**The extent to which poverty impacts children lives especially 0 to 8 years range:**

Student’s Name

Institution

Course

Instructor

Date

**Critically evaluate the extent to which poverty impacts on children lives especially 0 to 8 years range**

**Introduction**

Poverty is a condition in which a person or a group of people lacks essential basic needs like clothing, food, shelter, education, clean water and experiencing financial constraints.

Children living in poverty experience the daily impacts that come easily to mind — hunger, illness, insecurity, instability — but they also are more likely to experience low academic achievement, obesity, behavioral problems and social and emotional development difficulties (Malhomes, 2012). Increased stress is a known causal factor through which poverty impacts developmental outcomes. Stress can lead to adverse changes in the cardiovascular system, the immune system and the neuroendocrine and cortical systems, which have implications for learning and decision-making (Aber, Morris & Raver, 2012). In addition to the direct effects of poverty-related stress, poverty impacts children’s development indirectly through direct effects on parents. Numerous studies have shown that poverty increased parents’ stress and impairs parenting practices (Conger & Conger, 2002); and that poverty is linked to disruptions in parents’ mental health (McLoyd, 1990).

**The extent to which poverty impacts on children lives especially 0 to 8 years range.**

When children are exposed to extreme poverty and lacks basic needs, then the brain and other parts of the body growth is affected thus risk to chronic illness such as Asthama which is mostly evident among children brought up from not well to do families.

Poverty can have a number of effects on children’s physical and mental health. Families in poverty are less likely to be able to afford essentials such as food and heating. Parents in poverty cannot provide a decent standard of living or take part in enjoyable activities with their children. They also face food insecurity and cramped living situations, and all of these issues impact children’s mental health.

Children from poor backgrounds experience stunted growth unlike children raised from rich families. Poor children will lag behind in learning, acquiring of skills and social –economic development thus creation of gap between them and the children raised in a well family were they can get the essential needs.

The effect of lagging behind demoralizes the learner thus high chances of dropping out of school leading to no progression with higher levels of learning to acquire the required skills and knowledge as per the Ministry Education guidelines among different countries worldwide.

In addition to the ways described above, persistent childhood poverty can greatly reduce opportunities for children when they reach adulthood. Childhood poverty has been linked to academic failure and school dropout (Chapman, Laird, 2011), and to reduced rates of college attendance and graduation (Bailey & Dynarski, 2011).

Given the importance of education in achieving employment that pays enough to sustain basic needs, this failure to gain basic levels of education and higher education has lifelong implications. Additionally, research shows that poverty is linked to a growing skills gap between the skills needed to obtain jobs that pay a “living wage” and the skills that young adults who have grown up poor have developed (Duncan & Murnane, 2011).

Being born in a poor environment is direct proportional to poor health. Lack of enough balanced diet leads to nutritional disorders e.g marasmus and kwashiorkor. Poverty has multiple ways of restricting children’s opportunities and affects their well-being.

Parents pass through numerous challenges, affecting their own emotional status as well as their children. Parents from poor backgrounds are highly stressed, experience depression from time to time than high income parents. Poor parents face challenges when planning , preparing and making provisions for their families and children basic and material needs thus making children from not well to do families lack enough education materials for effective and efficient learning process.

When it comes to education, poverty creates and widens academic gaps. It causes children to underperform in school and to have difficulty finding employment as grown-ups. It denies poor children access to resources and limits educational opportunities; poor children are disproportionately less likely to attend school than their peers.

"Consider two children born in 2000, one in a very high human development country, and the other in a low human development country. Today the first has a more than 50-50 chance of being enrolled in higher education: More than half of 20-year-olds in very high human development countries are in higher education. In contrast, the second is much less likely to be alive. Some 17 percent of children born in low human development countries in 2000 will have died before age 20, compared with just 1 percent of children born in very high human development countries. The second child is also unlikely to be in higher education: In low human development countries only 3 percent are."

Tens of millions of children around the world have no access to education. And tens of millions more children aren’t benefiting from their time in school. Differences in income, gender, culture and health deny [children in poverty](https://www.compassion.com/sponsor_a_child/) the basic human right of education. Unable to attend school and on the margins of society, these children do not develop intellectually and socially, and do not have the skills necessary to improve their circumstances as they grow up.

Poor children who do attend school have more difficulty developing intellectually and cognitively as well. Living conditions including substandard housing and homelessness, along with inadequate or non-existent access to health care and poor nutrition and hunger contribute to childhood disease and sicknesses, as well as wasting and stunting, all of which hampers a child’s physical and cognitive development.

Poverty, and all the ills associated with it, such as hunger, disease, inequality, violence, exploitation, and unemployment, increase the risk of non-schooling and increase the school drop-out rates. Poverty takes away the opportunity for a quality education. It limits future potential. It increases risk for trafficking and exploitation. It prevents children from dreaming and hoping for a better life, trapping them in a life of misery. And the trap can extend to their children and last generations more.

The first few years of life are marked by development at a scale and pace that is unsurpassed later in childhood and sets the foundation for subsequent growth and development . While many factors influence the healthy development of children, family income is recognized as a key factor. Children in families with higher material resources experience more secure living conditions, as well as greater access to a range of opportunities often unavailable to children from low-income backgrounds. Given the importance of the early years, young children must be provided with the best possible start in life to maximize their potential.

Numbers of children aged zero to six years continue to live in low-income families. The prevalence of low income is higher among families with children of all ages, but it is particularly higher among families with young children. It is also higher for families headed by single parents, and visible minority families and families with disabled Disparities in wealth, along with the persistence and depth of poverty, also have critical effects on child development and well-being.

Child poverty is not only an economic or political problem. It is also an ethical issue and a matter of social justice, and is increasingly recognized as a significant public health concern. Children’s early experience with poverty affects their health not only when they are young, but also later in adulthood. The present article describes the health consequences of poverty and how it exerts its effects during childhood, as well as the long-term impact of childhood poverty on adult health. We also identify health sector strategies to address poverty experienced by families with young children.

Research has shown that children living in low-income families or neighborhoods have worse health outcomes, on average, than other children, as determined by a number of key indicators. Various pathways have been proposed through which poverty may influence health. However, further exploration and clarification of causal mechanisms is ongoing.

Asthma is the most common chronic respiratory childhood condition in poor families and can result in suffering, disability and hospitalization. A recent National Longitudinal Survey of Children and Youth (NLSCY) study of disparities in asthma rates among young children (two to seven years of age) notes a strong socioeconomic component. Moreover, the risk of asthma appears to increase with duration of poverty.

Higher rates of asthma among children in lower income families and neighborhoods may be due to higher rates of low birth weight and lower rates of breastfeeding, and differential access to, and utilization of, health care services, which may result in lower treatment rates.

Being overweight or obese carries a number of negative health consequences, ranging from poor self-esteem to asthma, obesity and type 2 diabetes. Childhood overweight and obesity rates have consistently shown that higher proportions of children living in low-income families or neighbourhoods are overweight or obese. overweight compared with 24% of children within the same age range who were living in high socioeconomic status neighbourhoods. The study also found that low socioeconomic status neighbourhoods were more likely to lack safe playgrounds and parks and to have fewer children participating in organized sports due to a lack of facilities and/or personal resources, all of which represent barriers to maintaining a healthy body weight.

Rates of childhood injury both unintentional and intentional are higher among socioeconomically disadvantaged families. The rates of injury-related emergency department visits and hospitalizations among children zero to 14 years of age were highest in low-income neighbourhoods .

Income-related family factors often cited to explain these differences include family functioning and family structure, parenting practices and maternal age, health and educational attainment. Families under stress due to chronic material deprivation may contribute to greater risk of injury through lack of supervision and poor mental health. Inequities in injuries may also be attributed to differences in exposure to risk and disparities in parental reliance on preventive measures. There are also a number of potential neighbourhood influences, including substandard housing that lacks proper safety features, crime, which places children at greater risk of violence, as well as unsuitability of the built environment for safe activities of young children (eg, busy transportation routes, unavailability of green space and other recreational outlets)

Mental health problems in children are associated with poorer social relationships, lower academic achievement and reduced physical functioning. According to data from the NLSCY (1994 to 1995), children in low-income families are more likely to have emotional and behavioural problems than other children. For instance, 40% of children ages four to 11 years from the lowest-income families exhibit high levels of indirect aggression (40%) compared with only 25% of children in the highest-income families. Children in the lowest-income families are also more likely to exhibit high levels of emotional disorder-anxiety (12% versus 7%) and to obtain high hyperactivity scores (20% versus 12%).

Physical aggression is also more prevalent among socioeconomically disadvantaged children. Depth of poverty also impacts children’s mental health, with the very poorest children, whose families live on income at least 75% below the low income cut-off, having the highest rates of a number of poor mental health outcomes, including conduct disorder, hyper-activity and emotional disorders .

Overall, income influences the availability and presence of social relationships and connections that affect parental mental health and overall family functioning, both of which have been consistently associated with children’s mental health.

Children’s level of impairment of functional health (eg, vision, hearing, speech or mobility) may affect their performance of certain activities and their ability to engage in activities with other children of the same age . Children ages four to 11 years in the lowest-income families have more than 2.5 times greater risk of low functional health than children from the highest-income families.

Families with children who have special needs may also experience difficuties when caring for these children. Financial constraints of low-income families are likely exacerbated, resulting in significant stressors that may negatively impact mental health. Moreover, the greatest levels of unmet need for supportive services are experienced by children who are living in socioeconomically disadvantaged families, and who are also the most likely to be affected by functional health problems.

Children from poor bacground households tend to be less prepared for learning and formal schooling, and this lack of readiness can affect cognitive and psychosocial development and result in low academic achievement and grade attainment in their different levels of education. The Early Development Instrument (EDI) is a widely used measure of children’s readiness to learn and reflects levels of physical health and well-being, social competence, emotional maturity, language and cognitive development, and communication skills and general knowledge.

Adult health is shaped throughout the life course. However, the early years are of special significance because childhood is a key stage in life for the development of physical and emotional health, cognitive and educational capabilities, and the formation of health-related behaviours, which provide the foundation for future health and development. There is increasing evidence that children’s early experiences with poverty affect their health as adults.

In addition to experiencing higher rates of adult mortality, children from economically disadvantaged backgrounds have poorer adult health in a number of areas, including physical disability, clinical depression and premature death.

Two interconnected mechanisms have been proposed to explain the pathway between childhood family affluence and health later in life. With the first mechanism, childhood socioeconomic status may influence adult socioeconomic status and subsequent health through children’s readiness to learn and success in school. For a variety of reasons, young children who grow up in low-income families are less prepared for learning.

Lack of initial school success sets the stage for subsequent underachievement which, by the adolescent years, is associated with lower levels of educational attainment and literacy, and higher rates of school dropout. Children who lack social and educational capital are also more likely to invest in social identities such as early parenthood, which can affect their aspirations, achievements, chances of employment and type of occupation.

The second mechanism links childhood circumstances to later adult health primarily through children’s physical, emotional and cognitive health and development. For instance, children from socioeconomically disadvantaged backgrounds are more likely to be born with a low birth weight, which, in turn, places them at greater risk for health conditions in adulthood such as cardiovascular disease, noninsulin dependent diabetes, high blood pressure, obstructive lung disease, high blood cholesterol and renal damage. Growing up in socioeconomically disadvantaged circumstances is also associated with a greater risk of being overweight or obese. Children who are overweight or obese when they begin school are more likely to remain overweight or obese during their school years and into adulthood, and to experience health problems such as asthma, type 2 diabetes, hypertension and heart disease. Poor children also experience family-related stresses that can negatively affect their emotional well-being. They also have an increased risk of developing unhealthy behaviours such as smoking that can impact on adult health easily.

Child poverty is a significant health concern. Considerable research evidence points to the negative impact of low socio-economic status on child health including development and later adult health and well-being. Professionals and organizations working within the health sector are well-positioned to articulate the health-related significance of child poverty and to work collaboratively with other sectors to address child poverty for effective health promotion among the children.

Addressing the impact of child poverty on health requires two strategic approaches: the reduction of poverty through advocacy for healthy public policies and practices, and mitigation of the negative effects of low income on young children through a range of programs and services. To reduce child poverty, families must have adequate income that can be provided through direct transfers (eg, generous child benefits, increased social assistance rates), promotion of parental attachment to the labour force (eg, education, skill development training, adequate wages, good working conditions, benefits), and reductions in the costs of essential supports and services (eg, housing, child care, supplemental health benefits).

All areas of the health sector have an important role in advancing public policies that identify and confront socio-economic structural conditions as major contributors to poverty among families. In doing so, a key responsibility will be to educate communities and governments at all levels about actual and potential health impacts of policies and programs. Health care professionals and organizations can engage in advocacy on an individual basis, as well as through working in collaboration with coalitions, networks and their own professional associations to address child poverty.

In conclusion, Child development during the early years occurs at a pace that is unsurpassed during later stages and lays the foundation for subsequent development. Given the importance of these early years, it is very important that young children be provided with the best possible start. There is ample evidence that family income is a key determinant of child health and development. Children raised in well to do families are likely to develop faster than those born in poor families.

Poverty level has highly contributed to the negative side of children growth and development among different countries in the world. Many of them have growth problems which later affect their adult life.

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