

Ages and stages:

Is New Zealand about to achieve a developmental milestone for its children?

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The vying for position associated with the New Zealand General Election 2011 has the capacity to be a watershed moment for children's health in New Zealand. Several parties, including the current opposition, the New Zealand Labour Party, have released plans with specific details to target child poverty.¹ Further, three political parties have signed a declaration to end child poverty – one of which, the Maori Party, forms part of the incumbent Government.² It has been well established that poverty has a pervasive negative effect on a child's environment and has long term negative outcomes. Thus, the fact that political parties are showing the will to acknowledge and tackle this growing issue is welcome news.

Jesuit monks within the Roman Catholic Church state "give me a child until the age of seven and I will give you the man"; in agreement with this principle, that a child's early exposures shape their later life, this editorial shall approach children's health effects within a framework of three hypothetical domains – home, school and community – with emphasis on the latter two. It is however, not possible within the constraints of this editorial to approach these issues in appropriate depth. Of the quality New Zealand and international research and publications available, the Child Poverty Action Group have, with experts in their respective fields, produced a scholarly effort which covers these excellently.³

THE NEW ZEALAND CONTEXT

This campaign trail has seen much talk made of increasing national debt, perhaps because it is tangible and easy to quantify. Precious little is made of the consequences of increased child poverty – which will be financially and socially expensive. Even if little is said, it is established that child poverty is a problem in New Zealand, with some authors being frank in their article titles: 'how poverty hurts our children'.⁴

The Child Poverty Action group has demonstrated that the percentage of children living in poverty in New Zealand, particularly children of Maori and Pacific ethnicity, increased dramatically with the political reforms in the 1980s and 1990s, illustrating their vulnerability to issues played out in the

capital. Ironically, a 'wealth' of New Zealand research exists showing that these inequalities predict morbidity. While reversing inequalities has been suggested to close these gaps,⁵ this has proved difficult under both left- and right-wing led coalition governments. At the time of writing, these gaps, which had been closing, may be widening again.^{4,6} Poverty sets harmful trajectories for these children – increased rates of 'community disease' such as rates of crime,⁷ and more medical morbidity with higher occurrence and,^{8,9} once established, more frequent exacerbations of chronic illness.⁴ It is therefore imperative to close these gaps.

HOME

Children who grow up in poverty are exposed to unique risk factors and, these negative exposures can largely predict their future health and health behaviours. That is not to say these children are 'doomed to fail' but, rather they face more than average hurdles to achieve any positive outcomes. Child poverty is statistically significant in predicting future smoking,¹⁰ exposure to second hand smoke,¹¹ and higher rates of childhood suicidal ideation and risk. Furthermore,¹² household poverty and overcrowding predicts rheumatic fever.¹³

Rheumatic fever is a condition referred to in many paediatric textbooks as a subject for historical reference – in developed countries acute rheumatic fever can be entirely prevented with appropriate oral phenoxymethylpenicillin or intramuscular penicillin.¹⁴ New Zealand however has had to revise the diagnostic criteria used in New Zealand as the international standards were 'too good at excluding and not good enough at including' the high prevalence and burden of rheumatic heart disease experienced in our community.¹⁴⁻¹⁶ These barriers in access and treatment are at the very least exacerbated by socio-economic disadvantage. This has led to calls to diminish child poverty, which is contended to be a strong driver behind these high rates.¹⁷

SCHOOL AND COMMUNITY

Families with the least financial means in New Zealand are the least likely to provide their children with nutritious meals.¹⁸ This probably reflects that poverty restricts a family's choices, and in some instances, the choice itself may be only theoretical. Provision of nutritious food in New Zealand requires significant expenditure for low income families.¹⁹ Malnutrition during childhood, particularly iron deficiency, a condition common amongst Maori and Pacific children, is known to affect development.²⁰ Lack of breakfast has been associated with poor educational participation and absenteeism. Conversely, breakfast provision by schools has been associated with improved attendance.²¹ One study contends that, however, by itself, such provisions may not be an answer to sustained behavioural change.²²

It is reported that 55,000 New Zealand students do not eat breakfast each morning. Several schools within the Auckland region provide small programmes funding breakfast for their students. Presently, a University of Auckland led research is underway to quantify the effect of breakfast in the New Zealand context in 26 randomised schools across the North Island, involving 400 students aged 5 to 13 years old.²³ This is significant research, as results may provide robust results to guide future intervention. Prior to this, many arguments against any such intervention have been made, with people questioning where a family's funds go. These points are firstly pejorative of the excellent budgeting skills of lower income families and, secondly somewhat miss the point: children, who often have no choice in the matter either way, should never be in a position where they are disadvantaged in cross fires of political rhetoric.

CONCLUSION

New Zealand is at a critical crossroads, yet a familiar one; for two decades the issue has remained the same but has been articulated in different ways. Measures to try and address this may have, at best, slowed the rate of deterioration, but the problem is far from mitigated let alone solved.

DISCUSSION

It is promising to see political parties engaging with this issue, and this editorial remains hopeful that action will follow from whoever forms the next government. This editorial acknowledges the other barriers in place for socio-economically deprived children and their families – such as awareness, accessibility and appropriateness of services. This editorial however contends that poverty is at the very least an exacerbating factor for these barriers, and at worst mediates or compounds these.

Further research within the coming years may guide efforts. Should these suggest effective measures are available to address known undesirable consequences for children of poverty, then the question becomes precisely how much children are valued by that Government. 2011 may indeed be a watershed moment for New Zealand children.

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