

Child poverty in Aotearoa New Zealand and around the 'developed' world.

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attempt to keep it on the agenda, and will review some of the key statistics relating to child poverty in NZ, Australia, the USA, Canada, the UK, and parts of Europe.

AOTEAROA NEW ZEALAND

The statistics for child poverty in NZ make for sobering reading. Since the 1980s, child poverty rates have almost doubled.² The current relative child poverty rate is estimated to be 25%, meaning that 270,000 NZ children are living in poverty.² While this has reduced since its peak in the early 2000s – thanks largely to the Labour Government's Working for Families scheme and a stronger economy – it remains unacceptably high.² Relative to the rest of the population, children are most affected by poverty. For example, those aged 0-17 years consistently have the highest rates of poverty and material deprivation.² These children are not only those with unemployed parents: approximately 40% have at least one parent/guardian working full-time.² Child poverty is distributed inequitably, with Māori and Pasifika children twice as likely to be living in poverty compared to Pākehā children.² Geographic patterns are also evident: Northland, South Auckland, the East Cape, and the central North Island are particularly impacted.²

AUSTRALIA

Figures across the Tasman are not much better. Using a different measure than that of the NZ statistics (50% of disposable median household income, before housing costs are taken into account), the relative child poverty rate is 10.5%, which is down only slightly from the 2001 level of 10.8%.⁵ Using a more similar measurement to NZ, research looking at child poverty in 1982 and 1995-96 found that rates were 18% and 16% respectively.⁶ The ethnic inequities in Australia are bleak: of Aboriginals living in remote and very remote areas (approximately 120,000), 40% are living below the Australian poverty line.⁷

THE USA

The American dream remains far beyond reach for the more than 16 million, or 22%, of American children who are living in poverty.⁸ In a recent UNICEF report, the US was ranked 26th out of 29 developed countries for child wellbeing, and 28th out of 29 for its child poverty rates, as can be seen in Figure 1.1 below.⁹ To illustrate further, families of four living off \$23,550/annum or less fall below the federal poverty level, and 15% of all American families, around 40 million people, are currently living below this line.^{8, 10} On average, a family of four would require double this amount to cover basic expenses, and some cities can be far more costly. For example, living in Los Angeles requires 50% more funds.¹⁰ Geographic inequities also exist: South-Western states are worst affected, with New Mexico having 30% of its children living in poverty, and Nevada, Arizona and Mississippi not

INTRODUCTION

Child poverty is seen by some in the 'developed' world as a distant concept, invisible to those who would rather not look; a phenomenon that happens to those starving children in Africa, close to us only in the sense that they reach into our living rooms through the television. But as one young New Zealander heartbreakingly describes, 'sometimes [there's] not enough money to buy food to fill your tummy.'¹ For this child and many others, child poverty is not a debatable issue, it is their reality. We are not setting out to disregard the abject poverty that millions in the developing world continue to face, but sometimes we need a reminder of what is occurring in our own backyards. For example, children going to school hungry; overcrowded, cold and damp homes; and rampant infectious diseases like rheumatic fever all should have been eradicated long ago. These problems are not unique to New Zealand, and effects of growing inequities in many developed societies can be readily seen. We want to emphasise that we – all of us, as medical students – can do something about poverty. We can no longer just debate about the situation: it is time to act.

The many definitions of poverty discussed in the literature are beyond the scope of this article however we consider the definition from the Expert Advisory Group on Solutions to Child Poverty to be valuable: 'children living in poverty are those who experience deprivation of the material resources and income that is required for them to develop and thrive, leaving such children unable to enjoy their rights, achieve their full potential and participate as equal members of society.'² The current NZ government is yet to enact an official definition or measurement of poverty. In response, the Children's Commissioner recently announced that he would be working alongside the University of Otago's Child and Youth Epidemiology Service, with the support of the J R McKenzie Trust, to produce an annual report each year detailing child poverty statistics.³ However, until the government adopts an official definition, we will not be able to have legislation requiring child poverty to be addressed, and without legislation 'the sad reality is that child poverty will fall off the political and media agenda.'⁴ This article is an

far behind.¹¹ In terms of ethnicity, African-Americans, American Indians and the Hispanics are most adversely affected.¹¹

Figure 1: Relative Child Poverty Rates (Source: UNICEF Report⁸)

Note: the countries shown in grey are not included in the overall rankings as there was insufficient data

CANADA

The child poverty rate in Canada is currently 14%, and have been fluctuating since measurements began in 1976, usually hovering around 17%, with a peak in the late 1990s of 23%.¹² Similar to other countries with colonial history, Canada's indigenous population, the First Nations, are inequitably affected. For example, the average rate for First Nations children is 40% which is more than double the total average rate.¹³ First Nations children are also much more at risk of living in overcrowded homes.¹³ Interestingly, while Canada and the USA's before-tax child poverty rates are very similar, Canada's after-tax and benefits rate are almost half the US.¹⁴ This underlines the large impact a policy can have, in redistributing resources and reducing poverty.

THE UK

The UK Government is unique in that it has legislation in place – the Child Poverty Act (2010) – with the specific goal of reducing child poverty to 10% by 2020. As a result of concerted policy action towards this goal, child poverty rates have decreased, but not as much as was hoped, going from 26.1% in 1998-99 to 21.8% in 2008-09. This means that there are still 2.8 million children living in poverty.¹⁵ The highest rates are in Wales and London.¹⁶ Compared to other developed countries, the UK sits in the middle; it was ranked 14th out of 29 developed countries in the UNICEF Report, as shown in Figure 1.1.9

SCANDINAVIA AND NORTHERN EUROPE

Scandinavia and northern Europe are oft-cited regions of equitable society, and this is certainly the case for child poverty. As seen in Figure 1.1, the five lowest relative child poverty rates are in Finland, the Netherlands, Denmark, Iceland and Norway. Finland is the only country with a rate below 5% (almost three times less than the equivalent rate in NZ).⁹ These encouraging trends are found in a range of health-related indicators, including infant mortality, low birth weight, and child and youth mortality rates.⁹ The fact that these countries have such a substantially lower child poverty rate gives further weight to the argument that policy and other interventions can make a difference.

DISCUSSION

Reasons behind these concerning rates of child poverty are many and varied, and would take another article to discuss. Whatever the reasons may be, and however long we may debate about whether it is the result of growing inequalities, reduced welfare systems, rising living costs, or lower employment levels, we must not forget that every day we do not take action is another day these children are living in poverty. They do not have a political voice, so it is up to us to advocate on their behalf. We need to act, and we need to act now, because impacts of poverty on these children are far reaching.

Even as early as kindergarten, difference between children who have grown up in poverty and those who have not can be seen in their lower attainment in mathematics and reading.¹⁷ Children who grew up in poverty are also more likely to finish school earlier and have lower wages.¹⁷ Increasingly, researchers are finding that experiencing poverty at a very early age interferes with normal brain development.¹⁷ Housing is a key factor in determining children's health, and poverty is associated with poor quality housing, which in turn can lead to a myriad of health problems which include respiratory illness (especially bronchiolitis and bronchiectasis)

and infectious diseases (e.g. rheumatic fever and serious skin infections).^{18, 19} Indeed, hospitalisation rates for children living in poverty are much higher than those who are not, and they are also more likely to be ill.¹⁹

It may appear that these issues are too big to tackle, but let us assure you that they are not. Even though most interventions with the largest potential impact are at the macro level, there are many things medical students can do, such as having a sound knowledge of local community groups that you can inform your patients on, helping provide meals for families who are struggling with groups like Choose Kids²⁰, or sending an email to your local MP highlighting that child poverty is an issue which needs to be addressed. More importantly, voters will be able to use their voice to vote in the general election this year in support of policies which will improve the wellbeing of our nation's children. Child poverty cannot be fixed overnight, but every step, no matter how small, is one step closer to a society where all our tamariki are happy and healthy, not hungry.

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