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Child Health and Poverty

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by

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Introduction

Child health and poverty are two of the main issues that have strong influence over the future of children, especially those of developing countries like Pakistan. Poverty affects children through; lack of adequate nutrition, poor or no access to medical care, and lack of or poor education. This in return has effects on their health and wellbeing throughout their life cycle hence the poverty trap is complete. Therefore, the policy brief of this paper seeks to review literature on poverty and child health and draw attention to directives for empowering children living in poverty to enhance their health.

Background

Poverty is a great menace to the Pakistan society and health rights and children health sector feels the pinch most especially those in the rural setting. As evident in the most recent statistics, one in every three children in Pakistan is underweight, and even more affected by malnutrition. Malnutrition, in fact, drastically hinders the physical and mental growth of growing children they fail to perform in school and in life as mentioned in (Muhammad Asim and Yasir Nawaz, 2018), around 30% of children in Pakistan are underweight, and many more suffer from malnutrition. (Muhammad Asim and Yasir Nawaz, 2018) Malnutrition has been shown to severely impair physical and cognitive development, limiting children's ability to succeed in school and life. Multidimensional poverty coupled with poor maternal education and limited access to affordable basic healthcare make the poverty and children health link even more sensitive.

Growth and malnutrition in children are prevalent with families that do not have economic power and are mostly from the rural area with little or no access to health facilities. First kids who are born into poor families are likely to be growth retarded, developmentally delayed and experience other related health issues. These health issues

also lead the cycle of poverty because when children in particular are unwell they are unable to go to school, finish their education or get a good job in the future.

Much evidence exists claiming that the level of education of mothers is directly linked with the health of their children. If a mother has received her education, then she is in a better position to make the right choices concerning her children's food choices, medical care and all aspects of healthiness. In the cross-sectional study, findings revealed education mothers have better HAZ and WHZ in their children. This implies that maternal education and family household wealth are central determinants to child health and development. Saleem, A. F., Mahmud, S., Ansari, N. Baig, Zaidi, A. K. M., n.d.)

Meanwhile, the global awareness of the disparity of health status between the affluent and the poor households is increasing as well. How education, health care and nutrition privileges disadvantageous childhood create health inequalities? Such differences bear the importance of the use of special measures which aim at enhancing the wellbeing of children living in poverty.

Caring with the health of children is an issue of social justice, but it is also an opportunity for the future of a given country. Cohesive, well-developed children contribute more meaningful to the country by providing productivity economically and socially. Hence, it is imperative for policy makers to appreciate this link between child health and poverty and start fashioning ways of how this circle can be snapped.

Policy Recommendations:

1. Expanding Maternal Education Programs:

- *Investment in Women's Education:* There is also a need to enhance funding in the education of the females in the rural areas so that mothers can be in a position to make appropriate decisions about the children's health. Another reason is that educated mothers are in a better position to appreciate the need for good Nutrition, health and early childhood development, hence evolved children.
- *Community Based Maternal Education Programs:* These programs should endeavor to educate young women and mothers especially those in the poor background on issues to do with nutrition, hygiene and other related health issues. According to some authors, these educational programmes should be addressed by community health workers to provide mothers and children with required information.
- *Incorporation of Maternal Education into National Health Strategies:* The promotion of maternal education should be incorporated into other more inclusive national health frameworks since education of mothers will influence health outcomes among their children. Maternal education policies will help to build sustainable change for child health.

2. Improving Economic Empowerment Initiatives:

- *Targeted Poverty Alleviation Programs:* Much more effort should be made to design specific programmes aimed at eradicating poverty, particularly amongst families. Such programs could be designed to be in the form of grants, micro lending and vocational training that enable families to obtain better incomes and improved standard of living. Thus, making these programs reach desirable outcomes for the improvement of household economic stability hence a direct impact on child health.
- *Job Creation in Rural Areas:* According to Socioeconomic Characterization of Rural Families, one of the major problems of rural families is job scarcity. The governments must develop policies for job creation especially in the rural regions , especially in farming, production and services industries. Combined with the efforts that continue to focus on creating stable employment, such measures help prevent poverty, and limit inequities in access to health care and many other social services.
- *Community Development Programs:* Hence apart from economic enfranchisement, other community development projects should encompass water, hygiene and sanitation and medical facilities in the poor stratum of the community. Such programs should also highlight factors including Food security and Nutrient quality, which are so vital for a child's growth and development.

3. Strengthening Healthcare Systems with Integrated Services:

- *Holistic Healthcare Approach:* Child health requires that a comprehensive and integrated approach to the social determinants of health that include nutrition education and health be taken. The care model of health facilities should include the capacity to deliver services for the child and the child's family. These could be for example immunizations or feeding programs and health lessons on hygiene and health hazards among others.
- *Early Childhood Health Interventions:* Infant social and health related orphans interventions needs to be addressed before malnutrition, and all other related health issues. These interventions could include periodic health screening, physical growth measurements, and feeding for children from the disadvantaged whom we know are from poor backgrounds. The governments should also try to enhance child healthcare especially for those living in the rural areas most of the time.
- *Primary Healthcare Infrastructure in Rural Areas:* To some extent, it is necessary to note that rebuilding of the primary health care service capacity in the rural zones can enhance the availability of the essential health care for all the children. Rural patients will be served with proper mobile health units, telemedicine, and self-standing community health centers.

4. Fostering Cross-Sector Collaboration:

- *Collaboration between Health, Education, and Economic Sectors:* Improving child health of children affected by poverty is a multifaceted issue and requires partnerships within the health, education, and the economy. Cooperation between these sectors should be promoted by governments, so that policies and programs that are aimed to support the population are harmonious.
- *Government-NGO Partnerships:* Governments should also encourage participation with non-governmental organizations and community based organizations to carry out child health programmes. It is pointed out that NGOs can effectively reach out to those specialized target populations which are difficult to reach physically and ensure that the needs of disadvantaged children are met.

5. Implementing Data-Driven Policy Monitoring:

- *Monitoring and Evaluation Systems:* There is a need for the government to set adequate health and poverty indicators to measure children's health and poverty reduction measures. These systems should also capture health status information HAZ and WHZ, maternal education, and household income level. Through these, indicators policymakers will be able to determine the effects of their interventions on the child's health status and guide the future efforts accordingly.
- *Evidence-Based Policy Adjustments:* Data has to be used to make changes in the policies that are applied; using interventions that are meaningful for children in poverty. Due to the dynamism involved in policy implementation, the policy makers are supposed to be flexible enough and able to change the strategy of how the policy is being achieved in an instance where monitoring and evaluation of the policy reveals otherwise.

Conclusion

Child health and poverty are not mutually related but poverty does affect child health in a big way as revealed by the above studies. From investments in maternal education, bettering of the economic status of badged families, and enhancement of the health stock, political leaders can assist in eradicating poverty and provide ample development chances to children without distinctions.

Improving the health of children living in poverty cannot be treated in isolation of coming up with working health care strategies that should involve multipliers such as education and poverty eradication strategies. Addressing child health and poverty involves multi-sectoral interventions whereby the governments make a positive effort to make a positive change necessary in enhancing child well-being and reducing childhood poverty so that no child is left behind.

The policy recommendations that have been highlighted in this brief include: Education of mothers, economic status and education, and maternal health services in ensuring child health status of the country. What is significant about these interventions is that they are both right and smart when it comes to the future of a nation. By doing so, there will be an expected increase in the productivity of the healthy, educated children who will in turn translate into productivity of the nation.

Consequently, policymakers, practitioners and stakeholders need to support Central Focus Programmes of multicomponent, empirically-based interventions for enhancing the health of poor children. Joining our efforts in combating poverty and fighting for the rights of the sick, the issues we face today could be solved to improve the opportunities of the next generation. The time to act is now.

References

- Ali Faisal Saleem, Sadia Mahmud, Naila Baig Ansari, Anita K.M. Zaidi. (n.d.). *Impact of Maternal Education about Complementary Feeding on Their Infants' Nutritional Outcomes in Low- and Middle-income Households: A Community-based Randomized Interventional Study in Karachi, Pakistan*. NCBI. Retrieved October 15, 2024, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4438693/>
- Arif, G.M. (n.d.). Child Health and poverty in Pakistan. *The Pakistan Development Review*, 43(3), 211–238. <http://www.jstor.org/stable/41260606>
- Barker, D. (n.d.). *Maternal nutrition, fetal nutrition, and disease in later life*. PubMed. Retrieved October 15, 2024, from <https://pubmed.ncbi.nlm.nih.gov/9290095/>
- Deaton, A., & Paxson, C. (1999). (n.d.). *Mortality, income, and inequality among American cohorts*. NBER Working Paper No. W7140. Cambridge, MA. <https://econpapers.repec.org/paper/nbrnberwo/7140.htm>
- Fan, Jianqing. “Design-Adaptive Nonparametric Regression.” *Journal of the American Statistical Association* 87, no. 420 (1992): 998–1004. <https://doi.org/10.2307/2290637>. (n.d.).
- Feinstein, J. (n.d.). *The relationship between socioeconomic status and health: a review of the literature*. PubMed. Retrieved October 15, 2024, from <https://pubmed.ncbi.nlm.nih.gov/8510603/>
- Fernald, L. C., Gertler, P. J., & Neufeld, L. M. (2008). (n.d.). Role of cash in conditional cash transfer programmes for child health, growth, and development: An analysis of Mexico's Oportunidades. *The Lancet (London, England)*, 371(9615)*828–837. [https://doi.org/10.1016/S0140-6736\(08\)60382-7](https://doi.org/10.1016/S0140-6736(08)60382-7)
- Fuchs, V. R. (n.d.). *Economic Aspects of Health, Fuchs*. The University of Chicago Press. Retrieved October 15, 2024, from <https://press.uchicago.edu/ucp/books/book/chicago/E/bo3628524.html>
- Muhammad Asim and Yasir Nawaz. (2018, May 4). *Child Malnutrition in Pakistan: Evidence from Literature*. NCBI. Retrieved October 15, 2024, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5977042/>
- Raspe, R. E. (n.d.). *Introduction to the Bootstrap*. Harvard Medical School. Retrieved October 15, 2024, from

<https://www.hms.harvard.edu/bss/neuro/bornlab/nb204/statistics/bootstrap.pdf>

Reed, B. A., Habicht, J. P., & Niameogo, C. (1996). (n.d.). The effects of maternal education on child nutritional status depend on socio-environmental conditions. *International Journal of Epidemiology*, 25(3). <https://doi.org/10.1093/ije/25.3.585>

Smith, J. P. (n.d.). *Healthy Bodies and Thick Wallets: The Dual Relation between Health and Economic Status*. American Economic Association. Retrieved October 15, 2024, from <https://www.aeaweb.org/articles?id=10.1257/jep.13.2.145>