



**Health & Well-Being in Uncertain Times:  
Centering Children & Youth**

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## **Editorial: Health & Well-Being in Uncertain Times: Centering Children & Youth**

Thank you for opening the October 2020 issue (Volume 12, Issue 2) of *NEOS*. This issue aims to elicit, complexify, and center the health and well-being of children and youth in uncertain times. The theme for this issue is both timely and urgent. Articles curated speak deeply and critically to the ways in which the unparalleled times of COVID-19 disrupt sociocultural practices and compound underlying structural inequities to create intricate threats to the health and well-being of children and youth.

The Constitution of the World Health Organization (WHO) begins: “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO 2020, 1). First adopted in 1946 at the International Health Conference, this statement persists—at once timeless and eerily contemporary. The need to view health as not just the absence of the bad, but the presence of the good, is vital to moving beyond sound bites of “success” to addressing root causes of ill-being and amplifying multi-faceted manifestations of well-being. Spanning experiences in seven different countries, scholarship herein powerfully exemplifies this imperative on global and cross-cultural levels, illuminating four core dimensions that shape, re-shape, and ultimately impact the health and well-being of children and youth in uncertain times. Through explorations of each dimension, featured authors collectively advocate for centering the perspectives of children/youth and offer an integrated understanding of well-being that accounts for mind-body connections. Research in this issue thus provides critical insights and provocative directions for biosocial approaches (McDade and Harris 2018) to child growth and development, where social, structural, psychological, and biological conditions intertwine to influence well-being across the life course.

### **The “Every Day” Of Health & Well-Being: Disruptions and Fissures**

Scholarship by Heath, Sanderson, & Feldman-Savelsberg examines how everyday practices and structures come to bear on personal and embodied notions of well-being among children, youth, and families. These authors highlight how COVID-19 has created disruptions in daily patterns and practices of care, from halted swim competitions to vanished commutes and disrupted kinship-based foster care networks. As Feldman-Savelsberg’s research demonstrates, such disruptions can heighten the potential for ill-being, particularly when compounded by structural forms of violence. We see this in traumatic family separations occurring in Cameroon due to a confluence of armed conflict, obstructive immigration policies, asylum-seeking dangers, travel restrictions, and harsh border control measures. Concurrently, this scholarship also looks at how the disruptions of COVID-19 have created fissures for re-imagining new ways of being that cultivate health in child- and youth-centric ways. For example, Sanderson considers new opportunities for “child-friendly [city] planning” in North America, through which the health of not only young people, but also families and communities, can be cultivated and playfulness (re)introduced in a post-pandemic world, while Heath demonstrates how a rebalancing of well-being can occur for competitive youth swimmers as they slowly re-envision a return to their sport.

**Influencing Policy & Practice: Advancing Well-Being through Applied Research**

Deploying innovative methods to reach young people and families during the COVID-19 pandemic, authors Morrow, Gunderson and Shattuck, and Saldaña weave a compelling case for how anthropologists working in applied settings can influence policy and practice, lending the methods, frameworks, and techniques of anthropology to improve systems that impact the health and well-being of children and youth. For example, drawing on experiences as a practicing medical anthropologist in the pediatric wing of a managed care organization, Morrow's commentary illustrates how anthropologists can catalyze systems-level change by eliciting and applying caregiver narratives of personal well-being, decision-making, and navigation of child health. Saldaña's research within social service systems, alongside recent pandemic experiences, demonstrates the vital relations anthropologists cultivate in advocating for youth, both within and outside of bureaucratic systems. Gunderson and Shattuck urge expanded virtual advocacy and outreach techniques for marginalized youth—techniques that become even more pressing in light of the current pandemic. These authors demonstrate how anthropologists are uniquely positioned to advance well-being both within the traditional confines of research and in the undefined spaces that wraparound youth lives.

**(Re)conceptualizing Risk and Harm: Beyond a Focus on Physical Disease**

Research in this issue also urges us to expand, nuance, and re-articulate understandings of risk and harm in conceptualizations of child/youth health and well-being. COVID-19 has created a near-exclusive focus on the physical health threats of the virus, resulting in regulations that emphasize physical (social) distancing for transmission prevention and physical (social) isolation for containment. This focus on bodily illness has come at the sacrifice of other aspects of well-being, while also silencing the complexity of risks that caregivers must navigate to achieve holistic health. Cho draws parallels between caretaking practices and child health in post-nuclear Fukushima and experiences during the current COVID-19 global pandemic. Through these parallels, their article invites us to consider how we can learn from past uncertainties to create well-being for children that is defined not just by safety, but by joy and freedom as well. Oliver's auto-ethnographic commentary on the biopsychosocial politics of maternal-child health demonstrates how birthing regulations focused solely on physical disease work to exacerbate ill-being in other areas, including infant mental health, caregiving practices, and parent-child bonding. Considering how the harms of COVID-19 are compounded by structural forms of violence, Collingwood-Whittick reveals how physical childhood illnesses, structural racism within the penal system, and rampant social inequalities collide to create overrepresentation of Indigenous Australian young people in the juvenile justice system and widespread trauma, cultural erasure, and ill-being.

**Complexifying the Ill-Being/Well-Being Dichotomy: (Re)Centering Child Perspectives**

Much of the uncertainties of COVID-19 are entangled with a public discourse of resilience and an attempt to keep "normality" wherever possible—as ultimate markers of well-being, especially for children. As articles in this issue expose, such rhetoric can work to silence harmful impacts of forced resiliency, ignore more complex definitions of well-being for marginalized children and youth, and heighten broader systemic inequities. Drawing on their long-term ethnographic research in Delhi,

India, Fernandes and Garg use the concept of “bodyminds” to unmask how dominant discourses of child well-being during COVID-19 place a heavy emphasis on adult-defined markers, such as continued educational learning, while rendering other aspects of well-being invisible and contributing to growing marginalities for non-normate children and their families. Spray’s research on self-harm among school-aged children in Auckland pointedly unpacks notions of resilience and calls instead for a focus on “accommodations for resilience,” illustrating the urgent need to listen to children as we learn about how they cope with chronic uncertainty now and into the future.

### **Concluding Thoughts**

The dimensions of health highlighted in this issue are underscored by a clear call to re-distribute power back to young people in both perceptions of and responses to well-being. This call reflects Articles 12 and 13 of the United Nations Convention on the Rights of the Child, which affirm young people’s inalienable rights to freely give their opinions on issues that affect them, to express what they learn, think, and feel through any and all mediums available, and to have adults and governments listen, incorporate, and take seriously the insights, desires, and needs expressed by children and youth (UNICEF 1989). It is our sincerest hope the scholarship in this issue supports researchers, caregivers, practitioners, and policymakers in doing exactly that—(re)framing health and well-being in uncertain times from the perspective of young people themselves.

*In shared commitment to thriving children and youth,*

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## **ACYIG Advisory Board Update**

**Dori Beeler (University of Maryland Baltimore County, ACYIG Communications Chair)**

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ACYIG has exciting news to share. Just last month, Elise Berman (ACYIG Convener) welcomed a new family member into the world. Please join us in congratulating the Berman family as they celebrate! It is my pleasure to share ACYIG News for the Advisory Board in this issue of *NEOS* as Elise spends time with her newborn.

The Advisory Board would like to thank the *NEOS* co-editors, Courtney Everson and Maria Barbero, for continuing the efforts to move the publication to an online format. Their leadership in this effort has resulted in a new position, the Digital Scholarship Intern. The inaugural internship is held by Delaney Glass, PhD Student in Biological Anthropology at the University of Washington. At the same time, we want to thank Anne E. Pfister, PhD for her years of service in this issue as an Assistant Editor. She has recently stepped down from this role and we wish her the best in her future endeavours.

Furthermore, we have successfully launched the new listserv. The decision to move to a dedicated listserv was the result of the membership limitations presented by AAA's Communities. All our member contacts have been migrated and we look forward to academics and collaborators interested in global childhood and youth research and advocacy joining this space. For more details, visit <https://groups.io/g/acyig>.

As we grow our online presence, we are actively working to update our website in form and function. Kimberly Garza (ACYIG webmaster and *NEOS* Assistant Editor), is supporting this effort. In the coming months, ACYIG will have a new website design and *NEOS* will have an enhanced presence, displaying the new online format. During this transition, we continue to accept submissions to the ACYIG Blog and urge our members to consider submitting a contribution to Robin Valenzuela, the ACYIG website content coordinator.

While we continue to learn how we work and live in this time of uncertainty, please stay tuned for details about our next conference *Transitions*, to take place in spring 2021 or 2022.

## NEOS Welcomes & Farewells

The *NEOS* Editorial Team continues to evolve. Please join us in welcoming **Delaney Glass** as the inaugural *NEOS* **Digital Scholarship Intern**! Delaney is a PhD Student in Biological Anthropology at the University of Washington with a strong skillset in research, writing, and dissemination of anthropological scholarship on children and youth. We are thrilled to have Delaney join our Editorial Team. The Digital Scholarship Internship was specifically designed to provide emerging anthropologists an opportunity to go “behind the scenes” of publishing processes, immerse themselves further in child/youth studies, advance the impact of anthropological scholarship and, ultimately, catalyze their careers as leaders in the field. When asked about how this internship will support her aims and development, Delaney said:

*“I really enjoy reading cutting-edge children and youth interdisciplinary scholarship because I aim to utilize interdisciplinary and mixed methods approaches as an anthropologist interested in human culture, growth, and development during puberty and adolescence. I also love that through learning the peer-reviewed, open-access editorial process, I have an opportunity to develop a broader scope of where these throughlines are heading in the future.”*

Delaney has been involved in all aspects of the publication process for this October issue and you will find her special touch not only throughout the articles but also in the April 2021 Call for Papers. Welcome, Delaney!

We also want to express our **sincerest gratitude to Anne E. Pfister, PhD** for her years of service as an Assistant Editor for *NEOS*. Dr. Pfister provided critical insights on article submissions, engaged extensive editing to prepare pieces for publication, and supported the Editorial Board in ongoing enhancement as the flagship publication of ACYIG. Many thanks, Anne, for lending your unique expertise to *NEOS*!

## **Spring 2021 Call for Papers**

### **Theme: In Pursuit of Racial Justice in Child & Youth Studies**

*NEOS* welcomes submissions for the Spring 2021 issue: *In Pursuit of Racial Justice in Child & Youth Studies*. This upcoming issue aims to uplift scholarship that centers the voices, experiences, and leadership of Black and Indigenous children and youth. Acknowledging the ubiquitous and persistent racial and social injustices in US society and globally, we are committed to using *NEOS* as a platform for amplifying research and activism on equity, access, and the dismantling of white supremacy. This special issue thus also serves as a catalyst for a new standing column in *NEOS* dedicated to racial and social justice. For this catalyst issue, we are especially interested in:

1. research that explores the impacts of anti-Black racism, police brutality, social and structural inequalities, and policy changes on children and youth of color;
2. articles that analyze intersecting oppressions that maintain, perpetuate, and complexify the impacts of racism against Indigenous communities and anti-Black racism on children/youth;
3. submissions that explore the ways children and youth navigate, struggle with, grieve, cope with, and make sense of racial injustices and the pursuit of more equitable futures;
4. articles that explore child/youth experiences of joy, empowerment, resilience, resistance, political activism, healing, and liberation in the context of racial (in)justices; and
5. submissions that speak to the dismantling of white supremacy within the ivory tower and in anthropological endeavors with children/youth.

We invite short-form original research articles (1,000 words max, excluding references), as well as commentaries (500 words max, excluding references) that address the issue's theme. *NEOS* also welcomes original research articles that—while not necessarily directly connected to the CFP theme—highlight recent “hot off the press” research in the field. Submissions by Black and Indigenous authors will be prioritized for publication.

*NEOS* is an open-access publication of the Anthropology of Children and Youth Interest Group (ACYIG) of the American Anthropological Association (AAA). We publish research on childhood and youth from scholars working across the four fields of anthropology, as well from those interdisciplinary fields in conversation with anthropological theories and methods. Articles published in *NEOS* undergo a double-blind peer-review process and commentaries are reviewed by the *NEOS* Editorial Team.

The deadline for submissions is **Feb 17, 2021** (end of the day). Rolling submissions prior to February 17 are also welcome. While not required, authors are encouraged to submit a brief message about their intent to submit to the Editors by February 3, 2021. The *NEOS* Editorial Team may be reached at [acyig.editor@gmail.com](mailto:acyig.editor@gmail.com)

Visit <http://acyig.americananthro.org/neos/call-for-papers/> for further information on *NEOS*, as well as submission guidelines, instructions, and access to the Spring 2021 submission portal.



## Commentary: The City at Small Scale: Children's Urban Play in a Global Pandemic

**Margie Sanderson (Society for Children and Youth of BC)**

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Prior to the COVID-19 pandemic, commuting was a fact of adult life in much of North America, with some traveling multiple hours around their metropolitan area every day for various responsibilities (Grescoe 2012). As shutdowns rolled out in the spring of 2020, and those whose jobs were possible to do remotely began working from home – leaving the house only for local walks or grocery trips – some adults experienced life at a much smaller, more child-like scale. This unusual circumstance gives us a chance to think critically about how urban spaces serve – and constrain – young people, and how we can adapt our cities to be more child-friendly. Shaping our cities to meet the needs of younger people includes prioritizing local, liveable communities with safe streets, green space, and a wealth of accessible community amenities. In this way, the needs of our youngest populations are not so fundamentally different than the needs of us all, and prioritizing child-friendly planning can contribute to better health and well-being for everyone.

Historically, children's places and spaces in the city have been interwoven with those of adults. Children played in the same streets where adults traveled, sold goods, and conducted business (Ward 1990). In spite of this, in much of North America we now design our communities as if the only places children are welcome are the home, school, or playground. Numerous societal changes have contributed to this shift, including in particular increased urban planning for the private car and growing concerns about the presence of unsupervised children in the public realm. As they lack significant political voice or power in the form of a vote, it has been challenging for children to combat these changes themselves. Children's lack of electoral political power has also made it difficult to secure robust funding commitments for child-friendly planning. The playground now represents a rare public space where we see children's needs acknowledged and centred. However, the creation of these designated play spaces has inadvertently reduced tolerance for informal play outside these boundaries. Children are meant to congregate at the playground, and the presence of their stray tennis balls or noisy skateboards elsewhere is seen as disrupting the orderly use of adult spaces.

The COVID-19 closures that swept the world this past spring gave adults an opportunity to re-examine these assumptions. While play spaces closed to slow the spread of the virus, governments made some earnest attempts to prioritize the development of new opportunities for play and playfulness in the public realm, a right of children as laid out in the United Nations Convention on the Rights of the Child, Article 31. Slow streets initiatives, where traffic speeds were reduced and street space reclaimed as multimodal, are a good example. Dr. Peter Höfflin's (2019) research in Europe found a negative correlation between the speed limit on children's streets and the number of minutes they played outside each day. These findings suggest that the slow streets created to

combat COVID-19 may also increase opportunities for children's play, an essential component to well-being that many are not getting enough of. Further, multimodal streets can support children's right to independent mobility, which has been hindered by infrastructure planning focused largely on the private automobile (Riazi et al. 2019). When children can use neighbourhood streets to visit a friend, ride a bike, or play hopscotch without fear of death by oncoming traffic, they can be more independent and active participants in urban life. Safer streets for children consequently create safer streets for numerous vulnerable populations, including older adults and those with mobility or vision difficulties.

While we have previously reduced young people to the realms of school and designated play spaces, at this time we have the chance to imagine playful urban design in more public spaces and change the future of the way children interact with the city. As we make these changes, all of society will benefit. Designing for children means designing our communities on a smaller scale, focusing on getting our needs met without daily commutes. Prioritizing small businesses and local economies, ensuring access to green space for all, and developing safe and active transportation systems are all essential components of a child-friendly city. Not only that, these elements are essential for an age, ability, and climate-friendly city as well. By prioritizing child-friendly planning, we can create a post-pandemic world where our public realm invites children, play, and playfulness everywhere.

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## Commentary: Medical Anthropology and Pediatric Healthcare in the Age of COVID-19

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Medical anthropology has a broad and far-reaching research agenda, seeking to illustrate the inequities of the world and their impacts on health. Paediatric health and well-being are a rich part of the discipline's body of research. When it comes to integrating into US healthcare systems and impacting clinical outcomes, anthropologists are tertiary figures with little ability to shape medical policy and practice, particularly for paediatric populations. The rise of COVID-19 as a principal health concern has made the absence of practicing medical anthropologists in paediatric clinical settings more concerning than ever.

We have seen COVID-19 bring the Social Determinants of Health (SDoH), violence (both domestic and community), and health implications of the defunded educational systems to the forefront of biomedical paediatric concerns. These are tried and true areas of research for medical anthropologists. Healthcare systems across the country, however, are struggling with how to engage patients and shape policies that address these concerns. As a practicing medical anthropologist serving as paediatric clinical coordinator for a Managed Care Organization (MCO) in an integrated healthcare delivery and financing system (*i.e.*, a healthcare system which operates hospitals, primary care practices, and health insurance), I have seen the difference we can make when we demand a seat at the table.

A key example of this impact is in the current state of paediatric immunization rates (Santoli *et al.* 2020). We have seen a consistent decrease in rates during COVID-19, ranging from key early childhood immunizations such as the Rotavirus vaccine, which cannot be caught-up later, to other multidose immunizations like Measles, Mumps, and Rubella (MMR), which are crucial for herd immunity. Healthcare systems lean on approaches such as call campaigns to members about why immunizations are important and pressuring paediatricians to do more outreach for the sake of immunization quality metrics, even during times of hardship and fear like the COVID-19 pandemic. By failing to ask patients about their personal well-being during COVID-19 or their experiences with their providers, healthcare systems may make people feel more isolated and less considered, further complicating the decision to seek care. These impersonal approaches, falling into the standard top-down methods of healthcare, ignore the plethora of opportunities to connect with patients and families through qualitative questioning about fears during COVID-19.

Pushing back on these approaches, in May of 2020, I designed a training for telephonic outreach staff around anxiety, fear, and identifying needs during COVID-19. By walking members through their health concerns à la Spradley's Mini-Tour questions (Spradley 1979), we have seen higher engagement from families of children due for preventative care visits. This model looks to ask a parent or guardian to describe a specific topic area in their lives and how they experience that topic.

In this case, families were asked, “what are your concerns around COVID-19 and accessing care?” After talking through the answer(s) to this question, call representatives can then connect the parent or guardian directly to their paediatrician to have a shared and supportive conversation around COVID-19 concerns. We noticed that parents and guardians who had been part of conversations where ethnographic interviewing skills were used had begun expressing an increased comfort level in articulating their concerns, seeming more confident in asking questions of their providers, and showing better adherence to preventative care services including childhood immunizations. By using an anthropological lens in the healthcare setting, making and keeping a preventative care appointment became more accessible for these families.

We have a unique skillset as medical anthropologists, with an opportunity to connect high-level policies, clinical interventions, and personal experiences. The consistent reinforcement of top-down policy in US healthcare has few tangible, positive impacts for individuals and misses the opportunity to identify their complex needs. Children always feel the acute failures of this system, particularly during COVID-19. With a medical anthropological perspective in the conversation, we have been able to open our processes to include conversations between patients and providers around concerns, fears, and tactics. The person-centered nature of medical anthropology positions us to offers unique insights not found in other medical fields. We have, and should continue to, offer our insights and skills as consultants for all forms of health delivery systems. COVID-19 has made it clear, though, that medical anthropologists must step into more practicing healthcare roles to impact practice and policy and to improve paediatric health and well-being.

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## Commentary: Parents, Infants, and COVID-19: A Critical Autoethnographic Commentary

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Critical Autoethnography provides an anthropological space to think about personal COVID-19 experiences and how they inform broader explorations of the biopsychosocial politics of Maternal-Child Health. I use “biopsychosocial” as an umbrella term that encompasses the ways in which biological, psychological, and social processes of birth and birthing are governed by institutional policies and procedures. Birthing agency is impacted, regulated, and often compromised beyond the control of the parent(s).

In using critical autoethnography as a method, I privilege the combined narratives of a personal biological and fictive kin group. Aiming to contribute to anthropological research on the bidirectional relationships between mothers and children, specifically infants from birth to three-years-old, I use autoethnography to “connect” combined and composite family “experiences with those of the readers” (Miheretu and Henward 2020, 2). The auto-ethnographic exploration below reveals important questions about topics such as birthing agency, parent-child bonding, infant mental health, and negotiated and regulated alloparenting. This exploration ends by raising important questions about how anthropologists can address these challenges at this time.

### Pregnancy and COVID-19

When my daughter entered her last trimester of pregnancy, our family breathed a sigh of relief. She was in the homestretch, and she and baby were progressing well. This would be a special pregnancy for our family. We would be welcoming a “rainbow baby.” Despite the daily increase in COVID-19 cases in Dallas county, the hypothesis that children, especially infants were less likely to contract COVID-19 floated around the Labor and Delivery halls in the hospital like a child’s freshly blown bubbles—light and delicate—often popping in the air before finding a resting place. This gave a family of scientists *hope*. “Stay at home, social distance, wear your mask, and wash your hands”—( $S^2W^2$ )— became our equation for best health practices and reducing the risk of maternal and neonatal infection.

In early March my daughter exhibited flu-like symptoms. With each cough, self-reported body ache not associated with pregnancy, and each labored and congested breath our rock-solid hope began to crumble. She was tested for COVID-19, and her results were negative. My daughter was sent home and, with what remained of our hope, we unpacked our scientific training and began exploring and examining Maternal-Child Health COVID-19 literature. We wanted to be ready. We wanted to know what to expect in worst-case scenarios.

My daughter was told she would have to deliver alone to eliminate possible COVID-19 exposure risks. This was a source of distress to the family. Being categorized as a “high-risk pregnancy,” we

were aware a caesarean section would be the method of delivery. My daughter lamented about the lack of agency in the birthing process.

### **The Arrival**

Winston arrived early. He remained in the Neonatal Intensive Care Unit (NICU) for two weeks. Initially, his breathing was labored. His team of physicians began monitoring him for signs of COVID-19 and informed his parents they would be restricted from skin-to-skin contact. Winston's parents were deeply distressed at the thought of leaving their son in the hospital. They were concerned about the impact the interrupted bonding process would have on Winston.

### **Diagnosis and Disruptions**

Mother and child were reunited and progressing well. At the two-month mark after Winston's birth, my daughter began displaying symptoms of COVID-19. She was retested and received a positive result. She was advised to quarantine at home and separate from her newborn. This would be another interruption in the bonding and attachment process. Her husband became the primary caregiver for a newborn and a toddler. Two months after my daughter's positive result, Winston developed a dry cough. He was tested for the virus and received a positive test result. At present, we don't know the lasting impacts of the virus-related parent-child bonding interruptions and disruptions.

### **The Call for Inquiry**

These potential lasting impacts are sites where additional anthropological inquiry, specifically longitudinal research that explores the impact of COVID-19 on infant-child mental health is needed. Reflecting on this brief autoethnographic commentary, I pose two questions to those engaged in child and infant mental health research: In what ways can an (auto)ethnographic approach inform biological and psychological anthropology of children and youth research? In what ways can multiple anthropology sections collaborate to further COVID-19 and children and youth research?

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# Original Research: Disjuncture as Well-Being in Youth Swimming: The Effects of the COVID-19 Pandemic on Everyday Associations and Routines

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In this article, I discuss a few insights into how the impacts and disjunctures caused by the COVID-19 pandemic have affected the well-being of competitive youth swimmers on the South East Coast of England. The doctoral research from where these insights are gleaned explores youths' experience of their competitive swimming practice. I employed ethnographic methods (Amit 2000; Cerwonka and Malkki 2007; DeWalt and DeWalt 2011) – attending practices and competitions, conducting 18 formal and several informal interviews, participating in the youth squad land training, and swimming with the Masters squad at the club. This research was conducted during twenty-four months of fieldwork between 2018-2020, exploring how pain, injury and illness affect the embodied practices and identities of youth swimmers.

Major and “quotidian disjunctures” (Amit 2015, 43) affect well-being, the delicate balance of homeostasis between one’s resource pool and challenges faced. Injury or major illness is perhaps the most prominent rupture to a youth swimmer’s daily social and physical rhythm and this form of “rupture/dissociation/disengagement” (30) often takes centre stage as the focus for theoretical investigation throughout academia. What is less apparent are the quotidian disjunctures, the “comings and goings that are as much a part of everyday relationships and routines as commitment and engagement” (43). The structures of early morning practice, school, homework, meal-times, and evening practice to be repeated ad nauseam, gives youth swimmers’ lives a regular rhythm: a rhythm that many have been accustomed to for nearly a decade, and helps to balance the see-saw of well-being (Dodge et al. 2012). The pandemic and subsequent lockdown erased the quotidian disjunctures of everyday life for youth swimmers at Manta Swimming Club.<sup>1</sup>

## Factoring Disjuncture into Well-Being

There is a growing corpus of research into the multidimensional concept of well-being in sports (Deci and Ryan 2008; Lundqvist 2011; Lundqvist and Sandin 2014; Platts and Smith 2016; Podlog et al. 2015; Swim England 2017). However, this research has mainly focused on the effects of sport participation on the well-being of athletes. Whether the oft-repeated platitudes “Sport is good for you,” or “It’s all for the kids” (Messner 2009), are being invoked, or these athletes are said to be “Living the dream,” there is a pervasive discourse which champions the positive effects of sport participation. Yet research with those involved in child and youth sports has shown a more complex reality (Dyck 2012). Athletes may “hide their real selves in public behind masks of apparent invulnerability and self-confidence” (Platts and Smith 2016, 502), concealing their emotions and

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<sup>1</sup> All names of people and institutions are pseudonyms.

managing their behaviour on and off the fields of play, which helps perpetuate the myth of what Carl Rogers (1961, 186) would have termed “the good life.”

This is not to say that youth athletes do not enjoy their craft, for there are positive well-being benefits of sport participation which include social camaraderie, peer support, and bodily movement. My point is to destabilize the notion that it is *only* participation in sport which contributes to well-being and that disjuncture is inevitably negative. There may be unrealized possibilities in the disruption and ruptures, even in the most “thoroughly severe and unyielding set of institutional arrangements” (Amit 2015, 36), which the COVID-19 pandemic has uncovered.

### **Lacking Structure and Immersion**

Those 25 hours per week in-water training were abruptly dissolved March 20<sup>th</sup>, 2020 for my informants. This newfound inherent lack of structure in lockdown where school, sport, and physically present sociation were suspended undercut the foundations of youth swimmers’ lifeworlds (Jackson 2017), throwing their well-being resources out of balance. During a squad video call, what became a weekly affair during the lockdown, I noticed the sullen faces of the youth in front of their screens were in stark contrast to their usual exuberant behaviour poolside. A few of the girls expressed how they missed the breaks between classes, recess, and lunch; the chance to disengage from one activity and move on to the next, the chance to spend a few minutes speaking and interacting with peers. Making the shift to working and training at home proved difficult for some. Yvette, 13-years-old, insisted there were “Too many distractions,” and 15-year-old Yara plainly stated that she “Just can’t do the [swimming and scholastic] work at home.” Yet for others the “break” from routine was welcomed as a “grasped opportunity” to take up activities such as cycling, skateboarding, or, in 18-year-old Theo’s case, as a way to transition out of the competitive squad cycle, to leave and go traveling.

Part of the appeal of the structured regimented life of the swimmer is the turnover of disjuncture, from spending time with one peer group to socializing and training with another. The effects of COVID-19, including the months where youth were experiencing a stark absence of immersion and lack of in-the-flesh sociality, destabilized their well-being. Physical, social, and psychological resources with which youth swimmers face their daily challenges were thrown out of balance, tipping the well-being see-saw to a point where youths’ challenges become overbearing. Just as high training loads for youth athletes can be detrimental to their well-being (Merglen et al. 2014), no training load, and no quotidian disjunctures, may also be detrimental. Theorizing sociality and well-being through the lens of disjuncture allows a more holistic exploration of youths’ lifeworlds as we can explore how the capacity to leave, or have breaks, is as important as continuity in social affiliations and interactions.

### **Conclusions**

With competitions cancelled for an entire year at the County, Regional, and National level in the UK, clubs, coaches, and swimmers have been given the chance to put a pause on the competitive cycle juggernaut. Still, many clubs will attempt to get back to “full” training as quickly as possible and youth will be and are concerned with regaining the requisite aerobic capacity and strength in the water, getting back to “swimming fit.” As Nancy, eighteen, notes about this disjuncture, “After



any time out now, mentally it is hard. Cause you are just slower, and you know you are slower, and you can't make times. And that is so frustrating, and you just want to be like 'Oh, what's the point.'" Yet there is the opportunity to re-evaluate and re-centre the imposition of adult values on youth swimming practices (Lee 2004; Whitehead, Telfer, and Lambert 2013). Disjuncture may be desired rather than feared by youth swimmers looking to change schools, clubs, squads, or go on training camps, as they test out "breaks" and more thorough ruptures to social relationships. Adults and coaches can further provide these opportunities, which are "personal, intimate endeavors" (Amit 2015, 43) for youth swimmers to rebalance their well-being. Youth can reconnect with how their bodies feel when moving through water and the joys of immersion and being surrounded by friends, all with the embodied knowledge of how to swim fast.

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## Original Research: “We Are Not Robots”: The Stakes of Care in Times of Uncertainty

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Studying a lot quickly, while staying masked throughout the hot summer, and socially distanced from friends... Even the thought makes me feel suffocated, and not want to go to school. We are not robots. There are things you can do only as a child. Studying is important, but so are playing, fighting, and spending time with friends. Wouldn't there be any other way to do things differently than forcing children to study all too much too quickly? I strongly urge the adults to listen to us, children—to our feelings and thoughts.<sup>1</sup>(Sankoda 2020)

This op-ed piece—a COVID-19 manifesto from a child's perspective—was written by a 12-year-old boy named Hinata, after he heard about the re-opening of schools in the summer. To compensate for the two-and-a-half-month delay due to the pandemic, he and his friends were being asked to study harder and faster while complying with preventive measures. With the daunting plan ahead, children were supposed to bear the burden of trying to stay up to the tempo of normal educational requirements. Hinata implores adults to imagine a different way to proceed.

I start with this manifesto by a boy to consider the stakes of care in uncertain times. In a prolonged period of uncertainty, both adults and children—the care-giver and the cared-for—face a dilemma. Adults are trying to protect children from risks, and also, to keep things for children as in normal times. Children are trying to live through the restrictions all the while relying on the adults' decisions. In the moment when adults seem to fail to imagine the actual burdens that their decisions could put on children's lives, the tension arises; the child is hoping for something other. Can adults receive this call by a child, when the need for protection/control seems endless? This is what I am interested in: how adults could engage with children's hope for other ways to be cared for when such imagination seems particularly difficult.

In my research about children's health, radiation risks, and family in post-nuclear Fukushima, I did ethnographic fieldwork in Tokyo and Fukushima across both activist and domestic sites of caring for “Fukushima children,”<sup>2</sup> to study how health and well-being are managed for the sake of children amidst radioactive uncertainty. For a total of fifteen months between 2017 and 2020, I attended lawsuits and activist campaigns to examine debates on radiation risks, while engaging local community-building projects in Fukushima, making home visits, and working as

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<sup>1</sup> My translation.

<sup>2</sup> As a generic term, “Fukushima children” (*fukushima no kodomotachi*) indicates, in post-Fukushima activism, any child who was living in Fukushima Prefecture at the time of the disaster, and also, school-age children who are currently living in Fukushima Prefecture. From the legal/administrative perspective, however, the children who are associated with radiation risks, (e.g., in a health survey on childhood thyroid cancer done by the prefecture), are specified in technical terms such as legal residency status and biological age at the time of the disaster.

a playmate at a preschool. Across political campaigns, “Fukushima children” were the core population in discussions about radiation risks; what was at issue was their safety and their risks (Kimura 2016; Suzuki 2016). But, in places where children’s health was debated, actual children were often absent. It was only after I started spending time with parents and children living amidst radiation risks that I came to see the importance of care in considering risk politics.

Rather than a general state of indeterminacy, uncertainty here is constituted by risks, whereby unknown threats are rendered reasonably governable, with a strong imperative for restoring normality (O’Malley 2000; Polleri 2019). Seemingly universal risks, however, come to have real-life stakes on the ground through concrete forms of caring practices (Han 2012; Hoffman and Barrios 2020; Stevenson 2014). In this context of risk/uncertainty, care has both practical and political stakes for directly improving the lives of the cared-for and re-making collective norms about who should care for whom and how (cf. Kittay and Feder 2003; Tronto 1994).

The preschool I worked in during fieldwork was in a region that was relatively safe from radioactive fallout thanks to its mountainous landscape. Children, aged between two to six, commuted three hours daily from Fukushima to play in natural environments, which they couldn’t do in their neighborhoods. Although some degree of risk remained in their home environments, none of the children were eligible for evacuation (as victim of the disaster) because they hadn’t been born at the time of the disaster.

What worried the parents, besides the potential signs of illness, was the loss of experience through “skin senses” in early childhood—which used to be taken for granted in the ecologically rich environments of Fukushima. The practice of “adventure play”—letting children manage their own risks, rather than protecting them by rules and prohibitions—would not only boost the children’s immunity, the parents and staff believed, but this would also give them the strength to face the world “with their whole bodies” (in contrast to “just with the head”). Eventually, they hoped this would enable the children to keep a healthy sense of the self even when “protection” was not a given.

In this place, care was being re-imagined around “skin senses”: a pedagogy of healing and a potential tool for living freely, but not recklessly. Striving for new ways to care for children made life more livable for the parents as well; Once demoralized by the situation over which they had no control, they had come to see that certain things can be done, nonetheless.

Hinata’s op-ed piece was brought to my attention by a friend, a child-raising mother living in Fukushima Prefecture. Upon reading it, she thought back to the days when she used to confine her child to “protect” him, hoping to get back to normal life soon. But the risk of radiation has continued nonetheless, as has the “state of nuclear emergency.”<sup>3</sup>Uncertainty has become the norm in her everyday life. In the prolonged COVID-19 pandemic, many people face a similar dilemma as caregivers; to “protect” children from the risks while not losing too much of what

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<sup>3</sup>The “state of nuclear emergency” (*genshiryoku kinkyū jitai*) in Japan was declared by the government of Japan on March 11, 2011, and effectively continues to date, with the prime minister as the general director of nuclear emergency response headquarters. The “state of emergency” for COVID-19 was gradually lifted in May, 2020.

otherwise would have been normal life. Caring well, as many told me, is to struggle for health while not sacrificing too much of life, that is, the joy of living. Without such consideration, life may become unlivable. These are perhaps the stakes of care 12-year-old Hinata fittingly describes in terms of being imagined as a “robot”—living a “safe” but unlivable life.

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## Original Research: Children’s Accommodations for Resilience in Uncertain Times

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Eleven-year-old Pikau was my first friend in the New Zealand primary school where I did fieldwork. Kind and sensible, she would spend lunchtimes with me—although she never had lunch. When asked why she wasn’t eating, she would say she wasn’t hungry.

When I stopped asking, Pikau eventually volunteered that she didn’t have lunch, telling me it’s hard for her parents to care for her. School was tough too; she’d been bullied for years. After her father intervened, the bullying masqueraded as jokes, with plausible deniability.

She told me about another girl, also bullied, who was cutting herself with knives and scissors, but Pikau had sworn not to tell.

I asked her, “Do you cut yourself?”

“I just threaten myself,” she replied. “I threaten myself, saying I want to run away, I want to die.”

But she would also hurt herself by snapping a rubber band around her wrist. She said it helped, “but I’d be bleeding a lot when I get home, and I’ll just...put toilet paper on it, and I didn’t care.”

Situations like Pikau’s, and young people’s coping with them, have been increasingly framed in scholarly and public discourse in terms of resilience. In the COVID-19 era, concerns about children have been met with a predictable refrain: children are resilient. As a mantra, it reassures adults that the uncertainties we fear are not harming our kids—at least, not permanently.



Illustration of Pikau at Tūrama School by Julie Spray

Originating from engineering, the term “resilience” describes a capacity to absorb force and return to original form. Notions of resilience were popularised in psychology fields, where scholars sought to reframe deficit views of young people’s failures by instead focusing on the factors that allow young people to succeed despite adversity (Panter-Brick and Leckman 2013; Masten 2001). This positive valence, however, means the concept of resilience can be uncritically applied in

public discourse to gloss over the consequences of children's adversity, leaving unexamined the costs of everyday coping strategies.

I learnt about children's coping practices, and the way adults converted these into narratives of resilience, during 13 months of fieldwork at "Tūrama School" in Auckland, where I worked alongside 120 children aged 8-12 (Spray 2020). These were lives of uncertainty, where high rates of poverty, family violence, illness, and death created unstable foundations for childhoods. School staff, while fiercely caring for children, would commonly characterise children as resilient or adaptable.

Like Pikau, many children were undernourished. The charity KidsCan offered "spare lunches," but children saw these as stigmatised. Consequently, one teacher commented:

"...the kids adapt. My year five and sixes have adapted really well. There was a time when I would make them have a spare lunch and now it's they would rather go hungry than have lunch."

Indigenous scholars have pointed out how narratives of resilience can serve to justify the unjust by placing responsibility on the marginalised to be resilient (Penehira et al, 2014). Here, the way teachers deployed the resilience concept veiled hungry children and their inadequate provisioning. Emphasising children's "resilience" allows this teacher to reconcile abandoning her attempts to make them eat—children are adapting to poverty and social stigma by 'choosing' to go hungry. As with our reassurances during COVID-19, resilience discourses can serve to protect *adults* from their own helplessness against children's suffering, rather than reflect actual processes of children's coping.

### **Investigating processes of resilience**

Socio-ecological models of resilience investigate such processes of coping by positioning children as navigating risk and negotiating resources within the possibilities of local ecologies (Ungar 2012; 2011). This model of resilience has been applied to large-scale, mixed-methods studies for broad comparisons across contexts (Panter-Brick 2014). While few studies have yet capitalised on ethnography's unique possibilities for understanding resilience within socio-ecological frameworks, contextualised attention to children's daily practices may challenge assumptions about what resilience looks like. Children may be provisioned with spare lunches, but claim they're not hungry, or snap rubber bands until they bleed. Just as concepts of risk and vulnerability do not capture these forms of resourcefulness, resilience does not adequately conceptualise the way that children's coping can be both functional and harmful.

### **Accommodations for resilience**

'Self-harm' describes deliberate, self-inflicted injury such as cutting, burning, or scratching. These behaviours may accompany suicidal thoughts, but people who self-harm describe the practice as a tool to alleviate anxiety, stress, or low moods. Its inclusion in psychiatric manuals as symptoms or

disorders has medicalised and pathologized self-harm, reinforcing the practice as a socially recognised idiom of distress (Steggals 2015).

At Tūrama School this was a secretive practice among children, and as an adult ethnographer I caught only a very partial view, becoming aware of groups of girls self-harming in at least three classrooms. Yet self-harm was also a social practice. Pikau told me about her bleeding wrists because this made her invisible suffering visible; other girls showed me their scratches on the playground. Through these signifying wounds, unseen feelings were translated into culturally recognisable, embodied expressions of suffering.

Panter-Brick (1998) borrows the term “accommodations” (Frisancho 1993) from the human growth literature to conceptualise the costs and benefits of coping. “Accommodations” originated to oppose the “small but healthy” view (Seckler 1980) which hypothesised that children’s stunted growth caused by undernutrition and infection was a beneficial adaptation to poor environments. In criticism, scholars showed that deficits in growth come with costs, including permanent effects on cognitive development. Stunting is therefore an accommodation, not an adaptation—bodies sacrificing in one domain to cope in another.

Viewing children’s practices as accommodation, therefore, means acknowledging that while self-harm may not match adult ideas about what children should be doing, it is nonetheless functional—enabling suffering to be expressed, shared, and validated. The trade-off is new vulnerabilities: the physical risks, and social impacts of scarring, stigma, or in this case, the school’s intervention. Unsure of their approach, staff contacted children’s families, and in one teacher’s words, explained the behaviour as “naughty little girls” who were attention-seeking and playing copycats. There was little recognition of the conditions producing this practice or the potential need for alternatives to fulfil the same function.

The positive valence of the word resilience, therefore, can serve as a narrative gloss for the costs of children’s coping, while obscuring the functionality of practices typically considered indicators of poor resilience based on normative adult values. Thinking in terms of ‘accommodations for resilience,’ however, allows us to attend more closely to these practices and trade-offs, and this is critical to understanding the impacts of COVID-19 on children. If children are accommodating, not adapting to the upheaval of COVID-19, then the costs of their resilience may appear in different domains, at later life stages, and compound with other adverse events (Felitti et al. 1998). To evaluate these trade-offs, we also must understand the meaning and function of children’s practices in context, and from children’s perspectives. Moreover, attending to the costs of resilience makes apparent that promoting resilience is not an alternative to addressing the conditions that children are having to accommodate. Finally, we must keep critical of how resilience discourses during COVID-19 may be working to protect *us*, rather than children.



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# Original Research: Health Care Accessibility Beyond Social Services: Considerations for Aging Out

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## Introduction: A testing conundrum

On March 6, 2020, eight months into my dissertation fieldwork on aging out of Kentucky's child welfare system, Kentucky confirmed its first COVID-19 case. The commonwealth immediately went into lockdown (Beshear 2020). My participant observations with advocacy organizations and service providers became Zoom calls; my one-on-one meetings with former foster youth became text messages and phone conversations. I initially met Allison<sup>1</sup>, a former foster youth, several years ago when I worked in a residential care facility in Kentucky. She has since "aged out," or left state custody, without a definite destination. When I started fieldwork in August 2019, a local service provider put us back in touch. As the lockdown began, we had been meeting regularly for meals and talks for about seven months.

During the first few weeks of lockdown, Allison and I continued our conversations via text, swapping news stories, and fact-checking each other's sources. As essential workers, Allison and her boyfriend continued working their regular schedules, hoping they wouldn't bring the virus back to the rental they shared with two friends. Allison avoided her grandmother and friends with young children when not at work, afraid she was a carrier. She was alarmed after reading reports of steep casualties in Italy (Mounk 2020), and worried about the possibility of the virus overloading Louisville's health infrastructure. After a tense conversation about her sore throat one morning, she asked me how to get tested.

At the time, Louisville's testing capacity was limited; because she was nineteen and relatively healthy, Allison was unlikely to be prioritized for testing. She'd have to call the health department, who would ask her about symptoms and exposures to anyone who had tested positive, then schedule an appointment. I gave her the health department's number and described their screening procedures, explaining that she'd likely be told to isolate for two weeks and go to a hospital if things got worse.

## Leveraging clinical ambiguity in a pandemic

"What do I tell them then? Can I just get a bed at the hospital in case?" she asked me and began proposing ways to preemptively ensure a spot. Her first idea was to tell clinicians she lost her sense of taste, reasoning there was no test for taste loss. Next, she suggested imitating a fever by wearing sweatpants and running in place before nurses took her temperature. However, her primary concern

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<sup>1</sup> A pseudonym.

was her boyfriend. “He has a heart condition, since birth – would they treat him if they knew that?” she asked.

I reminded Allison that if she needed hospitalization, a performance of symptoms would probably be unnecessary. The bigger concern, she pointed out, was her insurance. A retail worker who eventually lost her job during the pandemic, Allison was uninsured when Kentucky’s lockdown began. I asked if she knew that she qualified for Medicaid coverage as a former foster youth (Children’s Bureau 2015): she said she had no idea, and asked how to enroll.

The questions Allison asked me centered on how to protect herself and loved ones in uncertain times. She managed the uncertainties of her carrier status and the lack of testing by avoiding friends and family. By emulating unverifiable symptoms and strategically withholding information about pre-existing conditions, Allison could introduce new clinical uncertainties that would ensure care for herself and her boyfriend. I read Allison’s problem-solving strategies as a kind of specialized knowledge about leveraging clinical ambiguity acquired through years of out-of-home care: like many former foster youth, she learned “what it takes to *survive inside*” care settings (Greer 2020, 42). This was knowledge that translated well to managing biological uncertainties in a pandemic.

### **Young people navigating bureaucracy**

However, as Mulligan and Castañeda (2017) illustrate in their analysis of the implementation of the Affordable Care Act, getting *insurance* is markedly different from getting *care*. Mobilizing health care bureaucracy requires specialized knowledge of documentation and regulations – expertise learned through training and experience (Carr 2010a) – alongside patience, flexibility, and carefully calibrated self-presentation (Boyer 2008). Effective performances of “deservingness” are particularly fraught for young people, who, as Silver (2010) demonstrates in her work on American Independent Living Programs, are often dismissed for their race, age, and gender. Bureaucracy scholars have also analyzed bureaucracy’s effects and failures in Cyprus, Greece, France, Britain, and India (Navaro-Yashin 2007; Cabot 2012; Kafka 2012), highlighting how bureaucratic opacity and sluggishness (Mathur 2014) frustrate, annoy, or frighten people who depend on services.

When Allison tried to enroll, she encountered dismissiveness and non-responsiveness from social services. Although she understood how to navigate clinical settings, she lacked vital information about accessing their parallel service bureaucracies and was understandably frustrated about her interactions with bureaucrats when she asked for help. After multiple attempts on her own, she asked me to send an email on her behalf and received an insurance card within weeks.

### **Conclusion: Anthropologists as researcher-advocates**

Although I’m not a caseworker, bureaucrats and young people often interpellated me as one. Service providers asked me to help young people navigate bureaucracies, while young people asked me to leverage my relationships with service providers when no one answered the phone. I was sometimes hesitant to refer young people to social services, concerned with inadvertently exposing them to

unwanted surveillance (Carr 2010b; Fong 2020). However, with Allison's request, I realized the importance of becoming what Silver calls a "researcher-advocate," mobilizing "situated bureaucratic knowledge" to "help with whatever participants needed" (Silver 2015, 14). During the pandemic, Allison needed insurance, and positioned me as someone who could help.

Participant observation is a powerful method for anthropologists because it demands that we attend to material needs, local knowledge, and relationships simultaneously. I argue that the pandemic changed the boundaries of "whatever participants needed" beyond the strictly bureaucratic guidance, particularly for young people with limited support networks. My role as a researcher-advocate certainly included modeling effective bureaucratic engagement and leveraging my field relationships on Allison's behalf. However, it also included becoming a sounding board for creative problem-solving, an information source, and someone to text when she was worried about her loved ones. As health care becomes increasingly bureaucratized and opaque, it's essential that anthropologists adopt researcher-advocate roles, attending to what young people need in and outside of bureaucratic spaces.

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# **Original Research: Centering Voices of Sexual and Gender Minority Youth: The Urgent Need to Adapt Outreach Techniques**

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In March 2020, students in New Mexico left school expecting a week's vacation. However, as the COVID-19 pandemic hit the state, the Governor's office cancelled their return. In an economically challenged state ranking 49th in overall child well-being, the shutting of schools changed how students access resources for more than education. Schools addressed a plethora of structural vulnerabilities faced by young people, from food insecurity to healthcare. In particular, sexual and gender minority youth (SGMY) encountered major shifts in their daily social environments that can adversely affect their mental health. The following draws from our study on SGMY experiences with social distancing measures introduced under the pandemic. Specifically, we focus on methodological adaptations to research and recommendations for applying anthropology to better support SGMY mental health during this first-in-a-lifetime, socially isolating event.

Although youth are estimated to have the lowest mortality rates from COVID-19 (Centers for Disease Control and Prevention 2020), they are vulnerable to its influences on well-being. Pre-pandemic, SGMY were at higher risk of depression, anxiety, substance use, and suicidality (Price-Feeney, Green, Dorison 2020; Russell & Fish 2016). While fundamental to public health approaches to minimizing COVID-19 transmission, social distancing may exacerbate extant risks of negative mental health outcomes for SGMY. These youth may experience being cut off from sources of resiliency and protective factors, such as positive relationships with peers and adults based in schools (Johns, Poteat, Horn, Kosciw 2019; Kaniuka et al. 2019). Concurrently, SGMY are spending more time at home, which may or may not be a supportive environment. Social distancing practices also minimize the effectiveness of safeguarding and monitoring systems reliant on people in schools recognizing, preventing, reporting, or responding to signs of abuse and risk. Research also shows SGMY may be more likely to seek help online; two national, online SGMY resource platforms have reported that their mental health services have doubled since the pandemic (Fish et. al. 2020).

## **Methods**

In a time when in-person ethnographic methods are less safe, anthropologists can still apply our expertise at human-centered research, flexibility, and adaptation, as shown in the growing anthropology research that examines virtual cultures and life online (Møller and Robards 2019). Between June to August 2020, we used an online survey and semi-structured interviews to examine SGMY experiences with social distancing practices in New Mexico. Considering some SGMY may

live in unsupportive or unsafe homes, we leveraged social media and adapted interview methods to allow SGMY to easily and safely participate (e.g., video chat, phone interviews, and text-based communication). We administered the survey to SGMY who attended high school in the past year (ages ranged from 13 to 20) to broadly assess the pandemic's impact on well-being, mental health, and social support needs. Due to slow progress and low response rates during initial distribution of the survey through advocacy and support organizations serving SGMY, and in consultation with youth during interviews, we shifted recruitment to advertising through Instagram. This change quadrupled responses overnight, for a final 80 percent completion rate (379/474).

We conducted interviews with 15 SGMY and 12 of their formal supporters, including mental health professionals and school personnel. In the spirit of time for COVID-related research, we utilized a rapid data analysis process that involved the creation of a template with key domains derived from our interview questions for each transcribed interview (Hamilton 2013). The SGMY interviewees ranged between the ages of 13 to 17. Seventy percent identified as White; 23 percent as American Indian, Alaska Native or Indigenous Latin American; and five percent Asian or Asian American. Thirty-five percent of the total interviewees also identified as Hispanic or Latinx. We measured their socioeconomic status by parent or caregiver education. Responses were spread nearly evenly across educational levels, from less than high school diploma/GED to completed graduate/professional degree. We used video chat or phone calls for most interviews, but when homes were reportedly unsafe for SGMY to verbalize responses, we corresponded through shared Google documents. Use of a multi-pronged research strategy such as ours is useful for understanding and contextualizing experiences and impacts of pandemic-related social distancing on SGMY, especially for those youth disconnected from resources or in precarious home environments.

### **Improving Outreach to SGMY During a Pandemic**

Combining initial findings from the survey and interview data revealed unique parallels between our adaptations to connect with research participants and those made by formal supporters to serve SGMY (Galea, Merchant, and Lurie 2020). While survey data analysis is currently underway, we already know adaptations to recruitment widened the geographic range of participants from mostly those in cities to those in smaller towns or rural areas, and we were able to reach a substantial number of youth not already connected to SGMY resources.

SGMY spoke of how the pandemic has affected them. One SGMY reflected, "Instead of like going out and being active, like I used to be, I just like watch cooking shows with my mom and it's, and it's a different, because I'm used to seeing my friends every day... it's very hard to not be in band camp, especially when this year I finally made drum line." Another shared, "You kind of feel trapped in like this little box of a house, a loss of motivation. So once schoolwork online ended, it was kind of like, there's just nothing to do... It's just the same old, same old." A third SGMY said a group of friends started a group chat in the weeks after school closed, "We have a whole group chat [on Discord] and then we also have an Instagram group chat, which we text each other through like 24-7. And we've been staying really connected to that." As a result of the pandemic, a fourth SGMY said she has had more time to self-reflect and "intensified" her identity, drawing inspiration

from TikTok, “Since the pandemic now I've changed even more and I feel more comfortable in my own skin.”

Formal supporters explained how they diversified communication techniques to make themselves available to SGMY. One therapist, for example, now checks in with current and former clients via monthly texts. Similarly, a teacher underscored the usefulness of sending “dorky” memes to stay connected while she is unable to check on SGMY face-to-face. Others have put themselves on Instagram or shared their personal phone numbers so they may better reach and be reachable to support SGMY. These formal supporters have discovered the need to enhance their outreach and availability.

Even so, several of these same participants stated they had diminished capacity to support SGMY during the pandemic. They too struggled with day-to-day activities and were not always as available as they would like. While a minority knew of online social support groups for youth, most said they would benefit from having a list of resources SGMY can turn to during and after this pandemic.

Participants noted positive changes as well. Fewer SGMY cancelled appointments, as they could meet without getting ready to go out. Parents could anonymously attend virtual workshops from a local advocacy organization instead of going in-person. Some participants also mentioned that the SGMY they knew had become observant of the national protests occurring in support of marginalized people, which assuaged the isolation they felt.

SGMY participants described creative ways in which they sought support. One SGMY disclosed that even if friends’ phone minutes ran out, they could all go on an online game, Animal Crossing, to chat at no cost. Most SGMY and some professional supporters clarified that Instagram and TikTok were the primary social media sites to locate and join like-minded groups to learn about sexuality and gender or simply find community. They advised that adult supporters should engage with those platforms, and not Facebook (unless targeting adults) or listservs of already-connected youth. They should also not wait for or expect young people to ask for help—many of those most in need will not do so, according to SGMY and professional respondents.

## **Conclusion**

Anthropologists are acutely positioned to adapt to research participants’ needs. We can support our peers in related realms, including advocacy, education, and mental health, to listen and respond to the needs of SGMY and safely improve methods for serving them. We conclude by stating in the strongest way possible that adults and organizations supporting SGMY must urgently adapt their strategies for outreach.

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# Original Research: Anxiety and the Politics of Child Well-Being During COVID-19

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## Introduction

Over the last few months, there has been a proliferation of discourse concerned with the well-being of the roughly 1.5 billion children globally who are currently out-of-school (Gettleman and Suhasini 2020; Mahara 2020; Strauss 2020). Both governments and non-governmental organizations have discursively emphasized a few key dimensions of child well-being during this period when children are not physically in schools, including access to opportunities to continue learning, digital etiquette, and child safety. However, these broader anxieties around the many millions of “out-of-school” children are keenly reflective of essentialized notions of what it means to inhabit childhood.

As PhD students with long-term research engagements in Delhi, India, we note the ways in which these discourses have proved insufficient within our own research contexts for their inability to attend to the ways in which health and well-being intersect among marginalized child populations that are often deemed ‘vulnerable’ or ‘at risk’ (Balagopalan 2012; Dyson 2015; Vasudevan and Campano 2009). We work with populations that are marked for their non-normate subjectivities (Balagopalan 2014; Khoja-Moolji, 2015; Mishra, 2007). Fernandes’s fieldwork focuses on how the embodied experiences of disabled children<sup>1</sup> are understood and responded to by the K-12 school system and the state through inclusive educational environments. Garg’s fieldwork examines and calls attention to identity explorations—in and outside of school and through digitally mediated social environments—by adolescents who are deemed in need of care, protection and rehabilitation by the state and placed with children’s homes. Drawing upon our own methodological challenges that have emerged while continuing fieldwork during the COVID-19 pandemic, both from a physical distance and across digitally mediated spaces, we examine here the paradoxical ways in which the focus on continued learning when ‘out-of-school’ invisibilizes the vital embodied experiences of our research participants.

To frame our work on child populations who are often relegated to the margins by the state, we draw upon Rosemarie Garland-Thomson’s notion of the normate child (and by extension the default childhood) as one with “unmarked, normative characteristics” (2002, 10). Across our research sites, these “unmarked” characteristics of the normate childhood privilege include several intersecting facets of identity such as caste, class, race, gender, and ability. The majority of programming that

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<sup>1</sup> In recognition of ongoing conversations within disabled communities about the suitability of person-first versus identity-first language, we use both somewhat interchangeably in this article. Where applicable, the language choices of participants and their caregivers have been retained. However, to acknowledge the manner in which person-first language is most often only used to refer to disabled people versus those without disabilities (Gernsbacher 2017), we have prioritized the use of identity-first language.

has aimed to address the needs and well-being of the unmarked child subject during this pandemic assume normativity, thereby disregarding systemic inequities that our participants and their families face. The concept of bodyminds (Price 2015; Schalk 2018) has also enabled us to further unpack the connections between health and well-being in current child well-being discourses. As a framework, the bodymind discards conventional biomedical separations of one's physical body from one's mind, instead intentionally highlighting the ways in which both are inseparably intertwined in their functioning. Bodyminds as a concept has also allowed us to pay careful attention to which marginalities—or parts of marginalities—are not even rendered in dominant discourses about child well-being during COVID-19. Employing both frameworks toward a conceptual framing of the health and well-being of marginalized child populations in India, we now look at two dimensions of these discourses: access and accountability.

### **Access**

India's national guidelines on digital learning (MHRD 2020) and surrounding conversations at our research sites work from the assumption that broader systemic inequities, which existed prior to the pandemic (Singal and Muthukrishna 2014), could be addressed by ensuring access to digital devices during the pandemic. Across the nation, this lack of access to digital devices has been constructed as one of the primary hindrances to child well-being (Bhatt 2020; Sahni 2020). Subsequently, various drives to provide digital devices to households who lack them have sprung up, largely in an attempt to ensure that children are able to keep learning.

Ironically, therefore, even though every child at Garg's research site received a laptop during the early months of the pandemic, this has not translated to greater access to learning opportunities and environments. Garg noticed that rhetoric around the 'optimal' use of digital devices resulted in the home's strict monitoring of when and how children could use their laptops. Adult caregivers' anxieties around the digital behavior of Garg's research participants, together with idealized cultural notions of childhood as a space free of digital devices, have continued to mediate the access promised by laptops. As Garg collaborates with her participants on an online writing project, caregivers at the children's home have reprimanded participants for spending too much time on projects that are external to their school work, and have continually worried about the ways in which digital interactions have the potential to remain somewhat unmonitored. Although ostensibly well-intentioned, these specific caregiver rhetorics around being mindful of well-being have ironically de-centered the interests and desires that her participants themselves had identified as key to their own well-being.

Across Fernandes's sites, the broader rhetoric of access to devices also does not fully address the concerns of participants with intellectual, developmental and/or physical disabilities, nor the concerns of their caregivers around the accessibility of online education. In particular, despite often needing to work full-time jobs, caregivers are also required to spend several hours assisting children with disabilities as they engage with school curriculum online. As a result, several caregivers, particularly those who are unable to afford additional caregiving support, have expressed their

inability to ensure that their children with disabilities continue engaging in activities meaningful to their own learning through the various digital solutions provided. Further, in guidelines for parents, digital etiquette is often discursively constructed through a binary understanding of healthy/unhealthy engagement (from an adult perspective). This in turn leaves little room for wider conversations that center the needs of children and their experiences when engaging extensively with digital worlds since the start of the pandemic.

### **Accountability**

Another dimension of continued child well-being in this moment is that of accountability of parents. As a result of the concerted focus on continuing to learn when ‘out-of-school,’ the responsibility for both the participation and well-being of child participants falls on parents, rather than being understood as a by-product of larger systemic interactions. This framing entirely sidelines the challenges that the caregivers of participants at our research sites are facing, including a sudden loss of livelihoods. It also does not address the ways in which parental well-being and child well-being can often be intertwined.

In Fernandes’s project, these disjunctures are especially apparent with parents of children with disabilities, many of whom have expressed discomfort over feeling ill-equipped to handle their children’s education during the pandemic. This discomfort is also indicative of the ways in which other aspects of a child’s identity, particularly class, gender and/or caste, come to intersect with impairments. As is the case with disabled children when in school, but perhaps even more so now that children are ‘out-of-school,’ parents with more disposable income in this moment have paradoxically turned their focus toward a greater pursuit of curricular and extracurricular activities to ensure that the pandemic can also be reframed as an opportunity. These anxieties around making up for lost in-school time have frequently (albeit unintentionally) also de-centered children’s responses to the pandemic and their expressions of well-being.

Through these discourses that link access, learning and well-being, the onus of being well in this deeply difficult moment is also disproportionately placed on the child. Several news media outlets have praised children who have shown what is constructed as extraordinary resilience in this moment (Outlook 2020), including a teenager who cycled hundreds of miles to take her father home to their village amidst the abruptness of the lockdown (Livemint 2020). At Garg’s field site, children in the care home have not met their friends or families outside for the last 6 months. However, their well-being is measured by the caregivers through specific socio-emotional markers of adjustment, including their continued commitment to learning despite the many upheavals of this moment. Discourses of child well-being, in this situation, have necessitated a continued demonstration of well-being, which in turn does not adequately capture the ways in which systemic failure comes to be located in the body of the individual.

### **Conclusion**

As researchers, we remain aware of the need to further nuance our study of the costs to access that are most keenly felt by young, marginalized bodyminds (Balagopalan 2011). At a moment when the well-being of the child is made hyper-visible, we wish to point further to the invisibility of the

needs and voices of the non-normate children that we work with in order to ask how they might be (re)centered. In particular, how might our methodological choices continue to pay close attention to our young participants' needs, voices, and lived experiences, while also engaging with the proliferation of global discourses on what it means to be 'well' in this moment? We offer these ongoing, open questions from our own engagements with the intention to re-focus current concerns about child well-being on the needs and experiences expressed by children themselves in this moment.

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# The Critical State of Indigenous Australian Children's Health and Well-Being in 2020

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In seeking to understand the experiential ground in which the post-colonial Indigenous and non-Indigenous literatures of Australia are rooted, I have, over the last twenty years, explored a multitude of heterogeneous non-literary texts. These comprise such documents as official government reports, newspaper articles, statistical research papers, books and scholarly articles in a number of diverse fields, including historiography, anthropology, psychology, medicine, sociology and linguistics. It is the archive assembled from these many different data sources that I draw on here to discuss: 1. The circumstances behind the extraordinary overrepresentation of Indigenous children currently detained in Australia's carceral institutions and 2. The particularly insalubrious conditions to which these children are condemned today as a result of the COVID-19 pandemic.

Growing up surrounded by the social and psychological pathologies that colonization unfailingly trails in its wake, Indigenous Australian children witness daily the suffering of an adult population ravaged by entrenched poverty, inadequate housing, high-unemployment, mental health problems, high morbidity, familial violence, elevated early mortality and suicide rates, and widespread addiction to alcohol and drugs (Rowley 1970; Stanner 1979; Lavarch 1997; Sizer and Smeerdijk 2017). The chances of these children enjoying the health and well-being typical of their non-Indigenous counterparts are, thus, from the outset, exceedingly slim.

## Two Prevalent Post-Colonial Health Problems of Consequence

One of the numerous dramatic consequences of alcohol abuse that has plagued Indigenous Australian communities since colonization is the incidence of Fetal Alcohol Spectrum Disorder (FASD) among Indigenous children. One hundred times more likely to suffer from this incurable yet preventable condition than non-Indigenous children (Hayes et al. 2014), young Indigenous victims of the syndrome's neurodevelopmental fallout are subject to "intellectual disability, cognitive impairment, learning difficulties, speech and language delay, behavioral and emotional problems" (367). Another health issue experienced by Indigenous Australian communities and closely tied to colonization is that of Otitis Media (OM). Believed to flourish in circumstances of poverty, malnutrition and overcrowded and unsanitary living conditions, OM is a disease, that is frequently associated with low-income countries. Yet, in Australia, a nation declared in 2018 to have the largest median wealth per adult (Research Institute 2018), Indigenous children "experience some of the highest rates [of OM] in the world" (DeLacey et al. 2020, 1). Since the psychosocial consequences of both FASD and OM include difficulties with attention, communication, behavior, relationships and low self-esteem (Hogan et al. 2014, 2), both conditions typically give rise to behavioral problems that psychologists see as determinants of the victims' drift into petty criminality (Sizer and Smeerdijk 2017; Bower et al. 2018; Cunneen 2017).

The structural racism that underlies Australia’s penal system (Sizer and Smeerdijk, 22—25) subsequently compounds the suffering of children who are affected by OM and FASD by adding experiences of imprisonment to the stress and existential confusion of their already vulnerable state. The United Nation Convention on the Rights of the Child has vocalized “longstanding criticism of the low age of criminal responsibility in Australia” (Cunneen 2017, 4), and conditions of imprisonment (e.g., isolation, constant surveillance, physical restraints) come with high potential for traumatizing or re-traumatizing children (Turner 2020). Yet, despite these documented human right concerns, Australia continues to imprison unconscionable numbers of Indigenous youngsters from 10 years old upwards. In addition to the “traumatising and criminalising” (Turner 2020) experiences many of them undergo in detention, young Indigenous detainees often suffer from “[l]ack of access to education, employment, health and adequate housing” (Sizer and Smeerdijk 2017, 42).

### **Juvenile Detention**

Incontrovertible evidence of incarcerated children’s persecution while in detention was presented in an explosive documentary, aired on Australian TV in 2016, showing young Aboriginal inmates of Don Dale (a notorious juvenile detention center in Australia’s Northern Territory) being routinely subjected to degrading and damaging treatment. Obese prison guards were filmed hitting, verbally abusing, sitting on, throwing around, and teargassing the slight and cowering figures of Indigenous youth. Children as young as 13 were further punished by long periods in solitary confinement. Footage of Dylan Voller, a docile Indigenous youth of fifteen, shackled to a restraining chair, his head covered Abu-Ghraib style with a spit-hood, sent shock waves of outrage and protest around Australia.

The Royal Commission (2017, 1—10) subsequently appointed to investigate the detention of Indigenous children in the Northern Territory found that:

- Conditions at Don Dale were “not fit for accommodating, let alone rehabilitating, children and young people.”
- The “health, safety and wellbeing” of young inmates were put at “serious risk” by “inadequate facilities.”
- Young detainees were frequently “subjected to verbal abuse and racist remarks,” held in isolation “for extended periods,” denied “access to basic human needs,” and “offered bribes to carry out degrading, humiliating and/or harmful acts [including] acts of physical violence] on each other.”
- Physical force was routinely used by guards who often held children in chokeholds or threw them forcefully to the ground.
- Children subjected to the policy (preferred by senior executives, management and staff) of “breaking” rather than “rehabilitating” them were thought to suffer “lasting psychological damage.”



Despite the Commission's findings, the nationwide, automatic imprisonment of disadvantaged Aboriginal children for petty theft and public disorder offences continues uninterrupted. In 2019, the Australian Institute of Health and Welfare reported that "Young Indigenous Australians aged 10–17 were 21 times as likely as young non-Indigenous Australians to be in detention on an average night" (2019, 2). Furthermore, although constituting only 6 percent of the Australian population aged 10 to 17, these detainees accounted for approximately 57 percent of youths in detention over a recent four-year period (Australian Institute of Health and Welfare 2019, 11).

### **COVID-19 and its Consequences**

As one report observed this year:

Youth prisons are hot spots for the transmission of COVID-19. Like cruise ships or nursing homes, they are closed, crowded environments where large numbers of people touch the same surfaces, share facilities and cannot physically distance from one another. Once the virus enters a youth prison, it risks spreading like wildfire. (Trevitt 2020, 7)

As this quote illustrates, the already distressing situation in which young Indigenous detainees find themselves has now considerably worsened due to the threat of COVID-19. Having pre-existing "high rates of chronic illness, respiratory conditions and disability," Indigenous children are "particularly susceptible to the worst effects of COVID-19" (Trevitt 2020, 14). Moreover, new restrictions imposed by Australia's carceral institutions in response to the current pandemic have also seriously aggravated the vulnerable psychological health of imprisoned children. New restrictive measures include increased use of separation/isolation within correctional facilities as well as forced quarantine of incoming prisoners and reduced access to programs, education, family, and family and legal visits. (Trevitt 2020, 10). Finally, one further worrying development in light of the Don Dale scandal, is the prison authorities' decision to suspend "independent oversight bodies and external scrutiny in many states and territories" due to COVID-19 (Trevitt 2020, 11).

### **Conclusion**

Given the rapidly growing volume of research demonstrating that maintenance of close links with their traditional land, language and culture are essential to the health and well-being of First Peoples (Chandler and Lalonde 1998; Biddle and Swee 2012; Wakefield and Hudley 2007; Wexler 2009); sentencing Indigenous children to time in Juvenile Detention Centres constitutes a danger to both their current and future life. Detention cannot, therefore, be considered an appropriate response to the petty crimes for which most Indigenous children are taken to court. Keeping them incarcerated in the deleterious ambiance of current pandemic imprisonment conditions is arguably nothing less than a flagrant breach of International Human Rights legislation (Royal Commission and Board of Enquiry 2017).

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# Original Research: Kin-Care and Well-Being for Children and Youth in Cameroon's Intersecting Uncertainties

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## Kin-Care Transformed

Care arrangements—by parents, kin, or the state—are central to the well-being and mental health of children and youth (Coe 2012a). Over the past five years, I have actively researched child fostering practices among transnational Cameroonian families. This study of distributed parenting and new ideas about what it means to raise a child properly is informed by over three decades of research among the Bamiléké. Originating in the mountainous Grassfields region straddling Cameroon's Francophone/Anglophone divide, my research includes observations undertaken during my investigations of migrant motherhood and belonging (Feldman-Savelsberg 2016).

Few areas of social life generate as much emotion as caring for children. Caring for children within kinship groups reveals not only the positive emotions of “mutuality of being” (Sahlins 2013), but also the negative emotions associated with jealousy, conflicts, and witchcraft accusations (Geschiere 2013, 2020). Throughout West Africa, practices of distributed parenting such as child fostering generate new ties (Goody 1982; Lallemand 2013) as well as potential conflict among biological parents who entrust their child to another, foster parents who care for another's child, the fostered child, and the biological children of the foster parents (Alber 2018; Kamga 2014). Grandmothers' “spoiling” (Notermans 2004, 2008) contrasts with mothers blowing in babies' faces to prevent exclusive attachment (Gottlieb 2004; Keller, Voelker, Yovsi 2005; Otto, Potinius, Keller 2014) and histories of selling children into pawnship (Argenti 2007; Coe 2012b; Renne 2005). International migration further complicates hopes for the child's future as well as conflicts over the child's care, because family members dispersed between continents live in and orient their lives to vastly different contexts (Feldman-Savelsberg 2020).

Such transformations in how transnational Cameroonian families manage “kin-scription,” or “the practice of assigning kin-work to family members” (Stack and Burton 1993, 157) and the nature of childrearing are further complicated by a confluence of uncertainties. These include emerging attitudes toward hardship engendered by increasing attention to children's rights (Ekwen 2017), armed conflict in Cameroon's two Anglophone regions, increasingly exclusionary immigration regimes, and effects of the COVID-19 pandemic.

Proverbs of the Bamiléké and wider Grassfields region, such as “a child is one person's only in the womb” (Nyamnjoh 2002), and “a child has many mothers” (Verhoef 2005) express adults' shared responsibility and decision-making power over children. When I began conducting participant-observation fieldwork in Bamiléké country, one articulated advantage of child fostering was that

children learn resilience through hardship, finding “no success without struggle” (Bledsoe 1990). Over the past decade, interview-based research<sup>7</sup> revealed that transnational Bamiléké families stretched between Europe, North America, and Africa seek to protect their children from any hardship that could derail concerted cultivation aimed at launching children into a cosmopolitan middle class. Youth pick up on changing discourses about hardship to generate new expectations regarding emotional care.

### **Intersecting Uncertainties**

Mabuké,<sup>8</sup> a university student who spent her childhood moving between foster care arrangements in Cameroon and her mother’s home in Maryland, still suffers from the frequent disruptions in her life and her troubled yearning to belong. “I recall in the fostering homes I stayed in . . . I wasn’t maltreated. But I wasn’t treated as one of the children at home.” Now, Mabuké’s generation of educated young Cameroonian migrants living in France, Germany, South Africa, and the US circulates new ideas through blogs and Twitter messages about parenting, kinship obligations, and emotional health. As Mabuké explains, “We’re becoming more emotionally intelligent, more ‘globalized’ and throwing off the belief in mandatory responsibility to extended family. . . . An interesting issue went viral in the Nigerian Twitter space recently—people discussing . . . if it matters that we may never have heard ‘I love you’?” Mabuké’s network of young transnational Cameroonians connected on social media interpret separation of children from their biological parents as psychologically harmful.

Crisis situations, however, engender crisis fostering recounted as harmful separation and trauma, contrasting with emotional memories of warm extended-kin reciprocity. Armed conflict in the Anglophone regions<sup>9</sup> since 2016 (International Crisis Group 2017) has led many Cameroonians to seek asylum in European and American countries, subjecting them to danger *en route* and to harsh border controls (Drost 2020; Andersson 2014). Anglophone Bamiléké, caught between their Francophone origins and their generations of residence in and identification with the Anglophone minority, are particularly endangered. Kwachou (2017) speaks to identity issues accompanying physical threat:

For some in Cameroon, you are either Anglophone or Francophone, either a victim or a benefactor of linguistic privilege. However, for . . . ‘citizens of the 11th region’ [meaning Bamiléké and western Grassfields people who several generations ago settled in the South West Region] who straddle the linguistic divide, the last several months have been a period of considering the complex colonial legacy of their identity.

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<sup>1</sup> Interview and observational research in Berlin (2010-), Paris (2015-19), South Africa (2018), and Cameroon (2017) utilized site-based sampling (Arcury and Quandt 1999), as well as connections through immigration rights NGOs and a listserv of Cameroon scholars. Email, phone, Zoom, Skype, and the Cameroonian blogosphere have facilitated narrative data collection on effects of the SARS-CoV-2 pandemic.

<sup>2</sup> All names are pseudonyms, with details slightly altered to preserve anonymity.

<sup>3</sup> A constitutional change in 1996 renamed provinces as “regions.”

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In this crisis, culturally-valued foster care among kin meets involuntary family separation when some children are left behind to facilitate flight, and when other children are separated from their parents at the U.S.-Mexico border after a long and complex refugee itinerary. Esther's family was threatened simultaneously for being Anglophone by Cameroonian military, and for being Bamiléké by the Ambazonia Defence Force, her husband kidnapped, and her young son tragically killed in crossfire. Esther left two children with grandma and fled, pregnant, via South America to the U.S. border. Aided by an NGO, she and her newborn were granted asylum in the U.S. shortly before the COVID-19 outbreak. Other Cameroonians who arrived on the border just a little later were less lucky; the current COVID-19 pandemic makes migrant detention immediately dangerous to the physical health of children and youth (Human Rights Watch 2020). Esther now fears that her children left in Cameroon may "age out" before pandemic travel restrictions and the backlog of an underfunded ICE allows her family to be reunited (Kanno-Youngs 2020).

## **Conclusion**

Shaping child and youth mental and physical health, care arrangements among Bamiléké in Cameroon and their diasporic relatives are affected by our uncertain times. Indeed, Bamiléké practices of child fostering as well as ethnopsychological orientations regarding the roles of distributed care, hardship, and separation in child development are being transformed by multiple, interweaving uncertainties. While affective circuits connect transnational families (Cole and Groes 2016), armed violence, restrictive immigration regimes, and the COVID-19 pandemic generate short-circuits, threatening the well-being of children and youth.

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*NEOS* is the flagship publication of the Anthropology of Children and Youth Interest Group (ACYIG), American Anthropological Association. The bi-annual publication consists of peer-reviewed original short-form research articles as well as editor-reviewed commentaries and feature pieces. *NEOS* relies on the work of many volunteers, including the full editorial board, peer reviewers, the ACYIG communications team, and a multitude of advisory board members for both *NEOS* and ACYIG. If you are interested in getting involved, please contact [acyig.editor@gmail.com](mailto:acyig.editor@gmail.com).

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Launched in 2007 as an Interest Group within the American Anthropological Association, the Anthropology of Children and Youth Interest Group (ACYIG) now boasts more than 1200 members in over ten countries. Members include academics and practitioners who publish on and work with, children all over the world. The need for an anthropological interest group concerned with children and childhood continues to center on the fact that, despite growing interest in the area of cross-cultural research on childhood, children's experiences, and children's rights, there are very few established places to discuss and publicize such work, especially outside the realm of education and health disciplines. To read more about ACYIG, visit our website at <http://acyig.americananthro.org>

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In addition to being the Co-Editor of *NEOS*, Dr. Everson serves as a Research Working Group member of the Academic Collaborative for Integrative Health; an Editorial Board member for the Journal of Alternative and Complementary Medicine; Co-Chair of the Family Voice & Choice Committee for the Colorado Collaborative Management Program (CMP); and a strategic consultant to higher education entities, governmental agencies, and non-profit organizations on issues of equity, complex systems development, and anti-oppressive practices.

Dr. Everson holds a PhD in applied medical anthropology from Oregon State University with doctoral-level minors in public health and women, gender, and sexuality studies. She is also experienced in community midwifery; serves growing families as a birth doula, postpartum doula, and perinatal health educator; and advances community connection and well-being as a barre fitness instructor.

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Maria V. Barbero, PhD is an Assistant Professor of Integrated Studies at Florida Gulf Coast University. She has a PhD in Global and Sociocultural Studies from Florida International University and an M.A. in Comparative Studies from The Ohio State University. Maria is currently working on a book manuscript on south-south youth migration to Buenos Aires, Argentina. Her work on migration, nationalism & youth, has been published in journals such as *Citizenship Studies*, *Race and Ethnic Studies*, and the *Journal of Ethnic and Migration Studies*. Maria's research focuses on the migration-security nexus and how it impacts migrant populations in the Americas. She is particularly interested in the experiences of young people who straddle elusive boundaries between childhood and adulthood and how they experience state practices, discourses, and policies of protection and control.

### **Assistant Editor – Matilda Stubbs, PhD**

Matilda Stubbs' primary research focuses on the anthropology of social service administration, specifically the role of documents and bureaucratic culture in U.S. child welfare, adoption, and foster care services. She also teaches on a range of other topics including automobility and vehicularity, visual and material culture, communication, tourism, and sensory studies. Her most recent project focuses on the global political economy of youth slime culture and ASMR on social media platforms.

### **Assistant Editor – Alexea Howard, MA**

Alexea Howard, MA is a recent graduate from California State University, Long Beach whose focus is in Medical Anthropology. She graduated at the top of her class with awards such as Distinguished Graduate Student, Academic Excellence, and Best Thesis. Alexea earned her BA (Honors) in Anthropology with a focus in Medical and Psychological Anthropology from the University of California, Los Angeles and received post-baccalaureate training in Psychology and Addiction Studies. Her research explores the way that concepts of health and illness are impacted by a sense of community and a gained sense of agency. Her most recent work focuses on reasons for continued use among those who participate and frequent pro-anorexia websites and how the use of these sites has impacted the community's conceptions of health and illness as it relates to anorexia.

### **Assistant Editor – Kimberly Garza, MA, MPH**

Kim is a PhD Candidate in Biological Anthropology at the University of Illinois at Chicago. Her research takes a biocultural approach to how daily social interactions influence levels of stress and health status in adolescent girls. Working with middle school girls in the American South, she examines girls' use of social interactions through ethnography and the use of biomarkers to better define the ways girls use social interactions to define status and social

hierarchies within middle school and how they use these interactions to best navigate a complex social environment – and how these interactions may directly contribute to negative health outcomes. Kim has an MA in Anthropology and an MPH from the University of Illinois at Chicago.

### **Digital Scholarship Intern – Delaney J. Glass**

Delaney J. Glass is a Ph.D. student in Biological Anthropology at The University of Washington in Seattle. Her research area is at the intersection of human biology, evolutionary anthropology, and cultural anthropology. Her current work aims to understand how physical and social stressors are embodied (with impacts to Darwinian fitness and health) during adolescence and how this relates to cultural niche construction. She is currently a Foreign Language and Area Studies Fellow in the Middle East Center at UW, a trainee at the Center for Studies in Demography & Ecology and has recently joined the Advancing Arab American Health Network & Allies Research Group. She is pursuing training in qualitative and quantitative methods and is passionate about rstats and applying skills from Data Science to social science research

## NEOS Author Bios

### Jieun Cho

Jieun Cho a Ph.D. candidate in Cultural Anthropology at Duke University. She is researching the intersection between children's health, everyday life, and the ethical/political imagination in post-nuclear Japan. She is learning from the experience of middle-class families and radiation experts trying to raise healthy children amidst radioactive uncertainty.

### Sheila Collingwood-Whittick, PhD

After obtaining her Ph.D. on « The colonial situation in Algeria and its literary reflection », in 1980, Dr. Collingwood-Whittick spent several years teaching in South East Asia where she honed her observations on colonization and decided to focus her scholarship thereafter on postcolonial anglophone literatures. From the early 1990s, Dr. Collingwood-Whittick taught postcolonial studies at the Universities of Geneva and Grenoble, specializing increasingly and publishing widely (books, book chapters and articles) on Australia's settler colonial history and literatures, and, in particular, on the impact of colonization on Indigenous Australian populations. Though Dr. Collingwood-Whittick retired from teaching in 2012, she continues to carry out research, publish articles and regularly gives papers at international conferences.

### Pamela Feldman-Savelsberg, PhD

Dr. Feldman-Savelsberg is the Broom Professor of Social Demography and Anthropology at Carleton College. Her book publications include *Plundered Kitchens, Empty Wombs: Threatened Reproduction and Identity in the Cameroon Grassfields* (1999), and *Mothers on the Move: Reproducing Belonging between Africa and Europe* (2016).

### Kim Fernandes, M.Ed.

Kim Fernandes is a doctoral student in Education and Anthropology at the University of Pennsylvania. Their project focuses on disabled children and their childhoods in India.

### Rabani Garg, MS.Ed.

Rabani Garg is a doctoral student in Education at the University of Pennsylvania. Her work focuses on how children deemed to be at risk by the state navigate their identities inside and outside school.

### Lara Gunderson, PhD

Dr. Gunderson is an anthropologist conducting community-based health disparities research. She is currently focused on a study to improve social supports for LGBTQ+ youth and an implementation science study to evaluate an effort to improve screening and brief interventions for substance use in school-based health centers.

### Sarah Elizabeth Morrow, M.A.

Sarah Elizabeth Morrow is a practicing medical anthropologist, embedded as a pediatric clinical coordinator for a larger healthcare and insurance system in Pennsylvania. She is also a PhD student at the University of Alabama, focused on the integration of Social Determinants of Health into the culture of clinical biomedical practice.

**Elisha Oliver, PhD**

Dr. Oliver received her PhD from the University of Oklahoma. She is a bio-cultural anthropologist and visual ethnographer. Her research explores the linkages between narrative, health, and space and place in rural communities.

**Julie Spray, PhD**

Dr. Spray is a post-doctoral research associate in the Division of Public Health Sciences, Washington University School of Medicine in St. Louis. She is author of the recently published book, *The Children in Child Health: Negotiating Young Lives and Health in New Zealand*.

**Sean Heath, M.A.**

Sean Heath is a social anthropologist specializing in the body, movement, the senses, and human-water interactions. Currently, he works as a PhD candidate at the University of Brighton on pain and injury amongst competitive youth swimmers in the UK and Canada.

**EB Saldaña, M.A.**

EB Saldaña is a doctoral candidate in Anthropology. Based on thirteen months of ethnographic participant observation with former foster youth, service providers, child welfare advocates, and policymakers, her dissertation investigates “aging out” of Kentucky’s child welfare system.

**Margie Sanderson**

Margie Sanderson is a staff member at the Society for Children and Youth of BC. She has been passionate about advancing young people's rights for as long as she can remember, dating back at least to age 9 when she rallied her classmates to petition for changes at their elementary school. She has a particular interest in child-inclusive design, and a background working with youth in educational contexts, including 3 years on staff at a democratic free school. She lives on the unceded territory of the x<sup>w</sup>məθkwəy̓əm (Musqueam), Skwxwú7mesh (Squamish) and Səlílwətaʔ/Selilwiltulh (Tsleil-Waututh) First Nations, what is now known as Vancouver, BC.

**Daniel Shattuck, PhD**

Dr. Shattuck is an anthropologist conducting research to ameliorate sexual and gender minority (SGM) population health disparities. His current work focuses on SGM adolescent populations and interventions to support improved behavioral health outcomes.