

# Poverty Increases Inequality from an Early Age

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Poverty ; inequality ; adverse childhood experiences ; health ; child advocacy ; child.

## A growing problem in families with children

In 2024, 11.5% of the Belgian population lived below the poverty line — a slight decrease compared to 2023 (12.3%) and 2019 (14.8%). This decrease is mainly among the elderly, partly due to the indexation of pensions (Figure 1) (1).

It is striking, however, that *poverty is rising among families with children*, especially among *single-parent families* (2). Today, *one in five children in Belgium* lives in poverty or social exclusion (1).

## Poverty as an Adverse Childhood Experience (ACE)

Growing up in poverty is one of the *Adverse Childhood Experiences* (ACEs) and has far-reaching consequences (Figure 2). Poverty increases *inequality of opportunity and health inequalities* from an early age and *has an intergenerational effect* (2, 3).

Children living in poverty are more likely to experience (4):

- Social exclusion and isolation
- Uncertainty about the future
- Emotional burden due to the worries of parents
- Reduced access to healthcare
- Greater risk of learning difficulties and school dropout
- Developmental and attachment problems
- Psychological complaints such as fear, shame or sadness
- Unhealthy lifestyle and delayed medical care

## Unequal access to care and opportunities

The *European Child Guarantee* states that 53% of Belgian children do not have access to childcare and 3% lack medical care (5, 6). On top of that, 28% to 48% of parents postpone medical care for their child due to financial problems (7).

Due to *health inequalities and limited health literacy*, families in poverty are often labelled as 'not therapy-adherent' — when in fact this is a result of structural barriers.

The *WHO* emphasizes in its definition of health determinants that *it is the living environment that determines health* — and that it is wrong to hold individuals responsible for their health status.

## The harsh reality of poverty and health

Children in families with a *preferential reimbursement* in health insurance have:

- 60% more likely to be admitted to hospital
- An average of 32% longer hospitalisation

For families with a chronically ill child, the financial impact is even heavier. These children are more at risk of poverty, and children in poverty are in turn more at risk of chronic diseases — a vicious circle that is difficult to break, especially if the situation is prolonged.

In addition, families in poverty are more likely to live in unhealthy neighbourhoods, with exposure to moisture, mould, air and noise pollution (8). Poverty acts as a *persistent negative catalyst* of health problems and social inequality. The impact affects education, development, living environment, social relationships and mental well-being.

## The role of paediatricians: identifying and acting

Poverty often remains an *invisible problem*. Many families *hide their situation out of shame or mistrust*, which makes it difficult for caregivers to respond in a timely manner.

Nevertheless, identifying poverty is a crucial task of every paediatrician, regardless of specialization. During every moment of contact, there is a unique opportunity to discuss poverty — from a relationship of trust and with attention to the broader context of the family.

## From medical care to social involvement

Although we, as paediatricians, agree that child poverty is *unacceptable*, it often remains a *blind spot in daily work*. If we really want to make a difference, we have to leave the medical island and take up our role in the broader social landscape.

An effective approach to child poverty requires (9):

- *Multidisciplinary collaboration*, both within the hospital and in primary care.
- *Transmural care pathways* that actively engage families.
- *A safe, accessible and trusting climate* in which families feel heard and supported.

**FIGURE1:** Public social expenditure on Older People and Family as percentage of GDP, 2017.

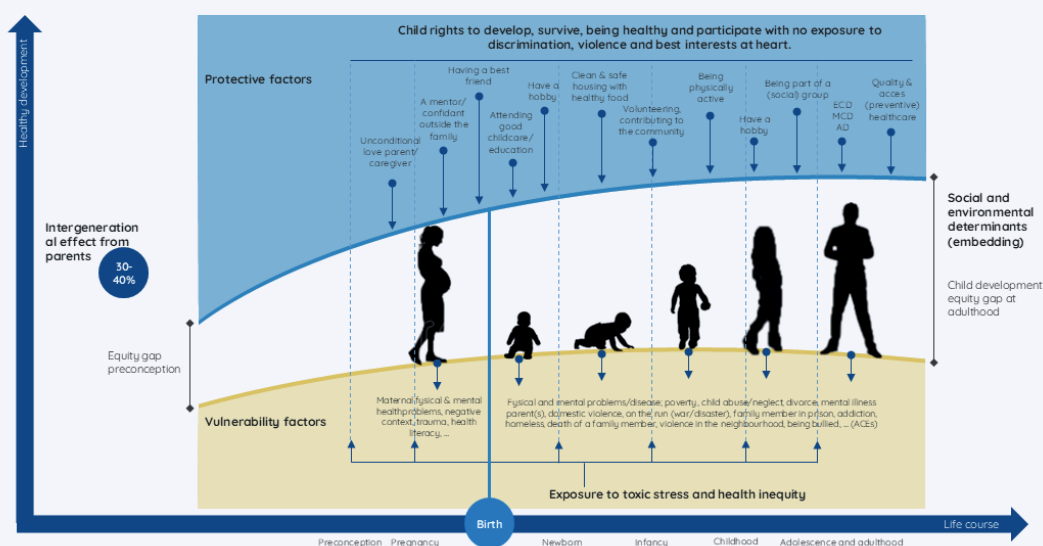


Note: Data refer to cash and services expenditure.

Source: OECD, Social Expenditure Database (SOCX, [www.oecd.org/els/social/expenditure](http://www.oecd.org/els/social/expenditure)).

StatLink <https://doi.org/10.1787/888934038818>

**FIGURE 2:** Child rights to develop, survive, being healthy and participate with no exposure to discrimination, violence and best interests at heart.



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