from a manual search for all expressions of children's opinions, ideas, and interests, both direct and or indirect. Only nine articles were found to contain any children's opinions, suggesting a general lack of interest in this perspective in the print media. As highlighted above, references to children's viewpoints also tended to be extremely brief.

The information collected from the analysis of relevant print media articles shows that when newspapers in Canada consider the rights involved in banning smoking in cars in which children are present, they generally emphasize adults' rights. Children's rights are marginalized, but emphasize a child's need for protection from a serious harm when discussed. If a child's opinions are expressed, they are often explained through adult filters (including adults reflecting on their own childhoods). Children were marginalized in this debate: very occasionally recognized as a separate group that required protection from victimization, and almost never framed as citizens who could influence or change the outcome. These results will be discussed further in chapter 7, with reference to relevant academic literatures.

## **Chapter 6 Focus Groups Results**

### **6.1 Chapter Overview**

This chapter examines the themes that emerged from the four focus groups with 23 participants. These provide qualitative accounts of their views on vehicular smoking bans and of their opinions on smoking and their experience of ETS exposure. The following themes are presented below in order from most- to least-discussed: opinions about the vehicular smoking bans; opinions about ETS exposure; opinions on smokers and smoke; health concerns relating to ETS; rights issues associated with vehicular smoking bans; and exclusion and inclusion of children in political discussions. This chapter ends with a summary.

### **6.2 Children's Opinions about the Vehicular Smoking Bans**

The key purpose of the focus groups was to discuss vehicular smoking bans. Most participants expressed positive views of the law (i.e. the vehicular smoking ban), with only one expressing a negative view, and they all offered explanations for their opinions. They often described the law with variations on the word “safe”, and used the concept of improved safety to support the law. The following quotation is an example of this:

It's a good idea... It makes it [car travel] safer for more kids.  
(Focus Group 1, Girl)

The participants often included in-depth explanations of what they meant beyond simple statements such as ‘it's safe,’ as the following quotation illustrates:

They [the government] should [make the law]. It's safe. Because some kids... maybe their parents told them “do what I do because I do it right” and then they [the parents] start smoking in the car then they [the children] think they should do it. (Focus Group 1, Girl)

This girl explained what safe means to her, which related to parents' role-modeling good/healthy behaviors for their children. If the government restricted when children could witness their parents smoking, then she believed this would reduce smoking initiation among young people. Other participants in the first focus group, one of whom added a real life example she was familiar with, agreed upon this definition of safe:

And it saves more lives. My friend's cousin is in the hospital because she's been in too many cars with smokers. (Focus Group 1, Girl)

Some participants in other groups acknowledged there were people who did not agree with the law. Although they understood this, they personally agreed with the law and explained why using explanations relating to safety. The following quotation is an example of this.

They [the government] are keeping the welfare of people in mind... They are trying to keep people safe in a sense, but people don't always interpret it that way... And the no smoking [law] is also another way to keep other people safe... because you can't stop people from smoking, but you can like stop them from endangering like harming others in a vehicle. (Focus Group 3, Boy)

Beyond using phrases that included variations of the word "safe", the participants also explained why the law is a good thing by stating it is protecting others from harm:

...with kind of trying to put a law on not smoking in cars they can try to protect those other people that aren't smoking and are trying to lead a healthier life. (Focus Group 3, Boy)

It [smoking in cars] is the government's business because other people are getting harmed by it. (Focus Group 4, Girl)

Yeah it's sorta educational. It's not really an enforcement its sorta educational. Its sorta telling us not really, but sorta telling the people um 'this is not good for your children. You're going to get them sick.' It's sorta like a warning, but they need to up it a bit I think. (Focus Group 4, Girl)

One participant described smoking around others as somewhat comparable to shooting someone. This metaphor displayed the gravity of the situation. He believed that smoking around others, especially minors, was equivalent to killing them. Since killing someone with a gun is illegal, he believed that killing someone with cigarettes should also be illegal:

I think it's not as severe as like killing somebody, but it's kinda like the government says we can't shoot somebody with a gun. So I think ... if they can say that to us then why couldn't they say you can't like continually hurt somebody internally by smoking. (Focus Group 4, Boy)

Even though participants were minors, they viewed themselves as different from other children/youth and discussed them in the third person, and as in need of protection. The participants felt that other children "might not be able to make the decision themselves" (Focus Group 2, Boy), and might not understand that cigarette smoke was bad for them:

I think people have a right to disagree with the law and bring up cases. But I don't see any harm with this law preventing smokers from smoking in cars or vehicles with minors especially since they [children] do not understand or they might not comprehend what's going on about the danger [and what it] is going to be doing to their bodies. (Focus Group 2, Girl)

In addition to the dangers for vehicle occupants, a participant explained that distracted driving is also a concern for them:

I think that they [the government] should tell them [drivers] especially about the smoking because that could also endanger other drivers if they are distracted. (Focus Group 3, Boy)

There was only one participant that seemed uncertain about the law's merits. He both agreed and disagreed, as demonstrated in the following quotation:

I don't know, I probably... I think I agree with it. But my parents have slight disagreements, so I see both sides of it. But for me personally I think it is a good idea... For – to keep kids safe. Against – because it is their decision, it's their car. (Focus Group 3, Boy)

This participant was able to express different views on the topic and provide an overview for the group. This was characteristic of the ability and willingness of all participants to offer explanations for their opinions.

### **6.3 Expressing Children's Opinions about ETS exposure**

Some of the questions posed to the group concerned whether and how they expressed their opinions about ETS exposure to adults. This seemed to be an interesting issue for the participants. The majority felt that they did not want to express their opinions about being exposed to ETS because they would not be taken seriously, or the adult they were seeking to communicate with would get mad. If they ever did express their opinions to others about smoking, it was usually to someone who they were very familiar and comfortable with, particularly their parents.

When it came to telling a smoker to stop smoking in their own car, the participants felt it was “disrespectful”, but only when minors were not being hurt (Focus Group 2, Girl). Another girl from Focus Group 2 added that “as soon as they [smokers] are forcing it on others who cannot willingly voice their own opinions like three year olds then you should have some say [to stop it]”. Most of the participants felt uncomfortable telling a smoker to stop smoking around them as the following examples show. The use of the word ‘probably’ in these quotations displays their uncertainty.

I would want to ask them to stop, but I probably wouldn't have the courage to. (Focus Group 1, Girl)

Um, I'd probably say stop. (Focus Group 3, Boy)

When asking adults to stop smoking around them in the car, the youth always stated they would ask politely without over stepping their perceived boundaries as a child respecting adults' authority. A boy in Focus Group 4 stated that it's “especially because we're kids. You wouldn't go up to a 40-year-old [and say], ‘stop smoking’”. This attitude was not discussed at first; instead it was teased out with a request for further explanation of why they would be very polite when asking smokers to stop. The following quotations are examples of this:



... ask them very very very politely “sorry I don’t want to be around smoke”... Don’t want to offend them either. (Focus Group 2, Girl)

I would like not technically ask them to stop, but to say kind of explain um that there is a new law and if someone catches you, you can be fined over \$500 I think. You could warn them and say if they don’t want to stop there is a high chance they might get caught and have to pay the fine. (Focus Group 1, Girl)

I’d take the polite route and say “I don’t like the smell of the smoke.” Because... also, I hate the smell of smoke. But I’d also ask them politely to stop smoking like around me so I don’t inhale anything. (Focus Group 3, Boy)

Participants had different interpretations of what polite meant. Some focused on the health consequences as if they were using the words of a third party rather than their words to explain smoking is bad around children. Others mentioned they would emphasize the smell rather than the health consequences implying that mentioning their health would be rude. The participants then explained how it is that adults make children uncomfortable about asking them to stop smoking:

It’s like respect your elders. It is harder to voice your opinion to them especially if you feel they feel you are being disrespectful because it is their actions not yours. (Focus Group 2, Girl)

Boy: And I don’t know that it’s even totally socially accepted for adults to say that [for the smoker to stop].

Girl: If it was my car I could tell them to stop smoking and I wouldn't think twice about it. But it's their property. I don't own it. (Focus Group 4)

One of the main concerns with telling adults to stop smoking in vehicles is fear of their response: "they might get angry and stuff... we might get in trouble or something" (Focus Group 4, Boy). This came up a lot from participants discussing issues from their parents disciplining them to other adults having road rage. The following quotations display this:

If you say "Mum, why do you keep smoking?"... then she will just be like "because it's so addictive" and then she'll get really defensive and mad at me and so then I'm scared that the person will do that too. (Focus Group 1, Girl)

Researcher: So, none of you would tell the smoker directly [to stop]?

Boy: Well what if they [the adults] have road rage? (Focus Group 3)

It was also explained that the relationship with the smoker makes a difference. One participant in Focus Group 1 explained that she willingly asks her mum and dad to stop smoking when she is around. Others stated that they merely need to know the person smoking in order to make such a request, because at that point "you have more respect for each other", which may not be the case with a stranger (Focus Group 3, Boy). One participant from Focus Group 3 explained that he would be very direct with his friends because he knows them well. When it came to expressing opinions, some participants were enthusiastic, while others were more cautious, but all participants could explain both sides of the situation (i.e. why someone would express their opinion and why someone would not).

#### **6.4 Children's Opinions of Smokers and Smoke**

The participants expressed opinions about smokers and smoke in negative ways, using words such as “smelly”, “dirty”, and “gross”. Some participants even expressed that they “absolutely hate it” (Focus Group 1, Girl). They mainly discussed the negative effects that smoke has on them, their desire and techniques to avoid it as much as possible, and their perspective on the characteristics of smokers and why they smoke.

There were no participants that liked or were ambivalent about smoking. All the participants severely disliked being around smokers mainly because of the smell and having trouble breathing. The exact words “It’s hard to breathe” were stated at least once in every focus group. Some participants stated they would feel sick around smokers, and others discussed coughing. Some participants were more specific because they had more direct experience being around smokers, and were able to draw on personal encounters, as the example below demonstrates:

People that come in that car or building, if they are not a smoker they don’t want to go home smelling like smoke and they don’t want to inhale it or something... Because it gets in your hair and your clothes and stuff. (Focus Group 1, Girl)

Overall smoking was perceived to have a negative effect on anyone that has to be around it. In order to compensate and make themselves feel better while experiencing ETS exposure, the participants - particularly those who had been around smokers a lot - had techniques to avoid the smoke as much as possible. Since the discussions focused on cars, opening the car window was a common technique discussed:

... just roll down the window really obnoxiously until they get the hint. (Focus Group 2, Girl)

We've opened a window and it always goes over the car and comes in the other window. So when that happens, we kinda don't really breathe with our noses we kinda breathe little bits with our mouth and have both windows down so the smoke goes right through. (Focus Group 1, Girl)

I find that it helps a little bit to block it out if you kinda pull your shirt up over your mouth and breathe that way, but if it's the winter you can like breathe through your jacket and that blocks it out even more. (Focus Group 1, Girl)

When we go I always bring a little towel and then if she starts smoking I just breathe through the towel and it kinda filters it. (Focus Group 1, Girl)

Girl: All it [breathing through a towel or cloth] does is block out the smell though.

Researcher: But any filter would be better than no filter, right?

Girl: Yeah. (Focus Group 1)

Participants developed this range of techniques mainly to reduce smelling smoke. They were aware their actions did not actually eliminate the health problems associated with being around smoke; instead were attempts at reducing the risks while waiting for their parents, siblings, or grandparents to quit. Moreover, even with these techniques, being in a confined car with smokers sometimes "feels inescapable" (Focus Group 2, Girl). All the participants described the vehicles of smokers as dirty and smelly, and the following comments were representative of this concern:

The vehicle is really smelly from the smoke and sometimes if the person is really lazy there could be cigarette packs on the seats or loose cigarettes. And then there could be like a burnt place in the seat if you drop a cigarette or something that is lit. (Focus Group 1, Girl)

[The car is] dirty because... sometimes their main concern is smoking not [taking] care of their car, but ... I also said 'smells bad' because they're smoking and it smells terrible. (Focus Group 3, Boy)

Alongside these negative perceptions and sensory experiences, the majority of participants acknowledged that smoking is addictive, which they understood as meaning sometimes smokers just cannot stop.

Some people are really addicted to smoking so even if they want to stop they can't stop. (Focus Group 4, Girl)

Since smokers are so addicted they want to smoke when they want to smoke so they are not always going to listen. (Focus Group 3, Boy)

The participants made it seem like smokers cannot control themselves when it comes to quitting because it is so addictive. This made some of the participants sympathetic to smokers, but it still did not excuse smoking around children because they felt there were plenty of opportunities to avoid that, such as smoking before getting in the car and taking a break in a rest stop to smoke outside:

I would sorta get like frustrated because why would they [adults] do it [smoke in the car]... if they [adults] are riding in a long vehicle with a bunch of seats [that] are filled and it would sorta be frustrated because um its affecting all those people and if you just smoke outside when you are having a pit stop or something for gas um it only affects you so you can just smoke outside instead of in a car. (Focus Group 3, Boy)

I know that whenever I am around my mum and I'm like riding my scooter around the drive-way and then she is like having a cigarette before we get in the car or something then she um she is always like while she is having her cigarette she says don't smoke. Well, you are! (Focus Group 1, Girl)

All participants held strongly negative opinions of smoking. The participants who were around smokers regularly had various techniques to compensate for the smell and health effects, such as covering their noses and mouths, or opening the car windows. The vehicles used by smokers were described as dirty, smelly, and, at times, the smoke was perceived as inescapable. Even with all the negative perceptions of smoke, the identities of smokers themselves were not viewed negatively. According to the participants, smoking is addictive. It is understandable then if smokers continue the habit.

### **6.5 Children's Health Concerns relating to ETS**

The health concerns expressed by the participants usually related to topics that have already been discussed in this chapter. They also included more specific messages about smoking that appeared to have been learned in school or through other forms of health education. These included mentions of diseases like cancer, and statistics that help illustrate how smoking affects health. For example:

Every time you smoke a cigarette it takes actually 7 minutes off your life so if you smoke a lot then that's like another year if you smoke that much. (Focus Group 1, Girl)

The baby might get lung cancer by breathing in the smoke from the cigarette. (Focus Group 3, Boy)

I just well I know that it's [secondhand smoke] not quite as bad as actually smoking, but I also know that it's [secondhand smoke] supposed to be bad for your health especially at a younger age. (Focus Group 3, Boy)

The quotations portray how the participants thought about smoking through what adults have taught them using more advanced terminology and facts. The participants who had experienced being around smoke/smokers directly explained the health effects using simpler language:

I would tell the person to stop because the baby is inhaling all the smoke and the younger you are the worse it is... They aren't just hurting the baby they are also hurting themselves. (Focus Group 1, Girl)

It could mess up your lungs and then you could have a hard time breathing while you're running. (Focus Group 1, Girl)

The car wouldn't be very clean and smoky... and ... it could affect the baby's health and future health. (Focus Group 2, Girl)

I worry about it sometimes because if I smell the smoke too often then I might be affected. (Focus Group 3, Boy)

I got to think that also your body is your personal property so you are harming that way more than you are harming other things...  
You're like wrecking your lungs and stuff [when you smoke].  
(Focus Group 4, Boy)

Using words such as 'hurt', 'wrecked', and focusing on smell, these quotations put a more personal tone on participants' experiences. They can tell that it hurts them because of the sudden difficulty breathing, and they associate the bad smell with the cause of long-term problems later in life, like cancer, because of their education.

The participants also displayed a disassociation between themselves (older children) and "babies" (younger children). They emphasized the problems associated with younger children being exposed to smoke, particularly those children's very limited ability to speak up for themselves and lack of knowledge of the health risk. These types of concerns may have been prompted, at least in part, by the phrasing of questions by the researcher, who used "a 1 year old" as an example of an occupant who is a minor in vehicles.

## **6.6 Adults' and Children's Rights Associated with Vehicular Smoking Bans**

The rights issues involved in having a ban on smoking in cars were seldom discussed directly. Indeed, the participants rarely used the word 'rights'. They did use words such as 'choice', 'fair', and 'correct' though, and expressed judgments as to what should/not be allowed and what is right and wrong. The majority of their comments on these things related to notions of health rights and protecting children.

Some participants discussed rights in terms of people having a choice regarding their exposure to ETS. If their choice was not to be exposed, then they should be allowed to speak up for themselves. In practice, participants often felt



they could not speak up for themselves, and thus could not express their choice not to be exposed to smoke. The following quotations are examples of this:

It's like wrong because the baby doesn't have a choice to be in the car almost. (Focus Group 2, Girl)

The child it's like they can get harmed too and that's not really fair for the child because they don't really have a choice most of the time whether they're, whether they um go in the car or not because parents are going. (Focus Group 4, Girl)

It's not the children's choice they have to stay with their parents. (Focus Group 4, Girl)

You're harming a child who doesn't have a choice. (Focus Group 4, Girl)

Some participants noted that when driving with people who were not their families, they were the most unlikely to ask that their rights be respected. If a child is in a car with a smoking adult other than their parent, the participants felt that notions of respect and private property became factors inhibiting children's exercise of choice:

You would try to be more respectful because you're in their car and you're not family so they have the choice whether to drive you or not. (Focus Group 2, Girl)

The key idea expressed was recognition that children often lack the ability to distance themselves from their parent(s) while they smoke, and thereby are unable to exercise their choice to avoid exposure to ETS. For example, children

are generally compelled to travel with their parents, and under conditions determined by their parents. If parents smoke in a car, children do not have the choice to get out. Even though vehicular smoking bans theoretically make the need to voice an opinion redundant, the participants argued that children would not necessarily speak up for their right to a smoke-free vehicle, because younger children lacked the capacity while older children wanted to be respectful.

These concerns relate to the larger point, also articulated above by the participants: the right of the child to express their views is difficult to realize in practice. In the context of smoking in vehicles, this reflected the power dynamics between adults and children, rather than any lack of belief in a child's right to a healthy environment. The following quotations speak to how those rights were understood:

If it is harming someone else then they [politicians] should be allowed to [pass the law]. (Focus Group 2, Girl)

It [the ban] is correct because it like saves people's lives from getting cancer. (Focus Group 3, Boy)

It [smoking] is not really fair to the child because they're not even old enough to know it's bad to them and their weak system. (Focus Group 4, Girl and Boy)

Given the difficulties children encountered in expressing their choice to be smoke-free and their rights to health, the participants explained that adults should know better and put effort into protecting the children. The need for greater adult responsibility reflected the adults' capacity to make decisions (e.g. about when and where smoking should occur), their tendency to know more than children, and their greater capability to voice their opinions. The following quotations explain this:

Researcher: So do you think it's ok to ask a smoker to stop when it's their car?

Girl: I'd sorta say I'd probably not because it is their car and if they are doing something wrong they should know stuff. (Focus Group 1)

Researcher: What would you think if you saw a 1-year old baby in the backseat when the driver was smoking?

Boy: I would think that um that the adult is not very responsible and is making a bad choice for the child. (Focus Group 2)

Even though adults were more influential in decision-making than children, the participants felt that adults should explain their decisions around policymaking to the children, especially when it concerns them. A girl in focus group 2 explained that politicians should give children "a little bit more perspective... or allow us to at least understand what the decisions they are making for us" are. If they were going to be included, they wanted the issue explained to them in order for them to make a good decision. Even if they were not going to be included, they wanted the decision to be explained to them anyway.

It also may not be socially acceptable even for adults to tell smokers to stop smoking (Focus Group 4, Boy) because of respect for rights to autonomy and private property. The view that government should have less involvement in the everyday lives of citizens came through in the views of the participants to a limited extent:

Boy: Because it's their own choice to make that poor decision like if you, you can't affect their choice.

Girl: But as soon as they are forcing it on others who cannot willingly voice their own opinions like three year olds then you should have some say [to stop the smoking]. (Focus Group 2)

We don't want to be controlling like everybody, right? We don't want to have like spy cameras in houses because that'd just be like really weird. So we do want to still give people their freedoms. (Focus Group 4, Girl)

The idea that government might go too far with this smoking ban and start to control the people was expressed. Some participants felt that some laws would go too far in their attempt to protect victims and therefore infringe on individual rights. They framed this as “controlling” or “it’s their [the smokers] own choice”. They still circled back to the need to protect children’s right to health though, which seemed to trump these other concerns. As a girl in focus group 2 explained, smokers can force health problems on others via their smoke, which in her eyes was wrong, especially when the “others” are children unable to voice their own opinions.

### **6.7 Exclusion and Inclusion of Children in Political Discussions**

One common complaint of the participants was that they were not included enough in political decisions. They felt it is especially important to listen to the children and youth when the issue involved affects them (Focus Group 2, Boy). The view came out that the politicians would not understand the problems needing to be fixed if they have not discussed them with the people most affected – in the case of the vehicular smoking ban, the children and youth. The following two quotations are examples of this:

Because like how are they [politicians] to know what needs to happen to protect us when they don't know what is happening to us by not talking to us? (Focus Group 3, Boy)

I think they [politicians] should ask what the kids think because um they won't like fix the problem unless they learn the little problems that they have to fix in order to make the law perfect. (Focus Group 3, Boy)

One participant expressed the view that the politicians probably do not want to talk to children and youth "because they [politicians] don't think... we understand the issue fully" (Focus Group 3, Boy). Another stated: "We're not robots... They should leave it up to us a little bit more. And give us a little bit more perspective or allow us to at least understand what decisions they are making for us" (Focus Group 2, Girl).

Using parents to relay the opinions of children was not thought to be a good solution to the problem of children's participation in political processes because "they might change [our words] a bit when they tell the government to like a bit more to their side or like forget something that we say" (Focus Group 3, Boy). Many participants thought getting children and youth directly involved would be better through surveys or a separate youth vote. One participant felt it was very important for young people to get involved and be included in the political process:

If you want to change you got to act on it... I know my family does this a lot - they wait for the other politicians or like protestors to get their point in to the government for them. So I, but I think it's important that if you want it to happen you need to act on it. (Focus Group 3, Boy)

At the end of the focus group discussions, the researcher led an exercise that involved communicating with decision-makers regarding Alberta's recently-enacted vehicular smoking ban law. Specifically, she led the participants in writing a letter to the most relevant Members of the Legislative Assembly. It was a participatory action exercise for the participants to summarize their opinions around the vehicular smoking ban. Each group wrote a separate letter.

The participants expressed in a concise form what they had discussed in the groups: that the ban will save lives; it will make cars cleaner; it will help smokers quit; and it helps drivers be less distracted. The letters they wrote also delved into why children are important to listen to: children are future voters; they are the ones with the experience of the issue in question (ETS exposure in vehicles); and they understand the problem and want change.

At some points the participants debated between each other which points were most relevant and interesting. They wanted to catch the politicians' attention and try to ensure that they listened to the participants' opinions. If one of the participants said something interesting or unique, the other participants encouraged that to be included in the letter:

Girl 1: Because some of us that are getting killed could be future politicians

Girl 2: Yeah, you never know.

Girl 3: That was a pretty good answer. I like that answer. Lets go with that answer.

Girl 4: That was a sophisticated answer.

Girl 5: That'll put some sophistication in our letter.

Girl 2: And those politicians really care about other politicians.

(Focus Group 1, All Participants)

Each group was brought together with the letter writing exercise, working in a team to summarize their opinions on the smoking ban. At times the

participants tailored their answers to what they felt was more “sophisticated”, but the letters they wrote were mostly reflections of the same opinions expressed during the previous discussions without modifications. Overall, the participants agreed with the smoking ban because they found it unpleasant to be in a vehicle with smoke and were concerned for the damage it would cause to their health. They also felt that they could not speak up for their rights in this issue or in many issues that affected them and wished for more inclusion in political decisions – using the letter as an attempt to introduce the validity of their opinions in policy. Before and after the focus groups, the participants expressed an interest in finding out if the politicians would respond to their letters. It was obvious that this was a unique or unusual experience:

Researcher: At the end we will write a letter and I’m going to send the letters to the politicians.

Girl 1: Actually send them?

Researcher: Actually send them; real letters that you guys write to the politicians at the end of the summer - so the end of August when I’m done all the focus groups.

Girl 1: So will you get letters back?

Researcher: Maybe.

Girl 1: That’d be cool if they sent them to us though. Be like ‘they sent letters back.’ (Focus Group 4, Girl)

The Premier’s Office and the Government of Alberta did reply to the letters with a generic letter that could not be forwarded to the participants because of the anonymous nature of their contributions. All the letters and the response are included in Appendix F and G.

## 6.8 Conclusion

The four focus groups with 23 participants had six themes that emerged and are presented in this chapter from most- to least-discussed. The participants agreed with the ban and often described the law with variations of the word “safe”. Since the law is intended to protect children, the participants felt it was worthwhile. One participant even compared smoking around children to killing somebody with a gun – which shows how vehemently he agreed with the legislation. The participants understood the hazards of ETS and believed smoke and smokers were dirty, smelly, and possibly lazy. Positive descriptions of smoking were never used. Even with knowledge about the dangers of ETS and strong opinions, the participants still felt uncomfortable expressing their opinion to smokers while asking them to stop. The main reason given was that it would be disrespectful to do so. This discomfort also contributed toward the feeling that children were excluded from political participation. Some participants felt it was because policy-makers did not believe children were competent, while others felt it was because it was too much effort for the policy-makers. Rights were rarely discussed, but, when they were, the participants disassociated themselves from “other” younger children who do not have a choice when they are in vehicles with smokers.

The focus groups showed that children do have the knowledge to express an opinion from a relatively young age (the youngest participant was 10 years old, the oldest was 18 years old). Even though the opinions expressed here overwhelmingly agreed with the legislation, the participants still felt they should be consulted by policymakers since they will one day be adults and maybe even politicians. Unfortunately, the letters they did write during this research were not taken seriously and were merely responded to with a generic letter echoing the participants’ previously expressed concerns about not being included meaningfully.



## **Chapter 7 Discussion and Conclusion**

### **7.1 Chapter Overview**

This research aimed to understand the views and interests of children and youth in the area of vehicular smoking bans, and considered the extent to which these views had been sought after and considered in previous discussions of this policy initiative in Canada. It also strived to understand the rights involved with this type of regulation, including health rights and the rights of children to participate in decision-making processes that affect them. A child-centered approach was used to explore these issues, specifically incorporating participants in Alberta where the legislature had recently voted for a vehicular smoking ban and the issue was thus still topical.

In this chapter, the three research objectives will be reflected upon in order to understand what has been discovered, with particular focus on health rights. In section 7.2, objective 1 (the ways rights are acknowledged and discussed) is discussed with reference to findings from both the print media articles and focus group discussions. Section 7.3 centers on objective 2 (how children and youth are represented in print media) using only the print media article results. In section 7.4, objective 3 (opinions of young people with regards to vehicular smoking bans) is discussed using only the focus group discussions. Finally, section 7.5 wraps up this research by considering the meaning of the results for policy recommendations and geographical sub-disciplines, reflecting on the research methods and limitations, and exploring options for possible future research.

### **7.2 How Rights are Acknowledged and Discussed**

The first objective of this research was to explore the ways in which rights, particularly children's rights and health rights, are acknowledged and discussed with respect to vehicular smoking bans. Children's rights are protected under international laws such as the *UN Convention on the Rights of the Child* (1990), which is "the first legally binding international instrument to incorporate the full range of human rights – civil, cultural, economic, political, and social rights"; it

sets out “the basic human rights that children everywhere have” in 54 articles and two optional protocols (UNICEF, 2005, Para 3 and 4). It is up to the individual States that have ratified this document, including Canada, to uphold these rights.

Health rights are an international focus of law and policy since the WHO *Constitution’s Preamble* (1946) stated that the enjoyment of the highest attainable standard of health is a fundamental right of every person. Since then the *Universal Declaration of Human Rights* (1948), the *International Covenant on Economic, Social, and Cultural Rights* (1966), and *Resolutions 2002/31* and *2003/28* from the OHCHR (2008) have reinforced the right to health for all people. In addition, there are also international laws and policies that outline how to improve children’s health. Goal Four of the *UN Millennium Goals* (1990) strives to reduce child mortality rates. The *Global Strategy for Women and Children’s Health* (2010) aims to improve children’s health through focusing on women’s health. The *Framework Convention on Tobacco Control* (2005) focuses on efforts to improve health through tobacco control. Lastly the *UN Convention on the Rights of the Child* (1990) also recognizes and protects children’s right to health (Article 24). Rights, including health rights, have been more recently applied to discussions of smoking bans in the *Framework Convention on Tobacco Control* (2005). For the purposes of this research, Article 8 of the FCTC sets out how to protect people from exposure to tobacco smoke or ETS in indoor workplaces, public transport, indoor public places, and, as appropriate, other public places (WHO, 2003). This set of international laws protects children’s health rights – but it is the responsibility of ratifying States to implement policies to uphold these laws.

Data from both the print media articles and the focus group discussions are relevant to this objective in order to understand how Canadian media and focus group participants in Edmonton discuss rights in the context of vehicular smoking bans intended to protect children from the harms of ETS exposure. The goal is to gain an understanding of how Canadian society outside of legislative

environments views rights, and to estimate the relative importance of rights in the context of this specific policy.

Overall, the majority of the data collected from both the print media and focus groups did not contain overt discussion of rights. References to rights were used relatively sparingly and were not the dominant subject in either data set. Although international and national law contains many protections for rights this does not seem to translate into frequent discussions of rights in the context of vehicular smoking bans in Canada. There was a marked disconnect between rights and how this policy issue played out at the grassroots level. Even in a society with characteristics in keeping with the political assumptions behind rights (Blomley and Pratt, 2001) – i.e. a high income, democratic capitalist country – policy discussions and claims of wrongdoing are not necessarily based on rights.

### **7.2.1 Rights in Print Media Articles**

Newspapers, along with other media sources, do not simply report on the world; “they guide the reader as to how they should interpret events, what is considered newsworthy and significant, and how to understand the values and concerns related to this issue” (Smith et al., 2002, p. 8). The analysis undertaken for this research does not lend itself to an interpretation of how the English-language print media in Canada portrays vehicular smoking bans overall; rather, it focuses first on how they choose to portray rights (or not) in this context, and second on how they portray children’s opinions (or not). This is to gain a better understanding as to what is being shown as significant and what importance is attributed to rights (and later, children’s opinions) in this context.

By simply passing a law that dictates that smokers may not smoke in a certain location, the government is taking steps to protect the right to health (Katz, 2005). This legal ban provides formal support for rights (Chapman, 2007). In the print media, this was not how the ban was portrayed. Overall, the vast majority of the articles in the sample discussed the vehicular smoking bans using a variety of topics other than rights. This lack of focus on rights shows that Canadian

newspapers do not consider issues of rights to be significant or newsworthy in this context. It may also suggest a more general societal disinterest or lack of awareness in health rights and children's rights in the context of this smoking ban. The cultural context within which these discussions took place may contribute to this – the high income country of Canada where human rights are generally protected and not considered under threat. With respect to children's rights in particular, Gran (2010) gave Canada one of the highest scores for realization. Canada's achievements in this area, relative to other countries, may encourage a sense of complacency (i.e. that enough is already done to protect children's rights).

Focusing on how rights are discussed in the print media could create the illusion that a lot of people do not agree with vehicular smoking bans – in that the majority of references to rights were invoked to argue against the bans (92 references out of a total of 158 – i.e. 58%). This is somewhat inaccurate since several surveys have found the vast majority of the general population is in favor of the bans. A 2007 survey found 82% of Canadian adults – including 81% of Albertans – agreed with and wanted vehicular smoking bans (Canadian Cancer Society, 2007). In an ITC Four Country Survey, 74% of Canadian smokers supported such bans (Hitchman et al., 2010). The emphasis on adult rights invoked to oppose the bans may convey an exaggerated sense of controversy. Conversely, the print media could be focusing on the opinions of the minority in order to give a voice to that side of the debate (although determining the underlying motivation for print media reports is well beyond the scope of this research).

In this study, the quantity of articles acknowledging adults' rights may guide the reader to believe children's rights are less significant in regards to vehicular smoking bans: 88 articles mentioned adults' rights compared to 21 articles which mentioned children's rights. Therefore, within this section of the data set, children's rights are portrayed as less important or relevant than adults' rights. The comparative lack of focus on children's rights, which suggests a lack

of interest, is not consistent with the international law recognizing and protecting those rights (including rights to health and participation in matters concerning them), and Canada's support of these standards through ratification (e.g. of the UNCRC). Conversely, the way children's rights are discussed in the relatively few articles which acknowledge them suggests that protecting children from harm is a social ideal in Canada. Chapman (2007) noted that opposition to vehicular smoking bans has been subdued because of already existing requirements to protect children from harm in vehicles (such as the use of car seats). Rights assist in creating social standards for protection of individuals (Johnson, 2008), including protecting against health harms.

When guiding the reader as to how to interpret the events, the media tends to emphasize "dramatic elements, heartstring issues, or controversy" to create an interesting news story (Smith et al., 2002, p. 8). Adults' rights were more varied with seven types compared to the two types of children's rights. The variety of adults' rights, which range from ones used to argue in favor of vehicular smoking bans to ones used to argue against vehicular smoking bans, leads the reader to believe that discussions of adults' rights are more controversial and most likely believed to make the discussion more interesting for print media. This creates more avenues for discussion and more chances to include opinions that could create arguments. It could also give the reader the incorrect impression that adults' rights are more important though because they are mentioned more frequently, and in more detail (i.e. there is a variety of arguments to choose from when discussing adults' rights). The print media's conceptualization of children's rights is much simpler and they are only invoked to support the bans; perhaps because it is difficult and/or inappropriate to conceive of children arguing in opposition to measures that protect their health. Considering the subject, it is not surprising that health rights for children are focused on rather than other types of children's rights – but this portrayal conveys to the reader that only health matters in this case, not their rights to express their opinions and participate.

Rights invoked to argue against the smoking bans – specifically issues of autonomy (both generally and specific to smokers/parents) and invasion of privacy (quotations 4 to 15 in section 5.2.1) are relevant in part because of the location of the ban: privately-owned motor vehicles. The car seems to symbolize private space for some people who feel they have rights of autonomy within it. This would indicate that, although the law clearly regards the car a legitimate site for extensive public regulation (Saltman et al., 2010; Chapman, 2007), adult owners do not necessarily agree. These rights-based objections convey an emotional response toward government ‘interference’ in space that is privately owned even though these claims are rendered problematic by the extent of existing public regulation of motor vehicles – little factual support is provided for these arguments.

Rights-based objections do not focus solely on the rights of vehicle owners, but also on the (supposed) potential for this type of ban to set a precedent for subsequent legislation that could encroach further on privacy, autonomy, parental authority, and smokers’ rights. This ‘slippery slope’ concern can be seen in quotation 5 (section 5.2.1) which emphasizes that this most recent extension of smoke-free laws will make a ban on smoking in private homes more plausible and perhaps inevitable. This emotional response also disregards that fact that a vehicle is already in an altered position of being effectively regarded as public space under the law in order to protect others (Chapman, 2007).

In conjunction with the arguments outlined above, adults’ rights were invoked to explain that smoking and parenting are private and self-regulated behaviors (smokers’ rights, quotation 11, 12, and 13 in section 5.2.1; parents’ rights, quotation 14 and 15 in section 5.2.1). The key claim here was that individuals should be able to choose how to raise and protect their children rather than being required to follow a model prescribed by the State (Jarvie and Malone, 2008; Reynaert et al., 2009). These arguments disregard the idea that parenthood is no longer a possession gained from the birth of a child; it is a process which comes with responsibilities based on the rights of the child (Reynaert et al., 2009).

It is also important to note that there is no fundamental right to smoke.

Regulations merely encourage specific responsibilities that are already in place, such as protecting children from harm to their health, which supersede the adults' autonomy to jeopardize their own health (Jarvie and Malone, 2008).

Only three out of the nine types of rights related directly to health – adults' health, adults' hierarchical, and children's health accounted for 25 out of a total 158 references (15.8%). These three types either directly acknowledged health rights or discussed the right to health being more important than other rights. This was a surprisingly weak health rights framing, since the main motivation behind smoking bans is to prevent illness caused by inhaling ETS. These references were usually basic explanations of health being an important aspect to protect with this ban and usually consisted of no more than one sentence. This could be evidence that health benefits of smoking bans in Canada have become common knowledge and therefore their relevance to supporting smoking bans is no longer thought of as an interesting addition to arguments, especially not in print media where controversy is overemphasized. Health and therefore the rights attributed to protecting it have become redundant to the discussion. This could also be a signal of how Canada has been limited with the implementation of these rights beyond the health care system. This is most likely because of the fragmentation of programs and projects, since health is largely under the jurisdiction of the provinces (Government of Canada, 2001; Government of Canada, 2009). If these rights had been implemented more extensively, perhaps the discussion of them would have permeated more into print media.

When statements about rights are made in the print media, there are no references to international treaties, domestic policies, or research. Rather, rights are framed as matters of opinion. 'Professional' individuals are sometimes used to support statements made about rights in the articles, but interestingly they are not quoted as providing specific details. For example, the Alberta Civil Liberties Association representative in quotation 6 (section 5.2.1) does not make reference to specific incidences of giving up privacy or how it has come to pass that 'there

aren't any private places anymore'. Instead broad statements are used in the article as support for a particular rights argument: namely, that vehicular smoking bans are an inappropriate intrusion on the right to privacy. This occurs throughout the data in other claims made about rights.

Health rights particularly have explicit and detailed support in international law. One individual in particular uses the expression "the right to protect his or her own health" (quotation 20 in section 5.2.1). This is consistent with, for example, the Preamble to the WHO's *Constitution* (1946), which states that the enjoyment of the highest attainable standard of health is a fundamental right of every person. More specifically, it could be supported by reference to Article 8 of the FCTC, which states that everyone should be protected from exposure to tobacco smoke. Neither these nor any other regulations are referred to in the article to support the argument that individuals have the right to protect their own health.

This lack of evidence is perhaps understandable given the limitations on space in print media articles; if specifics were used to support these opinions though, it might be clearer to the reader which arguments had merit and which did not. For example, although there are rights protecting private property, there are no property rights in Canada that take priority over the right to health. There are also no rights set out in national or international laws that give smokers the right to smoke around others, even in the privacy of their own homes or cars. However, there are many legal protections for the right of every person to have highest attainable level of health. No aspect of this legal/moral framework is mentioned in the print media articles to add context and background to the arguments about rights.

### **7.2.2 Rights in Focus Group Discussions**

A human rights approach to health not only encourages States to act to protect the rights of their citizens (through health related legislation such as vehicular smoking bans), but it also empowers citizens and enables them to change their



condition of vulnerability (London, 2008). In the case of vehicular smoking bans, children would be empowered to influence their vulnerability by having support to ask smokers to not smoke around them in vehicles. Despite that, rights issues associated with vehicular smoking bans were seldom discussed directly by participants in the focus groups (see quotations in section 6.6). Instead of using the word ‘rights’, they used words such as choice, fair, correct – and expressed judgments as to what should/not be allowed and what is right and wrong. There was a sense in which the participants lacked experience in the use of jargon such as rights, and express related ideas in a simpler way if at all. On those rare occasions when participants directly invoked the notions of rights, they did in support of the ban, typically for reasons related to health. Even with this interpretation there was little discussion.

Perhaps for the focus group participants the realization of rights is not a concern for themselves, particularly health rights. This could be a characteristic of the social group the participants belonged to. All participants were from University of Alberta youth summer sports camp, so were likely to be from medium- to high-income households (given that a fee is charged for involvement) and to be health-oriented (given the focus on athletic activity). As such, they may be less exposed to ETS than other groups of children the same age. Smokers and non-smokers from high-income areas tend to understand and agree with the research that has found ETS is bad for children, and wish to provide positive role models for their children to ensure that the habit of smoking is not passed on to the next generation (Hitchman et al., 2010). The participants disassociated with the issue, and instead focused on the suffering of “other” children and youth as if the issue of health risks of ETS exposure and related health rights concerns did not apply to them personally. Of particular concern were the rights of very young children, who could not be expected to understand health risks associated with ETS exposure, and could not be expected to advocate for their own health. The basic understanding that the participants had about the interests and potential suffering of “other” children and youth could be a foundation for encouraging

responsible, participating adult citizens (Hart, 1992). It has been argued in the literature that even when certain rights are not a priority, knowledge and increased education of their rights helps children become more respectful of others, increases their understanding of their rights and responsibilities as citizens, and helps them gain more self-esteem (Covell and Howe, 2007).

Research from the UK has recorded that children's concern over being exposed to ETS increases with age but that they are still reluctant to take direct action and remove themselves from the situation (Woods et al., 2005). In addition, it found that children tend to rely on their parents and other adults to protect them from harm instead of speaking up for themselves (Woods et al., 2005). In this research, the participants recognized that children often lack the capability to distance themselves from their parent(s), and therefore are unable to exercise their choice to avoid the ETS. They also acknowledged that there may be particular difficulties associated with exposure in cars where parents or other adult authorities are driving because, as a girl in focus group 4 stated, children "have to stay with their parents" (section 6.6). Overall, they conveyed the view that the health of children is not necessarily prioritized in practice, and that children often find it difficult to speak up for their interests when they are being infringed upon. At a more conceptual level, some participants expressed an understanding of a hierarchy of rights, and prioritized health rights over others. For example, they explained that it was wrong to smoke around a baby even if it is in someone else's private vehicle (see quotations in section 6.6).

Adults – and adult-dominated institutions such as legislatures – also have a duty to protect children's rights. Indeed, it is worth noting that the variety of international treaties, declarations, norms, and standards which recognize children's rights were all written and agreed to by adults. Despite this, the realization of these rights in practice needs to occur on a more grassroots level. Is it the responsibility of adults to protect these rights or should children just be given the space to realize these rights? Some believe that adults try to diminish the importance of children's rights because they desire to keep children in an

“imposed and prolonged dependence” in order to keep control (Freeman, 2007, p. 7). The participants stating that it is the adults’ responsibility to protect children’s rights (quotations in section 6.6) could be a manifestation of this attempt to prolong dependence. The contrasting view is that parenthood should be a process where the child is taught to become more and more competent to the point where they are capable of exercising their rights autonomously (Reynaert et al., 2009). From this perspective, adults aid in children’s expression of their rights, but children have an active role to play too.

The participants often stated that children did not have a choice to be exposed to smoke because they had to respect adults’ choices to smoke, including in their own vehicle. At the same time, it is important to note that other participants suggested they could voice their concerns about exposure to ETS in cars, although they needed to proceed tactfully by expressing their opinions using facts and references to laws rather than emotions (quotations in section 6.6). Children’s rather limited agency with regard to this exposure was also highlighted by strategies such as covering their noses and mouths, or opening the windows. All of this was an attempt to protect their health while not encroaching on adults’ authority or their choice to smoke in private vehicles. Overall, children’s right to express their opinions in matters concerning them – as guaranteed by UNCRC Article 12 – was not realized in practice with respect to ETS exposure in motor vehicles.

This is consistent with research suggesting that while Article 12 is accepted as a principle of international law, children are not being supported in expressing their views, and find it challenging to accomplish alone (Kelley, 2006). The respondents’ accounts of respect for adults’ choices suggested a powerful social hierarchy that is relatively unaffected by international legal norms. Research suggests that adults believed that allowing children to participate in decision-making or express their opinions more openly would result in the authority of adults not being respected (Lansdown, 2011; Lundy, 2007). Case studies about rights education in schools show that once children are taught to

understand rights, they respect other people more (Covell et al. 1999; 2001; 2002; 2007). It is clear that these participants already respected adults; further education and encouragement to express their rights would be unlikely to change this and would instead most likely lead to children feeling more confident and comfortable expressing their opinions (including opinions about their rights) to adults.

In Hart's model of participation, childhood is felt to be a time to learn skills and responsibilities involved in adult citizenship (1992). Participants in this research did not generally use rights 'jargon', which is a formal aspect of citizenship, but discussed (in relatively simplified ways) related ideas about choice, fairness and morality – thereby illustrating some understanding of the underlying concepts (see quotations in section 6.6). Canada is a high income country and an early ratifier of the UNCRC, with a high score on Gran's (2010) Children's Rights Index of 30. However, with respect to the right of participation, which is particularly relevant to this study, UNICEF (2009) reports that in Canada's funding has been diminished for public consultation on children's issues as well as for organizations that advocate for children and that UNCRC Article 12 is not specifically encouraged by federal or provincial policies. Although most Canadian children have generally good living conditions, access to free public schooling, and freedom of speech, they are not encouraged to participate in political discussions or taken notice of when they express their opinions. Participants in this study explained this situation with reference to their own experiences.

All the participants lived in Canada, a country that has ratified and accepted the UNCRC along with all international legal protections for health rights (see Chapter 1). In principle this should mean that children are protected from ETS in all spaces of everyday life. Older children, capable of expressing their opinions regarding ETS, should also have their views and concerns listened to and taken into consideration by adults and public institutions. In practice, neither of these situations exists in a routine way, and moreover the children and youth in this study were unaware that they could/should expect these rights. This

is broadly consistent with reports of Canada's lack of commitment to help children express their opinions (UNICEF, 2009). If the federal and provincial governments of Canada had promoted children's rights, then normal child citizens, such as the participants, would know more about their rights and understand how to express them and also to appreciate when they are being infringed.

### **7.3 How Children and Youth are represented in Canadian Print Media**

The second objective of this research was to determine how children and youth are represented in Canadian print media reports about vehicular smoking bans. Children are directly affected by legislation prohibiting smoking in vehicles when they are present – the law specifically seeks to protect them against ETS exposure in this confined environment (see Alberta's *Bill 203* as an example) – and Article 12 of the UNCRC requires children's participation in decision-making in such circumstances. Adults are also affected, in that their potential behavior is regulated by these laws, and they are also subject to penalties for non-compliance. In this sense, the bans are potentially of broad public interest; consequently many views should be considered – even the participants expressed this in the focus group discussions (see section 7.2.2 and quotations in section 6.6).

In conjunction with the analysis of rights, a study was conducted of how children's opinions were conveyed in the data set of 463 print media reports. A central concern of this research was the degree to which children's opinions were incorporated in print media reports around the legislative trend of vehicular smoking bans, as this reflects the extent to which children are viewed as members of the public when it comes to deciding new policies. Children's opinions were referenced just nine times in the 463 articles – a percentage so low as to suggest children's viewpoints are deemed unworthy of genuine consideration. By contrast, all of the articles referenced adult opinions in one or more ways – e.g. conveying the thoughts of interested professionals, politicians, members of the public, and/or the journalist authors. As noted earlier, there appear to be no

fundamental social norms to include children in discussions because there is “no expectation that children recognize or exercise their rights on their own behalf” (Johnson, 2008, p. 115-116). Instead, adults are regarded as the ones to protect children’s rights and well-being.

Children “have a unique body of knowledge about their lives, needs and concerns, together with ideas and views which derive from their direct experience” (Lansdown, 2011, p. 5). This knowledge, when contributed to policy decisions, can create insights that were not understood or conveyed by adults. An example of this from other research related to keeping pets in an area where non-indigenous animals were forbidden – none of the adults felt this was important, but to the children, missing out on having a dog was a significant loss to them (Cunningham et al., 2003). Insights such as this can be developed and expressed with media and shared with the public, especially in today’s age of social media. Including the opinions of children would help readers of print media to see the issue from the subjects’ points of view. Unique perspectives from this research will be explained in section 7.4, but the opinions of children in the print media articles make it evident that being exposed to ETS in vehicles still is an issue in Canadian society overall. Using the YYS data, Leatherdale and Ahmed (2009) found that, 4.6% of participants were exposed in vehicles on a daily basis, and 28.1% were exposed to smoking while in a vehicle at least once a week. This shows that Canadian children were still being routinely exposed to ETS in vehicles as recently as 2006. The five articles in which the adult writers indirectly expressed children’s viewpoints, by reflecting on their own childhoods, highlighted that exposure to ETS in confined vehicles with smoking adults has occurred for generations.

Only four of the nine references to children’s viewpoints were direct – specific quotations from a person under the age of 19. In the four articles where these direct references appeared (see quotation 31, 32, 33, and 34 in section 5.3.1), they contributed a minimal amount of the total content. From these numbers it seems obvious that children’s opinions on vehicular smoking bans

were not considered important by print media – these findings are consistent with the lack of emphasis placed on children’s rights in the same data set. Even though this ban relates directly to the health and interests of children, their opinions and rights are not the focus of discussions.

The direct quotations were all examples of genuine participation according to Hart’s Ladder of Participation (1992). Two were examples of child-led initiatives (quotations 31 and 34 in section 5.3.1) taken from children who have organized and run a demonstration to express their opinions about the ban, albeit with the assistance of adult facilitators. This is consistent with rung seven and eight in Hart’s model (1992). Even in this context, the children were given only a few lines in each article. The other two quotations were examples of assigned participation led by adults where the children were informed about what their opinions were contributing towards (quotations 32 and 33 in section 5.3.1). These received even less space, and were presented in the form of very brief snippets of children’s opinions. Both were campaigns run by adults in order to increase awareness of children’s exposure to ETS in vehicles. The children’s participation was an attempt to include the victims’ opinions in the message in an attempt for it to be more influential than adults explaining why the exposure is undesirable. This is not tokenism because the entire campaign was based on the children’s opinions so that they could influence the creation and acceptance of vehicular smoking bans.

Five of the references were indirect – quotations to explain a child’s opinions through the voice of an adult. As with the direct references, the indirect quotations contributed a minimal amount of the content. Four of the cases involved adults (either authors or interviewees) relaying their experiences as children (quotation 35, 36, 38, and 39 in section 5.3.2). Although these adults may have a clear memory of being in a car with a smoker as a child, they are now inputting the knowledge and experience of being an adult into that memory. The final quotation was a journalist observing children’s behavior (quotation 37 in section 5.3.2). Even this quotation involved the author adding a superficial

example of what may not be authentic emotions and opinions during a school assembly. These examples are not representative of the current generation of children, which the vehicular smoking bans aim to protect.

Similar to the expressions of children's rights, all nine expressions of children's opinions were in support of the ban. From the content of the surrounding articles, it appears that the policies under consideration had already been determined or were close to being finalized. There was no indication that children had been involved in the participation process. Only once the law-making process was well-advanced were children's perspectives given even minimal consideration. If the proliferation of smoking bans across Canada is taken into account, it appears that provinces and municipalities 'learn' quickly from other areas enacting similar policies (Nykiyoruk et al., 2008) rather than from a desire to involve children in decision-making, or to protect their health rights. It does not seem unreasonable to conclude from this that adults alone debate and determine public policy around smoking bans in Canada.

The above analysis supports the finding in UNICEF's (2009) interim progress report on the implementation of the UNCRC that Canada is lacking in its support for Article 12. The report specifically states that "it is still unusual for children and young people to be called as witnesses when bills that affect them directly are discussed in Parliament or in a Legislature" (UNICEF, 2009, p. 59). The report also states that Canadian media is deficient in informing children about issues of interest to them, and expressing the opinions of children (UNICEF, 2009). This research affirms these comments regarding the media's limitations in this area.

It could be argued that children are not participating or expressing their opinion in Canada and therefore there is little for the media to take notice of. Even if this is true, the UNCRC Article 12 makes it clear that States have an obligation to encourage participation, and it is clear from the related research discussed in section 3.4 that participation can have very positive influences on children. In keeping with this, this research project included a further component to seek



children's opinions and encourage their participation in public decision-making via a letter-writing exercise which is discussed in the next section.

#### **7.4 What Young People in Edmonton Think about Alberta's Vehicular Smoking Ban**

The third objective of this research was to seek the opinions of young people in Edmonton with regards to Alberta's vehicular smoking ban. This was achieved through focus groups, which involved talking with young people directly and in some depth. The discussions were able to bring out the opinions of young people, and also the reasoning behind their opinions. As noted above, children's voices were essentially absent from print media accounts of vehicular smoking bans, so the focus groups provided insight not otherwise readily available.

##### **7.4.1 Participants' Opinions about ETS**

Three out of the six themes identified in the focus group discussions were children's opinions on topics relating directly to ETS (see sections 6.2, 6.4, and 6.5). This showed the participants' concern for and knowledge of ETS. They understood the dangers of ETS to their health, formed negative opinions about those who smoked around others, and the participants supported the vehicular smoking bans because of these factors.

The general consensus about smoking was dislike and revulsion at the associated smell and dirt (quotations in section 6.4). It was regarded as "smelly", "dirty", and "gross" – while some participants made tensed up frowns when imagining the smoke. Consistent with previous research, smell was mentioned often in association with cigarette smoke. Cigarette smoke can induce an olfactory-phobic response based on the smell being associated with illness (Tan, 2013). Although health side effects such as cancer and coughing were mentioned by participants, more commonly they discussed a visceral reaction to the smell. One participant's emotion response to confinement in a small space with ETS was

clear in her choice of words when she explained that it “feels inescapable” (Focus Group 2, Girl). Some participants explained that when travelling in a car they try to avoid the smell more than avoid breathing in ETS – even though they understand that inhaling ETS in any manner is harmful. The smell was repellant and something to avoid at that moment; exposure caused reactions based on the negative emotions involved.

It followed from the participants’ responses to and understandings of ETS in cars that a ban was beneficial and should be enacted. Only one participant was not sure about his opinion, based on previous discussions with his parents (see section 6.2). The remaining 22 participants supported the ban wholeheartedly. They felt that a ban on smoking in cars was an obvious way to make other children safe and that protecting their health was more important than protecting the individual choice to smoke in this private space. One boy made a profound analogy between murder with a weapon and harming with a cigarette (see section 6.2). To him, the case for the ban was just as self-evident: governments legislate to protect people from harm. This supports what appears to be the print media’s assumption that the health risks of ETS are known and therefore unnecessary to repeat when discussing vehicular smoking bans (explained in section 7.2.1). If the Canadian children can explain the issues with ETS easily then this knowledge has become common, redundant to explain further, and uninteresting for print media to use – but, as the boy in focus group 4 explained, it is possible to make the discussion about health risks contentious and interesting, especially when it comes to smoking in vehicles, by using metaphors to encourage a visceral response.

The participants related strongly to the children being protected with the law probably because they were also children. They comprehended the concerns that have been expressed by some adults about private property and individual rights, but agreed with the need to prioritize health over other issues (quotations in section 6.2). This is consistent with Katz’s (2005) argument that the right to life, and therefore health, is more important than the right to use private property and

other rights claims. All the participants, but especially those who had experienced ETS exposure in vehicles, expressed empathy toward other children who had to ride in cars with smokers. The Covell et al. studies (1999; 2001; 2002; 2007) discussed how children respect each other more when they can understand each other's rights. Through the experience of smoke, these participants reflected on what was the fair and right environment for other children when it comes to health and they agreed that upholding health above other liberties is best.

Their explanations show that these participants were informed about the issue of ETS in cars and understood some of the many facets of vehicular smoking bans. When deciding whether young people should participate and express their opinions publically, some adults have used the argument that children are less informed about the issues and therefore would be unable to make an informed decision (Lansdown, 2011). Although this is just one research example, it is clear that young people are capable of understanding complex issues, such as the health dangers of ETS, and applying that knowledge to a policy problem. Article 29 of the UNCRC supports educating children in order to ensure their expression of their opinions is well informed – it appears that in this case, these children are already sufficiently educated to provide an informed decision.

Even with the knowledge of the dangers and the right to express their opinions (UNCRC, Article 12), the participants did not feel empowered to speak up about smoking in cars in everyday life. They had to deal with exposure to smoke rather than asking the adults to eliminate the issue by extinguishing the cigarette. This was stressful and frustrating for the participants because they felt they could not control their environment. It was figures of authority, such as parents or guardians, who smoked around them and they felt they should not tell the adults to stop because it was disrespectful; they were therefore forced to be in an environment they knew was unhealthy (explained further in section 7.4.2). Government legislation banning smoking in cars would assist children by providing formal instructions to adults to cease smoking in this space, which was

one of the reasons the participants agreed with the ban (see quotations in section 6.2).

The participants seemed conflicted between their feelings for family members and the dislike of the habit that also causes them harm – especially when they made excuses for the adults such as smoking is addictive (see quotations in section 6.3). It did not change their opinions of the ban – they still agreed with it – but they refrained from telling adults their opinions for fear they are judging them too harshly. Percy-Smith (2010) believes that children should be encouraged to voice their opinions by adults and be supported when they participate in discussions – this will allow the children to feel valued. Focus group participants in this study pointed to a gap between this ideal and everyday reality, at least in the case of exposure to ETS in vehicles. Print media reports are also indicative of a general lack of support for or interest in children’s opinions on this issue.

#### **7.4.2 Participants’ Opinions on Expressing Views**

Out of the six themes from the focus group discussions, two of them applied to how to express opinions (in sections 6.3 and 6.7), specifically about ETS exposure, and the exclusion or inclusion of children in political discussions. Although these themes account for a small proportion of the discussions, the participants displayed passion for the issue of expressing their opinions, especially when they were able to write a letter to policymakers as a way to convey the points discussed during the focus groups.

When questioned if they would ask a smoker to stop smoking while travelling in the same car, most participants felt uncomfortable with the prospect because it would be “disrespectful”, as previously mentioned in section 7.4.1. This did not mean they did not want to express their views, they just did not know how to go about it – other than perhaps by being subtle or very polite (see quotations in section 6.3). The purpose seemed to be to remove the participant from responsibility for the opinion to avoid any reprimand. As noted in an earlier study, young people can be ignored or reprimanded when they complain to family

about ETS exposure in private spaces (Ashley and Ferrence, 1998). It was clear that the participants perceived that adults often had control and power over them, which reduced the ability of the participants to express their opinions. While this effect may not have been intentional, it evokes the notion that adults attempt to keep children in an “imposed and prolonged dependence” in order to maintain adult control (Freeman, 2007, p. 7). This is similarly manifested when the participants expressed that protecting children’s rights should be the adults’ responsibility (see section 7.2.2).

In the literature, a reason for this imposed dependence by some adults was their concern that any participation by children would lead to disrespect for adult authority (Lansdown, 2011). Although vehicular smoking bans remove adults’ legal authority to smoke in cars in which children and youth are present, participants in this study were concerned with ensuring they were being respectful to the point that it would hinder their future ability to express their opinions and request compliance with the law. Once adults give respect to young people for their opinions, young people are likely to further respect adults in return (Lansdown, 2011), while still being able to express their opinions. Encouraging children to become more involved, leads them to understand everyone’s rights and treating others according to respect for those rights (Covell and Howe, 1999; 2001; 2007).

One participant expressed that part of the reason for discomfort with expressing opinions and worry for disrespect was related to the space – the smoking takes places in the private space of someone else’s vehicle (see section 6.3). Since the space is private, there have been debates in the literature about whether it should be legislated; as discussed earlier in section 7.2.1, there are already laws specifically protecting children when they ride in vehicles – child car seat laws – which adults are required to obey and implement (Bauman et al., 1995). The health rights of the passengers, specifically children who are less able to express their opinions, are more important than rights to private property or autonomy. This is clear from international laws such as the UNCRC (1990) and

the *UN Constitution* (1946) that have both been ratified and signed by the Canadian government. Yet there is little evidence that health rights are a priority for day-to-day political decision-making in Canada.

Even though the participants were apprehensive about participating in political decision-making, they still believed it was important to do so. One participant said, “if you want to change you got to act on it” (see in section 6.7). It was agreed that politicians would not understand the problems needing to be fixed if they did not consult with young people. Some aspects of an issue may be understood, but other aspects would be omitted. For example, vehicular smoking bans appear to be created without consultation with young people, based on the media reports analyzed – the health issues involved with exposure to ETS are clearly understood, but the power relations between adults and children when it comes to how children can express their rights appear to not be. This same issue was clear in the discussion of how children’s opinions were excluded from print media articles (section 7.3), despite recognition elsewhere that children “have a unique body of knowledge” (Lansdown, 2011, p. 5). It was clear that the participants had this knowledge based on their own experiences and were frustrated because of their perception that it was not included by the policy-makers when creating laws.

One participant explained that politicians probably do not want to talk to children “because they [politicians] don’t think... we understand the issue fully” (see section 6.7). This relates to the popular misconception that children lack the knowledge to be competent participants in decision-making (Lansdown, 2011; Hart, 1992; Freeman, 2007). The UNCRC has aided in developing the image of the competent child to eliminate the image of a child as an object in need of protection (Reynaert et al., 2009). M. Freeman (2007) finds the competence argument illogical because the vote is given to virtually all people 18 and over regardless of their competence. In other words, the competency argument is not applied to adults’ right of participation; thus it is inappropriate to make it a requirement for children’s participation. In addition, there is ample evidence that

children can be knowledgeable about matters concerning their lives (see case studies in section 3.5.3). Indeed, in the focus groups for this research, the participants proved that they did understand the issues of ETS exposure, vehicular smoking bans, and policy-making. In addition, they articulated the need for adults to explain issues that affected children in order for young people to make informed decisions (see section 6.7).

The participants explained a variety of possible techniques for participating in political decision-making, such as surveys and focus group discussions. They wanted to make sure their views were being responded to; they did not want to take the time to express their opinions only to have their words manipulated to support a political agenda nor did they want to be included if it was just as a token with no meaning. In the literature, meaningful participation is clearly important – without it children often become fatigued and disillusioned (Sinclair, 2004; Percy-Smith, 2010). According to Hart (1992), any genuine participation as children will encourage meaningful participation later in life, because “it is unrealistic to expect them suddenly to become responsible, participating adult citizens at the age of 16, 18, or 21 without prior exposure to the skills and responsibilities involved” (p. 5). If people become involved in decision-making at a young age, they will learn to express their opinions throughout their lives, including in adulthood. Although this cannot be concluded from this research, the opinions of the participants to have their views taken seriously by policymakers are an indication that if policymakers encourage participation children will participate further.

The last activity – writing the letters – was the most enjoyable for the participants. This participatory action exercise allowed the young people to communicate the opinions they had expressed in the focus groups. After discussing how to be more included in political decisions, they felt it was “cool” to come up with “sophisticated” phrases that would impress the policymakers (see section 6.7). This was a short activity that kept their attention easily; unfortunately, they lost some interest when they found out that they would not be

able to hear back directly from the government because this was anonymous research. This fatigue or disillusionment would quite easily be repeated with participation in politics that lasts for an extended period of time (Sinclair, 2004). The response from the Government of Alberta (see appendix G) was just a generic letter. Also, since the ban has yet to come into effect as of April 2013, it is unlikely that the letters influenced the policy process.

## **7.5 Conclusion**

### **7.5.1 Policy Recommendations**

Vehicular smoking bans have been widely accepted in Canada as another necessary step to protect individuals from exposure to ETS. Although media reports were shown to express negative opinions about this legislation, the focus group participants (for whom this legislation was created to protect), believed it to be an important mechanism to save them from harm (see sections 7.2.2 and 7.4.1). They were grateful and fully endorsed this legislation being proliferated elsewhere. From this and previous research discerning how the public feels about vehicular smoking bans, it is clear that legislation protecting children in these confined spaces is deemed appropriate and possibly necessary by society, particularly in Canada. Further proliferation of this type of ban would support other children in parts of Canada and beyond that currently do not have this level of protection.

International laws that support health rights, such as the *WHO's Constitution* (1946), have been ratified and formally support by the Canadian Federal Government. This should logically mean that health rights are supported and incorporated into policy and in everyday life. This research shows that media and individuals do not necessarily focus on health rights in their discussions, even when the focus is on health related legislations such as smoking bans. This appears to be an indication that health rights are not focused on as reasons for legislation – even though protecting health may be quoted as a reason. An increased recognition of health rights and their implications for legislation and



policy would contribute to an increased awareness among the public. To do this, politicians could explain the reason for these laws in terms of the ‘health rights’ for citizens by using that specific jargon. Covell et al found that an increased education about rights encouraged awareness of them with school-age children (1999; 2001; 2002; 2007), perhaps a similar approach with an information campaign to the public would trigger similar results for health rights specifically.

It is clear from this research that children in Canada are not being included in policy-making and other decision-making as much as they would like or they should be. To remedy this, various policy changes could be made. According to the Sinclair (2004), the idea is to make the participation of children part of society as a whole – from organizations and agencies to government. A variety of case studies given throughout this thesis (see section 3.6.3) and direct quotations in the print media articles (see section 5.3.1) show different methods that can be used to involve children in policy-making – such as direct action by the child, consultation by the government, and volunteering with activist organizations.

A main theme from the literature is that participation must be quality involvement. Hart’s (1992) ladder focused on this in particular and so did the focus group participants. They wanted to be involved only if they were going to be taken seriously (see section 7.4.2). They suggested having focus group sessions, or surveys, if time were a constraint, to engage children and youth in policy-making – and not just with the provincial government. They mentioned issues that involved all levels of government (from federal through municipal all the way to school districts). Since the participants found it intimidating to express their opinions to adults in places of authority, it is understandable that activist organizations were a popular avenue for children’s involvement, but the children wanted to feel like they were contributing to government policy directly.

Consultation, similar to the Blue Mountain City future planning sessions (see section 3.6.3) where members of the public including children were brought in to explain how they would see the city in the future, would assist with this. Even a short survey or voting exercise done through schools could be advantageous in

collecting children's opinions. As a report from UNICEF (2009) stated, implementing mechanisms to support the participation of children in political and judicial decision-making should not be difficult with the appropriate political will.

### **7.5.2 Application to the Geographies of Health and Children**

Health geography focuses on the broad social causes of ill-health that are part of a space or place, also known as 'upstream' causes (Moon, 2009). Smoking and ETS are classed as possible social causes of negative well-being. Spatial smoking bans, particularly vehicular smoking bans, are the most recent step in the growing anti-smoking culture present in the high-income countries today (Chapman, 2007; Collins and Procter, 2011). Chapter 1 and 2 outline what is already known about ETS, tobacco control, and health rights, but there is a lack of literature discussing specific opinions of children in regards to vehicular smoking bans as well as a lack of a print media analysis of discussions of these bans in the Canadian context. An understanding of how health rights relate to spatial tobacco control methods is also missing.

Children's geography focuses on children's attitudes, experiences, and perceptions of environments (James, 1990). Since vehicular smoking bans are aimed at protecting children in particular, this issue could be viewed from their perspective in order to understand their opinions regarding the experience in a private space filled with ETS (such as a vehicle) and could be analyzed to determine how children's opinions were taken into consideration during the policy-making. Chapter 3 explores what is already known about children's right to participate while focusing on international law, but there is a lack of literature linking how vehicular smoking bans relate to these rights. An explanation of how children participate in the decision-making to create legislation that places restrictions on spaces for their benefit is also missing.

This research adds to the base of knowledge discussed above by collecting direct opinions of children about vehicular smoking bans and children's experiences of being in a confined space with ETS – such as techniques used to

avoid exposure, a preoccupation with the smell of smoke, and the participants' agreement with the law to make that space healthier for them to use. The focus on a particular location where the ban has yet to be put into force (i.e. Alberta) and on children's experiences of an unhealthy space makes it so that the research is relevant to the everyday and it contributes to existing sub-disciplines by exploring how health is experienced and what children experience in a specific space. It goes beyond this to understand how rights, both health and participation, factor into decisions around banning smoking in private vehicles.

### **7.5.3 Reflection on the Research, Methods, and Limitations**

This research expanded current scholarship on vehicular smoking bans in Canada through a focus on health rights and children's opinions on the topic. In so doing, it explored how international legal protections from rights influence (or do not influence) policy-making in a State (Canada) that is party to all relevant conventions and agreements. It is clear that in the context of vehicular smoking bans, there is little explicit recognition of health rights (perhaps because knowledge of the rights of ETS exposure is somewhat taken-for-granted) and no effective interest in seeking out – or listening to – the opinions of those children whose health is protected by such bans. These findings suggest that health rights, and children's rights, are not ingrained in public discourses in Canada. For example, it is not routine to incorporate children's opinions in print media reports or legislative processes, even in the case of an initiative in which the interests and protection of children are of foremost importance.

This research contained a unique print media search and analysis regarding vehicular smoking bans in Canada. Previously, media searches on this topic have been conducted in other countries, but none focused on rights or children's voices. The precise wording of search terms and narrowing of date ranges allowed for a clearly defined data set while still containing all relevant English-language articles on the topic. This exclusion of French-language articles could be addressed in future research. The focus groups were also unique in that

they directly sought children's opinions on the topic of vehicular smoking bans. Other research done with children related to exposure to ETS in general rather than specifying a particular place (in this case, a vehicle) and an associated geographically focused legislation intended to prevent exposure.

In addition to including French newspapers, a more comprehensive media review could also include other sources (such as social media, television, and internet sources). This could allow different perspectives to be identified. The analysis could also consider reports that did not mention rights to allow for an understanding of how vehicular smoking bans are conceptualized and debated in language other than rights. In order to expand the focus groups, young Albertans not participating in summer sports camps could be included. Given constraints of time and access, this research depended on this select group. Consequently, participants were likely to be from middle- to high-income families and to be health-oriented. If different summer camps were accessed, or schools in general during the rest of the year, participants would be more diverse. If the focus groups were expanded, the letter writing activity could become more involved as well. Media could be contacted to spread the opinions of the children and the politicians could be contacted individually as a follow-up – both the media and politicians responses could be analyzed to understand how the letters were received and whether they will be taken seriously, helping to understand if Article 12 of the UNCRC is being adhered to.

As the focus group research continued, the researcher gained experience and was able to improve her performance at recruiting participants – with time these techniques would have improved further. The researcher refrained from expressing her opinion to them and was able to make the participants comfortable. This ensured that as much data was collected as possible for a clear understanding. Each focus group was only 45 minutes, so the researcher attempted to encourage as much discussion by the participants as they felt comfortable with. Due to time constraints, only four focus groups could be completed. With that being said, there was a significant amount of repetition

between the four already done; perhaps data saturation was reached, but only the collection of more data would confirm this.

Vehicular smoking bans are another advancement in tobacco control that contributes to the increased protection of people from exposure to ETS. With non-communicable diseases being the most significant cause of morbidity or mortality in high-income countries and ETS exposure being one of the top causes of these diseases, Canada still needs to place emphasis on decreasing smoking rates. Clearly, protecting children from exposure to ETS is a priority in Canada, but governments should not become complacent and allow levels of exposure to rise further.

Even though policymakers had the best of intentions when introducing vehicular smoking bans, they did not include children in the decision. This research found that, even when the answers are anticipated to be predictable, adults still need to make an effort to include children in decisions that affect them. As Abraham Lincoln once said, “no man is good enough to govern another man without the other’s consent” (1854). Children may be under the age of majority, but they still have valid and relevant opinions for policy-making. The encouragement of their participation in issues that protect themselves as well as other children from harm in everyday spaces, will allow for the creation of policies that may not have been considered with only adults contributing ideas. This need for participation translates to other relevant policies for children.

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## Appendix A: Table of Causes of Death for Children in Canada

**Table 1: Causes of Death for Children in Canada, 2005-2008:**

<b>Top Cause of Death for All Ages</b>	<b>Total Number in 2005</b>	<b>Total Number in 2008</b>
Malignant Neoplasms (Cancer)	67,343	70,558
Major Cardiovascular Diseases	71,338	69,648
Chronic Lower Respiratory Diseases	10,515	10,923
Accidents	9,506	10,234

<b>Top Causes of Death for Infants</b>	<b>Total Number in 2005</b>	<b>Total Number in 2008</b>
Congenital Malformations, Deformations, and Chromosomal Abnormalities	447	414
Disorders related to Short Gestation and Low Birth Weight	224	256
Newborn affected by Maternal Complications of Pregnancy	170	150
Sudden Infant Death Syndrome	112	107

Sources: Statistics Canada 2005-2008

## **Appendix B: Email of Initial Contact and Attached Letter of Initial Contact**

EMAIL:

Dear (Insert Name of Organizer),

My name is Morgan Tymko and I am a master's student at the University of Alberta. For my master's research, I am interested in the views of children and youth about banning smoking in vehicles when they are present. As you may well have heard, Alberta has just passed a law to this effect.

I would like to know what children and youth think about this type of law, and about being exposed to tobacco smoke in vehicles. I think that these laws are often passed in the name of protecting children and youth, but their views are not always sought after or heard.

To study these issues, I would like to collect opinions from one or two groups of children and young people and then work with those groups to create a summary document to give to policy-makers (e.g., MLAs). Participation would be entirely voluntary.

I am contacting you initially to explore whether your summer camps would be interested in participating in this study. The exercises I have in mind would take 1-1.5 hours. I am flexible in terms of where and when it might occur.

If you are interested, perhaps we could meet in person, or talk on the phone sometime soon. My contact number is (Phone Number). You are also welcome to contact my supervisor, Dr Damian Collins, at (Phone Number).

My proposed research has ethical approval from the University of Alberta. As part of this, I am required to send you a more formal overview of my research, and this is contained in the attachment to this email.

I hope to hear from you soon,

Morgan Tymko



ATTACHED LETTER:

To Whom It May Concern,

I, Morgan Tymko, am a master's student in Human Geography at the University of Alberta. My supervisor is Dr. Damian Collins. I am interested in laws that prohibit smoking in private vehicles in which children and youth are present.

Such laws are currently in effect in seven Canadian provinces. As part of a Social Sciences and Humanities Research Council of Canada (SSHRC)-funded study, I am investigating if and/or how children and youth's voices are being listened to and heard by policy-makers that enact the private vehicle smoking bans.

I would be very interested in gathering the opinions of children and youth that participate in your summer camps and youth group and then work with them to create a document to give to policy-makers about their opinions. Their participation would greatly help me in understanding the dynamics of children and youth's rights in action. I would like to invite members of your group to participate on a voluntary basis. I would seek signed informed consent from parents as well as signed informed assent from the children and youth before proceeding.

The exercises will take 1-1.5 hours on a day during the summer of 2012 that is most convenient for them. We can meet beforehand to discuss this possibility, and I will provide additional information.

If you would like additional information via email about my study and the research process, please do not hesitate to ask.

Please let me know if you would be available for an initial meeting.

Sincerely,  
Morgan Tymko

**Research Investigator:**

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The plan for this study has been reviewed for its adherence to ethical guidelines and approved by Research Ethics Board 1 at the University of Alberta. For questions regarding participant rights and ethical conduct of research, contact the Research Ethics Office at (780) 492-2615.

## **Appendix C: Initial Presentation to Potential Participants**

Hi. My name is Morgan and I am a master's student here at the U of A. I am here to get participants for my research project.

So lets do a poll: Who has been around someone who smokes? Just put up your hand. I would think most people have. Now, where was it? Shout out some places. [If they don't bring up vehicles, bring it up. If they do, draw attention to it].

I'm doing research about smoking bans in vehicles. Does anyone know if Alberta has a ban like this? [Pause for responses]. It does. A law was voted on in February and should be coming into force sometime soon.

I would like to talk to you guys about how being around people who smoke makes you feel and whether anyone has talked to you about it. The law is intended to protect young people like yourselves, so I would like to know what you think about it. Then I would like to work with groups of you to write a letter to policymakers in the government about those opinions. Everything will be anonymous and everything is voluntary.

I have a consent form for your parents and an assent form for you. You need to have both signed before you can participate. I would love to talk to you right now, but I'm not allowed until those forms are signed.

My contact information is on the sheet. If you have any questions please feel free to contact me. Would anyone like consent forms?

## **Appendix D: Focus Group Questions**

### **(5 minutes) Brainstorming Questions:**

- 1) Describe three things about a car that is owned by or used by a person who smokes.
- 2) Imagine that you see a 1-year-old baby in a car seat in a vehicle where the driver is smoking. Write down three things you would think.

### **(30 minutes) Essential & Optional Questions:**

- 1) Is telling a smoker to stop smoking in his or her own car around you OK?  
Why?
  - a. What would you say to the smoker?
  - b. What if they say no?
  - c. Would you compromise, for example have the window open?
- 2) Some people might say the government should not tell adults what do in their own cars. What do you think about that?
  - a. If an adult is allowed to do whatever they want in their own cars, are there exceptions to that rule?
  - b. Do the rights of adults to do what they want in their own cars mean more than the rights of their passengers to be healthy?
- 3) If you had been asked to talk to politicians about your opinions about Bill 203 before it was passed, what would you have said?
  - a. Do you agree that legislation is the solution to protect children?
  - b. Is there an alternative method? Perhaps education?
- 4) Some people might think that the government should protect young people but not listen to the opinions of young people. What do you think about that?
  - a. Should a parent be a child's advocate in government?
  - b. Should young people participate in government?
- 5) Have you ever thought about how SHS will affect your sports performance?

- a. Would a desire to be a professional or serious athlete influence how you react to someone smoking in a car with you?
  - b. Would you be more willing to speak up than if you weren't an athlete?
- 

- 1) Describe a situation where you have been exposed to SHS in a vehicle (If you haven't try to imagine it).
  - a. How did it make you feel?
  - b. Did you react in some way?
  - c. If you did, how?
  - d. If you didn't, why not?
- 2) If you were on a long road trip with your family and your parents began to smoke, how would you react?
  - a. What if it was your grandparents?
  - b. What if it was your friends' parents or grandparents?
  - c. What if it was your friends?
  - d. What if it was on a bus? How is a bus different from a car ride?
- 3) Is it your responsibility or your parents' responsibility to make sure you aren't put in unsafe situations such as in a car with a smoker? Why?
- 4) Do you think that your smoking status and your family's smoking status influences your opinion about being exposed to SHS in cars? Why?
- 5) Do you think your relationship with the smoking individual influences how comfortable you feel telling them to stop smoking in a car with you? Why?

## Appendix E: Outline of Letter to Policymakers

To Whom It May Concern,

Thank you for taking the time to read our letter. As you know Bill 203 was passed in February 2012 and there is an upcoming law that would make smoking in cars with children illegal. We are a group of youth aged (FILL IN THE AGE RANGE) who live in Edmonton. We have experience being around smokers and have sympathy for the children who are around smokers on a regular basis. Since the law is intended to protect young people like ourselves, we would like to explain our thoughts and opinions about it to policymakers.

We think that it was the (**CORRECT or INCORRECT**) decision to pass such a law because 1)... 2)... and 3)... (**FILL IN THE BLANK**).

- (If Correct):

This new law will (FILL IN THE BLANK) because (FILL IN THE BLANK).

- (If Incorrect):

We think a better decision would have been to (**FILL IN THE BLANK**) because (**FILL IN THE BLANK**).

We have come to this conclusion because (**FILL IN THE BLANK**).

We are explaining our opinion to you because (**FILL IN THE BLANK**).

Thank you again for taking the time to read our letter. We hope that this has provided you with useful and interesting information about the opinions of young Albertans who are influenced by your policymaking.

*Sincerely,*

*A group of young Albertans*

If you have any questions, please contact Morgan Tymko, a Master's Student at the U of A, at the morgantymko@ualberta.ca, who facilitated the writing of this letter.

## **Appendix F: Focus Group Letters**

### Focus Group 1 Letter

Dear [ADDRESSEE],

We are a group of young people aged 10-12 years old who live in Edmonton. We have experience of being around smokers and feel sorry for the children who are around smokers all the time. Since Morgan has told us that Bill 203 is meant to protect young people, we would like to explain our thoughts and opinions about it to policymakers.

We think that it was the correct decision to pass this law because: 1) it will save more lives; 2) everyone - smokers and nonsmokers – will live longer and be healthier; and 3) it will make cars smell better. This new law will be good for everyone because there is not as much secondhand smoke to breathe and every time you are in a car it won't smell of smoke.

We have talked about the problems of smoking in school, have personal experience of being in cars with smokers, and have discussed these issues with our family and friends. We are explaining our opinion to you because we think politicians need to know something about it. We could be future politicians and will be future voters so we want our opinions listened to.

Thank you for taking the time to read our letter. We hope that this has provided you with useful and interesting information about the opinions of young Albertans who are influenced by your decisions.

*Sincerely,*

*A Group of Young Albertans*

## Focus Group 2 Letter

Dear [ADDRESSEE],

We are a group of young people aged 13-17 years old who live in Edmonton. We have experience of being around smokers and feel sorry for the children who are around smokers all the time. Since Morgan has told us that Bill 203 is meant to protect young people, we would like to explain our thoughts and opinions about it to policymakers.

We think that it was the correct decision to pass this law because: 1) it will improve health of children by reducing their early intake of secondhand smoke; 2) it will make cars cleaner and nicer; 3) it is hard for minors to make this decision themselves; and 4) it will help smokers quit which will save them money. It will also reduce cancer and addiction, and promote a healthier environment for children to be in and around.

We have talked about the problems of smoking with our parents and older siblings, and have talked to our peers in school even more. We also have experience being in cars with smokers and know how gross it is. Whether it is health or education, you should leave some aspects of our lives up to us to decide because we aren't robots and can make decisions for ourselves. The important thing is to at least explain it to us and get our opinion. We will be the future voters and we believe that you should use both points of view, adults and kids.

Thank you for taking the time to read our letter. We hope that this has provided you with useful and interesting information about the opinions of young Albertans who are influenced by your decisions.

*Sincerely,*

*A Group of Young Albertans*

### Focus Group 3 Letter

Dear [ADDRESSEE],

We are a group of young people aged 11-14 years old who live in Edmonton. We have experience of being around smokers and feel sorry for the children who are around smokers all the time. Since Morgan has told us that Bill 203 is meant to protect young people, we would like to explain our thoughts and opinions about it to policymakers.

We think that it was the correct decision to pass this law because: 1) it will save people's lives from getting cancer; 2) it will help the smokers themselves and the people around them, and 3) it will reduce secondhand smoke and prevent distracted driving. Even though it is their own car and they should be able to smoke in some cases, this law will keep kids safe because kids in these cars are like 'well maybe we don't want to die'.

We have talked about the problems of smoking in school, have personal experience being in cars with smokers, and have discussed these issues with our parents and siblings. We believe if you want change you should act on it and we want change. We are a different demographic to cover, the new generation, and you can't fix the problem until you learn the little problems that have to be fixed from us.

Thank you for taking the time to read our letter. We hope that this has provided you with useful and interesting information about the opinions of young Albertans who are influenced by your decisions.

*Sincerely,*

*A Group of Young Albertans*



#### Focus Group 4 Letter

Dear [ADDRESSEE],

We are a group of young people aged 11-13 years old who live in Edmonton. We have experience of being around smokers and feel sorry for the children who are around smokers all the time. Since Morgan has told us that Bill 203 is meant to protect young people, we would like to explain our thoughts and opinions about it to policymakers.

We think that it was the correct decision to pass this law because: 1) it creates a safe zone for kids; 2) it is taking steps toward ending the problem of smoking and exposure to secondhand smoke; and 3) cars are such a confined space it makes exposure even worse for kids. This new law is not the best because it is not going to address the whole problem but it is going to help improve health with less exposure to secondhand smoke and more encouragement to quit.

Children aren't completely right but we are more open and have talked about the problems of smoking in school, and with our parents, siblings, and friends. Just because we are younger doesn't mean we know less. We are more educated about the dangers of smoking than previous generations and would like to have our opinions taken seriously. Young people are the change makers so you should ask our opinions more often.

Thank you for taking the time to read our letter. We hope that this has provided you with useful and interesting information about the opinions of young Albertans who are influenced by your decisions.

*Sincerely,*

*A Group of Young Albertans*

## Appendix G: Response Letter from the Government of Alberta



ALBERTA  
HEALTH  
Office of the Associate Minister of Wellness  
MLA, Calgary - Lougheed

NOV 28 2012

AR 102358

Morgan Tymko  
1-26 Earth Sciences Building  
University of Alberta  
Edmonton, Alberta T6G 2E3

Dear Morgan Tymko: *MORGAN!*

Premier Redford and Honourable Fred Horne, Minister of Health, forwarded your letter of September 21, 2012, regarding smoking in vehicles carrying minor passengers. The Premier and Minister Horne have reviewed your comments and asked me to respond on behalf of the Government of Alberta.

*3* Our government is committed to reducing second-hand smoke exposure to support Albertans in leading longer, healthier lives and to reduce the costs on our health care system.

*4* The Ministry of Health, in collaboration with stakeholders, has developed a renewed provincial tobacco reduction strategy. *Creating Tobacco-free Futures: Alberta's Strategy to Prevent and Reduce Tobacco Use 2012-2022*, which was released on November 19, 2012, has a strong focus on protecting young Albertans from the harms of tobacco. As part of the strategy, a priority initiative within the next three years is to enact legislation that would protect children from second-hand smoke in vehicles. Before such legislation can come into effect, however, consultation with enforcement stakeholders must occur to ensure effective implementation.

You may wish to visit [www.health.alberta.ca/initiatives/tobacco-reduction-strategy-2012.html](http://www.health.alberta.ca/initiatives/tobacco-reduction-strategy-2012.html) for more information on the Strategy.

Thank you for writing.

Sincerely,

Dave Rodney  
Associate Minister of Wellness

cc: Honourable Alison M. Redford, QC, Premier  
Honourable Fred Horne, Minister of Health