Research Paper

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Abstract

Asthma is prevalent in children from birth to the early years of their school-going. Researches have been conducted that have established certain independent variables involved in acquiring of asthma by the children. These factors include mothers’ smoking addiction, families headed by single mothers, and genetic characteristics inherited by the child. The variables considered in this research specifically for inflicting asthma in children are health insurance facility, housing standards, and ethnicity. The research aims at finding out the impact of socioeconomic status on children in acquiring asthma. The mixed approach to research methodology is adopted to collect necessary data, which entails both qualitative and quantitative methodologies to be applied to the research problem. The research has been developed by making a comparative study of different peer-reviewed articles to deduct useful conclusions on the issue. It has been assured that the focus of study should be to establish the fact that socioeconomic status of families is directly correlational with the proportion in which children are prone to have asthma. A notable fact is that the income status influence on children’s asthma becomes minimized when other factors of maternity, insurance, etc. are considered in the study. This implies that several factors together cause the occurrence of asthma in childhood.

**Introduction**

Low income of families have been associated with several adverse consequences on the individuals. People deprived of the essential facilities of life has been observed to be more prone to health hazards. Availability of adequate financial resources makes it possible for the individuals to benefit from better medical facilities available in a community. People who can afford health insurance policies have the opportunity to get timely examination of diseases and subsequent medical treatment as per the standards applied. A number of studies conducted on people with higher and lower socio-economic statuses also reinforce the idea that members of a family with low income and social status have increased risks of asthma. The ratio of acquiring this particular disease is even higher in the children of these low-income families. Clinical situations, literary research articles, and peer reviews suggest that the effect of income size has a connection to the mental as well as physical health of people.

**Thesis Statement**

Due to the lack of insurance, access to medical care, and financial resources, the prevalence of asthma is more closely related to family income; and the financial issues can increase the occurrence of asthma in children in low-income families.

**Objectives**

The existing researches have focused on the relationship between low-income and health hazards. People living in poor life conditions due to lack of financial stability are prone to become victims of several diseases that are unlikely to prevail among people living with comparatively higher standards. Asthma is a disease that is burdening the children more frequently who live in urban communities with economic disadvantages. Observation proves that children belonging to low-income families need to visit doctors and get hospitalized more often once they acquire the disease than those coming from high income households. Fluctuations in family incomes from pre-birth period to early childhood also affect the probabilities to get infected with the disease. The measurements made more frequently to assess the effects of socio-economic status on childhood asthma gave more thoughtful information than those made at a single point. The problem with the existing data on the subject is that comparative studies to get consistent results have been avoided. This restricts the study on the subject by creating a void of information on prolonged poverty and chronic asthma with respect to childhood. The objective of this research is to find the relationship of changes occurring in income status with respect to acquisition of asthma in children over a long period from birth to the early childhood. The methodologies used for finding the facts align with the requirements of study. Certain research projects would be considered and analyzed to produce a valuable insight of the issue by comparing and combining their findings and deducting useful conclusions.

**Methodology**

The problem under discussion is that children living in poor conditions are more vulnerable to asthma. Poor living standards are caused by low social or economic status, and a less focus on fulfilling the basic requirements of life with care. A connection exists between the low-income background of children and acquiring asthma. This connection has been reported in many studies, but not revealed with ample evidence. The problem to be solved in this study is that the increased risk of acquiring asthma due to the lower socio-economic status needs to be assessed precisely by studying early stages of childhood thoroughly from this perspective. To this end, a mixed approach of study will be applied that comprises both qualitative and quantitative approaches of research methodology (Kumar, 2019). The comparative study of the peer-reviewed articles on the issue has the potential to reveal certain useful facts and conclusions (Liamputtong, 2016). Data will be collected through interviews to know the relevant information from the subjects or patients. Moreover, questionnaires will be used for assessing the information in systematic way (Watson, 2015). The sources of data collection in the research papers considered are primary as well as secondary. The study relies on ten selected peer-reviewed articles that provide information and insight on the issue. These sources shall be analyzed and compared to find out deductive knowledge and make important conclusions. The research would be applied in its nature and makes an analysis of the information derived from the selected sources. The qualitative approach will help to interpret the problem in-depth, and the quantitative study will help in understanding the issue objectively (Silverman, 2016). The questionnaires used contain open-ended questions as well as closed-ended questions. The interviews done are both structured as well as unstructured (Flick, 2015). People involved in the researches are thousands in number. The current research will explore details and different aspects of the relationship between childhood asthma and low income status. It describes information collected from different sources. It creates causal linkages among the findings of all researches selected for discussion and develop useful conclusions. The research uses different models to analyze the information collected through the stated resources, e.g., longitudinal latent-class models. The likelihood of having asthma in children will be determined with different family income ranges considered, that is, always exposed to low incomes, increasing incomes, decreasing incomes, and chronic high incomes. The ages of a child for studying the effect of income status will be considered to be from birth to early school going ages. The above discussion helps in building the research question. The research question would be, “Does a connection exist between occurrence of asthma in childhood and socio-economic status of the family, what is the exact nature of this relationship, and does this relationship alter with a change in provided variables?”

**Discussion**

Asthma is a complex and serious disease that needs to be cured at the first instance. Patients with symptoms of asthma can be prone to severe health hazards if not treated properly (Pijnenburg et al., 2015). Uncontrolled asthma can lead to fatal consequences. The disease becomes more sensitive in situations where children are involved. It is the need of the hour to trace the reasons behind disproportionate occurrence of diseases in children, and find out the connection between these diseases and their causing factors (Bush, Fleming, & Saglani, 2017).

A study conducted at a maternity hospital involving more than two thousand and five hundred children after birth examined different factors affecting the children of different ages, i.e., from 1 to 10, and 14 years. Later, the children having asthma at the ages of six and fourteen were examined for the likelihood of acquiring asthma. Certain patent surveys were made to complete the study. The group of children selected for sampling was reduced in number due to loss of follow-up with them. The mothers of these children were found to be mostly single mothers who have less education and have been through stress and poverty in their life.

The research attempted to measure the childhood experiences against economic adversities over time. The longitudinal techniques used for measuring the results classified children based on their backgrounds, disease acquisition, and change in symptoms with a change in variables (Arif & Korgaonkar, 2016). The model use a group based strategy and estimated the probability of children’s lower income status with time and duration of family’s low income. Trajectories were drawn to measure the impact of income on asthma acquisition.

The study findings were that the reasons for asthma in the children vary as per their backgrounds. The household living condition factors were reported to be most influential in these acquisitions of the disease. It was found that fourteen percent of the children were those who suffered from low income chronically. These children were aged six. The decrease in acquisition of the disease was seen at the age of fourteen. It was observed to be 7 percent decrease in the disease acquisition as compared to the children aged six. Further, the study revealed that the major cause of low income of these families whose children showed more likelihood of having asthma was that they were headed by one parent only, mostly the mother. These family repeatedly experienced stress in their life events, and they were still leading a life with hardships. Further, certain families having children with asthma were those that were headed by female parents having little education. It was found in the study that asthma at the age of six was mostly associated with stress taken by mothers during the pregnancy period. The maternal effects on asthma in children were also obvious. However, low-income families who were in this economic fix chronically were the families most of the time that they have children with asthma. The study revealed that 22 percent of the children who lived with low income mostly had the problem of asthma at the age of six. Among other factors, the low-income family variable was found to be the most crucial in determining the rate of having asthma in children. The single mother families demonstrated the highest rate of having asthma in the children of age six.

It can be generalized from the follow up of the fourteen year old that they have two times increase risk of acquiring asthma. This implies that the supposition of association between asthma and chronic poverty is correct. The trajectory method enables to show sequential changes in family income and measure their effect on asthma acquisition. To summarize, it was established through the findings of study that the association of asthma with chronic less income was stronger at higher ages of children compared to that in the lower aged children.

The relationship between the two variables becomes weak when other variables are considered also. Other variables include family stress, maternal habits pre-birth and post-birth, and the careless attitude toward availing the facilities of life. The single parent family with increasing income has proved to be linked with a decreased risk of acquiring asthma at the age of fourteen. Moreover, the study found that family stress is associated with the persistence of poverty. The variables of poverty, stress, and early life hardships were associated with asthma independently. Considering these variables in children asthma, it was found that these dependent variables mitigated in impact and suggested that they have the role of a pathway between asthma and socioeconomic status.

Researches have disclosed that the children with low income family background suffer from asthma because they have to bear hardships of life while being exposed to the harsh environment. The statistics reveal that such cases of emergency in asthma-related disorders cost more to the healthcare system for providing care and hospitalization. The group of children selected for sampling consisted of twenty seven children who have been brought to the city central hospital in emergency for the treatment of asthma. These children were aged from 1 year to 9 year old. The mothers were interviewed in an unstructured way, depending upon the situation of the case. The mothers were assessed for providing details of their family members, income status, and their social relationships among the community members. The interviews conducted with these women revealed that these women belong to lower middle class, and they had to work day and night for meeting their needs (Cruz, Stelmach, & Ponte, 2017). They cannot attend their children and they live a life with tight daily schedule. The most notable thing they mentioned was that ninety percent of these mothers were not able to have a health insurance policy for their children. They could not bring their children to hospitals frequently for that reason. Asthma is a disease that needs continuous care whereas these women did not bring their children for check-up most of the time, which kept them ignorant of the developing disease of their children. The study statistics compared with other studies disclosed that the children without having the facility of continuous care through a health insurance policy were five times more prone to acquiring the disease than their counterparts. Though most of the subjects were not able to benefit from health insurance facility, the research found that the care given to these children was at the time when they were brought to the hospital having acute condition of the disease. The reason behind this delay was also lack of sufficient funds that could enable them to prioritize their children’s regular check-ups. It is the responsibility of the policy makers, however, to facilitate families of such backgrounds so that they may not be deprived of their basic right of receiving appropriate healthcare for children.

Another study was conducted on the black community that live in the Kansas City in an isolated housing area. The housing area has been allotted to these people because of their relatively lower socio-economic status. This kind of disparity is not a rare example. The black Americans have mostly suffered from discriminating attitudes and behaviors of the white people. They have been isolated from the main cities and forced to live in less developed areas since long time. The utilities and facilities of life are also not available in their housing societies usually. This study has an additional variable of ‘housing’ to understand the effect of low income and suppressed social status on the chances to acquire asthma by children.

A number of black children were screened for grouping to develop the sample for study. These children live in poor housing systems, which does not offer necessary comforts of a house. Their houses do not have proper heating systems to give them a suitable temperature and protect them from harshness of severe weathers. The kitchens are not hygienic; and the drinking water is not safe. Their societies are not properly vaccinated against viruses and bacteria. The study was conducted in the form of questionnaires as well as interviews to gather the required data. The children affected by asthma were found to be deprived of proper housing facilities. They were exposed to weather, their mothers used to cook in unhygienic conditions, and their fathers do not have enough resources to improve the living conditions. The children were not brought to the hospitals in time for treatment of fever and cold. The questionnaires had been distribute among mothers of these children who were admitted in the general ward of the government hospital (Bellin et al., 2017). The questionnaire was designed to get data about the social and economic background of these families. The data analysis revealed that ninety-eight percent of children were living in below average housing schemes. This indicates a direct correlation between poor housing and asthma in children. The study was limited in some aspects. Therefore, it could not describe a causal relationship of children’s asthma with other variables. However, it can be easily deducted that asthma’s acquisition in children is associated strongly with the social and economic conditions of the families. Poor housing means poor resources available for living, which refer to low income and low social status.

A comparison of the studies presented above suggest that some common factor exists in every scenario that proves its authenticity. This factor is the income status of families to which the children having asthma belong. Each of the study conclude that the relationship between the two variables do exist, which is directly correlational, and increases or decreases with the absence or presence of other variables involved. The researches use different approaches to collect data, including questionnaires, interviews, and others. However, they all end with the same conclusion.

**Conclusion**

The researches provided above present facts about different scenarios that cause increased risks of asthma in children. The studies have one variable in common and that is ‘low income, or low socioeconomic status.’ People who do not afford to buy proper comforts, facilities, and care for their children are those who suffer from low socioeconomic conditions. Their societies are also not hygienic to provide their children a safe and clean environment. They could not purchase proper health insurance policies for their children so that they can get continuous care for any of the acquired diseases. Minor infections become serious and children has to be admitted to the wards. These children were examined at different ages with changes considered to their backgrounds, such as low income, high income, increasing income, and decreasing income of families. This was done to know the connection between different variables involved in the study. Several factors were considered to know the impact of income on childhood asthma, including maternal influences, housing facilities, health insurance availability, etc. It was found that the effect of low-income on childhood asthma was diminished in the presence of other variables. However, the comparative study of the results generated in the researches presented above indicates that the relationship between socioeconomic status and acquisition of asthma in children is certain and consistently exists in all scenarios. The relationship between the two variables is directly correlational. The variable of asthma acquisition changes with the change in income status. It can be concluded, “the prevalence, morbidity, and severity of asthma are higher in children who belong to low-income households.”

Works Cited

Arif, A. A., & Korgaonkar, P. (2016). The association of childhood asthma with mental health and developmental comorbidities in low-income families. *Journal of Asthma*, *53*(3), 277–281.

Bellin, M. H., Collins, K. S., Osteen, P., Kub, J., Bollinger, M. E., Newsome, A., … Butz, A. M. (2017). Characterization of stress in low-income, inner-city mothers of children with poorly controlled asthma. *Journal of Urban Health*, *94*(6), 814–823.

Bush, A., Fleming, L., & Saglani, S. (2017). Severe asthma in children. *Respirology*, *22*(5), 886–897.

Cruz, Á. A., Stelmach, R., & Ponte, E. V. (2017). Asthma prevalence and severity in low-resource communities. *Current Opinion in Allergy and Clinical Immunology*, *17*(3), 188–193.

Kumar, R. (2019). *Research methodology: A step-by-step guide for beginners*. Sage Publications Limited.

Liamputtong, P. (2016). Qualitative research methodology and evidence-based practice in public health. *Public Health: Local and Global Perspectives*, 171–187.

Pijnenburg, M. W., Baraldi, E., Brand, P. L., Carlsen, K.-H., Eber, E., Frischer, T., … Mäkelä, M. J. (2015). Monitoring asthma in children. *European Respiratory Journal*, *45*(4), 906–925.

Silverman, D. (2016). *Qualitative research*. Sage.

Watson, R. (2015). Quantitative research. *Nursing Standard (2014+)*, *29*(31), 44.