

# Impact of Poverty on Child Health and Development

Nwamaka A. Egba Patricia C. Ngwakwe

.Department of Human Kinetics and Health Education, Ebonyi State University, PMB 053, Abakaliki, Nigeria

## Abstract

This paper takes a critical look at impacts of poverty on child health and development. The paper perceives poverty as the major barrier to human development especially the children. Some of the causes of poverty were identified such as war, history, national debt, discrimination, social inequality, vulnerability to natural disaster, worklessness, low paid work, low wages, part time work, high cost of child care etc. The impacts of poverty on the health, cognitive development, social, emotional and behavioural, educational attainment, disability and physical health of the child were seen. The paper equally x-rayed pathways through which poverty operates which include: health and nutrition, home environment, parental interaction with children, parental mental health and neighborhood conditions. Certain strategies that will improve the well-being of children living in poverty were discussed. The paper concludes that poverty has detrimental impact on the health development of the child now and in future if not curbed and thereby recommends among other things that government should pay urgent attention to avoid further damage in order to reduce poverty among the populace so that children would have an appreciable level of health. When this is done, children will have the opportunity to grow and develop well.

**Keywords:** Poverty, Child, Health, Development

## 1. Introduction

Poverty is often known as a major barrier to human development and children constituted a large group and most spinal risk group around the world. The United Nations Convention on the Right of the Children (2008) defined a child as a human being below the age of 18 years unless under the law applicable to the child, majority is attained earlier. According to this Convention and National laws and Policies, children must be directed to the best interest of the children. Krason and Stephen (2007) maintained that they must strike a balance between safeguarding the children from abuse, exploitation or a premarital end to their childhood. On the other hand, they should provide them with the skills, knowledge and learning necessary to live in dignity.

The World Bank Report (2008) explained poverty as an inability of an individual or a group of people to obtain a minimum standard of living. Englema (1995) as cited in Ajegi (2004) saw poverty as a condition where individuals are not able to cater adequately for their basic needs of food, shelter, clothing, cannot meet social and economic obligations, lack gainful employment, skills, assets and self esteem which result in limiting the chances of advancing their welfare to their fullness capabilities. Poverty could be hunger, lack of shelter, being sick and not being able to see a doctor, fear for the future, living one day at a time, losing a child to illness brought about by unclean water, powerlessness and lack of representation and freedom. Poverty can be relative, absolute and transient. According to Aku, Ibrahim and Bulus (1997), relative poverty is the inability on the part of certain sections of the society or individuals to satisfy their basic needs as compared to others, while absolute poverty is a condition characterized by severe deprivation of basic human needs including food, safe drinking water, sanitation, facilities, health, shelter, education and information. Chronic poverty is a long term or persistent lack of productivity resources, skills for gainful employment, locations disadvantage and endemic socio-political and cultural factors (Obadan, 1997). Transitory also known as conjectural poverty is a temporary phenomenon into which a normally self-sufficient individual is thrown into crises (Hiffe, 1997). Poverty can occur in many countries, states, families, individual etc. Spencer (2001) indicated that since it has been the major determinant of child and adult health development. It deserves an urgent attention especially in Nigeria.

## 2. Causes of Poverty

Borgen (2013) stated that there are various causes of poverty such as, war, and political instability, history, national debt, discrimination and social inequality, vulnerability to natural disasters, worklessness, low paid work, low wages, part-time work, high costs of child care and inadequate benefits. This poverty may be caused by disaster in form of earthquakes, war, environmental degradation and economic reform policies which usually lead to loss of jobs and price increases like economic melt down which Nigeria is experiencing presently.

### **3. Impact of Poverty on Child Health and Development**

Children growing up in poverty experience many disadvantages which accumulate across the life cycle. Poverty has multiple negative impacts on children's health and development leading to inequalities in health, cognitive development, psychosocial development and educational attainment. These inequalities are seen from pre-school children during school period, through entry into the labour market to resources for retirement, mortality rates in later life and often in the next generation.

#### **3.1 On the health of the child**

Children growing up in poverty face multiple disadvantages in relation to health. They are more likely to be born with low birth weight which has a significant influence in later physical and mental health development of the child. Spencer and Coe (2003) explained that the accepted World Health Organization definition of low birth weight is birth that is less than 2.5kg, which has two major components: preterm birth (< 36 weeks gestation) and intra-uterine growth retardation (birth weight in the lowest ten percent for gestational age). Hack, Klein and Taylor (1995) divulged that low birth weight is associated with an increased likelihood of subsequent physical health, cognitive and emotional problems that can persist through childhood and adolescence. Serious physical disabilities, grade, repetition, learning disabilities, lower levels of intelligence in mathematics and reading achievement are developed. Low birth weight is also the key factor for infant mortality (especially death within the first 28 days of life) which is a widely accepted indicator of the health and well-being of children.

#### **3.2 Poverty on the cognitive development of a child**

Feinstein (2003) noted that poverty has detrimental impacts on cognitive development and that the length of time spent living in poverty exacerbates these detrimental impacts with children living in persistent poverty displaying the worst cognitive development. Liaw and Brooks-Gunn (1995) identified these cognitive developmental problems of a child- living in poverty to be developmental delay which includes both limited and long-term developmental deficits, learning disability defined as having exceptional difficulty in learning, reading, writing and doing arithmetic.

#### **3.3 Poverty on social, emotional and behavioural development of a child**

Klebanov, Brooks-Gunn and Duncan (1994) explained that children living in poverty have social, emotional and behavioral problems. The emotional problems are grouped into externalizing behaviours which include aggression, fighting and acting out while internalizing behaviours are anxiety, social withdrawal and depression. Behavioural problems that can occur as a result of poverty include suicide which is common among males, as well as other self-harming behaviours. Marital conflict and dissension within families is also prevalent. Families, who are more vulnerable to poverty from childhood, continue to experience it to adulthood (Baldwin & Spencer, 1993). These families are vulnerable to marital breakdown, divorce resulting in many children being brought up in single families.

#### **3.4 Poverty and educational attainment of a child**

Educational attainment is well recognized as a powerful predictor of experiences in late life. A comprehensive review of the relationship between parental income and school attainment by Spencer (2001) which showed that poverty limits schools achievement, and that children living in poverty have much lower levels of educational attainment which are usually established at age seven. By the age of 23 years, educational attainment retains its association with social class at birth. As a result of poverty, a child can be expelled or suspended from school which will have impacts in the future health of the child (Yunusa, 2008). This results in high school dropout.

### **Poverty, Disability and Physical Health of a Child**

Data from west Sussex collected routinely over a 15 year period (between 1980-1995) shows a social gradient for all types of cerebral palsy with children in most deprived groups as likely to suffer more developmental delays in early childhood particularly in speech and languages are more observable. A physical or mental impairment which has substantial and long term impact on the ability to carry out normal daily activities are

developed. A range of other chronic conditions such as chronic Otitis media with transient hearing loss (long-standing infection of the middle ear) resulting in deafness, and dental caries (tooth decay), and untreated orthodontic problems are also associated with this condition. Higher incidence of acute illnesses are experienced due to the duration of the poverty which always increased risk of acute illnesses like pneumonia, bronchitis, tubercular infection are also prevalent. The poor children are at greater risk of hospital admission and are more likely to experience multiple admission before the age of three years, stunting in height are seen, being in the fifth percentile for height for 2 to 17 years (Conger, Conger, & Elder, 1997).

#### **4. Pathways through Which Poverty Operates**

Pathways used in this context are mechanism through which poverty can influence child health and development. These pathways are discussed below:

##### **4.1 Health and nutrition**

One in three children in the family lives in poverty. Poverty is associated with poor nutrition at all stages of life, from lower rates of breastfeeding to higher intakes of saturated fatty acids and lower intakes of antioxidant nutrients. More over, there is increasing evidence that poor nutrition in childhood is associated with both short-term and long-term adverse consequences such as poorer immune status, higher caries rates and poor cognitive function and learning ability. Brody, Pirkle and Kramer (1994) maintained that poor children experience increased rates of low birth weight and elevated blood lead levels. These conditions have in turn reduced intelligence quotient (IQ) and other measures of cognitive functioning in children.

##### **4.2 Home environment**

Smith, Brooks-Gunn and Klebanov (1997) noted that a child's home environment opportunities for learning, warmth of mother-child interactions and the physical conditions of the home account for a substantial portion of poverty on cognitive development of the child. Some large longitudinal data sets use the home scale as a measure of the home environment. The home scale is made up of items that measure household resources such as reading materials and toys and parental practices such as discipline methods. The home scale showed that poverty accounts for a substantial portion of the cognitive development of preschool children and on the achievement scores of elementary school children. The study also accounts for some other behavioural problems of the child.

##### **4.3 Parental interactions with children**

A number of studies indicate that parent child interactions at home account for child development. Poverty is linked to lower-quality parent child interact and to increase used of harsh punishment. Mayer (1997) opined that parental practices may be an important pathway between economic resources and child health and development. Poor mothers spanked their children more often and this harsh behaviour was the impacts of poverty which can result to children's mental health problem. Hanson, McLanhan and Thomson (1997) explained that poverty may lead to conflict with parents resulting in lower school grades, reduced emotional health and impaired social relationship. This may be due to unemployment, underemployment and unstable work conditions.

##### **4.4 Parental mental health**

Parents who are poor are likely to be less healthy both emotionally and physically. Parental irritability and depressive symptoms are associated with more conflictual interactions with adolescents, leading to less satisfactory, emotional, social and cognitive development of a child. Some studies have indicated that parental mental health accounts for some of the impacts of economic circumstances on child health and behaviour and these leads to impaired parent child interactions and less provision of learning experiences in the home (Yunusa, 2008).

##### **4.5 Neighborhood conditions**

Poor parents are constrained in their choice of neighborhoods and schools. Low income may lead to residence in extremely poor neighborhoods characterized by social disorganization (crime, many unemployed adults, neighbors not monitoring the behaviour of adolescents) and few resources for child development (playgrounds,

child care, health care facilities, parks, after school programs). Living in neighborhoods with high concentrations of poor people is associated with less provision of learning experiences in the homes of preschoolers (Feinstein, 2003).

## **5. Child Poverty Strategies (CPS)**

Child poverty strategies should explicitly aim at improving children's well-being and life chances. These strategies include:

### **5.1 The early year framework**

This is the principal strategy for intervention at critical early stages to improve children's health development particularly children living in vulnerable or at risk families, to ensure they have the best start in life. The aim is to break cycle of poverty, inequalities and poor health development of a child in and through the early years.

### **5.2 Well focuses on health inequalities**

This is aimed at children and young people on health issues as diverse as decreasing low birth weight to improving child mental health and ensure its implementation outcomes.

### **5.3 Works in tandem with achieving our potential**

This strategy is to ensure that children living in poverty do not lag behind. Its aim is to tackle the inequality in the attainment of children and young people. It also encourages local authorities to adopt the monitoring of inequalities as a cross-cutting theme in their single outcome agreements and suggests greater cooperation between sectors to strengthen community empowerment.

## **6. Conclusion**

Poverty is the strongest opposition to child health and development in the society. As many of the adverse health outcomes endangers the life of the child now and in future and not only confined to the poorest groups in the society but are patterned by social factors across the spectrum. These require active intervention at the social and economic policy levels.

## **Recommendations**

The following recommendations are made:

1. Health Educators have roles to play in minimizing poverty. They need to educate the rural parents on balanced diet, personal and environmental hygiene, and family planning on how to take advantage of potentials in their own immediate environment.
2. Mass enlightenment campaign should be organized annually by government on the impacts of poverty and should be tagged 'Shun poverty' campaign programme initiative.
3. Government should improve on parental education programmes in order to improve cognitive outcome in poor neighbor-hoods where lead is still an important hazard.
4. Individuals, Government and non-Governmental organizations should support families that are less privileged.
5. Public awareness programmes on importance of establishment of small scale industries to improve economic standard of the parents should be embarked upon by government and family law cartage.
6. Workshop should be organized by the government to proffer interventions on the learning games curriculum in which parents are provided with instructions, materials and role playing towards their children.

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