**Chapter 11 The health of children and young people – answers**

Self assessment

Question 1 of 5

Answer A - 0–3 year olds. The greatest return comes from programmes targeted towards the youngest years

Question 2 of 5

Answer B – a detailed understanding of all aspects of children’s medicine. Public health is concerned with the wider context for the health of children.

All of the others are aspects of child public health. Promoting health in the broadest sense includes physical, mental and social wellbeing. Assessing health needs includes understanding patterns of health and illness, identifying factors which affect children’s health and exploring ways of modifying these. Implementing and managing a wide range of public health interventions includes screening and immunisation programmes; advice on the commissioning of children’s health care; and community- based health promotion initiatives, such as support for parents and parenting, Sure Start and Healthy Schools. Identifying childhood antecedents of future disease or disability is an aspect that includes developing preventive interventions.

Question 3 of 5 Answer D

In general, life expectancy for children in the UK has been increasing steadily for the last 60 years. Yet in 2019, life expectancy for children in the UK peaked at 81.2 years (and also peaked worldwide) and decreased for the first time in 2020 in at least 60 years, to 80.9 years in 2020.

In common with most developed countries, the UK is currently witnessing a decline in its child population. In the UK, 19% of boys and 17% of girls have a minor disability (of which emotional and behavioural problems are the most common) or long- standing illness (of which asthma is the most common). Instead of life-threatening infectious diseases and high infant mortality rates, we now have high levels of emotional and behavioural problems and childhood obesity, which threaten longevity, and high rates of survival for premature babies. 10% of children in the 2001 UK census were from an ethnic minority

Question 4 of 5

Answer D

Although the rise in deaths from injury and poisoning is high for both boys (five-fold rise) and girls (four-fold rise), the rate for 15–19 year old boys is 329 per million while it is 114 for 15–19 year old girls.

The leading cause of death in 5-19 year olds in the UK is suicide/injuries and poisoning. Injuries and poisoning rates are higher in boys than girls across the 5–19 age range, particularly in those aged 15–19. Although the death rate from congenital anomalies is relatively low, it is relevant in both girls and boys.

Question 5 of 5

Answer E. Parenting is a crucial factor for good health and wellbeing in children but is not an aspect, directly, of their physical environment.

Damp housing increases the risk of asthma. Overcrowding predisposes to infectious diseases, domestic violence and accidents. The condition of the local physical environment – buildings, streets, parks, facilities and infrastructure – has a profound influence on the lives children lead. Access to green spaces and the opportunity for free play outdoors has come to be recognised as important for children’s mental health and development.

Short answer questions

Question 1 of 5

Kohler has defined child public health as ‘the organised efforts of society to develop healthy public health policies to promote child and young people’s health, to prevent disease in children and young people and to foster equity for children and young people, within a framework of sustainable development’.

Question 2 of 5

See Table 11.3

Question 3 of 5

Family break-up and conflict can seriously affect children’s wellbeing. According to 2018 data, globally the UK has the second largest proportion of children living in single-parent families and step families (the USA has the largest). Single- parent families (which constituted 15% of all families in 2022) may have disadvantages for some children, among which are poverty and lack of role models (from either gender not part of the family unit) e.g. it is estimated that 40% of lone parent families are living in poverty. The outcome of family breakup may be an improvement for children if conflict is resolved and they continue to receive loving care, but in many families breakup creates rather than solves conflict and it is this which is damaging.

Question 4 of 5

**Absolute poverty** is defined in terms of a family’s ability to purchase essential goods (such as housing, heating, food, clothing and transport). There are various so-called ‘consensus measures’ of absolute poverty, which define a generally accepted minimum income for a family of a particular size.

**Relative poverty** is defined in relation to the average income in a particular population: the European Union definition of relative poverty includes all families whose income is at or below 50% of the national average (sometimes called the ‘poverty line’).

Question 5 of 5

1. *Building healthy public policy*. For example: health impact assessment for proposed new roads, which takes into account child health concerns such as air pollution and asthma and the risk of road traffic accidents; banning advertising of foods containing high fat and high sugar to children on television; banning physical punishment of children; ban on smoking in public places.
2. *Creating supportive environments*. For example: preserving and developing green spaces, encouraging walking and cycling to school; promoting food co- operatives and farmers’ markets which make healthy food more easily available to local families; clear food labelling.
3. *Strengthening communities*. For example: enabling parents and children to contribute to decision-making about issues they feel are important to their health, such as community safety, leisure provision and the quality of the local

environment (e.g. street lighting); supporting voluntary sector provision and community development initiatives.

1. *Re-orienting health services*. For example: reducing inequalities in access to child health services; ensuring services meet local needs and are child- centred; developing ambulatory care; increasing provision of support for parenting so that all families can access it; increasing provision of mental health promotion initiatives in schools.
2. *Developing personal knowledge and skills*. For example: offering programmes to support children’s emotional and social development in schools; ensuring children are introduced to key health knowledge in sound programmes at an appropriate age.