# Impact of Poverty and Inequality in Children and Youth Health: A Permanent Challenge

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The day before I was invited to write this editorial, a teenage boy was killed in a house fire in central Lisbon; 22 people used to live in that 25 $m^2$ apartment. A few days before that, in the emergency room shift, I saw an undernourished 2-year-old infant that weighed only nine kg. He was from Bangladesh and had been in Portugal for nine months. A few weeks later, I transitioned to adult care a lovely 18-year-old girl from southern Portugal, who told me she had to work for some years to save money before going to college - her parents could not afford the financial burden. This girl had been referred to our pediatric rheumatology clinic at 15 years of age due to arthritis of her knees which had started four years earlier. She had five active joints and a mandibular retrognathism due to previous undetected temporomandibular joint involvement, but with appropriate treatment, she quickly achieved sustained remission. These three examples demonstrate how poverty and inequality can impact our children and youth's global health.

Poverty and inequality are among the most critical social determinants of health that can significantly impact every dimension of health, wellbeing, and development of children and youth. Typically, poverty describes financial difficulties, but other dimensions include reduced freedom to express opinions and make choices, as well as impaired ability to access services (including health services) and resources.[1] Children and youth who grow up in disadvantaged socioeconomic circumstances are more likely to suffer from poorer health outcomes and face more health-related challenges throughout their lives than their more advantaged peers. There are clear and consistent links between child poverty and pediatric morbidity and mortality.[1] Socioeconomic health inequalities emerge early in life, influence birth weight and risk of prematurity, persist throughout childhood into adolescence into adulthood, and are passed from one generation to the next.[2] Children living in poverty are more likely to die in the first year of life; become overweight; suffer from chronic diseases, such as asthma, intellectual disability, or psychological disorders; and are significantly more likely to require hospital admissions and longer stays, perform poorly at school, or die in an accident. Even for children with genetic conditions which exhibit no socioeconomic bias in incidence, like cystic fibrosis, poorer children experience poorer outcomes.[1-3] As demonstrated by several studies and reinforced by the European Commission and the United Nations, poverty and inequality in children and youth strongly impact their cognitive and social development. They have fewer opportunities to achieve academic success, fulfill their potential, and have an adequate level of life in adulthood.[4-6]

It is estimated that one in five children in high-income countries live in relative income poverty and experience multiple material deprivations that include low-quality housing, inadequate nutrition, and a lack of educational opportunities.[6]

In Portugal, according to the annual survey on living conditions and income, in 2021, 18.5% of children under 17 years of age were at risk of income poverty after social transfers, more than the 16.4% of the general population (as in the previous years)[7]; this corresponds to around 250 000 children under 15 years[8]; 10.7% of children under 16 years belonged to families at risk of poverty or social exclusion (AROPE index). Most people in danger of poverty are single-parent families (28%) and families with three or more children (22.7%) with an unequal distribution within the country, with the regions of Madeira, Azores, and Algarve most at risk.[7]

In 2022 and 2023, it has been expected that difficulties would rise with the escalating inflation, specially in food supplies. Despite the reduction of the three major inequality indexes, the money income is still highly asymmetric in our country. The Gini coefficient, which reflects differences in income between population groups, was estimated at 32% in 2021 (31.2% in 2019, 33.5% in 2016).[7]

Child poverty can be potentiated by other conditions, such as belonging to an ethnic minority, being an

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immigrant, not speaking the country's dominant language, or having a disability or special needs, rendering these children even more vulnerable. All these issues must be addressed at both individual and population levels.

Recognizing the multidimensional nature of child poverty and the risk of its persistent nature with lasting effects on child and youth development, researchers and policymakers have sought to design effective interventions.[1,6] These include actions oriented to guarantee the fundamental rights of children and youth related to not only providing material resources, like adequate nutrition, good-quality housing, health and educational opportunities, but also assuring adequate parental care, equal opportunities, and access to cultural and social resources.

In December 2021, Portugal approved the national strategy for fighting poverty 2021-2030.[9] It prioritizes the reduction of poverty in children, youth, and their families, and tackles a number of areas that can contribute to the achievement of the economic, social, political, and cultural rights of children and youth. The European Union social summit held in Porto in May 2021 approved the European pillar of social rights and its action plan, in which the European Union committed to the reduction of people at risk of poverty, including children and youth. For Portugal, that would mean taking 120 000 children out of risk of poverty and social exclusion.[9]

However, there is still a need for Portuguese data that can support the establishment of realistic and clear goals to guide unequivocal compromises and policies. There must be monitoring and governance mechanisms that contribute to the adoption of strategic decisions leading to the reduction of poverty in children and youth.

Child health professionals can play a crucial role in their daily practice advocating for more equitable and child-focused resource allocation.[3,10]

In daily practice, we should consider both the material and psychosocial or behavioral barriers that our patients may be experiencing and their possible solutions (*eg*, referrals to welfare benefit advice and children's centers). We can contribute by generating evidence on the impact of poverty and inequalities in child and youth health. We can also advocate for more equitable and child-focused resource allocation and distribution. Finally, we can advocate for child- and youth-focused structural and high-level policy changes to address the societal problems that cause child poverty. Within our national health service, we can advocate for policies that recognize children and young people as a distinct group in the general population to ensure they have equal access to health services, with an extra focus on those most vulnerable.[2,3,10]

Be it pediatricians or politicians, the words 'the children are our future' are always being spoken and heard. All children have the right to the best possible health, as enshrined in the United Nations convention on the rights of the child. However, poverty and inequality in childhood and youth are still a challenge in Portugal. It is time for all involved parties, including us pediatricians, to take action and by doing so, help reduce these unacceptable inequalities.

It is time all our children have a future: a physically, socially, and emotionally healthy future.

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