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THE INFLUENCE OF FAMILY SOCIO-ECONOMIC STATUS ON CHILDREN'S HEALTH INDICATORS

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ABSTRACT

This review article examines the impact of family socioeconomic status on children's health outcomes from a public health and preventive medical perspective. It analyzes current epidemiological and socio-hygienic studies that examine the relationship between income level, parental education, housing conditions, and employment with indicators of physical development, morbidity, nutrition, and access to healthcare. Particular attention is paid to the development of chronic pathologies, the frequency of infectious diseases, and psycho-emotional disorders in children living in socially disadvantaged conditions. Data on the mechanisms by which social inequality influences health in early childhood and school age are summarized. The need for comprehensive preventive and intersectoral measures aimed at reducing socially determined risks and ensuring equal opportunities for maintaining the health of the child population is emphasized.

Keywords

socioeconomic status, child health, social determinants, morbidity, physical development, access to healthcare, health inequality, prevention, public health, social hygiene.

ВЛИЯНИЕ СОЦИАЛЬНО-ЭКОНОМИЧЕСКОГО СТАТУСА СЕМЬИ НА ПОКАЗАТЕЛИ ЗДОРОВЬЯ ДЕТЕЙ

АННОТАЦИЯ

В обзорной статье рассматривается влияние социально-экономического статуса семьи на показатели здоровья детей с позиций общественного здравоохранения и медицинской профилактики. Проанализированы современные эпидемиологические и социально-гигиенические исследования, отражающие связь уровня дохода, образования родителей, жилищных условий и занятости с показателями физического развития, заболеваемости, питания и доступности медицинской помощи. Особое внимание уделено формированию хронической патологии, частоте инфекционных заболеваний и нарушениям психоэмоционального состояния у детей, проживающих в социально неблагополучных условиях. Обобщены данные о механизмах влияния социального неравенства на здоровье в раннем и школьном возрасте. Подчёркнута необходимость комплексных профилактических и межсекторальных мер, направленных на снижение социально-обусловленных рисков и обеспечение равных возможностей для сохранения здоровья детского населения.

Ключевые слова

социально-экономический статус, здоровье детей, социальные детерминанты, заболеваемость, физическое развитие, доступность медицинской помощи, неравенство в здоровье, профилактика, общественное здравоохранение, социальная гигиена.

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RELEVANCE

The influence of family socio-economic status on children's health indicators is widely recognized as one of the most significant determinants within the framework of public health and social hygiene. Numerous epidemiological studies demonstrate that disparities in income level, parental education, employment stability, and housing conditions are directly associated with differences in child morbidity, physical development, and overall well-being [1]. Children raised in socio-economically disadvantaged families consistently show higher rates of infectious diseases, nutritional deficiencies, growth retardation, and chronic non-communicable disorders compared to their peers from more affluent households.

Research indicates that health inequalities often emerge in early childhood and may persist throughout adolescence and adulthood, forming a trajectory of long-term health disadvantage [2]. Limited access to preventive healthcare services, delayed medical consultations, inadequate nutrition, and exposure to unfavorable environmental conditions significantly contribute to these disparities. Moreover, chronic psychosocial stress related to economic instability has been shown to negatively affect immune regulation, cognitive development, and mental health outcomes in children.

From a preventive medicine perspective, socio-economic status represents a modifiable contextual determinant that requires comprehensive intersectoral intervention. Systematizing scientific evidence on the relationship between socio-economic factors and child health indicators is essential for identifying vulnerable groups and developing targeted preventive strategies [3]. Reducing socio-economic disparities is therefore a critical objective for improving population health, strengthening social equity, and ensuring sustainable child development.

MATERIALS AND METHODS

This review was conducted using a narrative-analytical approach aimed at synthesizing current scientific evidence on the relationship between family socio-economic status and child health indicators. A comprehensive literature search was performed in international and national scientific databases, including PubMed, Scopus, Web of Science, and Google Scholar. The search strategy incorporated key terms such as "socio-economic status," "child health," "social determinants," "health inequality," "family income," and "access to healthcare."

Peer-reviewed epidemiological, clinical, and social hygiene studies published over the past 15–20 years were considered for inclusion. Priority was given to large-scale population-based studies, systematic reviews, meta-analyses, and reports from international health organizations. Studies focusing exclusively on genetic or purely clinical aspects without consideration of socio-economic variables were excluded.

The selection process included screening of titles and abstracts, followed by full-text analysis to ensure methodological quality and relevance. Data extraction focused on socio-economic indicators (income, education, occupation, housing conditions), measured child health outcomes (morbidity rates, nutritional status, physical development, mental health), and identified mechanisms of influence. Comparative and thematic analysis was applied to identify consistent patterns, disparities, and preventive implications within the framework of public health and social hygiene research.

RESULTS AND DISCUSSION

Analysis of epidemiological studies demonstrates a strong and consistent association between family socio-economic status (SES) and key indicators of child health. Children from low-income households show significantly higher rates of infectious diseases, nutritional

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deficiencies, and chronic conditions compared to children from families with higher income levels. Large-scale population-based studies indicate that the prevalence of acute respiratory infections in children from low SES families is 1.5–2 times higher than in children from socio-economically advantaged households [4]. Similarly, the risk of hospitalization due to preventable conditions increases by 30–50% among children living in deprived environments.

Nutritional status is one of the most sensitive markers of socio-economic inequality. Research data show that stunting and underweight prevalence in children from low-income families may exceed that of higher-income groups by 20–40%, while micronutrient deficiencies, particularly iron-deficiency anemia, are reported up to twice as frequently [5]. At the same time, paradoxical increases in overweight and obesity have also been observed in disadvantaged populations, with rates 10–25% higher in certain regions, reflecting poor diet quality and limited access to healthy foods.

Parental education level has been identified as an independent predictor of child health outcomes. Studies demonstrate that children whose parents have low educational attainment are 1.7 times more likely to have incomplete vaccination coverage and 1.4 times more likely to experience delayed medical consultations [6]. These findings emphasize the role of health literacy in preventive healthcare utilization.

Mental and psychosocial health disparities are also strongly associated with socio-economic conditions. Research indicates that children exposed to chronic economic stress exhibit higher levels of anxiety and depressive symptoms, with prevalence rates 1.5–2 times greater than in economically stable families [7]. Longitudinal studies suggest that early-life socio-economic disadvantage contributes to long-term cognitive and behavioral outcomes, affecting academic performance and social integration.

Housing conditions further mediate the relationship between SES and health. Overcrowding and inadequate sanitation are associated with a 20–35% increase in infectious morbidity, particularly gastrointestinal and respiratory diseases [8]. Environmental exposures, including indoor air pollution and unsafe neighborhoods, exacerbate health inequalities.

Collectively, these findings confirm that socio-economic status acts as a fundamental determinant of child health, influencing morbidity patterns, access to healthcare, nutritional status, and psychosocial development [4–9]. The consistency of results across different countries and research methodologies strengthens the evidence base supporting socio-economic inequality as a major public health concern.

Beyond direct health indicators, the literature emphasizes the cumulative and intergenerational nature of socio-economic influences on child health. Longitudinal cohort studies demonstrate that children exposed to persistent socio-economic disadvantage during early childhood have a 1.8–2.3-fold increased risk of developing chronic non-communicable diseases in adolescence and early adulthood, including asthma, obesity, and metabolic disorders [4]. These findings support the concept of social determinants operating through life-course mechanisms, where early exposure to unfavorable conditions leads to long-term physiological and behavioral consequences.

One of the principal pathways linking socio-economic status to health outcomes is limited access to healthcare services. Studies report that children from low-income families are 20–35% less likely to receive regular preventive check-ups and up to 40% more likely to rely on emergency care services rather than primary preventive care [5]. Delayed diagnosis and treatment contribute to higher complication rates and increased healthcare costs. Furthermore, vaccination coverage disparities of 10–20% between socio-economic groups have been documented, increasing vulnerability to vaccine-preventable diseases [6].

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Psychosocial stress represents another significant mediating mechanism. Chronic financial instability, parental unemployment, and housing insecurity contribute to sustained stress exposure within families. Research indicates that prolonged psychosocial stress is associated with dysregulation of the hypothalamic–pituitary–adrenal axis in children, leading to altered cortisol levels and increased susceptibility to infections and inflammatory conditions [7]. These biological responses illustrate how social disadvantage can become biologically embedded, influencing immune and metabolic function.

Educational inequalities further amplify health disparities. Children from lower socio-economic backgrounds are more likely to attend under-resourced schools, where access to school-based health services and nutrition programs may be limited. Evidence suggests that participation in structured school nutrition and health promotion programs can reduce nutritional deficiencies by 15–25% and improve overall health indicators, particularly in disadvantaged communities [8]. This highlights the importance of intersectoral interventions linking education and health systems.

Housing quality and environmental exposures continue to be strongly associated with morbidity. Poor ventilation, dampness, and exposure to indoor pollutants increase the risk of respiratory conditions by 25–40%, particularly in urban low-income settings [9]. Unsafe neighborhoods may also limit physical activity, contributing to sedentary behavior and increased obesity risk.

Importantly, research consistently demonstrates that targeted social and preventive policies can mitigate health inequalities. Conditional cash transfer programs, parental education initiatives, and expanded access to primary healthcare have been associated with measurable reductions in child morbidity and improvements in vaccination coverage and nutritional status. In some regions, comprehensive social support programs have reduced infant mortality rates by 10–20% over a decade, demonstrating the effectiveness of socio-economic interventions in improving population health outcomes [4–9].

Overall, the accumulated evidence confirms that family socio-economic status exerts a profound and multidimensional influence on child health indicators. Health disparities are not solely the result of individual behaviors but reflect structural inequalities in income, education, housing, and access to resources. From a public health perspective, addressing socio-economic determinants through integrated medical, social, and educational policies is essential for reducing health inequalities and promoting sustainable child development.

CONCLUSIONS

The synthesis of contemporary scientific evidence confirms that family socio-economic status is one of the most significant determinants of child health indicators. Disparities in income level, parental education, employment stability, and housing conditions are consistently associated with differences in morbidity patterns, nutritional status, physical development, and psychosocial well-being. Children growing up in socio-economically disadvantaged environments are at higher risk of infectious diseases, chronic non-communicable conditions, developmental delays, and mental health disorders. These inequalities often emerge in early childhood and may persist throughout the life course, influencing long-term health outcomes.

The reviewed data demonstrate that socio-economic disadvantage operates through multiple interconnected pathways. Limited access to preventive healthcare, delayed medical consultations, inadequate nutrition, exposure to unfavorable environmental conditions, and chronic psychosocial stress collectively contribute to the formation of health disparities. Importantly, these factors do not act independently but reinforce each other, creating cumulative risk that

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affects both physical and mental health. The concept of "biological embedding" highlights how early exposure to social disadvantage can influence physiological regulation and increase susceptibility to disease.

At the same time, the literature indicates that health inequalities are not irreversible. Targeted preventive strategies and social policies have demonstrated measurable improvements in child health outcomes. Interventions such as expanding access to primary healthcare, implementing school-based health and nutrition programs, supporting parental education, and providing social assistance to vulnerable families contribute to reducing disparities. Integrated, intersectoral approaches combining medical, social, and educational measures are particularly effective.

In conclusion, improving child health requires addressing socio-economic determinants as a core component of preventive medicine and public health policy. Efforts aimed solely at medical treatment are insufficient without parallel measures to reduce social inequality. Ensuring equitable access to healthcare, education, and safe living conditions is essential for promoting sustainable child development and reducing long-term health disparities at the population level.

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