

Poverty impact  
childrens health usa  
health and social care  
essay



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The nation's economic crisis has deeply affected the lives of millions of Americans. Skyrocketing foreclosures and job layoffs have pulled the rug out from under many families, particularly those living in low-income communities. Deepening poverty is inextricably linked with rising levels of homelessness and food insecurity/hunger for many Americans and children are particularly affected by these conditions. It's been known for years that there's a link between stress and socioeconomic status -- those lower in socioeconomic status tend to face greater stressors. It's also been known that stress affects health, both physical and mental and that those experiencing greater levels of perceived stress tend to have more stress symptoms and face more stress-related health problems, such as heart disease, high blood pressure, obesity, and metabolic syndrome as well as physical health problems such as low birth weight, asthma, diabetes, lead poisoning and there over all well being which can lead to death. However, it's recently been found that children who live in poverty suffer from greater health problems than adults -- and the more time spent in poverty, the worse the health outcomes. Children's health related to poverty is an upcoming epidemic in the United States which has lead to an enormous amount of research to try and identify and address the health related problems associated with poverty. People with low incomes, particularly those who live in poverty, face particular challenges in maintaining their health. They are more likely than those with higher incomes to become ill, and to die at younger ages. They are also more likely to live in poor environmental situations with limited health care resources—factors that can compromise health status and access to care. Public programs play a vital role in helping to reduce disparities in health by income by supporting health initiatives

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targeted at those with low incomes and maintaining a safety net of health and social services for the poor. Researches such as Rosenbaum say access to health care for children in the United States represents a significant problem (Rosenbaum, 1992). Lack of access to health care along with other factors related to underutilisation has had a disproportionate effect on poor children resulting in low birth weight, infant mortality, birth to teenage mother, AIDS among children and adolescents, childhood mortality, outbreaks of childhood diseases, oral health problems, and sexually transmitted diseases (Rosenbaum, 1992). Like developmental outcome, child health varies unfavorably with diminished income. Other research conducted on the topic at hand shows us in 1994, 88 per cent of children in the United States living in homes with incomes of over \$35, 000 were in good to excellent health as compared to 63 per cent of children in families where the annual income was below \$10, 000 (Federal Interagency Forum on Child and Family Statistics, 1997). Infant mortality in 1995 was 7. 5 per 1000 births with black infant mortality rate 2. 4 times greater than white infant mortality rate. Poverty plays a major role in the racial disparities (Children’s Defense Fund, 1996). The Centre for Disease Control and Prevention (CDC) found that the infant mortality rate for infants born to women living in households with incomes below the poverty line is 60 per cent higher than for babies born to non-poor women. CDC was the first to consider poverty simultaneously with other risk factors and concluded that the effect of poverty is as detrimental as smoking during pregnancy and inadequate prenatal care. Additional statistics point to similar negative health effects related to poverty.

Immunization rates for children under three years of age who have the

combined series of immunizations (DPT, polio, and Haemophilus influenza  
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type B) was 74 per cent. Children with incomes below the poverty line were per cent less likely to receive the combined series than other children (Annie Casey Foundation, 1997). Children and youth in low income families have significantly higher rates of activity limitation as a result of a chronic condition than children in affluent families (Federal Interagency Forum on Child and Family Statistics, 1997). Teen pregnancy represents a health phenomenon that has long term social implications for both the infant and the mother. Maternal education, maternal employability, parenting competence, infant outcome-all are related issues. Teen pregnancy rates, while declining very slightly, continue to be high in the United States at 37.6 per 1000 for 15-17 year olds. The majority of these births are "out-of-wedlock." The research that has been conducted thus far has been very well researched, organized and helpful to my topic of how poverty impacts children's physical health in the United States. After reviewing literature by other researches more ideas concerning my topic came to mind, such as teen pregnancy representing a health problem. I looked at factors like asthma, obesity, diabetes and low birth rates but never thought of the physical problems a teenage girl could suffer from caring a baby too early. Other researchers have said youth violence represents a significant troubling behavioral outcome of living in poverty in the United States. Youth ages 12-17 are more likely to be victims of violent crime than adults. For black youth in 1994 the victimization rate was 136 per 1000 as compared to 118 per 1000 for white youth (Federal Interagency Forum on Child and Family Statistics, 1997). Stressful events, individual beliefs, and economic disadvantage have been noted to increase the risk for aggression among urban children. In a study of almost 2,000 elementary school children over a

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two-year period (Guerra et al., 1995), life stress and neighborhood violence stress as well as beliefs of approving of aggression were related to low economic status. These factors predicted aggression in the total population as did low socio-economic status. Cultural differences were noted among whites, African-Americans, and Hispanics. In conclusion, increasing exposure to family poverty negatively affects child health. Future research would benefit from more studies that utilize longitudinal measures of childhood poverty. Future research should further refine measurement of children's poverty experience. For example, the timing of exposure to poverty might prove to be an important factor in predicting the effect of poverty. The notion that the timing of poverty matters to child development is born out of studies on child outcomes like cognitive development and completed schooling. To date, there is no definitive research on the effect of the timing of poverty on children's physical health. I suggest that public policies to reduce childhood poverty exposure would improve child health.

Reference  
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