State of Child Health report in UK reveals devastating impact of austerity

Liz Smith
21 February 2017

Poverty and social inequality are blighting the lives of nearly one-in-five children in the UK according to a new report from the Royal College of Paediatrics and Child Health (RCPCH).

In its State of Child Health 2017 report, the RCPCH looked at 25 health indicators including asthma, diabetes and epilepsy as well as obesity, breast feeding and mortality rates.

The RCPCH found infant mortality (children under one year) is more than twice as high in the poorest compared with the richest socio-economic groups.

The UK ranks 15 out of 19 European countries for infant mortality, with only Denmark, Poland, Hungary and Slovakia having higher death rates.

While rates of infant death have declined in the last 40 years, this trend has slowed in the last 20 years compared to other European countries.

Neonatal (before 28 days) mortality accounts for between 70 and 80 per cent of infant deaths. The great majority of these are due to perinatal (22 weeks prior to one week after birth) causes.

Conditions related to preterm birth are the most common cause of death in infancy. Here, there is a strong relationship with maternal health as well as congenital (hereditary) malformations.

The RCPCH argues that many of the factors causing preterm births could be prevented by reducing poverty and promoting social health. Smoking and poor maternal nutrition before and during pregnancy play key roles, as does maternal age—where the infant mortality rate is 6.1 deaths per thousand for those under 20 years as opposed to 3.4 per thousand for mothers aged 25-29 years.

In 2010, the Child Medical Officer—the most senior advisor on health matters in government—produced a report showing the critical role of a child's early years in determining life chances. But the government's regressive social policy has meant deep cuts to early years' services.

In the last six years, over 313 children's centres—which ensured the most vulnerable families were supported during pregnancy and early years—have been closed nationally. Dozens of NHS maternity units have been shut since 2010, while a recent State of Health Visiting survey found that caseloads for 85 percent of qualified and registered nurses and midwives have doubled over the past two years.

Amongst older children (1-9 years) the main causes of death are cancer, injuries, poisonings, congenital conditions and neurological and developmental disorders. Preterm birth also contributes to mortality for up to 10 years after birth.

There is a strong association between deprivation and the risk of death throughout childhood, with children in deprived areas more likely to die. In 1970, the UK was among the best 25 percent of countries for childhood deaths, and by 2008 in the bottom quartile.

The gap in health inequality between rich and poor is highlighted in Wales. Between 2009-2013, the rate of death in children less than eight years living in the most deprived quintile of the population was 70 percent higher than in the least deprived quintile.

Among school age/adolescent children, the chief causes of death are injuries, violence and suicide, followed by cancer and substance misuse. Again, the data show a strong relationship between deprivation and health inequalities. A recent study of suicide deaths in England from 2001-2011 found the mean rate of suicide among 15-19 year olds living in the most deprived areas was 79 percent higher than those living in the least deprived areas. In the latter part of the decade, the gap began to narrow.

© World Socialist Web Site

The RCPCH also examined dental care. It found that 31-41 percent of children across the UK show evidence of tooth decay. This is the most common reason why children aged 5-9 years are admitted to hospital. The causes cited are high sugar diets, poor oral hygiene and lack of access to dental care.

Poor oral health can have a major impact on a child's physical health—causing pain, infections, altered sleep and eating patterns—leading to school absence and the need for dental extraction, say the report's authors.

Poverty due to falling income is linked by the report to large numbers of households experiencing food poverty, with a subsequent impact on nutrition. Food parcel donations to families increased from 128,697 in 2011-2012 to over one million in 2014-2015. The report draws particular attention to the steep rise in housing costs—which has increased for those living in relative poverty from 19 to 29 percent.

One of the most common long-term medical conditions among children and young people in the UK is asthma. The report finds the UK has the highest prevalence of emergency admission and death rates for childhood asthma in Europe. Asthma rates in the UK are among the highest in the world, with an estimated 1.1 million children currently receiving treatment. The number of reported deaths is also amongst the highest.

The RCPCH found that Type 1 diabetes is an increasingly common childhood condition. The UK is currently sixth-highest in the world for new cases of Type 1 diabetes with 28.2 per 100,000 being diagnosed per year. Early diagnosis is essential. Otherwise diabetes can become life threatening. The report found that there is a strong social gradient in diabetes control, with more deprived groups having poorer outcomes.

Children living in the most deprived areas are far more likely to be overweight or obese compared to children in the least deprived areas: in England, 25.8 percent compared to 18.0 percent; in Scotland, 25.1 percent compared to 17.1 percent; and in Wales, 28.5 percent compared to 22.2 percent. This is in stark contrast to the early 1970s where obesity prevalence was greater in children from the most affluent areas than in the most deprived

"At the beginning of the 20th century, one-in-six infants did not live until their first birthday in the UK," writes the report's senior editor Professor Russell Viner. The RCPCH warns that there have been huge improvements in child health in the UK in the past 100 years, but that there "has been a slowing of progress" in the last two decades.

The implications of this assessment—that the long arc of progress in public health is slowing, threatening a return to the conditions of the Victorian era— is a devastating indictment of the relentless austerity imposed by successive Labour and Conservative governments, and their partners in the trade union bureaucracy.

To contact the WSWS and the Socialist Equality Party visit:

wsws.org/contact

© World Socialist Web Site