

Running head: MOTHERING AND CHILDREN'S AOP

Contemporary mothering and the provision of children's active outdoor play

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Abstract

Children's active outdoor play (AOP) is an unstructured physical activity that takes place outdoors during a child's free time. Despite its association with health and well-being benefits (e.g. increases levels of physical activity, improves psychosocial skills), growing evidence suggests that children are playing less outdoors in comparison to previous generations (Clements, 2004; Witten et al., 2013). This trend is generating a number of studies aiming to examine its decline. Parents, especially mothers, are identified as significant actors in increasing children's opportunities for AOP in order to prevent adverse health and developmental outcomes. Although parents have an important role in socializing children to leading healthy lifestyles, few studies have documented their difficulties in providing children with opportunities for AOP. Drawing on a Foucauldian approach, this qualitative study focuses on the social, cultural, and structural factors that shape children's opportunities for AOP within the family context and examines the salient factors of contemporary motherhood that impact children's AOP. Twenty-one mothers from the Ottawa-Gatineau region took part in an in-depth semi-structured interview. The analysis shows that many aspects of contemporary mothering and the multiple roles occupied by mothers make it difficult to provide opportunities for AOP. A key finding is that mothers struggle to prioritize children's AOP due to discursive conflicts that stem from their roles as risk managers, time managers, and screen time managers. Results provide crucial data for future initiatives aimed at increasing children's levels of physical activity within a family setting. By focusing on the lived experiences of mothers, this study provides recommendations to promote AOP despite the challenges of contemporary family life.

Résumé

Le jeu actif à l'extérieur (JAE) est une activité physique non structurée pratiquée à l'extérieur pendant le temps libre de l'enfant. Des experts et chercheurs en santé publique ont identifié cette forme de jeu comme solution pour contrer la sédentarité et augmenter le niveau d'activité physique des enfants (ParticipACTION, 2015). Alors qu'elle mène à plusieurs bénéfices sur la santé et le bien-être (e.g. augmente le niveau d'activité physique, contribue au développement d'habiletés psychosociales), sa pratique diminue au fil des années (Clements, 2004; Witten et al., 2013). Plusieurs causes de ce déclin ont été identifiées pour expliquer cette tendance. Les parents, surtout les mères, sont perçus comme étant des agents sociaux importants pouvant participer à favoriser le JAE et prévenir les effets néfastes d'un mode de vie sédentaire. Puisque les mères canadiennes assument l'essentiel des responsabilités pour veiller à la santé des enfants (Doucet, 2015) et exercent aussi la plus grande influence sur leurs JAE (Valentine & McKendrick, 1997), la présente étude traite des discours dominants sur la maternité et de leurs impacts sur l'offre de JAE des enfants. En employant une approche foucauldienne, cette étude qualitative s'interroge sur les facteurs sociaux, culturels, et structureux influençant la pratique du JAE. L'étude explore la maternité contemporaine et son impact sur les principaux facteurs qui agissent sur le temps libre et la pratique du JAE. Des entrevues semi-dirigées ont été réalisées auprès de 21 mères francophones et anglophones de la région d'Ottawa-Gatineau, Canada. Une analyse de discours a mis en évidence la surcharge parentale et les rôles multiples qu'occupent les mères pour expliquer le déclin de cette pratique. Les résultats exposent trois constructions discursives associées à la « bonne mère », soit celles de « gestionnaire du temps », de « gestionnaire des risques » et de « gestionnaire du temps d'écran ». Chacune de ces constructions est elle-même constituée de discours divers et concurrents qui font obstacle à une pratique

régulière du JAE. La présente étude souligne les contrastes entre les discours sur la régulation de la santé des enfants et les exigences de la vie familiale contemporaine.

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Preface

This study was granted approval from the Research Ethics Board of the University of Ottawa. Dr. Alex Dumas' intellectual contribution to this thesis, and the research article that composes it, is acknowledged as he critically revised many drafts of this work.

Chapter I - Introduction

Public health experts in developed countries are directing their efforts to mitigate the negative health and psychosocial impacts of increasing sedentary behaviours of children. In Canada, two recent reports on children's health have proposed active outdoor play (AOP) as a means to increase the level of physical activity of children. In 2015, a national report on children's physical activity, entitled *The Biggest Risk is Keeping Kids Indoors*, emphasized the importance of accessing outdoor play environments for healthy and active lifestyles (ParticipACTION, 2015). In the same year, a diverse and cross-sectorial group of partners, stakeholders, and researchers released a position statement on AOP recommending self-directed play outdoors at home, at school, in child care, and within community programming for healthy child development (Tremblay et al., 2015). To prevent adverse health and developmental outcomes stemming from sedentary lifestyles, parents are identified as significant actors in increasing children's opportunities for AOP.

Although parents have an important role in socializing children to leading healthy lifestyles, few studies have documented their difficulties in providing children with opportunities for AOP. In fact, little empirical attention has been given to the broad context of contemporary parenting and how it is shaping children's involvement in AOP (Brussoni & Olsen, 2013; Cevher-Kalburan & Ivrendi, 2016; Lee et al., 2015; Tremblay et al., 2015; Watchman & Spencer-Cavaliere, 2017). To fill this gap, this study examines the context of contemporary parenting and how it impacts the provision of children's AOP.

Active Outdoor Play as a Topical Issue

There is increasing public interest in parents' role in providing adequate active leisure opportunities for children (Furedi, 2008; Gill, 2007; Shaw & Dawson, 2001). This responsibility

usually falls on mothers because they are viewed as the primary caregivers of children. The home has recently been identified as an important setting to increase children's opportunities for an activity deemed essential to their health and development (Tremblay et al., 2015). Researchers in various disciplines such as psychology, pedagogy, exercise sciences, and public health have identified AOP as a means to improve children's physical, cognitive, and psychosocial development (Becker, McClelland, Loprinzi, & Trost, 2014; Bristow, 2014; Lavrysen, 2015; Little, 2015; Remmers et al., 2014; Schaefer et al., 2014; Tremblay et al., 2015). This type of play is defined as an "unstructured physical activity that takes place outdoors in a child's free time" (Veitch et al., 2006, p. 383). Its benefits can be categorized into three broad themes: increase opportunity for a physically active lifestyle, the acquisition of life skills, and optimal child development.

Over the past few decades, a decrease in children's time spent in AOP has been documented globally (Bates & Stone, 2015; Gray, 2011; Healthy Active Kids Canada, 2012; Hofferth, 2009; Skar & Krogh, 2009; Tremblay et al., 2015). Today, children aged 10 to 13 years in Canada spend a little over 30 minutes per day in AOP (Lin, Borghese, & Janssen, 2018). Empirical and observational evidence show that child's play is more sedentary and has been displaced indoors (Carver, Timperio, & Crawford, 2008; Clements, 2004; Furedi, 2002; Tremblay et al., 2015; Valentine & McKendrick, 1997; Veitch et al., 2006). This trend is a cause for concern due to related adverse health outcomes observed in children who spend more time indoors (e.g. obesity, depression, anxiety) (Burdette & Whitaker, 2005; Frost, 2010; Gray, 2011). The most frequently cited reason for the decline in AOP is parental concern over the safety of children (Timperio et al., 2004; Veitch et al., 2006; Veitch, Salmon, & Ball, 2007; Brockman, Fox, & Jago, 2011).

The benefits of overprotective parenting have been called into question by addressing a “protection paradox”: while parents aim to protect their children from many risks, they stifle children’s ability to develop specific life skills (ParticipACTION, 2015). Mark Tremblay, Director of the *Healthy Active Living and Obesity Research Group* (HALO), argued the need for a better balance between the safety concerns of parents and children’s desire and developmental need to play. This balance is necessary to improve the long-term health of children: “we've lost the calibration of what's associated with healthy childhood development and we need to recalibrate society” (as cited in La Rose, 2015).

There have also been highly mediatised efforts to ease parental fears of being accused of child neglect should they allow their child to play outdoors independently and without direct supervision. For example, in 2018, the state of Utah introduced a bill in favour of AOP by redefining child neglect. It now specifies that child neglect excludes actions “permitting a child, whose basic needs are met and who is of sufficient age and maturity to avoid harm or unreasonable risk of harm, to engage in independent activities, including...engaging in outdoor play” (*Child Neglect Amendments*, 2018, s 316 (c)(iv)). The city of Gatineau, a mid-size city of Québec (Canada), recently attempted to authorize outdoor play on some of its streets by modifying city by-laws. Its efforts were quickly discontinued because of provincial legislation (Bélanger, 2018).

Purpose of the Study

Identifying and understanding the complex factors shaping the maternal organization of children’s free time are key to ensure their optimal health and development. Qualitative inquiry has the potential to integrate the social, institutional, and experiential levels of analysis that impact mothering and children’s lifestyles (Quinn, 2014). By drawing on Foucauldian theory,

this research will examine discursive constructions of motherhood and how it is shaping the organization of children's free time. It will focus on middle-class mothers and how their experience of motherhood influences children's AOP. Specifically, the research aims to investigate: (a) the discourses and practices of mothers regarding children's AOP and (b) how and why they position themselves in relation to dominant childrearing discourses. The research article composing this thesis addresses these objectives by examining the difficulties faced by mothers in providing children with opportunities for AOP. This study seeks to further understand the multiple roles occupied by mothers and how they impede or enable children's leisure practices and activities.

Outline of Thesis

This master's thesis is composed of six chapters. Following the introduction (Chapter I), Chapter II offers an overview of the literature on children's AOP and motherhood in order to contextualize, identify research gaps, and explain the relevance of this study. Chapter III presents the theoretical framework of the study and outlines Foucauldian concepts of *discourse*, *field of possibilities*, *biopedagogies*, and *modes of subjectification*. Chapter IV presents the research design and methodological approaches to data collection and analysis. Chapter V presents the research article entitled *Constraints on Children's Active Outdoor Play: 'Good Mothering' and the Organization of Children's Free Time*. Finally, the conclusion of the thesis (Chapter VI) offers a reflection on the findings and proposes recommendations for future interventions on the promotion of healthy lifestyles.

Chapter II - Literature Review

This review of the literature emphasises the social changes that have occurred in family life and child's play in order to historically situate and provide context to this study on motherhood and children's AOP. Many scholars have attributed the decline of children's AOP to changes in parenting philosophy and behaviour (Carver et al., 2008; Gray, 2011; Malone, 2007; Valentine & McKendrick, 1997; Veitch et al., 2006). For this reason, this review presents key themes linked to parenting, mothering, and AOP: (a) children's AOP; (b) contemporary mothering and AOP; (c) overprotective parenting; (d) risk society; and (e) research gaps.

Children's AOP

Child's play. Play is a social and cultural practice that is fundamental to a child's life and a vehicle for their learning and development (Cevher-Kalburan & Ivrendi, 2016; Wyness, 2012). Defined as a voluntary activity, the notion of freedom is an important aspect of play; children are free to decide on when and how to play and when to quit (Gray, 2013). This component of play allows children to negotiate rules with playmates, test limits, explore surroundings, and try new activities (Cevher-Kalburan & Ivrendi, 2016; Wood, 2013). Several studies have been conducted to investigate the significance of play on child development, to characterise different types of play, to identify the benefits and harms of play, and to examine the barriers of play. The pivotal work of Jean Piaget (1962), which positions play as crucial for the cognitive development of children, has informed and continues to influence research on play. It has led to a universal understanding of play as "essential to children's learning, as a developmental need and as a fundamental right" (Wood, 2013, p. 3). This conceptualization of play is also reflected in the United Nations Convention on the Rights of the Child (The United Nations, 1989). Specifically, it states that "States Parties recognize the right of the child to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural

life and the arts” (art. 31). While play is fundamental to child development, it also plays a crucial role in citizenship because mutual links can be made between work and play (Chateau, 1967).

Researchers from various disciplines in the social sciences (anthropology, psychology, sociology) recognize play as a means to acquire skills necessary for adulthood (e.g. Gosso, Otta, Morais, Ribeiro, & Bussab, 2005; Gray, 2009).

Changes in child's play. The comparison of historical and contemporary use of children's free time, that is the time period after school or on the weekends (Veitch et al., 2006), reveals important differences and conclusions on child's play. For many authors, children are more constrained in their use of public spaces and have less autonomy than previous generations (O'Brien, Jones, Sloan, & Rustin, 2001; Rutherford, 2011; Shaw et al., 2013). They are also expected to be monitored and supervised at all times (Faircloth, 2014; Rutherford, 2011). Over the course of history, children's play occurred primarily outdoors with other children (Gray, 2011); however, empirical, observational, and intuitive evidence reveal that it has been displaced and occurs more frequently indoors (Tremblay et al., 2015). The shift from outdoor to indoor play has occurred in the context of increased expectations on child protection and interest in sedentary screen-based leisure (Carver et al., 2008; Clements, 2004; Furedi, 2002; Larson, Green, & Cordell, 2011; Tremblay et al., 2015; Valentine & McKendrick, 1997; Veitch et al., 2006).

Conceptualizing AOP. Children's active play in outdoor settings has been studied by academics and researchers from different disciplines (e.g. health promotion, recreation and leisure, physical activity, developmental psychology). However, given its multifaceted nature, the terminology is inconsistently used across studies (Lee et al., 2015). Researchers have used terms such as *children's independent mobility*, *risky play*, and *active free play* when studying this

form of child's play (e.g. Brussoni et al., 2015; Holt et al., 2016; Marzi et al., 2018; Pynn et al., 2018; Shaw et al., 2015). Others have used the term *play* without specifying its characteristics (Lee et al., 2015). Within the scope of this study, we use *active outdoor play* as an all-encompassing term to include various aspects of play (e.g. freedom, risk, physical activity). Drawing on Veitch et al. (2006), we define AOP as an *unstructured physical activity that takes place outdoors in a child's free time, which may include varying levels of risk and independence*.

AOP as a public health concern for children. North American public health agendas have identified obesity and physical inactivity as prominent health concerns for children. In Canada, less than 10% of children between the ages of 5-17 are meeting national physical activity guidelines, which recommend accumulating 60 minutes of daily moderate to vigorous physical activity (Colley et al., 2017). The high prevalence of physical inactivity is a cause for concern due to its association with negative health outcomes across the lifespan (Barnes et al., 2016). Increased sedentary behaviours in children and youth is a risk factor for many health conditions such as cardiometabolic diseases (Stierlin et al., 2015), anxiety (Maras, et al., 2015), and depression (Liu, Wu, & Yao, 2016; Matricciani, Olds, & Petkov, 2012). It is only in the past few years that the inclusion of AOP in health promotion targeting children has been considered as a compelling strategy to improve children's overall health and well-being (ParticipACTION, 2015; Tremblay et al., 2015).

Benefits of AOP. Children's AOP has been identified as an activity that improves children's health by bringing them both physical and psychosocial benefits. Studies show that children who spend more time outdoors spend less time in sedentary activities, are more likely to be physically active, and less likely to be overweight and obese (Remmers et al., 2014; Schaefer et al., 2014; Cleland et al., 2008). In addition to providing a context that promotes physical

activity (Cleland et al., 2008; Tremblay et al., 2015), outdoor environments also provide opportunities to develop motor skills and long-term sport participation (Little, 2010; Little & Wyver, 2008). It is also a context that facilitates socialization with peers (Dowdell, Gray & Malone, 2011) and social integration within the community (Pacilli, Giovannelli, Prezza, & Augimeri, 2013). Some of the psychosocial benefits of children's outdoor activities include reducing feelings of isolation, assisting in the development of interpersonal and self-regulation skills (Becker, McClelland, Loprinzi & Trost, 2014; Prezza et al., 2001), and increasing self-esteem (Lavrysen, 2015).

Outdoor spaces afford a play context where there is a greater potential for risk, adventure, and challenge (Wood, 2013). Exposure to risk through AOP can keep children safer in other domains of life by providing opportunities to learn about the capabilities/limits of the body (Heppell, 2013; Little, 2010; Little & Eager, 2010; Sandseter & Kennair, 2011). It contributes to the development of psychological and risk management skills (Brussoni, Olsen, Pike & Sleet, 2012; Mikkelsen & Christensen, 2009; Sandseter & Kennair, 2011; Sandseter, 2009). For example, AOP help children develop their sense of autonomy, competence, and relatedness (Grolnick, 2009; Grolnick & Seal, 2008; Sandseter & Kennair, 2011). It also contributes to the development of self-confidence, self-awareness, perseverance (Gill, 2007; Gleave, 2008; Knight, 2012), and resilience (Niehues et al., 2013). Considering the developmental and health benefits stemming from children's AOP, many studies stress the consequences of fewer opportunities for this activity (Furedi, 2002; Tremblay et al., 2015; Little, 2015).

Barriers to AOP. Children's AOP is a relatively new research domain and is most likely a response to the increase of sedentary behaviours and the decline in outdoor play of children. For this reason, there is not extensive data on the determinants of AOP. The most consistent and

widely reported reason for the decrease of AOP is increased parental concern over children's safety relating to the risk of abduction and the dangers of traffic (Carver et al., 2008; Jago et al., 2009; Lee et al., 2015; Pynn et al., 2018; Valentine & McKendrick, 1997). Wider societal and institutional factors also participate in increasing the perception of threats to children participating in AOP. Parenting is increasingly under political and public scrutiny to be responsible for the harm reduction of children, which, in its forceful manifestation, has led to '*parental paranoia*' (Furedi, 2008). Obsessive fear over the safety of children is redefining contemporary parenting and is by default changing how children spend their free time. Many academics concur that children are growing up in risky environments, saturated with risks to family health and well-being (Faircloth, 2010; Hoffman, 2010; Lee, et al., 2010; Lupton, 2011).

Valentine and McKendrick (1997) appear to have been the first to seriously document the association between parental safety concerns and the decrease in children's AOP. They elaborated that this decrease was not due to a lack of public provision of outdoor play spaces; rather, the trend could be attributed to parental anxieties and the changing social construction of children. A lack of community trust and an exaggerated fear of others stemming in part from mediatised stories of child tragedies also contribute to reducing children's exploration of their community and neighbourhood (Furedi, 2002; Little & Wyver, 2008; Wyness, 2012). As a result, children are more monitored and supervised to reduce the risk of harm (Faircloth, 2014; Rutherford, 2011), are more constrained in their use of public spaces, and have less freedom to explore when compared to previous generations (Little, 2015; O'Brien, Jones, Sloan, & Rustin, 2001; Rutherford, 2011; Shaw et al., 2013).

While parental safety concerns have been documented as a major barrier to children's AOP, it is not the only factor contributing to the decrease in this activity. Safety-conscious

parenting practices are also coupled with the increasing lure of indoor activities. Some researchers have argued that children are deterred from outdoor environments due to sedentary screen-based activities (Brown, Nobiling, Teufel, & Birch, 2011; Gray et al., 2015; Holt et al., 2016; Watchman & Spencer-Cavaliere, 2017). Others have associated several social and physical neighbourhood characteristics to children's AOP. For example, a lack of neighbourhood social cohesion (Aarts et al., 2010; Holt, Lee, Millar, & Spence, 2015) and limited access to safe play spaces have been found to negatively impact children's AOP (Veitch, Salmon, & Ball, 2007; Watchman & Spencer-Cavaliere, 2017). Intergenerational studies have indicated that time scarcity in family life, the increase in structured and organized activities, and the perception that unsupervised outdoor play is socially unacceptable are factors contributing to the decrease of AOP (Holt et al., 2016; Pynn et al., 2018; Watchman & Spencer-Cavaliere, 2017).

Contemporary Mothering and AOP

Historical situating parenting. Broadly speaking, scholarly literature on parenting discusses three distinct but interrelated themes: increase in the normative components of parenting, erosion of parental authority and autonomy, and increase in the responsibility of parents for ensuring the optimal health and well-being of their offspring. Parenting refers to “purposive activities aimed at ensuring the survival and development of children” (Hoghugh, 2004, p. 5). It is a significant pillar of social citizenship and is a social arena in which the state can create productive members of society (Faircloth, Hoffman, & Layne, 2013; Rutherford, 2011; Turner, 2006). Parenting is also highly politicized and moralized (Edwards & Gillies, 2013; Lee et al., 2010; Rose, 1999). The term itself became prominent in the 1950s in psychology, sociology, and education and has recently been more present in popular discourse

(Faircloth et al., 2013). It is often akin to notions such as child-rearing, parent-child relationship, and socialization (Virasin, Yunibhand, & Chaiyawat, 2011).

Faircloth et al. (2013) described parenting as a “product of late twentieth century ideological shifts around the family, kinship, risk, and social morality” (p. 1). A distinct feature of contemporary parenting is the critical view that it may also impair the life chances of children (Harris, 2009; Warner, 2006). For this reason, parenting is increasingly the subject of professional expertise (Faircloth, 2013). Child-rearing in this context has eroded parental authority and has increasingly exposed parents, especially mothers, to dominant discourses on parenting (Furedi, 2008; Johnston & Swanson, 2006; Knaak, 2010). Parenting is less performed intuitively; rather, it requires a specific skill set that is acquired through institutions and is rooted in scientific expertise (Furedi, 2013). A specific example of the regulation of parenting within the Canadian context is well exemplified in the province of Quebec; all new parents are provided a parenting guide of 776 pages informing them about the practices that foster good child development. As an object of scholarly inquiry, parenting is constituted by individuals, networks, institutions, media, and other forms of knowledge production (Furedi, 2013) and is closely linked to wider cultural and ideological discourses (Cheal & Albanese, 2014; Rutherford, 2011).

Parenting as a social practice. The role played by parents in children's health and well-being is a recurrent theme in the history of human societies (James & Ashwill, 2007; Helseth & Ulfsaet, 2005; Soliday, 2004). As a social institution, parenthood in contemporary western societies intersects with many key features of social structure. It is a social practice that is historically and culturally specific, which interacts with other domains of social life (i.e. law, politics, education, work, socioeconomic policies), that is transformed by prevailing ideological discourses (Cheal & Albanese, 2014; Faircloth et al., 2013; Gazso, 2014). By caring for their

offspring and actively participating in their psychosocial and physical development, parents act as mediators between children and society (Wyness, 2012).

Scholarly work on parental responsibilities can be divided into two broad themes: socialization and security. First, while children are exposed to various individual and social influences, parents remain their primary and most significant agents of socialization from birth until they enter adulthood (e.g., Wyness, 2012; Patnode, et al., 2011). Their role encompasses a wide array of actions, beliefs, and values stemming from parental imitation, education, and guidance (Hoghughi, 2004). Second, as reflected in various legal documents (UN General Assembly, 1959, 1948), parental duties involve the provision of a safe environment and protection from physical and psychosocial threats. Both themes converge on the issues of children's health and well-being. In an adequate environment, children flourish and internalize healthy values (Patnode, et al., 2011), gain a sense of security, develop their risk appraisal skills (Little, 2015), and acquire skills necessary to successfully navigate adulthood (Trungkasombut, 2004; Eldridge, 2002). Hence, a social context that recognizes parent-child relationships that support child development is necessary for good physical and mental health (Schwartz, 2011).

The multiple roles of mothers. The changing nature of motherhood is in part due to the dramatic increase in recent decades of mothers as wage earners (Cheal & Albanese, 2014; Wall, 2013). While women are reaping the benefits of a more egalitarian society, they still face the cultural and traditional expectation of being a mother first and worker second (Cheal & Albanese, 2014; Wall, 2013). In this social climate, incongruent and conflicting demands are put on mothers who are still expected to primarily care for children (Faircloth, 2014). Wolf (2011) explained this as a cultural contradiction between the work and home sphere. This aligns with what Hays (1996) stated a decade earlier where mothers are to nurture and provide children with

the best life chances, while also being competitive and ambitious at work. Mothers within both spheres are left to juggle conflicting demands, rendering them vulnerable to public criticism and scrutiny when failing to fulfill both roles.

Good mothering. The family context can hinder and/or promote children's healthy lifestyles. In an instance where a parent is faced with a conflict between child-related health norms, mothers' decision making may differ than that of fathers given that the natured role of parenting is shaped by dominant ideological discourses (Cheal & Albanese, 2014; Faircloth et al., 2013; Gazso, 2014). Their adoption of childrearing practices is often framed within the dominant view of 'good parenting' (Allin, West, & Curry, 2014). The 'good mother' is expected to monitor and supervise her child in order to protect them from harm (Faircloth, 2014), is expected to seek and follow expert advice, restrict their child's activities, and devote large amounts of time and energy to tend to the child's needs (Furedi, 2008; Johnston & Swanson, 2006; Knaak, 2010). Societal and social pressures to conform to child safety and well-being practices are omnipresent in mothers' lives (Jenkins, 2006; Valentine, 1997).

Academics and researchers have coined many terms to describe the changing nature of motherhood and the expansion of responsibilities of the 'good mother'. For example, 'intensive motherhood' (Hays, 1996) and 'scientific motherhood' (Apple, 1995) describe a shift in mothering from an instinctual practice to one that now requires a scientific basis for improving optimal child development (Faircloth, 2014). Contemporary ideas on motherhood are strongly built on the premise of risk management where "parenting not only has important implications for a child's development, but also the fabric of society" (Faircloth, 2014, p. 163). These contemporary forms of mothering oftentimes describe standards of achievements that are incompatible with contemporary lifestyles (Allin et al., 2014). Despite this incompatibility,

mothers strive to conform to 'good mothering' ideals and experience feelings of failure when failing to achieve them (Faircloth, 2014).

Intensive motherhood. It is increasingly understood that parents are raising children within a cultural context where intensive parenting is accepted as the ideal standard by which parenting practices are evaluated (Arendell, 2000; Budds et al., 2017; Caputo, 2007; Fox, 2009; Wall, 2010). The shift from state to parent responsibility for ensuring children's well-being gave rise to 'intensive motherhood' (Hays, 1996), an ideology embodied by middle-class mothers (Shirani et al., 2012; Wall, 2010). Underlying this ideology is the assumption that "good mothers are primarily responsible for the nurture and development of the sacred child and which children's needs take precedence over the individuals' needs of the mothers" (Hays, 1996, p. 46).

Neuroscientific motherhood. More recently the term 'neuroscientific motherhood' is used to show the increase in childrearing advice focused on ensuring the optimal brain development of children (Thorton, 2011; Wall, 2009, 2004). This ideology perpetuates the idea that good mothering results from a reliance on scientific advice rather than on maternal instinct (Apple, 1995; Faircloth, 2014; Hausman, 2003; Valentine, 2004). Mothering practices "must be nurtured through the encouragement of particular practices and the guidance of 'neuroscientifically-informed' expertise" (Macvarish, Lee, & Lowe, 2015, p. 264). Faircloth (2014) problematized this orientation of motherhood by critiquing its low concern for the affective dimension of mothering. She argued that "science has the capacity to flatten out the affective, joyous qualities of the parenting relationship" (p.162). Even if this dimension is less performance oriented, it too is important for optimizing brain development. In this sense, there is a risk of providing a very narrow understanding of maternal affect by framing mothering in a scientific framework (Faircloth, 2014; Thorton 2011).

Parenting and risk management. Beliefs surrounding normative parenting are coupled with a societal push to control and manage risk. While the work of Hays (1996) and Apple (1995) focused on expert knowledge as a distinct feature of contemporary parenting, the work of Furedi (2002, 2008) draws particularly on its link to risk. Increased state surveillance and existing socio-legal standards on child safety and education are leading to a risk-averse environment where public concern for child safety has reached high levels (Furedi, 2002; Rutherford, 2011). This environment has increased self-surveillance where parents must evaluate the degree of monitoring reasonably required for children (Furedi, 2002).

As indicated previously, mothers are often pressured to take responsibility and be accountable for the health of their children (Knaak, 2010). Many have documented that they experience social pressure from each other to conform to normative parenting ideals (Craig & Smyth, 2017; Valentine, 1997; Valentine & McKendrick, 1997). Within this context, 'good mothering' is perceived as "a means of mitigating many environmental risks and doing too little to protect one's children from external risks is 'bad' or neglectful parenting" (Dow, 2013, p. 38).

Parenting involves risk management and has increasingly become the subject of public and political debate (Allin et al., 2014; Freely, 2000; Rutherford, 2011). Obsessive fear over the safety of children is redefining contemporary parenting and is by default changing how children spend their free time (Furedi, 2008). Because parents are being targeted for providing adequate leisure opportunities for their children, this increased surveillance sheds new light on the fact that unsupervised child play can be viewed as parental neglect (Furedi, 2002).

Overprotective Parenting

A parenting style can be defined as a constant set of attitudes and beliefs of parents and their relation to child outcomes (Rodriguez, Donovan, & Crowley, 2009; Prevatt, 2003).

Categorizing parenting styles today has become challenging because of the diversity of parenting models (Pederson & Fite, 2014). Nevertheless, some aspects of parenting are found to yield better developmental outcomes under specific conditions than others (Baumrind, 2013; Pynn et al., 2018). Parenting practices are contextual and vary greatly from one situation to another. However, the lack of an overarching cultural model for parenting leads individuals to seek parenting advice and negotiate conflicting and ambiguous parenting discourses circulated by various media (Rutherford, 2011). For example, advice on 'good mothering' is shaping a parenting style by emphasizing risk avoidance (Budds et al., 2017; Romagnoli & Wall, 2012). Risk-aversion is leading children to experience a reduction in their capacity to engage and manage everyday risks (Bristow, 2014; Sandseter, 2011). A number of experts have argued that by protecting children from risks, parents have adopted a restrictive approach to child-rearing, potentially harming children's health and well-being in the long term (Jenkins, 2006).

Within this context, overprotective parenting can be viewed as a key component of contemporary parenting (Faircloth & Murray, 2015). The literature on overprotective parenting has primarily focused on mothers (Hastings et al., 2008; Kennedy, Rubin, Hastings, & Maisel, 2004; Thomasgard, 1998) because they typically show more overprotective behaviours in comparison to fathers (Holmbeck et al., 2002; Levy, 1966). Depicted by colloquialisms such as 'helicopter parenting' (Cline & Fay, 1990) and 'hyper-parenting' (Honoré, 2008), overprotective parenting describes a set of parenting practices that curtail children's independence and voluntary risk-taking opportunities (Gardner, 2008; Hillman et al., 1990). It is a parenting style that is excessively responsive, very demanding, and grants little autonomy, while also providing excessive care and attention to a child (Kagiticbasi, 2012; Rodriguez et al., 2009; Demir & Sendil, 2008). Based on the premise that a child is not self-sufficient and in need of protection,

overprotective parenting is characterised by various forms of restrictions (e.g. avoidance of giving children responsibility), increase control over a child's attempts to gain independence (Demir & Sendil, 2008), and control over their environments (Bernstein & Triger, 2011).

While overprotective parents are well-intentioned, there is a growing body of research documenting the harmful effects of overprotection on children's psychosocial development (Jackson, 2010; Pimentel, 2015; Sandseter & Kennair, 2011; Ungar, 2009). For example, this parenting style impairs children's opportunities to develop independence, responsibility, and self-reliance (Bernstein & Triger, 2011). It also hinders their acquisition of stress management skills (McLeod, Wood, & Weisz, 2007). In this sense, overprotective parenting does not allow the affordance of important skills necessary for adulthood (Jones, 2007). Ungar (2009) pointed out that overprotective parenting is not the problem, *per se*, but the inappropriateness of excessive parental concern in relatively safe environments, which may result in parenting practices incongruent with the developmental needs of children.

Overprotective parenting has also been linked to changes in how children spend their free time. The emergence of the parenting style has been linked to the decline of children's AOP. Scholars have documented that overprotection deprives children from activities (e.g. play) beneficial to their development (Carver et al., 2008; Janssen, 2015; Valentine & McKendrick, 1997; Veitch, Bagley, Ball, & Salmon, 2006). Many have identified it as a key barrier to children's AOP (Carver et al., 2008; Clements, 2004; Lee, et al., 2015; O'Brien, Jones, & Sloan, 2000). Although overprotection may reduce harm in children in the short term, it exposes them to other, potentially more serious, risks in the long term (Cairns, 2009; Little, 2015; Malone, 2007; Jenkins, 2006).

This disposition of parents involves a degree of protection that goes beyond the protective rights of children covered in various international and national legal documents. If legal texts provide valuable codes of behaviours, standards of achievement, and benchmarks to protect and maximize the well-being of children, they do not focus on what constitutes “too much” protection. David Pimentel alluded to this problem in his recent articles discussing the legal system and parenting styles, notably overprotective and free-range parenting (a parenting style that grants children greater autonomy) (2015, 2012). He suggested that child neglect laws could be more inclusive to different parenting philosophies and focus on the reasonableness of parental conduct. He also argued for legal frameworks that include consideration of “the harm that a child may face from being overprotected, and the benefit to the child from learning and exercising responsibility and self-reliance in a less-heavily-supervised environment” (2012, p. 998).

Parenting in the Risk Society

The decrease in children's AOP has been attributed to a wider societal concern with risk (Allin et al., 2014; Brussoni et al., 2015; Niehues, Bundy, Broom & Tranter, 2015; Niehues et al., 2013). German sociologist Ulrich Beck (1992) first documented this concern by describing modern society as a ‘risk society’, a society preoccupied with preventing, debating, and managing risk. He described risk as the anticipation of catastrophe that exists through techniques of visualization, symbolic forms, and mass media (2006). The management of risk involves a shared responsibility between the individual, through decision-making, and society, by offering protective structures, information, and resources (1992). However, the decisions of individuals are shaped by their social construction of risks and the accessibility of means to reduce them. Beck (1992) argued that new qualities and predictability of risks lead to their political regulation.

Consequences that appear to only affect the individual become subject to the supra-individual and political governance because of this reconceptualization of risk management.

Economically advanced societies are developing a new relation to risk and new forms of risks that are historically distinctive. A contributing factor could be the development and proliferation of knowledge on risk. Beck (1992) discussed the role of scholarly research in the creation of new risks: “new knowledge can turn normality into hazards overnight” (p. 106). For the sociologist, when there are deviations from the official standards of normality, social institutions intervene to reduce potential harm by pedagogic and disciplinary actions. In the risk society, social institutions use pedagogic action in order to produce discourses on risk. These discourses play an important role in the exercise of power by determining the accountability and responsibility of citizens and informing their decision-making with the goal to reduce risk (Beck, 2006).

Risks are socially evaluated (i.e. in the mass media, experts' debate, interpretations), which may potentially result in the public dramatization of dangers (Beck, 1992). An example of how risk-consciousness and management influences political governance can be seen through the recent changes brought to the *International Charter of Physical Education, Physical Activity and Sport*, a universal reference that orients and supports policies within physical education, physical activity, and sport. Two particularities are apparent when comparing the revised charter to its original form (UNESCO, 2015, 1978). First, the revised charter iterates the importance of early play experiences for children and the necessity of safety and risk management within sports settings; risk management and child protection were both unobserved in the original charter. Second, it also identifies children and youth as a vulnerable group, a distinction that was not formerly specified.

While Beck's work has informed previous research on global warming (e.g. Hulme 2010), nuclear warfare (e.g. Cable, Shriver, & Mix, 2008), and economic crisis (e.g. Curran, 2013), recent research on AOP have drawn on this approach to contextualize parental concerns over child's safety during play (Allin et al., 2014; Brussoni et al., 2015; Niehues et al., 2015; Niehues et al., 2013). For these authors, the risk society reflects a wider societal concern with risk which fashions parents' sense of personal responsibility and accountability towards harm reduction. Contemporary parenting is thus highly regulated by the state within a process of risk management of children (Johnson, 2007).

Research Gaps

Over the past two decades, there has been a growing body of literature on AOP. Studies on AOP have generally focused on factors contributing to its decline, its benefits to the development of children, and the barriers and enablers to its provision. Findings are disseminated in academic journals, news media, and online blog posts, and have informed national and local initiatives. Research is consistently reporting that children are not spending enough time playing outdoors. The most frequently identified barrier to AOP is parental safety concerns (Lee et al., 2015). However, few studies have contextualised and provided a wider focus on the reasons explaining the difficulties of parenting in providing opportunities for AOP.

Lee and colleagues (2015) recently conducted a systematic literature review on the qualitative research examining the determinants of children's AOP (what they termed 'independent active free play'). They reviewed a total of 46 studies, most of which were conducted in the UK, the US, and Australia; 4 were conducted in Canada (Alexander et al., 2014; Holt et al., 2015; Tobin, Nadalin, Munroe-Chandler, & Hall, 2013; Tucker, Gilliland, & Irwin, 2007). Their analysis showed that while studies employed a wide range of methodological

procedures (e.g. interviews and observations), they often lacked the interpretive power provided by analytical and theoretical approaches. The systematic review emphasized the need for more qualitative research incorporating theory into research designs to generate more meaningful data that could be used to inform future health promotion interventions. Similar to Alexander et al. (2014) who draw on Foucault to study children's play within public health discourses and the family, this study incorporates theory into its research design by using the Foucauldian concepts of discourse and subject position to examine the maternal provision of AOP.

Previous studies that have used theory have employed the ecological model theory (Holt et al., 2016; Tezel, 2011; Veitch, Salmon, & Ball, 2007; Watchman & Spencer-Cavaliere, 2017), psychological needs theory (Tobin et al., 2013), and social competence framework (Valentine, 1997). However, few studies have used a sociological lens to examine the decrease in children's AOP. Only one other study has used a Foucauldian theoretical approach (Alexander et al., 2014). Others have used Beck's (1992) 'risk society' to situate the problem within its broader context (Allin et al., 2014; Brussoni et al., 2015; Niehues et al., 2015; Niehues et al., 2013). However, it has been argued elsewhere that studies within the sociology of health should move away from a risk approach and generate other frameworks as they may yield more valuable results given that people often do not understand their experiences as primarily relating to risk discourses but to other domains of knowledge (Draper and Green, 2002). Medical sociologist Judith Green argued that: "If the aim of empirical research is to uncover how social actors come to understand the world and act within it, risk framing can prioritise 'risk' in ways that misrepresent the most salient or determining logics of how phenomena are understood" (Green, 2009, p. 506).

It is only recently that researchers have considered the effects of cultural and parenting ideologies on children's AOP. There is an emerging body of literature on the constraints of 'good

parenting' ideals and how they may act as barriers to children's AOP (Holt et al., 2016; Pynn et al., 2018; Watchman & Spencer-Cavaliere, 2017; Witten et al., 2013). More research is required to understand the effects of contemporary parenting ideologies on the organization of children's free time given that expectations surrounding 'good parenting' are constantly evolving. This research will focus on the context of contemporary mothering and on the characteristics of 'good mothering' to determine how they impact children's AOP.

Chapter III - Theoretical Framework

While many theoretical lenses can be applied to understand a problem, this study drew from Foucauldian theory and concepts to examine contemporary mothering and the decline of children's AOP. This approach was used to critically examine the discourses of mothers on the barriers they face in providing children with opportunities for AOP in order to situate them within their broader social context. A Foucauldian lens allows us to position discourses on child's play within a framework of governmentality, where the family plays a key role in providing opportunities for leisure activities deemed essential for children's healthy development (Alexander et al., 2014; Burrows, 2009; Harwood, 2009; Nadesan, 2010). In his work titled *La politique de la santé au XVIIIe siècle*, Foucault (1980) discussed the changing role of the family from ensuring the survival of their offspring, to one focused on the proper management of childhood, guided by various outside resources. This shift in the role of the family is still relevant as the literature review revealed that contemporary motherhood implies a specific skill set that is rooted in scientific knowledge.

This study was based on the premise that a) mothering is a discursive practice, b) truth discourses shape mothering practices to ensure the health and optimal development of children, and c) AOP is promoted by health promotion and public health as a means to guide how children should play. These underpinnings played an important part in guiding the analytical approach chosen for this study given that there are several different approaches when conducting a Foucauldian analysis (Taylor, 2001). Relevant to this research is an approach interested in wider social and cultural processes. The concepts of *discourse*, *subject position*, and *biopedagogies* were used to analyze contemporary mothering as a social practice that is at once governed by discourses and also governs the body of children. First, the notions of *discourse* and *subject*

positions will be discussed as foundational concepts when conceptualizing mothering as a discursive practice. Second, the Foucauldian-inspired concept of *biopedagogies* (Wright, Rail, MacDonald, Macneil, & Evans, 2006) is presented as a key concept that situates mothering as a key component in the government of children in order to ensure their health and development. In this study, biopedagogies positions mothering as a hinge between scientific knowledge (childrearing discourses) and healthy child practices (Hausmann 2003; Lee & Bristow, 2009). It describes the context in which women play their roles of motherhood.

Discourse

Foucault (1973) described discourse as “regimes of truth” that orient what is said within particular situations, sustain relations of power, and construct social practices. It is an expert system of language that draws on specific terminologies and common assumptions to convey knowledge and constrain actions (Tonkiss, 1998). In *Madness and Civilization* (1961), Foucault traced the historical changes on discourses on madness and provides a valuable example of how discourse shapes practice. Whereas in the middle ages, the ‘mad’ were perceived as different and possessing inner wisdom, in the twentieth century, they were perceived as mentally ill and in need of treatment. Changes in how the ‘mad’ were viewed lead to changes in behaviours and practices surrounding these individuals. While the previous example serves as a sketch of how discourses act as an ordered and structured framework within which individuals see their world, it is important to acknowledge the complexity of its workings and the existence of different, competing, and contradictory discourses within a same time period (Abercrombie et al., 2006).

Power and knowledge are key notions in Foucauldian discourse theory (Miller, 1989). First, “power circulates in and through the production of discourses in societies” (Fraser, 1989, p. 20). Foucault (1983) defined power as a mode of action upon the actions of others that can be

exercised only over free subjects. He described the government of men as shaping a field of possibilities “in which several ways of behaving, several reactions and diverse comportments may be realized” (p. 221). While power can be understood as constraints on action, Shogan (1999) explained that we must think of power as productive as it can either constrain or enable action. By constraining and closing off possibilities, it may direct the subject to adopt alternative practices. In this sense, individuals are free to choose how they behave within a field of possibilities. Second, knowledge is carried by discourse and it is through the production and circulation of discourse that power is exercised (Foucault, 1979). It is important to note that knowledge transmitted through discourse occurs only when what is being said is deemed legitimate or true (Shogan, 1999). Discourse is contextually bound (Carabine, 2001), that is “the meaning of a discourse... differs with the kinds of contexts in which a discourse occurs and with the status of who is speaking and to whom a discourse is spoken” (Shogan, 1999, p. 12). Truth discourse then circulate as common knowledge (Weninger & Dallaire, 2017).

In their article *Discourse in a Material World*, Hardy and Thomas (2015) argue that the notions of discourse and field of possibilities can also be understood in relation to the materiality of life. Critics of Foucault's theory have highlighted his overemphasis on discourse as the key component of human action. Foucault responded to such critics by defining discourse beyond its purely linguistic dimension (1974). For him, rather than conceiving reality as solely constituted by discourse (talk and text), it is also understood as actions acting on other actions. Material aspects of life are taken into account “not for what they are but for the events they create in the field of possibilities” (Bardon & Josserand, 2011, p. 503).

This relationship between discourse, materiality, and field of possibilities is important for this study because mothering practices are shaped by both discursive and material elements. In

this sense, a study on biopedagogies and mothering discourses requires the acknowledgment of a field of possibilities that considers how discourses impact and interact with time, financial, and personal constraints of mothers.

Subject Position

Discourse actively regulates the actions of subjects by enabling them to take up particular subject positions (Foucault, 1977, 1983). Considering the existence of different, competing, and contradictory discourses, it is important to acknowledge that an individual can assume multiple subject positions at once (Davies & Harre, 1990). A subject may occupy a subject position by adopting its respective discursive practices or may resist a subject position by occupying another and adopt alternative discursive practices (Weedon, 1997). The aforementioned process can only occur through an individual's understanding of and relation to discourse. Foucault explained that individuals are both subject to a discourse and the subject of discourse (1982). Within the context of this study, discourses producing motherhood construct what it is to be a "mother", and as research participants are mothers, they are subject to these discourses. Participants become the subject of discourses by recognizing themselves in these discourses and altering their practices to conform to them. In this sense, discourses define what it means to be a mother as well as the subject positions involved in the parent-child relationship (e.g. 'good mother'). This study was interested in how the 'good mother' subject position may influence mothers' provision of children's AOP.

Biopedagogies

In response to dominant discourses on the 'obesity epidemic', Wright and colleagues (2006) developed the notion of *biopedagogies* to uncover the formal systems underlying health pedagogy. Drawing on the concept of biopower, it refers to an apparatus of governmentality that

focuses on the regulation of life, and more specifically, on the regulation of the body (Wright, Rail, MacDonald, MacNeil, & Evans, 2006). For Wright (2009):

Biopedagogies not only place individuals under constant surveillance, but also press them towards increasingly monitoring themselves, often through increasing their knowledge around 'obesity' related risks, and 'instructing' them on how to eat healthily and stay active. These systems of control can become constant within a 'totally pedagogized society' (Bernstein, 2001) where methods to evaluate, monitor and survey the body are encouraged across a range of contemporary cultural practices including popular media (Burrow & Wright, 2007) and new technologies (e.g., the Internet). In effect, individuals are being offered a number of ways to understand themselves, change themselves and take action to change others and their environments. (pp. 1-2)

In their book *Biopolitics and the 'Obesity Epidemic'*, Wright and Harwood (2009) used biopedagogies to bring together the concepts of biopower and pedagogy to understand the body as a political space subjected to social control. Biopower is the governance of bodies and the population. Foucault (1984) situated biopower as having two poles, the first, the discipline of the body (anatomy-politics of the body) and the second, the regulation of the population (biopolitics of the population). Within this context, pedagogy is conceived as a cultural practice that involves the negotiations of knowledge in the context of existing power relations (Lusted, 1986). It encompasses the ubiquitous value-laden practices, which instruct individuals on how to live (Evans, Rich, Davies, & Allwood, 2008).

Biopedagogies involve values and practices that are disseminated by informal and formal educational practices that discipline and normalize the physical body and bio-citizen (Wright & Halse, 2014). It is a useful analytical tool to interrogate how society regulates individual

practices through the diffusion of norms and values (Harwood, 2009). Biopedagogies rely on social institutions such as the media and the family to disseminate discourses with the goal of citizen adopting a specific set of values and practices (Wright et al., 2006). They highlight meanings associated with the body and how these are constituted in 'pedagogical sites', means of teaching and engaging learners, which include schools, the web, television, and health pamphlets, among many others (Wright, 2009).

While biopedagogies is often used in critical health sociology, it can also be applied to understand the family as a pedagogical site where children learn how they should come to know themselves and act on themselves (Burrows, 2009; Rich, 2012; Wright & Halse, 2014). Burrows (2009) explained that parent-focused biopedagogies are mechanisms by which social norms and values of organizations (scientific, pedagogic, legal, and political) aim to fashion the practices of parents in order to improve the healthy development of children by regulating the ways in which they move and play. She specified that it is through techniques of power that biopedagogies provide parents with specific information and skills in order to achieve positive child health outcomes. The resulting biopedagogical practices arise from health surveillance mechanisms in which parents will compare the development of their children against pre-established health norms and adopt disciplinary and regulatory practices to ensure the health and well-being of their children (Kelle, 2010; Lupton, 2012). This fashions a pedagogical parent-child relationship that requires a considerable amount of time and energy from parents (Burrows, 2009).

Conclusion

In order to understand the barriers faced by mothers in their provision of children's AOP, this study analyzes mothering and the organization of children's free time. By drawing on Foucauldian concepts and theories, this qualitative study positions mothering as a discursive

practice through which health and healthy bodies are constructed and disciplined. Given the recent positioning of AOP in public health discourse as essential to healthy child development, child's play is increasingly understood as a biopedagogical practice that instructs parents on how children should move and play (Alexander, Fusco, & Frohlich, 2015). The subject position of the 'good mothers' situates mothering as a hinge between childrearing discourses and healthy child practices. As an analytical tool, biopedagogies describe the larger context in which women play their roles of motherhood. Within this study, it is used to understand the government of mothers and their self-regulation regarding the fulfilment of the task of childrearing, especially relating to the organization of children's free time.

Chapter IV- Methodology

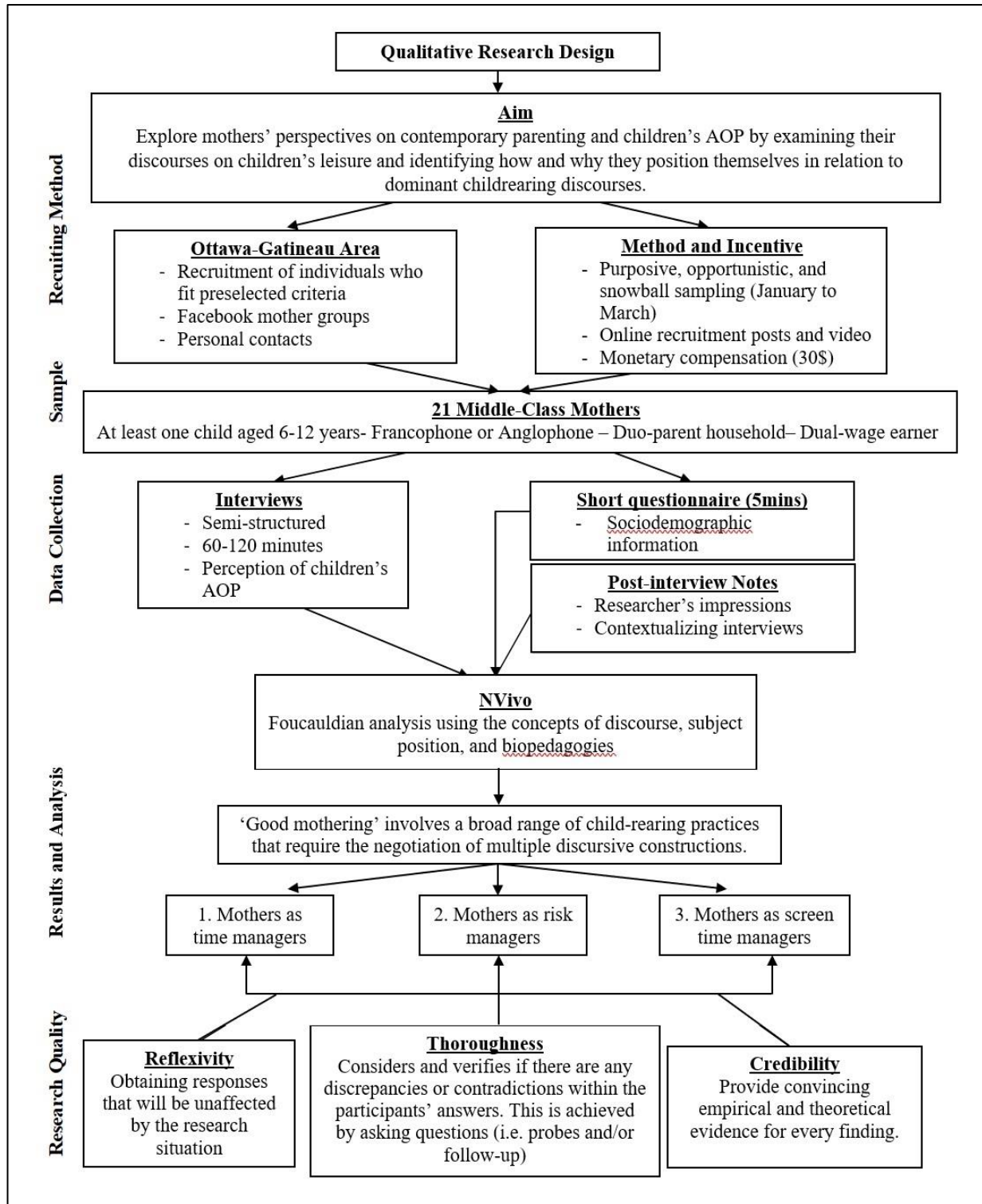


Figure 1. Summary of research design and procedures

My research draws on a qualitative research approach that enables the researcher to actively collect, analyze, and interpret data through the use of interviews, audio recordings, and field notes (Creswell, 1998; Denzin & Lincoln, 2011). The examination of mothering discourses and practices require a method capable of capturing various viewpoints and situating them within their larger context. For this reason, this study uses qualitative research methods that focus on participants' viewpoints and the meaning they bring to particular issues (Creswell, 1998; Denzin & Lincoln, 2011). These methods are also made up of an interpretive dimension, which enables the researcher to paint a picture of the research problem through the analysis of participants' experiences and perspectives (Rubin & Rubin, 2012). In this study, a constructionist epistemology is adopted given its congruency with the research objectives and theoretical framework. Given the particular focus on discourse, the appropriateness of this epistemology is justified through its understanding of reality as a social construct that can be positioned within a specific socio-historical context (Crotty, 1998). The following sections include the (a) recruitment and description of research participants, (b) data collection, (c) data analysis, and (d) strategies for ensuring research quality.

Recruitment and Description of Research Participants

Twenty-one mothers (mean age 40 years) were recruited as part of this study. A purposive sampling technique was used to recruit participants based on pre-established characteristics (Higginbottom, 2004). Inclusion criteria were as follows: to speak French or English, to have at least one child between the ages of 6 and 12 years, to make up a dual-wage earner family and to live in an urban or suburban area in the Ottawa-Gatineau region (see Table 1 for a detailed description of participants). While many studies have focused on motherhood and early childhood within the context of play, motherhood and school-aged children remains

Table 1	
<i>Child and parent demographic information and characteristics</i>	
Demographic information and characteristics	Value
<u>Child gender, n (%)</u>	
Male	16 (43.2)
Female	21 (56.8)
<u>Number of children, n (%)</u>	
1	10 (47.6)
2	6 (28.6)
3	5 (23.8)
<u>Mothers' age range, n (%)</u>	
26-30 years	1 (4.8)
31-35 years	2 (9.5)
36-40 years	7 (33.3)
41-45 years	9 (42.9)
46-50 years	2 (9.5)
<u>Mothers' education level, n (%)</u>	
Secondary school	2 (4.2)
College or CEGEP	1 (2.1)
University	18 (93.7)
<u>Mothers' civil status, n (%)</u>	
Married	15 (71.4)
Common law	6 (28.6)
<u>Mothers' spoken-language n (%)</u>	
French	12 (57.1)
English	9 (42.9)
<u>Mothers' city of residence</u>	
Gatineau	12 (57.1)
Ottawa	9 (42.9)

understudied (Watchman & Spencer-Cavaliere, 2017). All participants had completed high school and most had post-secondary qualifications. Excluding the data of five participants who indicated personal and not household income in the pre-interview questionnaire, the average annual household income of participants was approximately CAD\$156,000.00.

Recruitment Strategy

Most participants were recruited using various non-probabilistic sampling methods (purposeful, snowball, and opportunistic sampling). Thirteen participants were recruited in four Facebook groups catered to mothers (“Mamans d’Alymer Moms”, “Club des Mamans de l’Outaouais”, “Barrhaven Mommies & Babies!”, “Westboro (Ottawa) Moms & Dads”). Once permission was granted from web administrators, details of the study were showcased in a short informative video (see Appendix A for screenshots of the video). A French and English recruitment video were made using Animaker, an online software. These videos were uploaded on both YouTube and Facebook and received a total of over a thousand views (967 and 277 views for the English and French video respectively). Ethical considerations regarding linguistic (French and English) and ethnic (skin colour) were considered in order to be as inclusive as possible during the recruitment phase. In addition, recruitment also included opportunistic and snowball sampling strategies by drawing primarily on participants from the social environment of the researcher ($n=8$). In these cases, a web link and email were also used to grant access to the recruitment video. Given the different recruitment strategies, participants contacted the researcher through different media (Facebook messenger, e-mail, or phone). The researcher followed up with participants using the language and communication medium employed upon the first contact.

This study was granted approval from the Research Ethics Board of the University of Ottawa. It required participants to provide two informed consent forms (see Appendix B for Research Ethics Board approval). First, consent was obtained before the interview, after participants received a consent form with a neutral title delineating the broad nature and objectives of the study. Second, consent was also required after the interview, subsequent to participants receiving a debriefing form revealing the specific topic of overprotective parenting

which was left out at the beginning to avoid response bias (see Appendix C for the consent and debriefing forms). Participants received \$30 for their participation.

Data Collection

Face-to-face semi-structured interviews were conducted in order to capture participants' perspectives on contemporary mothering and children's AOP. This data collection technique "invites the participant(s) to tell stories, accounts, reports and/or descriptions about their perspectives, insights, experiences, feelings, emotions and/or behaviors in relation to the research question(s)" (Smith & Sparkes, 2016, pp.166-167). In this sense, it enables the acquisition and production of knowledge through the collaboration of research participants (Given, 2008), provides a targeted approach yielding more insightful answers (Yin, 1994), and grants the possibility to gather rich and in-depth accounts from participants (Fontana & Frey, 2005). Granting the flexibility of the method, it coincides with the objectives of the study as it can reveal ways in which societies shape personal values, experiences, and decisions and provide insight on participants' everyday context (Smith & Sparkes, 2016).

The interview guide was developed based on a review of the literature on mothering and children's AOP (i.e. questions related to children's leisure, barriers to AOP, screen-time, safety concerns in outdoor play) and on Foucauldian theories and concepts (i.e. questions related to mothering practice, sources of information, subject positions – good mothering, helicopter and overprotective mothering, mother vs. father) (see Appendix D). Questions were added to as interviews progressed (especially related to screen-time). The interview guide comprised questions relating to four areas of inquiry: (a) family context and contemporary mothering, (b) leisure practices of children, (c) knowledge on AOP, and (d) enablers and barriers to providing AOP to children. It is important to note that a priori definitions of "active outdoor play", "play",

and “risk” were not provided to avoid influencing participants’ answers. Socio-demographic information was also gathered through the use of a questionnaire (see Appendix E).

Questionnaires are comprised of closed questions to limit participants responses (Roulston, 2008). This data collection method was used in conjunction with the interview, comprised of open-ended questions, to provide useful and valuable contextual information on participants.

Empirical saturation was used as a guide to select the sample size. The sample size was selected when additional interviews did not generate new themes, and, as indicated by Sandelowski (1995), once they had provided a textured understanding of the topic of study. As argued by Brinkmann (2013), the researcher should interview “as many people as necessary to find out what you need to know” (p. 59). After 15 interviews no significant new ideas were generated and after 21 interviews no new themes emerged.

Prior to the interview, all participants were briefed about the broad nature and aims of the study and were given a short socio-demographic questionnaire to complete. Data collection occurred over a span of 2 months. Interviews were conducted in the winter, between the months of January to March, at times and locations chosen by participants and lasted between 60 and 120 minutes. Most interviews occurred in participants’ homes. The modes of transportation of the researcher (public transit and walking) allowed her to get a sense of participants’ living environment, neighbourhood, and surrounding areas prior to the interview. Post-interview, detailed notes were taken to document neighbourhood traits (i.e. nearby parks, busy streets, green spaces) and general themes that stood out among every encounter. Pseudonyms were used to conceal the identity of participants. All interviews were digitally recorded and then audio coded using NVivo Pro 11 software. A little under thirty-one hours of data was collected.

Data Analysis

A data management software was used to manage, treat, and organize digital research data. All interviews were recorded and then audio coded using NVivo Pro 11 software. Audio interpretation analysis allows researchers to code interviews by optimizing time and economic resources (Wainwright & Russell, 2010); it is less costly and time-consuming than verbatim transcription (Zamawe, 2015). From a time and budget perspective, the audio interpretation analysis offers the advantage of potentially conducting additional interviews (during the time that would otherwise be allocated for transcription). In contrast to transcripts, audio material may also strengthen the authenticity of data and improve the quality of interpretation and analysis (Wainwright & Russell, 2010). In order to support the results, applicable audio excerpts were transcribed verbatim. French quotes were translated into English for the purpose of the article.

Coding is a process aiming to make sense of text (interviews, observations, and documents); it transforms aggregate (Creswell & Poth, 2017). In this sense, a coding template made up of categories based on a review of the literature on mothering and children's AOP was created to organize the audio data (see Appendix F). Interviews were then listened and re-listened to several times. During the initial phase of the analysis, interviews were individually coded and, as more interviews were listened to, several sub-categories were developed (see Appendix F). During this phase, relevant audio excerpts were sorted and placed into their respective sub-categories. Post-interview notes were read prior to analyzing the interviews to contextualize the data.

In the subsequent phase of the analysis, once all interviews were coded, they were compared against one another to identify common themes (see Appendix G for examples of these analyses). This enabled the researcher to identify the knowledge of mothers on AOP and describe contextual information on their children's leisure (see Table 2). The results of this later

Table 2 <i>Factors influencing mothers' desires to provide opportunities for AOP.</i>	
Factors	Mothers' perspectives
<u>Benefits of AOP</u>	
Physical	Learning about the body's capabilities (climbing trees, play structures), testing physical limits and learning from injury (need to know what it is to get hurt so they can avoid certain risky behaviours), learning how to fall safely, increase physical awareness (jumping on the trampoline), physical activity (kids move more outdoors than indoors), development of agility, beneficial to the immune system, risk management (running in the forest, dodging tree roots), survival (acquire a level of fitness necessary to manage everyday life)
Psychological	Pleasure/fun, problem solving, fosters creativity and imagination (inventing games), connecting with nature, better understanding of nature and the world (through the observation of animals and plant growth), enjoyment in nature and outdoor spaces, calming, counters screen time, beneficial to mental health and well-being, conquering fears, development of autonomy, cultivate sense of exploration, self-confidence, fresh air
Social	Interactions with peers, learn how to share and take care of others, conflict resolution
<u>Risk management</u>	
Personal	Ability to supervise during play, years of experience with mothering and childrearing (more relaxed with experience)
Child specific	Age, level of maturity, risk management skills, decision-making skills, awareness, familiarity with environment, self-regulation, personality (impulsive, very social, risk taker, curious, follow the rules, not risk takers, responsible), physical abilities, prior experience being alone/managing risk
Physical environment	Child-friendly neighbourhood, neighbourhood (suburbia, city), street (cul-de-sac, boulevard), traffic, pool (risk of drowning), residence (apartment building, backyard, front yard), public spaces
Social environment	Mistrust of others, absence of other children (e.g. friends, siblings, neighbourhood kids), supervision from neighbours
Type of play	Alone, cycling, trampoline, climbing, free play, risky play, supervised play

Table 2	
<i>Factors influencing mothers' desires to provide opportunities for AOP.</i>	
Factors	Mothers' perspectives
<u>Surveillance</u>	
Parenting resources and media	Books (e.g. What to Expect When You're Expecting), social media (online posts by other parents), online articles (on bad parenting, optimal child development), news reports (e.g. stories of child abductions), missing child posters (e.g. on billboard at Walmart)
Interpersonal, community, and institutions	Other parents (within neighbourhood, online), partner, friends, strangers (stories of people calling the police, judgement from others in public spaces), previous generation (offering unsolicited advice), parents/in-laws, neighbours, child, school (e.g. safe drop off, not allowing children to walk home alone), director of dance school
Individual	Instinct/inner voice, values, childhood experiences (play as a child, babysitting), previous experience with children, education/work (e.g. ECE), context (e.g. etiquette at dance studio)
<u>Constraints on AOP</u>	
Lack of time	Busy family schedule, two parents working, low energy levels, trouble negotiating work-life balance, non-flexible work schedule, seasonal variations, children's participation in structured activities and/or competitive sports, trouble organising playdates (especially for mothers of only-children, busy lifestyle of other families), children are sent home with a lot of homework, domestic duties and responsibilities (meal prep, laundry, cleaning)
Presence of risk	Unease with children's free/unsupervised play, physical environments are deemed as unsuitable or too dangerous for children's play (e.g. busy streets, icy conditions), children are too young to adequately assess and manage risk themselves, social environments are deemed to risky due to mistrust of others and strangers, exposure to risk-aversion discourse through the increase media coverage
Negotiating screen-time	Screens are used out of convenience, multiplies time to tend to other responsibilities, time management tool, allows parents and children to relax, children have significant interest in screen-based activities

stage of the analysis acted as the basis for identifying the subject positions of mothers and the discursive conflicts that eventually impact their provision of their children's AOP (see Table 3). Specific interview excerpts within specific themes were also re-listened. This was facilitated using NVivo's Coding Query function to allow the researcher to search and yield excerpts coded

Table 3	
<i>Discursive construction that hinder and facilitate the provision of children's AOP</i>	
Discursive construction	Descriptors
Time managers	Plan children's activities; Employ time management strategies; Negotiate time-saving and time-costly activities; Prioritize mothering duties and responsibilities; Balance work-life; Organize playdates
Risk managers	Supervise children; Access safety of play spaces; Evaluate and manage level of risk; Ensure safety and protection of children
Screen time managers	Limit children's screen time; Establish rules surrounding screen use; Enrol children in structured activities; Resist excessive use of screens

within certain combinations of themes (e.g. search result for excerpts coded in 'lack of time', 'barriers and enablers', and 'structured activities' exclusively). Taken together, the analysis yielded three main subject positions ('mothers as time managers', 'mothers as risk managers' and 'mothers as screen-time managers').

A Foucauldian approach using the concepts of *discourse*, *subject position*, and *biopedagogies* served as the conceptual framework to explore how mothers position themselves regarding children's AOP. It was used to organize, analyse, and make sense of participants' statements. This approach discursively situates the statements of research participants within their broader social context (Grbich, 2013). For the purpose of this study, methodological guidelines proposed by Arribas-Ayllon and Walkerdine (2008) were used to uncover the discursive constructions of the 'good mother' and explore their implications on children's AOP. These authors stated that researchers conducting a Foucauldian analysis may recognise discourse as statements that constitute a discursive object. For this study, statements related to the provision of children's AOP (discursive objects) were selected and identified in semi-structured interviews. They also propose identifying subject positions to investigate the cultural repertoire

of discourses available to speakers (Davies and Harré, 1999). Markula and Pringle (2006) proposed identifying discursive practices in order to analyse an individual's subject position within a discourse. Within the context of this study, this meant identifying statements relating to mothers' role in providing (or not) opportunities for children's AOP.

The literature review highlighted that contemporary mothering ideologies portray mothers as important actors in translating scientific knowledge into practice (i.e. neuroscientific motherhood, intensive motherhood). Using the concept of biopedagogies was appropriate for this study as it positions mothering as a hinge between childrearing discourses (scientific knowledge) and child health practices. The methodological guidelines proposed by Valerie Harwood (2009) were followed to shape the discussion. Harwood (2009) inquired about how the concept of biopedagogies may be used as a tool for interrogating pedagogical practices and the governance of bodies. She proposed that the workings of truth, power, and modes of subjectification shape reliable analytic tools for interrogating biopedagogies.

Within this specific research context, 'truth' refers to the official discourses on children's AOP. They were identified through a review of the literature on AOP and contemporary motherhood. The second element relates to the exercise of power and the 'authorities' that disseminate discourses. In this study, uncovering instances of power meant comparing mothering discourses and practices on AOP to what is recommended by public health organizations. Finally, the third element relates to modes of subjectification, that is, modes in which subject positions are created and assumed (Rabinow & Rose, 2006). This required identifying interview segments that relate to the roles of the mother and techniques by which they regulated their practices (internalization of norms leading to self-policing) (Arribas-Ayllon & Walkerdine, 2008).

Strategies for Ensuring Research Quality

Three key principles were used to ensure the quality of the data analysis: (a) reflexivity, (b) thoroughness, and (c) credibility. Reflexivity is defined as a researcher's self-awareness of their values, beliefs, and experiences and how they may impact different stages of the research process (Schinke, McGannon, Parham & Lane, 2012). "[It] involves a heightened awareness of the self in the process of knowledge creation, a clarification of how one's beliefs have been socially constructed and how these values are impacting on interaction, data collection and data analysis in the research setting." (Grbich, 2013, p. 147). Discussions on reflexivity in qualitative research suggest that it is often used to portray a more rigorous study (Given, 2008). In this study, for example, the researcher did a bracketing interview, a technique used to uncover the researcher's presuppositions about the object at study (Allen-Collinson, 2011), before the data collection phase. Changes were also made to the interview guide during the data collection phase due to preliminary assumptions not being reflected in the interviews. Field notes were taken after each interview to facilitate the data analysis process. Reflexivity was also apparent in conversations between the researcher and her supervisor throughout the research process, especially during data analysis. These conversations allowed for rigorous thinking, which combines critical thinking, creative thinking, evaluative thinking, inferential thinking, and practical thinking in order to yield conclusions that best fit the data (Quinn, 2014).

Thoroughness was achieved during data collection through the use of probing questions, outside of those in the interview guide. These questions were formulated based on the information shared by participants. To avoid disrupting the reflection of participants, notes were taken during the interviewing process when questions were prompted and were asked when the

researcher deemed it appropriate. As a result, the researcher was able to collect a rich and thorough data set.

Research credibility was ensured through the re-examination of initial findings through an iterative process that allowed the research to alternate working between her findings and the data to validate the findings against the data. Specifically, the researcher modified the coding structure according to emerging codes within subsequent interview analysis. This involved the creation of new codes and categories, the merging of codes and categories, and the deletion of codes and categories. The researcher moved beyond the constraints of the literature by recognizing trends that materialized in the audio data to inductively develop themes. The large number of “new” codes underdeveloped in the literature review can testify to the thoroughness of the data analysis. Multiple conclusions can be drawn from this same data set. For this reason, only codes relevant to the precise objectives of the research article were specified by the researcher.

Finally, credibility was also ensured by allowing research participants to review the transcribed portions of their interviews. Transcriptions were sent using the initial mode of correspondence (through Facebook messenger or by e-mail) and participants were instructed to verify citations and provide corrections if deemed necessary.

**Chapter V- Constraints on Children's Active Outdoor Play:
'Good Mothering' and the Organization of Children's Free Time**

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Abstract

Active outdoor play (AOP) is an unstructured physical activity that is increasingly promoted by child health experts as a promising solution to sedentary and overly structured adult-led lifestyles. It is a conduit through which discourses on mothering, children's health and development, and physical activity come together. Growing concern over decreased levels of children's AOP is drawing attention to new parental responsibilities and new forms of organizing children's free time. Chiefly drawing on the Foucauldian concept of biopedagogies, this qualitative study problematizes and examines the salient factors of contemporary motherhood that impact this activity. Twenty-one mothers took part in semi-structured interviews that were analysed using a Foucauldian approach to discourse analysis. Results indicate that mothers' provision of AOP is compromised by discursive conflicts that stem from their construction as time managers, risk managers, and screen-time managers. This study provides crucial data for successfully including this leisure practice within family-centred health promotion.

Key Words

Active outdoor play, sedentary lifestyles, biopedagogies, discursive conflict, mothering, child health

Introduction

The involvement of parents in children's health and well-being is a recurrent theme in the history of human societies (Helseth & Ulfsaet, 2005; James & Ashwill, 2007; Soliday, 2004). Over the past century, their roles and responsibilities have changed considerably, along with broader socio-political development. Educational, legal, and public health policies have shifted their focus from defining the role of parents as providers of basic needs (provision of food, shelter, clothing, affection, and security) to providers of optimal physical and psychosocial development (Budds et al., 2017; Gaszo, 2014; Hays, 1996). Scientific advancements in health sciences and neuropsychology are now very influential in shaping parenting policies and practices in view of ensuring the optimal health and developmental outcomes of children (Allen, 2011; Allen & Duncan-Smith, 2008; Gill, 2007; Lewis, 2011; Macvarish, 2014).

The need to increase the levels of physical activity of children is well documented and is firmly integrated into most national public health campaigns and initiatives (ParticipACTION, 2018). Children's inactivity is regularly identified as a risk factor for health and development problems (Katzmarzyk, Church, Craig & Bouchard, 2009; Owen, Bauman & Brown, 2009; Treuth et al., 2007). Within the Canadian context, an increase in sedentary behaviours is considered a threat to public health since new data continue to reveal that children engage in excessive amounts of daily sedentary time (over 8 hours per day) (Leatherdale & Harvey, 2015; LeBlanc et al., 2015). For these reasons, never before has the free time of children been the object of such professional scrutiny and neither has it been problematized so extensively as a domain in which parents should address the present and future well-being of their children (Rose, 1999; Shaw, 2008).

Scholars from various academic disciplines in early childhood education (Lavrysen, 2015; Little, 2015), parenting culture studies (Bristow, 2014), exercise and sport sciences (Becker, McClelland, Loprinzi, & Trost, 2014; Schaefer et al., 2014; Remmers et al., 2014), and public health (Tremblay et al., 2015) have identified active outdoor play (AOP) as a means to improve children's health and physical, cognitive, and psychosocial development. This activity is defined as an "unstructured physical activity that takes place outdoors in a child's free time" (Veitch, Bagley, Ball, & Salmon, 2006, p. 383). Recently, a diverse, cross-sectorial group of partners, stakeholders, and researchers recommended including self-directed play outdoors at home, school, child care, and within community programming (Tremblay et al., 2015). For them, parents should provide their children with more opportunities for AOP to prevent adverse health and development outcomes.

The decline of AOP among children is drawing public and academic attention due to cumulating evidence showing that child's play is increasingly sedentary and occurring more indoors in comparison to previous generations (Bassett et al., 2015; Carver, Timperio, & Crawford, 2008; Clements, 2004; Hofferth, 2009; Skar & Krogh, 2009; Tremblay et al., 2015; Veitch et al., 2006). The family setting is identified as a safe and ideal site for the "pedagogical improvement of children's eating habits and the introduction of exercise regimes" (Coveney, 2006, p. 161). Although parents can play a key role in lowering the sedentary leisure activities of children, more research is required on how the family context impacts AOP.

While fathers are spending more time with their children (Mannino & Deutsch, 2007; Sayer et al., 2004; Smith, 2004), mothers still shoulder the bulk of the responsibility for ensuring the physical, emotional, and psychological development of their offspring (Craig, 2006; Doucet, 2006; Hays, 1996; Mannino & Deutsch, 2007; Monna & Gauthier, 2008). The contemporary

'good mother' is expected to prioritize her family over her career, to monitor and supervise her child, to seek expert advice, and to devote significant time to child-rearing (Faircloth, 2014; Johnston & Swanson, 2006; Knaak, 2010). A clearer grasp of the challenges faced by mothers and how they impact children's AOP is crucial for promoting a healthy active lifestyle and preventing adverse outcomes (Veitch et al., 2006).

By drawing on the Foucault-inspired notion of *biopedagogies* (Wright, Rail, MacDonald, Macneil, & Evans, 2006), this qualitative study positions mothering as a discursive practice through which health and healthy bodies are constructed and disciplined. It focuses on the difficulties mothers face in providing children with opportunities for AOP by examining the discursive constructions of the 'good mother'. This subject position involves managing children's free time, ensuring their security and health, and limiting their unhealthy leisure activities. Three discursive constructions, 'time manager', 'risk manager', and 'screen-time manager', emerged from the interviews, all of which were comprised by discursive conflicts that discouraged the provision of opportunities for AOP within the family.

AOP as a Formalized Health Practice

AOP improves children's physical health and provides them with psychosocial benefits. Children who spend time outdoors are more likely to be physically active (Remmers et al., 2014; Schaefer et al., 2014; Cleland et al., 2008), to have a healthy weight, to spend less time in sedentary activities (Schaefer et al., 2014), to have better motor skills (Prezza et al., 2001), and develop long-term sport participation (Little & Wyver, 2008). It also provides a context that promotes socializing with peers (Dowdell, Gray, & Malone, 2011), reduces feelings of isolation, and increases self-esteem (Lavrysen, 2015), self-regulation (Becker et al., 2014), interpersonal skills, and social integration with the community (Tremblay et al., 2015).

AOP is an unstructured physical activity that may include varying degrees of freedom and supervision¹. It can expose children to a degree of physical and psychological risk that supports their sense of autonomy, competence, and relatedness (Grolnick, 2009; Grolnick & Seal, 2008; Sandseter & Kennair, 2011). It may also contribute to the development of risk-management (e.g. self-awareness) (Mikkelsen & Christensen, 2009; Sandseter, 2009) and psychological skills such as resiliency, self-confidence, and perseverance (Gill, 2007; Gleave, 2008; Knight, 2012; Niehues et al., 2013). In comparison to organized sport, AOP provides more opportunities for learning risk assessment skills and for testing physical limits (Little, 2010; Little & Eager, 2010; Sandseter & Kennair, 2011). The decision-making skills learned in this setting are transferable to other domains of social life, i.e. decisions on substance use, relationships, and sexual behaviours in adolescence (Ward & Bayley, 2007).

Studies have identified parental concerns over child safety and the growing interest in screen-based activities as the most influential barriers to children's AOP. First, concerns over the fear of child abduction, the dangers of traffic, and the risk of physical injury limit children's AOP (Carver et al., 2008; Jago et al., 2009; Lee et al., 2015). Despite statistics revealing that children have never been safer in public spaces (Brennan, 2009; Dalley & Ruscoe, 2003), children's freedom to explore outdoor environments has decreased over the past decades (Carver et al., 2008; MacDougall et al., 2009; Romero, 2010; Shaw et al., 2015). Children are more monitored, supervised, and constrained in their use of public spaces (Rutherford, 2011), and have less autonomy than previous generations (Faircloth, 2014; Little, 2015; O'Brien, Jones, Sloan, & Rustin, 2001; Rutherford, 2011; Shaw et al., 2013).

Second, Canadian children are growing up in a society where the availability of electronic forms of entertainment such as television, mobile phones, and the internet have increased

sedentary leisure and decreased levels of physical activity (Pate, Mitchell, Byun, & Dowda, 2011). Although Canadian sedentary behaviour guidelines recommend no more than 2-hours of daily screen time, less than half of Canadian children are meeting the national recommendation as they are spending an average of 3.1 hours per day in recreational screen-time pursuits (Roberts et al., 2017; ParticipACTION, 2018). Whereas not all forms of sedentary behaviour yield the same impacts on health (e.g. screen-based activities vs. reading), excessive screen time has been found to negatively impact a child's physical, emotional, and social health (Carson et al., 2016; Hinkley et al., 2014; Hoare, Milton, Foster, & Allender, 2016; Owens, Healy, Matthews, & Dunstan, 2010; Teychenne, Costigan, & Parker, 2015; Tremblay et al., 2011).

Expert Advice, Government, and Self-Responsibility

Children are constructed as a population at-risk of various health problems and are the focus of networks of expert advice directed at researching and promoting their health and optimal development (Lupton, 2013; Petherick, 2015). Because parents, especially mothers, carry the most significant influence on children's AOP (Howard & Madrigal, 1990; Valentine & McKendrick, 1997), various health promotion organizations will target them to provide children with frequent opportunities for quality physical activity (Alexander, Frohlich, & Fusco, 2014). This prescription of physical activity can be conceived as a parent-focused pedagogy (Alexander et al., 2014).

Mothers are often positioned as hinges between scientific knowledge and disciplinary child-rearing practices (Hausmann 2003; Lee & Bristow, 2009). The notion of "scientific motherhood" expresses the scientific basis of the contemporary 'good mother' and testifies to a recent ideological shift in mothering (Apple, 1995; Faircloth, 2014). Underlying this transformation is a neoliberal value emphasizing self-responsibility where: "women are

positioned as responsible for making the 'right' parenting decisions – those which will lead to the best developmental outcomes for children" (Budds et al., 2017, p. 338).

Drawing on the concept of biopedagogies (Wright et al., 2006), this study analyzes dominant discourses on mothering and how they fashion children's free time. Derived from the concepts of biopower and biopolitics, biopedagogies refer to "disciplinary and regulatory strategies that enable the governing of bodies in the name of health and life" (Wright, 2009, p. 8). As argued by Bordo (2003), biopedagogies are micropractices that include the self-assessment and self-evaluation of bodies and behaviours against those of the contemporary healthy subject. They allow for the instruction, regulation, normalization, and construction of understandings of the physical body that go on informing health practices (Wright & Halse, 2014).

Biopedagogies operate through discourse. They are expressed through modes of subjectification, mechanisms that regulate practices by creating or allowing individuals to assume subject positions (Arribas-Ayllon & Walkerdine, 2008). They can bring individuals to work on themselves and others in the name of health (Rabinow & Rose, 2006). This study focuses on the subject position of the 'good mother'. Given that there can be competing and contradictory discourses within a same time period (Abercrombie et al., 2006) and that an individual can assume multiple subject positions at once, contemporary 'good mothering' often come into contradiction with other subject positions in which mothers are encouraged to occupy (i.e. career woman, successful wife; Weedon, 1987).

While the concept of biopedagogies is often used in critical health sociology to uncover the formal systems that underlie health pedagogy (i.e. obesity epidemic), it can also be used to understand the family as a pedagogical site where children learn how they should come to know

themselves and act on themselves as 'healthy subjects' (Rich, 2012; Wright & Halse, 2014). Parent-focused biopedagogies are mechanisms by which social norms and values of organizations (scientific, pedagogic, legal, and political) fashion the practices of parents in order to improve the healthy development of children by regulating the ways in which they move and play (Burrows, 2009). Biopedagogical practices arise from health surveillance mechanisms in which mothers will compare the development of their children against pre-established health norms and adopt disciplinary and regulatory practices to ensure the health and well-being of their children (Kelle, 2010; Lupton, 2012).

Methods

Participants and recruitment

Twenty-one mothers (mean age of 40 years) with a child or children between the ages of 6-12 years old, making up a dual-wage earner family, living in an urban or suburban area in the Ottawa-Gatineau region were recruited for this study (see Table 1 for a detailed description of participants). The average annual household income of participants was approximately CAD\$156,000.00. The inclusion of school-aged children (ages 6-12) stemmed from a lack of research on AOP focused on this age group (Watchman & Spencer-Cavaliere, 2017). The majority of participants were recruited using a purposeful sampling method through four Facebook mother groups. Once permission was granted from web administrators, details of the study were shared on the groups' page through a short informative video and a Facebook wall post ($n=13$). The recruitment video was made using Animaker, an online video maker. This project was granted approval from the Research Ethics Board of the University of Ottawa. All participants received CAD\$30 for their participation.

Data Collection

Semi-structured, face-to-face interviews were conducted to explore participants' perspectives on contemporary mothering and their children's active outdoor play. Prior to the interview, all participants were briefed about the broad nature and aims of the study. Interviews were conducted in the winter (January to March) and lasted between 60 and 120 minutes. Each interview was preceded by a short socio-demographic questionnaire. The interview guide was developed based on a review of the literature on mothering and children's AOP to examine the perspectives of parents on children's free time and leisure practices. Four themes relevant to AOP were discussed in depth: (a) family context and contemporary mothering, (b) leisure practices of children, (c) sources of knowledge related to AOP, and (d) enablers and barriers to providing AOP to children.

Analysis

All interviews were recorded and then audio coded using NVivo Pro 11 software. Audio coding allows researchers to optimize time and economic resources during the data analysis process. This coding technique is used to maintain the authenticity of data and improve the quality of interpretation and analysis (Wainwright & Russell, 2010). Themes were developed both deductively, based on a review of the literature, and inductively, from research data. Relevant audio excerpts were sorted and placed into their respective theme. The data considered for this article came from six overarching themes ('mother identity', 'children's leisure', 'risk management', 'contemporary mothering', 'mothering discourses', and 'active outdoor play'), all of which was comprised of several sub-themes. The vertical and horizontal data analysis were guided by a Foucauldian concepts and generated three main discursive constructions ('mothers as time managers', 'mothers as risk managers', and 'mothers as screen-time managers').

Results

Contextualizing Motherhood and Active Outdoor Play

As a discursive practice, mothering is best understood within a 'field of possibilities' "in which several ways of behaving, several reactions and diverse compartments may be realized" (Foucault, 1983, p. 221). By constraining and closing off possibilities, it may direct the subject to adopt alternative practices (Shogan, 1999). This field enables and constrains mothers in their adoption of child-rearing practices. Globally speaking, the results show that the body of children is itself an object of discursive struggle due to conflicting normative parenting practices, often leading mothers to experience confusion and doubt with respect to appropriate forms of parenting. Mothers indicated that they are often faced with many discursive conflicts due to conflicting child-rearing advice widely disseminated in society. Like others have noted (Faircloth, 2014; Hays, 1996), contemporary 'good mothering' involves a form of 'intensive mothering' that includes a broad range of responsibilities that are often deliberately planned and centred on the needs of children. Mothers also mentioned having to juggle competing priorities within and outside of mothering. Assuming multiple subject positions (e.g. mother, wife, worker, homemaker) was regularly expressed as having an impact on parenting decisions. To explain how participants' position themselves regarding the provision of AOP, three discursive constructions of the 'good mother' were identified as sources of discursive conflicts: 'time managers', 'risk managers', and 'screen-time managers'. Discursive conflicts are defined as tensions in mothering practices due to competing, concurrent, and/or contradictory discourses.

Mothers as time managers. The 'good mother' is expected to devote considerable time to ensure the optimal development of her child (Allin, West, & Curry, 2014; Hays, 1996). She is expected to conform to her construction as 'time manager' by planning and organizing children's

free time. However, this is contingent on the amount of available time of mothers. Discursive conflicts arise when mothers must choose among many tasks related to the needs of children within a context of 'time scarcity'. Participants in this study often did not prioritize AOP over other mothering duties.

Contemporary parenting leads to a new level of complexity regarding the management of family schedules (Baker, 2007). All research participants were partnering within dual-career and dual-earner families. Like many of their female counterparts, professional, domestic, and child-rearing responsibilities contributed to their time burden (Ehrenreich & English, 2005; Gaszo, 2014; Pont et al., 2009; Statistics Canada, 2010). Time scarcity in family life inevitably impacts child-rearing and leisure choices. Given the time demands of other spheres of life and the practicality of organized sports, providing an adequate environment for AOP is challenging: "[AOP] just doesn't fit into my life... it's challenging when you work outside of the home to have a good work-life balance" (Debbie). Various scheduling and time management strategies (weekly planning, routine imposition, use of childcare, working from home arrangements) were used to optimize time and gain control over family life. On weekdays, meal preparation, homework, and bedtime routines took precedence over the provision of children's AOP: "outdoor time is also the time set aside for homework and reading" (Karine). Some duties were less negotiable than others when it came to allocating time for AOP:

No, I don't think my son gets enough outdoor time. I think it's our schedule and I think it's us thinking, "We need to get dinner organized, we have to get homework done."

There is so much homework that they send home at his school, there is just no time to fit it in. (Beth)

Although dual-earner families are often encouraged and normalized, there is a lack of policies that focus on work-family balance (Baker, 2007; Gazso, 2014), often prompting mothers to compromise what they believe would be best for their children. Debbie spoke about how “you deal more with the guilt” when participating in the workforce because of having to renegotiate time in other spheres of life. This emotional response towards the appropriate health and development of children indicate discrepancies between actual and normative parenting practices (Rose, 1999)². Participants often expressed a guilty conscience over their lack of accountability for children's outdoor play. In the following quote, Karine conveyed her guilt over repeatedly preventing her daughter from playing outside:

Occasionally, she'll ask me, “Can I go play outside?” I often tell her no because we don't have enough time. I feel bad about it... I feel guilty for not letting her do certain things because there's not enough time in the week. Homework needs to be done and she has to take a bath. Sometimes, we'll skip bath time... but there's still not enough time for her to get dressed, play outside, and come back in.

Today, children's discretionary time is more structured (Little, 2015; Pynn et al., 2018). Although mothers recognized the health benefits of AOP, it was more difficult to integrate into family lifestyles. Out of convenience and compromise, mothers often replaced informal and unstructured outdoor play with structured sport or physical activities as a time-management strategy. This time management strategy confirms what others have identified as activities that facilitate parental organization of children's free time (Watchman & Spencer-Cavaliere, 2017; Witten et al., 2013). Similar to Pynn et al. (2018) study on active free play, this study found that the provision of AOP was more uncertain if mothers enrolled their children in at least one

structured sport or physical activity. The following quotes express how busy schedules yield precedence to structure over freedom.

Structured activities are important to us because we don't want our son to come home at the end of the day without having done anything. Kids just don't have enough time to run around and play at school. They need that extra exercise now... [Today] kids don't get the opportunity to just be kids- to have free time, to use their imagination, to be goofy and silly because it is really hard being a working family, it's hard to get that activity in. (Beth)

Everyone has had it up to here with activities – always on the move! It makes me wonder: “jeez, are we way off the mark?” ... my son's friends are usually so caught up in their activities that when you call, they're usually not available to play because they're going from one competition to another. (Monika)

In some interviews, structured physical activities were perceived as a way for the whole family to engage in healthy activities. In this case, replacing AOP may not allow children to reap its benefits, but it may allow parents to spend more time with their children and/or act as a means to keep them occupied and active. For instance, Karine spoke about how options offered by sports centres allow her to optimize time and finances while ensuring parent-child active lifestyle:

I go to two exercise classes and [my daughter] also does two. Honestly, it's more for me. It allows me to go to the gym without needing to have a babysitter... It's not a coincidence, it's planned... At school, they do two hours of physical education per week... it's not enough.

Mothers as risk managers. Parenting discourses on risk regularly position mothers as 'risk managers' (Smyth & Craig, 2017; Furedi, 2002; Jenkins, 2006; Lee et al., 2010; Reece,

2006; Valentine et McKendrick, 1997). Discursive conflicts arise when mothers are left to weigh the harms and benefits of risk exposure to ensure the optimal development of children. They are constantly exposed to reasonable parenting advice that encourages them to, on the one hand, equip their children with the physical and psychological skills needed to face the contingencies of life, and on the other hand, protect their children by providing a safe environment to prevent injuries and trauma (Allin et al., 2014; Furedi, 2008). Ultimately, participants in this study clearly show that risk prevention guided their choices regarding their children's leisure. Leisure activities that were once deemed safe and acceptable are now constructed as unsafe and to be avoided (Pynn et al., 2018).

Child protection policies, regulations, and precautionary measures circulate risk prevention messages through various sources (e.g. online, news reports, other parents, schools), all of which make up a 'surveillant assemblage', and create apprehension over unsupervised outdoor play: "[My husband and I] would never send [our children] to the park on their own because we'd probably have the cops called on us" (Vanessa). In their study on 'good parenting' and active free play, Pynn et al. (2018) documented similar results and contended that social attitudes towards play have changed and that it is no longer socially acceptable to allow children to roam unsupervised in public spaces: "Allowing children the freedom to play unsupervised appeared to be in tension with perceived perspectives about good parenting" (p. 5). What differentiates the relation to risk of today's parents is that it is increasingly being constructed by highly mediatised child tragedies and abduction (Holt et al., 2016; Pynn et al., 2018). Their coverage and dramatization heighten the safety concerns of mothers and shape their provision of outdoor activities.

It's scary raising [my 6-year-old daughter] today... I watch a lot of American news... If I can't see her [while she's playing outside] then no, it's not happening. I need to have eyes on her at all times. [If she's playing with a friend], I would need to know that they were in an area where no other person could get to them... like a fenced-in backyard. (Debbie)

Similar to other studies (Smyth & Craig, 2017; Valentine, 1997; Watchman & Spencer-Cavaliere, 2017), participants' subjectivities also emerged in relation to organizational risk management protocols. The following quote by Allyssa, a Women Studies Major and mother of three girls, provides an articulate example of the strength of school surveillance in normalizing 'good parenting' ideals. She expressed the problematization of children's independent mobility that has occurred over time.

My 9-year-old wanted to stay at school to finish an activity... I asked, "When this activity is done, can you just send her home, she'll walk home," and I was told "no". She couldn't because ... she's a young girl and shouldn't be walking home alone. I was really surprised because she walks to school every morning... and sometimes on her own. I asked, "Is there a policy, something I don't know, I don't want to be mishandling the rules of the school, I don't want to get anyone into trouble," and she said "no", but again, she repeated that it wasn't prudent and that it was unacceptable... Moments like that make you think, "I am parenting a little differently than what people's expectations are..." There is pressure for parents to parent how others do... there's a lot of people making decisions that go against what they believe, just to stay out of trouble... I think there is a social discourse around how you should raise your kids because if you're doing a bad job, the State can take your kid away and there are laws on how to take care of your kid. "When are they allowed to stay home alone? When are they allowed to drive?"

...There's a certain level of responsibility in the law that you have to obey... I won't call them laws, because they are not laws, but there's a social code that changes over time and it's possibly more restrictive than what it was in the past on certain levels.

The construction of risk shapes how families organize children's free time and orient their activity choices (Fullagar, 2009). A recent systematic review of children's independent mobility identified the social environment (neighbourhood safety, fear of crime and strangers, and perception of traffic) as the most important factor reducing the degree of freedom given to children (Marzi et al., 2018). In this study, participants frequently acknowledged a decreased sense of safety in outdoor public and private spaces when compared to their own upbringing. They expressed their difficulties to provide the same level of freedom that they experienced during their childhood. This was mainly due to heightened safety concerns over unsupervised activities (automobile accidents and harm induced by others): "When we think back, that was our childhood, living outside" (Patricia). "We used to play in backyards, in the street, in the forest, or at the park... sometimes even at the schoolyard. We spent more time outdoors" (Joelle). "I grew up being able to play until it got dark out and life went on. There was no structure" (Debbie).

Mothers frequently adopt risk management strategies in response to the perceived risks of AOP. They include parental supervision and controlling levels of freedom (e.g. establishing rules, play parameters and boundaries). Many scholars have indicated that supervision is perceived as a required practice for the parental provision of children's AOP (Holt et al., 2016; Pynn et al., 2018; Witten et al., 2013). Risk management varies according to personal experiences (e.g. new vs. experienced mother), specific child characteristics (e.g. age, level of maturity, personality type), the social and physical environment (e.g. private vs. public play setting), and according to the type of play (e.g. risky play, playing alone). As argued elsewhere,

this level of control and surveillance inhibits some of the positive features of AOP on child development (Dalley & Ruscoe, 2003; Pynn et al., 2018). In their study on the perspectives of parents on AOP, Watchman and Spencer-Cavaliere (2017) captured the decrease in children's AOP by noting that play was no longer 'free' due to the strong trend towards parental supervision. The following interview excerpt illustrates a mother's restriction of AOP after considering the possibility of child abduction during unsupervised play.

I know that they wouldn't fool around but [I don't trust others]. I know that [child abduction] doesn't happen often... I think with our parents, it happened all the same, but they were less aware of the occurrences. Nowadays, we know everything that goes on... You are responsible for your child. As long as they're not 18 years old, I am responsible... I always imagine the worst. (Chloe)

Parental safety concerns in AOP have also been linked to a reduced sense of community (Lee et al., 2015). Many participants justified their concerns over unsupervised outdoor activities and their fears on child safety by expressing their low sense of community and the low social cohesion of their neighbourhood. In addressing these issues, many identified a lack of time to be involved in community development and low personal efforts to get to know their neighbours. This idea is shared by Lucy, a mother of two children, when reflecting on her risk-management practices after reading a study on children's independent mobility.

A 100 years ago, they would roam 10 km on foot without parental supervision. Now, the distance constantly decreasing. It's kind of sad. It's true that the radius of activity of my children only makes up 3-4 neighbouring streets. Well, what can you do, that's life! I wouldn't feel comfortable doing otherwise and I feel other parents feel the same way. We don't know the neighbours either or the other people around. I know less my neighbours

than my parents did and I don't really know the parents of my children's friends...

Trusting those we don't know is a little tricky. We live in a more closed-off world.

Mothers as screen time managers. By informing parents on the health and developmental risks of excessive screen time, paediatric and child-related organizations position the family as a site of intervention for improving the amount of daily active leisure of children. The Canadian Paediatric Society recently issued a position statement informing parents on the potential benefits and risks of screen media on the development of children and recommending that doctors should counsel parents of young children on screen time. Parents are positioned as 'screen-time managers' and are encouraged to strike a balance between what is too much or too little exposure to daily screen use depending on the age of the child and type of media exposure. Discursive conflicts arise when mothers must negotiate between what they perceive as the appropriate amount of healthy and unhealthy leisure.

Mothers often expressed great difficulties in their attempts to find an acceptable balance between the enjoyment, usefulness, and practicality of screen-based activities and their negative impact on children's health. "Managing screen time is the most difficult mothering role... I always feel like I am wearing a police hat... I control it a lot because I know it's not good for [them]" (Chloé). However, some were more ambivalent and expressed reservations towards restricting children's screen-use because they did not want to impede the development of self-regulation skills: "I go with my gut... I know that some families monitor time spent on screens, but I personally find it complicated... Maybe it would be better to set limits... I just find that restrictions don't prepare them for real life" (Justine).

Limiting or restricting children's screen-based activities has become a commonplace parenting practice due to the alleged association with negative health outcomes (Hancox, Milne,

& Poulton, 2004) and long-term impact of unhealthy screen-time habits (Biddle, Pearson, Ross, & Braithwaite, 2010; Janz, Burns, & Levy, 2005; Johnson, 2016). Participants spoke about the addictiveness of screen-based activities, the difficulties of children to self-regulate, and the official rhetoric on physical and psychosocial risks associated with this often-sedentary form of leisure. Efforts to control children's screen use were readily adopted by all participants: "It's a very passive activity that encourages sedentariness. You don't move, you don't do anything, but sit there and watch. So we try to limit it" (Émilie).

Some of the benefits of media exposure and screen-based activities were also identified. Occasionally, watching TV, playing games, and online gaming were perceived as convenient activities for parents with busy family schedules and as safe activities for children to take up in their free time. Screen-based activities allowed children and parents to relax from hectic daily schedules: "Everyone needs downtime, time to relax, and today that's just how you do it" (Justine). Being tech savvy was often seen as an essential skill because computers make up "a big part of our future and having certain skills, technology skills, are not a bad thing – so, we encourage it" (Marie). Witten et al. (2013) found similar results in their study on outdoor play, where parents acknowledged the benefits of AOP but "were disinclined to curtail onscreen time where it was seen as preparing them for the future" (p.225). Participants also indicated that screen-based activities provided children benefits similar to those associated to AOP. For example, these activities can benefit children's social life through virtual or real-life interactions. Striking a balance between allowing/restricting children's screen-based activities and facilitating children's socialization with peers was often a reality stated by mothers.

We try to restrict screen time but that doesn't always work, especially lately... I feel that with those restrictions, they might not be as tech savvy as some of their friends. There's

always that balance... His friends will start talking about video games... and he feels left out... You want to instill good values but then you want them to be relatable at school and talk to their peers. (Vanessa)

Screen-based leisure was identified as a contemporary parenting barrier to providing children's AOP. Similarly, Anderson, Economos, and Must (2008) linked increase levels of children's screen-time to a decrease in active play. Mothers recognized that screen-time makes up part of the leisure landscape of children: "Technology is in all schools" (Lynn); "obviously they're going to be exposed to it since their dad works in that for a living" (Marie). Children's screen-time habits are shaped by their social and cultural environment (family, friends, and popular culture) and by learning tools used in school classrooms. Setting rules and limiting children's use of devices (setting time limits, allowing set periods, or restricting use) were presented as common strategies employed by mothers to regulate their children's unhealthy leisure endeavours. In Foucauldian terms, mothers are pivotal for governing their children to ensure the good health of the population. In the following quote, Charlotte, a mother of two boys, reflected the views of many participants who called into question the efficiency of limiting screen consumption:

My biggest issue is electronics. On the one hand, it's all around us. The kids, their friends all have it, different gadgets and whatnot. Even in the schools, they're using all these different tools now. But at the same time, it's "bad for kids", "this is the damage it is doing to their brains", "they're turning into couch potatoes". It's just a constant battle.

The maternal provision of AOP frequently involved motivating children to engage in the activity, while also competing with their interest in screen-based activities. As stated by Michelle, "My two kids are way more interested in screens than in outdoor play", or Pascale,

“My daughter adores it... she has an attraction for anything related to screens. She’s addicted... she would choose the screen [over playing outside].” Jenkins (2006) found that pushing children to play outdoors now requires a considerable amount of motivation and energy on the part of the parent due to the increase in time spent indoors. Interviews showed that participants required balancing children’s play preferences with their physical health. Yet, if other life responsibilities require time and energy from mothers, their occupation of multiple subject positions tips the balance in favour of the time-saving option. “Lately, there’s been a lot of computer... It’s easy to let it get carried away when they’re happy on the computer... but, as a parent, you have to watch and monitor it to make sure that they’re getting a balance” (Marie).

Conclusion

AOP is an unstructured physical activity that is increasingly promoted by public health and education experts as a promising solution to sedentary and overly structured adult-led lifestyles. Chiefly drawing on Foucauldian concepts, this study examines salient factors of contemporary motherhood that impact children’s AOP. Although mothers are identified as key agents to promoting and normalizing healthy behaviours, this study indicates that their regular provision of AOP is compromised by discursive conflicts resulting from their subject position of the ‘good mother’, which is shaped by discourses that enable or constrain the provision of children’s AOP. In comparison to their own childhood, where AOP was more routinely adopted and endorsed by children and families (Skar & Krogh, 2009), participants expressed difficulties in encouraging unstructured physical activities due to competing discourses that frame their conditions of possibilities. In order to provide opportunities for AOP, mothers must successfully negotiate several competing priorities within their discursive constructions as time managers, risk managers, and screen-time managers. While the discursive construction of mothers as risk

managers has been identified in the literature as a barrier to children's AOP (e.g. Allin et al., 2014; Carver et al., 2008; Valentine, 1997; Veitch et al., 2006), the positioning of mothers as time and screen-time managers have not been documented within this context. If mothers living in dual-income housing are to provide their children with opportunities for AOP, they now are required to adopt discursive mothering practices such as explicit family scheduling, supervision, and restriction. The perceived necessity of these practices stems from increasing parental time constraints, child safety and protection standards, and children's interest in screen-based leisure.

Other subject positions (worker, wife, homemaker) also contribute to constraining this practice. In fact, "contemporary definitions of woman as mother conflict with other subject positions which we are encouraged to assume... As a subject of a range of conflicting discourses [the mother] is subjected to their contradictions at great emotional costs" (Weedon, 1987, p. 34). Multiple subject positions structure a field of possible action that constrains the provision of children's AOP by mothers (Smyth & Craig, 2017). These additional subject positions encourage the adherence to discourses that constrain children's AOP within the subject position of the 'good mother'.

Using the conceptual framework proposed by Valerie Harwood (2009) for the analysis of biopedagogies, the findings of this study problematize the current construction of mothers as providers of children's AOP. The following interpretation of the results does not call into question the alleged health and developmental benefits of this activity but instead provides crucial data on the constraints to successfully include it within family-centred health promotion. From a policy perspective, children can be viewed as political entities that are regulated, evaluated, and influenced by biopedagogies, that is, mechanisms that aim to govern their healthy

development. As disciplinary and regulatory strategies, biopedagogies target mothers to shape the healthy child subject.

Harwood (2009) highlighted that the workings of truth, power, and modes of subjectification offer a powerful analytical tool for the interrogation of biopedagogies. First, *truth discourses* on AOP draw attention to the authority and consequence of scientific knowledge on parents and parent-led organizations. Within the discursive field of the family, not all discourses carry the same weight or power (Weedon, 1987). Common parenting ideologies such as 'neuroscientific motherhood' or 'intensive motherhood' are clear indicators of emerging trends in parenting and the resulting sense of responsibility of parents towards the optimal physical and psychosocial development of children (Apple, 1995; Faircloth, 2014; Hays, 1996). When combined with neoliberal family politics, legal responsibilities of parents, and hyper-mediated cases of parental neglect, the context in which mothering occurs constrains the adoption of certain childrearing practices and endorses others. While children's AOP is deemed as an activity that is essential to children's optimal development (Tremblay et al., 2015), this study indicates that mothers' representation of their conditions of possibilities do not allow them to provide opportunities for this practice. Even though mothers recognized the benefits of outdoor play, other discourses on healthy child development guided their practices.

Second, biopedagogies also bring attention to the effectiveness of *strategies of power* that target mothers to ensure their children's health. As a vital part of the government of children, biopedagogies exercise *power over life* through the regulation of bodies (Wright et al., 2006). Established health guidelines are disseminated through discourses, practices, and social institutions and operate in society and families to guide the lifestyles of children. These mechanisms of power imply a subtle operation of normalization and control that strategically act

on the subjectivities of individuals to reach population health objectives. However, individual awareness of official health guidelines does not necessarily lead to the adoption of practices that they endorse (Dallaire, Lemyre, Krewski, & Gibbs, 2012). The effectiveness of these guidelines is compromised if strategies in health promotion are not contextualized to the lives of families. In this study, frustrations expressed by mothers over unrealistic parenting expectations reveal that health advice often operates outside of the complexities of contemporary motherhood. Thus, in order for AOP to be formally integrated within health guidelines and successfully shape mothering practices, mothers require the conditions of possibilities for health advice to be translated into practice (Little, 2015; Smyth & Craig, 2017; Watchman & Spencer-Cavaliere, 2017).

Third, as argued by Rabinow and Rose (2006), “individuals are brought to work on themselves, under certain forms of authority, in relation to truth discourses, by means of practices of the self, in the name of their own life and health [and] that of their family” (p. 197). Though mothers may not always voluntarily seek parenting knowledge, its wide dissemination leads to self-surveillance and self-regulation of mothering practices (Budds, et al., 2017). Mothers are exposed to many discourses; discourses that shape their subjectivity and their prioritisation within a system of norms. It is only through techniques of the self that mothers can assume subject positions, permitting the internalization of biopedagogies. By examining the subject position of the ‘good mother’, the analysis identified important limitations over the assumption of the role of the mother as a hinge between discourse and child-rearing practices.

Taken into its contemporary context, the subject position of the ‘good mother’ mostly constrained mothers’ provision of children’s AOP. It is through the identification of multiple discursive constructions of the ‘good mother’ that the outcomes of discursive conflicts are

identified as key determinants of practice. In this respect, research findings suggest the need for alternative discourses on the 'good mother' that positions her as a subject that promotes and encourages the regular provision of children's AOP. For instance, challenging dominant discourses of neglect and danger linked to AOP may be partially resisted by offering alternative discourses promoting unstructured play as a means of child development. The construction of parenting as being key to child development in the context of contemporary social demands can be a fruitful approach. Mothers' exposure to alternative discourses on fostering independent, autonomous, and active children may be a promising solution to incite them to resist discourses that constrain children's AOP.

Caution should be exercised in generalizing these results to other sociocultural contexts given the specific sample of this study. All participants were Caucasian, middle class, and French or English-speaking mothers belonging to dual-income and dual-parent families. Recruitment methods and time periods of interviews (winter vs. summer; school years vs. summer holidays) could also have fashioned distinctive results. A specific analysis of the age of mothers and the number of children within the family could have provided additional contextual information. It is important to note that nearly half of the research sample was made up of mothers of only children. In comparison to families with multiple children, families with only children may face different challenges in terms of the availability of playmates and appropriate child supervision.

Understanding how biopedagogies intervene within the family is crucial for identifying why state mechanisms fall short of achieving their intended outcomes and is also crucial for improving them. According to Rail (2016), biopedagogies are based on the neoliberal conception of individualism, positioning individuals as being capable and responsible for changing their

lifestyles in order to foster their own well-being. The notion of biopedagogy assumes that if individuals are exposed to knowledge on healthy lifestyles, they will inevitably change their unhealthy behaviours and adopt healthy practices. However, Rail problematized the theoretical foundation of biopedagogies as it does not account for historical, social, environmental, cultural, and economic conditions that shape practice.

To translate discourses on healthy child development into healthy child practices, family-centred health promotion also requires social policies that increase the conditions of possibilities of parents. Hence, in addition to discourses that impact mothers (on the discursive level), material conditions are also required for changes in children's leisure practices. Few improvements to AOP are likely to occur by only providing health information (Holt, Lee, Millar & Spence, 2015). Although incomplete, solutions to increase active leisure may include increasing the number of public supervised play areas (Little, 2015; Pynn et al. 2018; Tremblay et al., 2015; Watchman & Spencer-Cavaliere, 2017), enhancing community life and engagement (e.g. community-level interventions targeted at building social cohesion or traffic calming design) (Holt et al., 2015; Lee et al., 2015; Little, 2013; Mitra, Faulkner, Buliung, & Stone, 2014), and creating or adjusting organizations in order to accommodate parents in their efforts to emphasize outdoor free play.

Notes

1. AOP also includes children's independent mobility as a key component. It emphasises children's freedom to explore their neighbourhood or community without adult supervision (Zubrick et al., 2010). Children with greater independent mobility are more active and have greater opportunities for AOP (Page et al., 2010; Wen, Kite, Merom, & Rissel, 2009).

2. Rose (1999) explained that the family is intensively governed through relational technologies that promote certain subjectivities. In order to encourage the adoption of normative parenting practices, mechanisms activate emotions (e.g. guilt, anxiety, and disappointment) when parenting practices do not conform to them.

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Table 1	
<i>Child and parent demographic information and characteristics</i>	
Demographic information and characteristics	Value
<u>Child gender, <i>n</i> (%)</u>	
Male	16 (43.2)
Female	21 (56.8)
<u>Number of children, <i>n</i> (%)</u>	
1	10 (47.6)
2	6 (28.6)
3	5 (23.8)
<u>Mothers' age range, <i>n</i> (%)</u>	
26-30 years	1 (4.8)
31-35 years	2 (9.5)
36-40 years	7 (33.3)
41-45 years	9 (42.9)
46-50 years	2 (9.5)
<u>Mothers' education level, <i>n</i> (%)</u>	
Secondary school	2 (4.2)
College or CEGEP	1 (2.1)
University	18 (93.7)
<u>Mothers' civil status, <i>n</i> (%)</u>	
Married	15 (71.4)
Common law	6 (28.6)
<u>Mothers' spoken-language <i>n</i> (%)</u>	
French	12 (57.1)
English	9 (42.9)
<u>Mothers' city of residence</u>	
Gatineau	12 (57.1)
Ottawa	9 (42.9)

Chapter VI - Conclusion

Children's AOP is an unstructured physical activity, which may include varying levels of risk and freedom, that takes place outdoors in a child's free time. Evidence suggests that children are playing less outdoors in comparison to previous generations (Clements, 2004; Witten et al., 2013). From a public health perspective, this trend is generating a number of studies aiming to examine its various contributing factors. Mainstream media indicates that it has also caught the attention of the general public. For example, *Le Devoir*, a French-language newspaper largely circulated in Quebec, indicated that their most read article of 2018 featured children's AOP (2019). Considering the rise in sedentary behaviours of children, contemporary psychosocial health challenges, and the current climate of a pending 'obesity epidemic', the transition towards sedentary indoor leisure has oriented health organizations to promote AOP as a means to improve children's global physical, psychological, and social development. Mothers have primarily been targeted as being both the problem and the solution to increase opportunities for this physical activity.

This study focused on the discourses of mothers on children's AOP and aimed to understand how and why they positioned themselves in relation to dominant childrearing discourses. The analysis of 21 in-depth interviews with mothers of school-aged children showed their basic knowledge of the health and developmental benefits of outdoor active lifestyles. Also, while there was no mention of a precise time requirement, most participants agreed that their children do not spend enough time outdoors and are too highly involved in screen-based leisure. Previous studies have focused on risk when investigating the provision of AOP within the home context and have found that mothers will restrict play due to their safety concerns and/or the social acceptability of adult supervision during outdoor leisure (e.g. Allin et al., 2014; Little,

2015; Valentine & McKendrick, 1997) However, few studies have focused on contemporary mothering and how it may shape children's AOP (Watchman and Spencer-Cavaliere, 2017). Similar to previous work (Holt 2015, 2016; Pynn et al., 2018; Teedon, Gillespie, Lindsay, & Baker, 2014), this study used the concept of 'good' mothering to understand mothers' perceptions of how they mediate opportunities for outdoor play. A crucial finding is that mother's struggle to prioritize children's AOP due to discursive conflicts that stem from their discursive constructions as risk managers, but also as time managers and screen time managers.

The distinctiveness of this study is that it considers both the everyday discursive and material barriers to AOP. It highlights the discursive aspects of identity while also including the mothers' representations of their conditions of possibilities to offer opportunities for children's AOP. The use of a Foucauldian approach allowed for a more comprehensive understanding of the challenges of providing specific forms of leisure. The examination of how and why mothers position themselves in relation to dominant childrearing discourses revealed the conditions of possibilities of AOP. Child-rearing discourses require a context that enables action to influence practice. As argued by Bardon and Josserand (2011), Foucault's notion of discourse "is well able to take material elements into account, not for what they are but for the events they create in the field of possibilities" (p. 503). In order for children's AOP to occur within the home context, it requires free time, supervision, and the restriction of screen-based activities. Without these conditions, AOP is unlikely to occur.

Discursive conflicts and the provision of active outdoor play

This study indicates that mothers' regular provision of AOP is compromised by discursive conflicts resulting from their subject position of the 'good mother'. The subject position of the 'good mother' was composed of three distinctive discursive constructions relevant

to understanding the provision of AOP. Mothering practices are often the result of the negotiation of competing priorities within their discursive constructions as risk managers, time managers, and screen time managers.

The role of mothers as risk managers includes balancing discourses on child protection and independent mobility. The resulting conflict ultimately reduces the provision of children's AOP. Research participants often spoke about changes in the levels of freedom given to children in comparison to their childhood. Activities that were once deemed safe for children are now met with public scrutiny. They also generally reported a strong sense of responsibility towards managing appropriate levels of risk during playtime. The degree of risk management would depend on the characteristics of their children and the physical and social play environment. Risk management was also strengthened by risk prevention messages that circulate in society. Research participants often spoke about the necessity of supervision during play. While scholarly research often criticizes contemporary mothering for being overprotective, they rarely account for the discourses that make up mothers' subjectivities. Caroline Fusco, co-author of the book *Play, Physical Activity and Public Health: The Reframing of Children's Leisure Lives*, referred to a context where parents: "[a]re going to be reported for letting kids play outside or they'll be admonished for not letting them play outside... [this responsibility] often falls on mothers" (as cited in Hutchins, 2018). While some parenting styles yield better developmental outcomes than others (Baumrind, 2013; Pynn et al., 2018), the underlying reasons behind the changes in children's free time go beyond parental decision and choices (Witten et al., 2013). According to the results of this study, maternal safety concerns do not only stem from a risk-averse society/culture but also interacts with other important barriers that reduce the provision of AOP.

AOP appears to be less spontaneously adopted by children and requires a considerable amount of time, planning, and organization from mothers. Concerning their role as time managers, mothers must organize children's free time by choosing among many time-saving and time-costly leisure activities. From a broader perspective, mothers also occupy multiple other subject positions (individual, wife, daughter, worker) which also require time. In Canadian society, the typicality of the dual-earner family is among the strongest factors contributing to time scarcity and changes in how parents organize children's free time (McDaniel & Tepperman, 2015). Despite the decrease in gender differences relating to the division of household labour, mothers are still primarily responsible for housework and childcare (Doucet, 2015). The role of mothers as time managers has a direct bearing on children's AOP. Organizing children's schedules can take the form of enrolling them in sports, organizing activities, planning family outings, coordinating play dates with friends, or setting time aside for supervision during play. Mothers are exposed to many discourses that promote some activities over others and given their time constraints, time-saving activities are often favoured over time-costly AOP.

As screen time managers, mothers must balance appropriate levels of screen time. Like previous studies, these results emphasize the need for parents to regulate children's screen time because it strongly participates in reducing their interest in physical activity and outdoor play. Children's high exposure and inclination towards screens coupled with the convenience of screen-based activities were frequently cited barriers to more active lifestyles. Participants regularly spoke about their children's excessive time spent engaging in screen-based activities and their children's inability to self-regulate and balance this with other healthier activities. They were also aware of the potential health and well-being risks of excessive screen time. Nearly all participants considered the management of screen-based activities as part of good mothering and

necessary for their provision of AOP. Children's AOP used to require little parental involvement, but now requires more energy from parents. Various strategies were employed on a daily basis since outdoor play no longer appears to be a spontaneous practice for children.

Additionally, but not developed in this thesis, the three discursive constructions of the 'good mother' identified also interact with one another. For instance, screen time can be perceived as a means to reduce children's risk of injury and increase parental control over busy schedules, while inadvertently reducing children's AOP. Taken together, the discursive construction identified in this study make the provision of children's AOP difficult.

This study also emphasizes the importance of drawing on theories and concepts that capture the lived experiences of mothers. Their subjectivities continue to be shaped by the social expectation of occupying multiple subject positions without seriously considering impacts on personal, relational, and family life. The discursive conflicts identified within the subject position of the 'good mother' show a form of parenting inertia generated by a conflict between multiple other subject positions. The changes in children's leisure are one of many consequences stemming from contemporary life that is negatively impacting the health and development of children. More research is required on family policies that are gender equitable and adapted to the availability of time in family life, safety concerns of parents, and screen-based leisure that are shaping today's parenting practices. While mothers are fully participating in the workforce, their embodiment of multiple discursive constructions reproduces their position as primary bearers of child physical and psychosocial development. Concern over the discourses that shape the subject position of the mother has been discussed at least since the mid 1980s, and despite the expansion of their roles in society, social policies involving labour conditions and childcare remain insufficient for adequately balancing work and family obligations: "[M]others are encouraged to

accommodate [them]selves to families at the expense of [their] own feelings and quality of life” (Weedon, 1987, p.38).

Recommendations

Recent news articles and research reports have documented the importance of increasing opportunities for children's outdoor play in all life contexts; however, their recommendations do not yet appear to have reached the home context and/or are not tailored to contemporary family life. In order for the family to be a catalyst for outdoor active lifestyles, health promotion organizations could consider the following points.

First, disseminating alternative discourses that enable the provision of children's AOP could encourage its practice within the home. Within the discursive field of the family, not all discourses carry the same weight or power (Weedon, 1987). This study showed that when mothers are faced with a discursive conflict, their practices are guided by discourses that constrain children's AOP. However, if discourses on providing child autonomy and independence were more widely circulated in society, mothers may take up other discursive constructions of the 'good mother' that offers opportunities for AOP. Discourses that enable children's AOP may also change the conditions of possibilities required for this practice. For example, currently, parental supervision is a practice required for the provision of children's outdoor play. Alternative discourses could, however, play a role in increasing the social acceptability of unsupervised play. The state of Utah adopted this solution by introducing a bill in favour of AOP. It recently redefined child neglect by specifying that it excludes actions “permitting a child, whose basic needs are met and who is of sufficient age and maturity to avoid harm or unreasonable risk of harm, to engage in independent activities, including...engaging in outdoor play” (*Child Neglect Amendments*, 2018, s 316 (c)(iv)). Within the contemporary

middle-class family context, where time to supervise children during play is often lacking, this type of legal action may shift the discourse on unsupervised AOP and increase children's allowance for this activity.

Second, Watchman & Spencer-Cavaliere (2017) argued that effective health promotion might require adapting to the changing conditions affecting children's AOP. By drawing on the notion of "*not so 'free' play*", providing some level of supervision and organization may be a reasonable compromise to increase the likelihood of children playing outdoors. Others have suggested environmental solutions such as increasing the number of publicly supervised outdoor play areas (Pynn et al., 2018; Skar, Gundersen, & O'Brien, 2016). The development of family-friendly workplace policies that are not limited to mothers may also be a promising avenue to explore. Given that AOP can make up a significant part of children's daily schedules and that afterschool programs are vastly adopted by dual-income families, school systems could also contribute to a concerted policy to increase children's AOP.

Third, considering that children's leisure interests increasingly include sedentary activities that occur indoors, providing parents with clear strategies that facilitate the provision of AOP may increase it within the family. For example, exploring the determinants of outdoor play from the perspective of children may be a promising avenue to inform effective parenting advice to counter children's interest in screen-based activities. In conjunction, more qualitative research on effective ways to limit children's screen time may provide valuable insight on how to better manage it within the home (Holt et al., 2016).

Fourth, research participants often spoke about their frequent use of social networking sites and how this practice exposed them to new research. Using social media as a platform to promote the benefits of AOP and to provide suggestions on how to increase children's

opportunities for this activity may be a promising avenue. Contributing to this last point, Watchman and Spencer-Cavaliere (2017) suggested that parents may not be aware of the developmental benefits of AOP. Some family-focused messaging aimed to limit overprotective parenting has also appeared to be effective. Ungar (2009) noted that mothers were more likely to comply with parenting advice if their non-compliance puts their children at a disadvantage towards other children. If the overall message stresses health, positive development, and well-being, parenting advice that emphasizes and contrasts the benefits of AOP in comparison to other leisure activities may encourage its prioritization within the home (Pynn et al., 2018).

Fifth, parenting advice could also be more specific by defining and offering clear descriptors of AOP (e.g. amount of time, types of activities) in order to orient mothers in their planning and organization of children's free time. A first step in achieving this is through the establishment of clear AOP guidelines (ParticipACTION, 2018). More studies focusing on a standardized methodology to measure AOP are necessary to establish these guidelines (Bates & Stone, 2015). Coming to an agreement on the appropriate terminology and operational definition will be useful to guide future studies (Lee et al., 2015). More objective and subjective measures on AOP are also required to enhance our understanding of its link to positive health outcomes (Bates & Stone, 2015; Truelove, Vanderloo, & Tucker, 2017). If quantitative data show important population trends, more qualitative research is required to assess the lived experience and daily contingencies of parents and children that enable and restrict specific types of leisure.

Limitations of this study should be acknowledged. Recruitment criteria were based on socioeconomic characteristics that increased the homogeneity of the research sample. The purposive sampling and the analytic approach used may have obscured minority discourses and intra-class differences. For example, some participants were able to find solutions and adopt

strategies to provide their children with opportunities for AOP. However, this still confirms that the provision of AOP within the home context is difficult. It is also important to acknowledge that the specific research sample could have fashioned certain results, considering that over half was comprised of mothers of only children. A more detailed analysis might have raised other challenges faced by mothers or could have provided additional contextual information. Studies solely focused on single mothers or mothers of only children could clarify the specific barriers faced by these women. The time period of inquiries could also have influenced participants' perspectives on AOP. Considering that the data collection occurred over the winter, interviews conducted over the summer months may have yielded different results. Despite these limitations, results show important common barriers faced by middle-class mothers in their provision of children's AOP.

The results of this study indicate only a partial integration of the benefits of AOP among middle-class mothers. It remains unclear to what extent they are aware of the official recommendations on increasing children's levels of physical activity through the means of AOP. For example, only a few participants referred to the distinctive neuroscientific benefits of this physical activity. The fact that the recent prescription of AOP by researchers and public health experts remains publicly unknown indicates that it is an emerging biopedagogy. However, within the next decade, it may become more mainstream as recent data suggest that sedentary lifestyles continue to rise and negatively impact physical and mental health. While the decrease of children's outdoor play is a concerning health trend, it is part of a much larger public health concern, one in which the demands of contemporary life are impeding on the overall good health of the population.

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APPENDIX A

Recruitment video

d

Children's playtime is more than just fun and games.
Emily Clark, M.A. Candidate
School of Human Kinetics
uOttawa

It is also about their physical health and healthy development.

Studies show that children are spending less time playing outdoors.

We believe you can help us understand why!

Are you a MOTHER with a child aged 6-10 YEARS?
Do you make up part of a TWO-PARENT HOUSEHOLD, DOUBLE WAGE-EARNER family?
Do you live in the Ottawa-Gatineau region?
If yes, your input is VALUABLE to

This graduate research project...
aims to better understand mothers' perspectives on their child's leisure activities.

Thank you!

If you're interested in participating or are simply looking for more information, please contact Emily Clark at [redacted] ext. 7267 or email [redacted]

This research study has received ethics approval by the Research Ethics Board of the University of Ottawa.

APPENDIX B

Certificate of Ethics Approval

19/01/2018

Université d'Ottawa

Bureau d'éthique et d'intégrité de la recherche

**University of Ottawa**

Office of Research Ethics and Integrity

CERTIFICAT D'APPROBATION ÉTHIQUE | CERTIFICATE OF ETHICS APPROVAL**Numéro du dossier / Ethics File Number**

H-12-17-211

Titre du projet / Project TitleOverprotective Parenting:
Negotiating the Risks and
Benefits of Active Outdoor Play
in School-Aged Children**Type de projet / Project Type**Thèse de maîtrise / Master's
thesis**Statut du projet / Project Status**

Approuvé / Approved

Date d'approbation (jj/mm/aaaa) / Approval Date (dd/mm/yyyy)

19/01/2018

Date d'expiration (jj/mm/aaaa) / Expiry Date (dd/mm/yyyy)

18/01/2019

Équipe de recherche / Research Team**Chercheur /
Researcher****Affiliation****Role**

Emily CLARK

École des sciences de l'activité physique / School of Human
KineticsChercheur Principal / Principal
Investigator

Alexandre DUMAS

École des sciences de l'activité physique / School of Human
Kinetics

Superviseur / Supervisor

Conditions spéciales ou commentaires / Special conditions or comments

19/01/2018

Université d'Ottawa

Bureau d'éthique et d'intégrité de la recherche



University of Ottawa

Office of Research Ethics and Integrity

Le Comité d'éthique de la recherche (CÉR) de l'Université d'Ottawa, opérant conformément à l'*Énoncé de politique des Trois conseils* (2014) et toutes autres lois et tous règlements applicables, a examiné et approuvé la demande d'éthique du projet de recherche ci-nommé.

L'approbation est valide pour la durée indiquée plus haut et est sujette aux conditions énumérées dans la section intitulée "Conditions Spéciales ou Commentaires". Le formulaire « Renouvellement ou Fermeture de Projet » doit être complété quatre semaines avant la date d'échéance indiquée ci-haut afin de demander un renouvellement de cette approbation éthique ou afin de fermer le dossier.

Toutes modifications apportées au projet doivent être approuvées par le CÉR avant leur mise en place, sauf si le participant doit être retiré en raison d'un danger immédiat ou s'il s'agit d'un changement ayant trait à des éléments administratifs ou logistiques du projet. Les chercheurs doivent aviser le CÉR dans les plus brefs délais de tout changement pouvant augmenter le niveau de risque aux participants ou pouvant affecter considérablement le déroulement du projet, rapporter tout événement imprévu ou indésirable et soumettre toute nouvelle information pouvant nuire à la conduite du projet ou à la sécurité des participants.

The University of Ottawa Research Ethics Board, which operates in accordance with the *Tri-Council Policy Statement* (2014) and other applicable laws and regulations, has examined and approved the ethics application for the above-named research project.

Ethics approval is valid for the period indicated above and is subject to the conditions listed in the section entitled "Special Conditions or Comments". The "Renewal/Project Closure" form must be completed four weeks before the above-referenced expiry date to request a renewal of this ethics approval or closure of the file.

Any changes made to the project must be approved by the REB before being implemented, except when necessary to remove participants from immediate endangerment or when the modification(s) only pertain to administrative or logistical components of the project. Investigators must also promptly alert the REB of any changes that increase the risk to participant(s), any changes that considerably affect the conduct of the project, all unanticipated and harmful events that occur, and new information that may negatively affect the conduct of the project or the safety of the participant(s).

Germain ZONGO

Responsable d'éthique en recherche / Protocol Officer

Pour/For **Daniel LAGAREC** Président(e) du/ Chair of the **Comité d'éthique de la recherche en sciences sociales et humanités / Social Sciences and Humanities Research Ethics Board**



uOttawa

Université d'Ottawa
Faculté des sciences
de la santé
École des sciences de
l'activité physique

University of Ottawa
Faculty of Health
Sciences

School of Human
Kinetics

APPENDIX C

Consent Form

Title of the study: Contemporary Mothering: Barriers and Enablers of Active Outdoor Play in School-Aged Children

Name of researcher:

Emily Clark, M.A. Candidate

Telephone number:

Email address:

Name of project supervisor:

Alexandre Dumas, Ph.D.

Telephone number:

Email address:

Montpetit Hall, 125 University, room 228, Ottawa ON K1N 6N5, Canada

School of Human Kinetics

Faculty of Health Sciences, University of Ottawa

Invitation to Participate: I am invited to participate in the above-mentioned master thesis research study conducted by Emily Clark and Alexandre Dumas from the University of Ottawa.

Purpose of the Study: The purpose of the study is to explore the decisions and actions, and the reasons underlying them, of mothers in the context of their children's participation in active outdoor play from the Ottawa-Gatineau region. Specifically, the objectives of this research include (1) exploring the discourses and practices of mothers in the context of children's active outdoor play and (2) how and why they position themselves within dominant parenting discourses in this context. The aim of this research is to better understand the factors influencing the adoption of certain parenting styles within the context of the study.

Participation: My participation will consist essentially of completing a small questionnaire on my demographic information and partaking in an interview, all of which would be approximately an hour and a half in duration. During the interview, I will be asked a series of informal questions pertaining to: (a) my decisions regarding my child's participation in active outdoor play, (b) my perceptions of risk and security of my child within this context, (c) the

management of risk in my child's life, and (d) the factors that influence my parenting decisions. The interview will be scheduled at a location, time, and date set by me.

The interview will be casual and informal. The person conducting the interview will use simple language and questions will be reformulated if not understood. It has been made clear that I can withdraw from participation whenever, meaning before, during, or after the interview, without any prejudice.

Parts of my interview may be transcribed, which would then be sent to me by email. This will grant me the opportunity for correction or modification of my interview excerpts and possible transcription errors.

Risks: My participation in this study will entail that I disclose some personal information, which may cause me to feel some slight emotional discomfort at certain instances (e.g. potential negative parenting experiences). I have received assurance from the researcher that every effort will be made to minimize these risks. Accordingly, I will not be forced to answer a question or questions that may bring a certain uneasiness. I can at any time decide not to answer a question during the interview, or even withdraw my participation entirely.

Benefits: My participation in this study will grant me the opportunity to share my experiences as a parent today, specifically within the context of children's active outdoor play. At the end of the research project, I will receive a resume of the research findings results of the study. The results of this study have the potential to orient policy by sensitizing parents on the benefits of non-structured environment and active outdoor play. Results will also participate in identifying the barriers of active outdoor play and inform future physical activity interventions targeting children.

Confidentiality and anonymity: I have received assurance from the researcher that the information I will share will remain strictly confidential. I understand that the contents will be used only for the purposes of this research and that my confidentiality will be protected through guaranteed **anonymity**. Anonymity will be protected using pseudonyms (alias) and the chosen name will be used in the interview transcription. If parts of my interview are cited within the research publication, my pseudonym will be used to identify me and anything within the excerpt which may be used to reveal my identity will be removed.

Conservation of data: The data collected, such as audio recordings, transcripts, questionnaires, and interviewer's notes will be kept in a secure manner. I expect that the collected data will be used for research purposes only and that they will be conserved for a period of 10 years by Dr. Alexandre Dumas. Thus, the audio recording of my interview will be stored on a computer in Dr. Dumas' research office and will be password protected. Additionally, my interview transcript will be conserved in a locked cabinet in this same research office.

Compensation: I will receive 30\$ for participating in this study. Likewise, if I choose to withdraw from the study, I will still receive this compensation.

Voluntary Participation: I am under no obligation to participate and if I choose to participate, I can withdraw from the study at any time and/or refuse to answer any questions, without suffering any negative consequences. If I choose to withdraw, it will be up to my discretion to decide whether all data gathered until the time of withdrawal will still be used for research purposes or be deleted/removed.

Acceptance: I, _____, agree to participate in the above research study conducted by Emily Clark of the School of Human Kinetics, part of the Faculty of Health Sciences, at the University of Ottawa, which the research is under the supervision by Dr. Alexandre Dumas.

If I have any questions about the study, I may contact the researcher or her supervisor.

If I have any questions regarding the ethical conduct of this study, I may contact the Protocol Officer for Ethics in Research, University of Ottawa, Tabaret Hall, 550 Cumberland Street, Room 154, Ottawa, ON K1N 6N5

Tel.: (613) 562-5387

Email: ethics@uottawa.ca

There are two copies of the consent form, one of which is mine to keep.

I accept that my interview will be digitally recorded.

Participant signature: _____ Date: _____

Researcher signature: _____ Date: _____

Debriefing Letter

Title of the study: Contemporary Mothering: Barriers and Enablers of Active Outdoor Play in School-Aged Children

Université d'Ottawa
Faculté des sciences
de la santé

École des sciences de
l'activité physique

University of Ottawa
Faculty of Health
Sciences

School of Human
Kinetics

Name of researcher:

Emily Clark, M.A. Candidate

Telephone number:

Email address:

Name of project supervisor:

Alexandre Dumas, Ph.D.

Telephone number:

Email address:

Montpetit Hall, 125 University, room 228, Ottawa ON K1N 6N5, Canada

School of Human Kinetics

Faculty of Health Sciences, University of Ottawa

Partial disclosure: The title and objectives of this research project was partially disclosed to you in order to prevent response bias. The research title was replaced by a more neutral and comprehensive title on the study's consent form (indicated above). The actual title of the study is **Overprotective Parenting: Negotiating the Risks and Benefits of Active Outdoor Play in School-Aged Children.**

The research objectives were also intentionally vague to avoid response bias. This research aims to investigate the presence (or lack of) overprotective parenting in the context of children's active outdoor play. Specifically, the objectives of this study are to examine overprotective motherhood and how it is shaping the way mothers manage risks in children's active outdoor play. This response bias involves the presence of risk as a barrier in child's play.

The potential negative connotation associated to the notion of overprotective parenting can also bias research findings. It can repel potential participants and could lower the authenticity of responses and quality of research data.

If I have any questions regarding the ethical conduct of this study, I may contact the Protocol Officer for Ethics in Research, University of Ottawa, Tabaret Hall, 550 Cumberland Street, Room 154, Ottawa, ON K1N 6N5

Tel.: (613) 562-5387 Email: ethics@uottawa.ca

There are two copies of the debriefing letter, one of which is mine to keep.

Knowing the abovementioned partial disclosure of information, I accept that my interview data remains in this research project.

Participant signature: _____ Date: _____

Researcher signature: _____ Date: _____

APPENDIX D

INTERVIEW GUIDE**Overprotective Parenting: Negotiating the Risks and Benefits
of Active Outdoor Play in School-Aged Children**

Considering that the interview will take the form of an informal conversation, it is possible that the order of the questions will change during the interview.

(1) Characteristics of the socio-economic environment (e.g., social and material living conditions)

- Can you tell me about yourself; what kind of family/neighborhood are you from; your job; your life now (highlight economic, education, and marital status).
 - Discuss generally about the personal history/trajectory in terms of daily routine, child care, and lifestyle.
-

(2) Experiences of contemporary mothering

- What is it like raising your child in today's society?
 - When you knew you were going to be a parent, did you seek out parenting advice (through peers, parenting guides, or the web)?
 - How is your role as a parent different or similar than that of your partner?
 - What does it mean to be a mother as opposed to a father?
 - Would you describe yourself as a 'good' mother (in the context of their children's leisure)? Why?
 - Mothers often say they feel guilty of not giving enough attention to their children (in the context of their children's leisure). Is this the case? Tell me about your experience.
 - What makes an individual a 'good' mother or a not so good mother in the context of leisure? Have you ever felt judged based on the way you parent your child?
-

(3) Contemporary parenting and active outdoor play

- What does parenting involve in the context of outdoor play?
- How would you describe your parenting style when your child plays outdoors?
- What influences your decisions or actions towards active outdoor play? What advice have you been given? By whom?
 - How does your parenting style compare to that of your parents? What are the differences and similarities?

(4) Active outdoor play and children

- How does your child spend their free time?
 - Do he/she partake in outdoor play? If so, what does that look like?
 - Do you have any worries when your child plays outside (supervised/unsupervised, alone/with friends)?
 - Do you fear for your child's safety within this context (physical injury, child abduction, traffic)?
 - Is your neighbourhood safe, unsafe? Why?
 - Is the way your child spends his/her free time similar or different compared to your experience growing up? Why?
-

(5) Construction of risk in active outdoor play

- For you, what kind of risks are involved in outdoor play?
 - Probe on different types of risks (physical, psychological, social).
 - Is your child capable of managing these risks? Why/why not?
- What does risk mean to you? Is there a difference between risk and danger?
- How do you manage risk when your child plays outdoors?

APPENDIX E

Questionnaire

IDENTIFICATION SHEET

Identification number *: _____

Pseudonym : _____

Name : _____

Neighbourhood/Area : _____

Date of interview : _____

Location of interview : _____

Duration of interview : _____

Interviewer : _____

Demographic Characteristics

Age : _____

Age of your child : _____

Residence : _____

Citizenship/Arrival date in Canada: _____

Civil status : _____

Education : _____

Current occupation: _____

Spouse's occupation : _____

Proximity and presence of immediate family : _____

Annual revenue : _____

Code

* 01 to 21 : chronological order of interviews

APPENDIX F

Table i.	
<i>Themes developed during the initial phases of data analysis</i>	
<i>Categories*</i>	<i>Sub-categories</i>
Risk Management	Physical environment; Social environment; Experience with injury; Strategies; Child dependent; Social media; Children's risk management; Experts; Parental influence; Age; Parenting experience; Culture of fear
Active Outdoor Play	Environmental context; Barriers and enablers; Current situation; Life skills; Family; Parenting; Internalizing AOP discourse; Normalizing; Risks; Interest of child
Children's Leisure	Structured activities; Screen time; Decrease of freedom; Playing alone; Play; Indoors; Health; Childhood experiences
Contemporary Mothering	Work-life balance; Lack of time; Culture of performance; Overprotective parenting; Child-specific; Intensive parenting; Only-child; Life skills; Parental surveillance; Anxiety; Fitting-in with peers; Instinct; Number of children
Maternal Presence	Comforting; Controlling; Organizing; Overprotective
Mother Identity	Bad mother; Friend; Good mother; Model; Mother vs. father
Mothering Discourses	Internalizing mothering discourses; Resisting mothering discourses; Parenting resources

* Based on a review of the literature on mothering and children's AOP

APPENDIX G

Table ii.

*Discourses and practices of mothers on children's AOP*Discourses on children's AOP

- Playing outside is beneficial to my child's overall health.
- I know I should encourage my child to play outside more often.
- My child spends less time playing outdoors than I did as a child.
- My child is not interested in playing outside alone; with friends, he/she will occasionally play outside.
- We spend less time outdoors in the winter months when compared to the summer.
- I know I should provide them with more opportunities to play outside, but it requires energy to supervise. I am lazy and it does not interest me.
- My child used to be more interested in outdoor play when he was younger.
- My child would choose screen-based activities over playing outside.
- My child doesn't play outside enough.
- We like being outdoors, so as a family, we spent a lot of time outside.

Practices required for AOP

- Supervision during AOP (at the park, front yard, out on trails)
- Encouragement to go play outside
- Plan family outdoor activities (hiking, skiing)
- Arrange play dates with child's friend(s)
- Restrict screen-based activities and screen-time
- Make sure the outdoor environment is safe
- Provide child with ideas of activities or equipment to play outside
- Provide child with an environment that is conducive to AOP (cottage, park, green space)
- Give child the freedom to play outdoors

Table iii.

Themes emerging from interviews

- Screen-time is bad, but this is the 21st century
- Negotiating children's screen-time
- Self-care discourse allows mothers to resist intensive parenting practices
- Parenting is specific to children's characteristics
- It is easier to enroll children in structured activities than to let them play outside
- Stranger danger is a fear; however, mothers recognize that child abduction rarely occurs
- Work schedules are adjusted to family life when possible, regardless of the number of children
- The more children you have, easier resisting parenting norms becomes
- Good mothering is reflecting in child's behaviour in the public eye
- There's an addictive quality to screen-time, which is worst with younger children
- Time-saving strategies are employed to increase family quality time
- Kids need to be reminded to play outside due to other interests
- Once a spontaneous activity, playing outdoors demands more energy from parents and is difficult for a number of reasons
- Mothers recognize that encouraging AOP make up part of their parental role
- Parenting seemed more effortless in the past; today, it requires more thought and energy
- There is guilt associated to having an only-child
- One's social environment will inform parenting style
- Children have more free time during the summer months and engage in more AOP
- Children enjoy having a playmate- friends can be a catalyst to AOP and screen-time
- Mothering involves a great focus on child's physical health

Table iv.

What is it like raising your child/children in today's society?

Only child

- Extraordinary experience
- Going well
- Feels a lot of societal pressure- role of the mother is not easy- easier for some.
- Lots of contradictions and opinions
- A lot of information
- It's easy- I have no complaints
- It's different from when my mom was raising me- technology/internet
- My challenge is to undo the feeling of being 'the centre of the universe' that my child feels
- It's so challenging. Everyday I'm learning. There is nothing that prepares you for it. Every child is different
- I do worry about how kids are changing at school- very sophisticated compared to my son (e.g. play violent or online video games)
- Scary. I'm very fearful of everything.
- Oh, where to start... I had to learn to let go because I am a perfectionist
- Lots of pressure- we're bombarded by so much information on what to do and what not to do
- Many expectations and many responsibilities.

Two children

- Not easy- many things to manage at the same time, prioritizing
- Challenge- does not want to be a supermom, expectations
- Family anxiety related to lack of time
- Stressful and anxiety inducing
- Pressure to do parenting right
- It's going well in general
- You quickly see the dynamics of different families (e.g. children in many activities)
- It's more complicated (compared to my mother). I feel like it was simpler. We had more freedom.

Three children

- Different then when I grew up
- Expected to be more involved in our children's life
- Difficult because they are many things to worry about that are out of my control
- Different from when I was a kid- so much more technology
- Busy lifestyle- pressure to put children in activities
- Performance culture with children early
- Navigating and managing social media is stressful
- Scary. Extremely scary. Very intimidating, heavy, stressful. Definitely in this day in age. You can't hide things from them (news, school)

Table v.

What does it mean to be a good mom? Only child and multiple children comparison.

<u>Only child</u>	<u>Two children</u>
- Protecting child	- Nurturing, be available to help them, guide them
- Homework	- Teach them and be supportive
- Educating/coaching in relation to risk management	- Children show affection and feels like they can turn towards mom
- Role of mother comes before other roles	- Set rules and limits
- Need to always say yes	- I need time for myself at the end of the day- we are very invested in our children
- Be present	- A child needs to eat well, healthy sleep routine, move (play with them and outdoor activities) and have strong family ties
- Listening to child	- My children are happy, main goal
- Play and do activities with child	- Their developing well
- Put child first	- Help them with homework, do activities with them
- We all try to be the best mom that we could be	- There's not just one way to be a good parent- children still seem happy
- Making sure their loved, secure, happy, needs are met	- You have to be a good meaningful career, loving relationship, be there for your kids, be the involved mom- at the end of the day, there are no time for mom and the family suffers as a result
- Giving them a good start	- Happy children, interest, well fed, clean
- Helping them to learn and grow	
- Cultivate life skills (e.g. independence)	<u>Three children</u>
- Try not to spoil child	- Child is happy
- Provide child with opportunities to try different activities	- Be present x2
- Do not let stress show	- Love them
- I feel close to my son- physical close	- There are kinds of good mom- bad mom is someone who neglects child
- Be involved in child's life and let son lead activities (allow him to make decisions)	- Images on social media can make you doubt if you're a good mom
- Listens to child	- Need to learn how to let things go
- Feed son well	- See it in my kids, when their teachers tell me, when I hear it from other people
- Feels like she knows what goes on in child life (but recognises that he may not share everything with her and that's ok)	- Teach them about the world and make them feel safe
- Spend time with daughter	- Need to step back and let children do things on their own
- Kind and compassionate child	- Kids that are happy, who smile
- We have fun together	- Building trust with child
- Daughter opens up to her	- Involves negotiating different roles (individual, mother, worker)
- Other people reinforces that you are doing a good job	- Negotiating different mother responsibilities (e.g. playing, building a tree house, laundry)
- Had to let things go to consider myself a good mom	
- Trial and error	
- Listens to child	
- Let child go, to let child develop	
- Listen to the needs of child	
- Time for self-care	
- Good mom is reflected from child	
- Happy mom is a good mom	

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| <ul style="list-style-type: none"> - Good balance- choosing activities that her and her daughter will enjoy (sport centre) - Let and allow child flourish, be present - Provide child with affection, food, live different experiences - Models of perfect mother are not realistic- feel guilty when we don't achieve it - The image that others have of my child reflects if I am a good mother or not (socially autonomous) - Basic needs, listen to child- we all have different definitions of a good mother - A good mother can be what other perceive of you - Need to enroll child in the best schools, the best activities, the best food - You need to do it all- work, be the perfect mom, and to offer the best to your child- performance culture - The perfect mom can balance everything (e.g. always homemade food, organic) Good job, contributes to their community, volunteers, safest vehicle, owns a home- lots of pressure | <ul style="list-style-type: none"> - Good kids - Lots of people who tell me I'm a good mom - Prioritizing children (extra hour that I've found for my family- family time is valuable) - Watch what children eat - You don't always have to be involved with children (let them play together, have flexibility in her work schedule to spend time with child) - Being a good parent is being able to find a balance (emotional variety of what a human being is) - Impossible to be the perfect parent all the time - Supervision to keep child safe |
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