Research on Physical and Mental Health Risk Assessment of Relative Poverty Children

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Abstract. Background: The health of relatively poor children is a common concern of governments around the world. Family poverty has a huge impact on children's physical and health. Child health is the most important indicator of a child's growth and development. It is vital to adult health, socioeconomic status, and even lifelong achievement, and is the key to social harmony, stability, and prosperity. Subjects and Methods: But there is not much comment and summary on the latest research progress in this field. Therefore, this paper aims to provide support for the health risk assessment of relatively poor children, explore the internal mechanism of relatively poor children's health risk assessment, and study various factors that affect the growth of relatively poor children. Results: Through the experiment, the health gap between relatively poor children and non-relatively poor children was found. Therefore, people should pay attention to the healthy growth of children. Conclusions: Especially empirical research on the impact of relatively poor families on children's health, and research on the impact of parents on children's health in relatively poor environments; favorable health policy recommendations for promoting the health of relatively poor children, and new research directions and suggestions for promoting the health of relatively poor children.

Keywords: Relative Poverty Children; Child Health; Health Risks; Health Differences.

1. Introduction

Psychology is a science that studies human psychological phenomena and the mental functions and behavioral activities under their influence, taking into account outstanding theoretical and applied (practical) properties. Psychology includes basic psychology and applied psychology. Since the reform and opening up for more than 30 years, the health of children in our country has been greatly improved, and the growth and development of children has been continuously improved. However, the unfair health resources have led to relative poverty children's nutritional status and growth and development status generally lower than urban children [1]. In particular, the health of children in relative poverty areas still faces many challenges. Due to the poverty level and wide range of the study area in this study, it is possible to prevent and treat children's mental health while promoting the growth and development of children and their physical health [2]. The study found that the existing health problems in relative poverty areas are different and are affected by many factors. Since children’s gender, age and environment are factors that affect the health of relative poverty children, measures and measures must be taken to design policies and systems to address the health problems of relative poverty children, and targeted children in poverty should adapt to local conditions and implement interventions to maximize results and the impact of reduced benefits on the health of relative poverty children [3].

With the development of society and economy, new risks to children's health continue to emerge, including pollution, food safety, vaccine safety and new epidemics [4]. Therefore, there is still a need for extensive and continuous research on child health, especially for many relative poverty children in rural areas. Attach importance to the physical and mental development of relative poverty children, strengthen systematic medical care for relative poverty children, carry out various forms of health education, and improve the knowledge level of caregivers to ensure the healthy, stable and sustainable development of children [5]. The impact of the parents of migrant workers in relative poverty areas...
on the health of relative poverty children does not apply to research in non-poverty areas. In theory, on the one hand, parents can increase their income by increasing their income to increase economic investment in the health of their children, which may have a positive impact on the health of relative poverty children. On the other hand, lack of education will also have a significant impact on children's physical and mental health, and only the care of materials will also have a negative impact on the health of relative poverty children [6]. However, the extent of the impact of these two methods is still unclear. In general, we need to infer which factors improve or reduce the health of relative poverty children, or have a stronger response [7]. Therefore, studying the health status of relative poverty children in Rural areas and assessing the health risks of relative poverty children is an important method, and it has an important scientific role in studying the impact of economic conditions and other factors on the health of relative poverty children [8].

The reason why relative poverty children have become a topic of much concern in China in recent years is closely related to their large number, severe harm, and far-reaching impact. As the national government actively pays attention to the problem of relative poverty children and proposes a series of institutional policies to reduce the phenomenon of child poverty and improve the quality of life of relative poverty children, relevant research has gradually deepened. The existing researches on the health of relative poverty children mostly focus on the nutritional status, mental health, behavior problems and academic performance of relative poverty children. It is also of rich practical significance to carry out research on the health of relative poverty children in Rural areas[9]. The discovery of the health differences between relative poverty children and non-poverty children in Rural areas and their influencing factors can provide a policy foothold for reducing the differences in children's health between different regions and different groups in my country, which is conducive to comprehensively improving the health of children in my country and promoting the development of social equity [10].

2. Method

2.1. Focus on the Mental Health of Relative Poverty Children

Most previous studies have seen the negative impact of the poverty environment on the development of children, but have ignored the mental health characteristics of relative poverty children. Positive psychological quality is a concept of positive psychology theory.

It is defined as a set of positive personality traits, which are reflected in personal perception, emotion and behaviour. It stems from the interaction between the individual's natural potential and environmental education. Similarly, from the perspective of positive psychology, relative poverty children are not passive people in poverty, but have unlimited power to control their upward development, thereby reducing the mental health problems of relative poverty children. Cultivating the positive qualities and strengths of impoverished children not only promotes children’s positive emotional experience and enhances their subjective well-being, but also helps children adopt more effective coping strategies and enhance their ability to resist poverty and risk threats. Therefore, future research can focus on the positive psychological qualities of children, and discover the positive emotions, self-confidence, optimism, gratitude, hope, love and intimacy, value and meaning of relative poverty children themselves, so as to promote the healthy development of children's personality.

2.2. Analyze the Health Characteristics of Relative Poverty Children from a Comprehensive Variety of Research Methods

We have a basic judgment on a certain phenomenon or fact, but it is difficult to make a scientific and accurate diagnosis of the laws, characteristics and problems of the psychological development of relative poverty children. More use of questionnaires should be used to measure. The topics in the questionnaire are based on the researchers’ prior inferences, which are not conducive to reflecting the concerns of relative poverty children and to a certain extent affect the accuracy of the research results.
Moreover, the physical and mental development of childhood is in the rapid development stage, it is difficult to fully understand the characteristics of the healthy development of relative poverty children in a short period of time. To this end, longitudinal research methods can be used, and multiple sampling and comparisons can be performed within a time span to reveal the unique characteristics of healthy development of relative poverty children. At the same time, combined with qualitative research methods, such as observation and interviews, these methods focus on children’s sense of participation and can obtain the true health status of relative poverty children. In addition, the changes in children's brain regions directly affect children's psychological functions. It is also a new direction to explore the impact of poverty on children's psychological development from the perspective of brain structure by relying on neurophysiological methods. Therefore, only by relying on multiple orientation research methods can we more scientifically, accurately and comprehensively reveal the basic laws and characteristics of the psychological development of relative poverty children.

2.3. Research on Health Risk Factors of Relative Poverty Children

Family system theory emphasizes that individuals are inherent in a variety of environmental systems that influence each other, and that systems interact with individuals and affect their development. Family micro-systems are obviously important for educating relative poverty children, but possible studies have not considered schools, peers and society. The factors in these systems have positive or negative effects on the health of relative poverty children. Studies have shown that a good society can make up for the negative influence of parents on children. This is because children replace family relationships with friend relationships, thereby improving self-esteem, social skills, and academic levels. Perfect and systematic school education can also effectively promote children’s cognitive and social development, thereby alleviating the negative impact of poverty on children’s development. In addition, for children's health, factors such as intelligence, body, character, family, society, etc. are also related to the relative poverty healthy development of children. This suggests that the health risk factors in each system should be discovered and distinguished, and the role of relative poverty children’s health risk assessment research should be used and played to create a good development environment for promoting the healthy growth of relative poverty children.

3. Experiment

3.1. Subject

The subjects of the survey were five primary schools in Relative poverty County, of Yunnan Province. The ratio of male to female students is reasonable, except for older students in the school district, where all children are equally distributed in age. According to the content and purpose of the research team’s investigation, we visited and investigated relative poverty children and their families in 5 primary schools. In the survey, we interviewed 1,000 relative poverty primary school students from five locations in each county. During the visit to the families of students, the investigation team also visited the county education bureau funding center to understand the student funding status and related student funding guidelines, provide student funding and share the situation of relative poverty students.

3.2. Experimental Design

The content of the questionnaire survey starts with the four important factors affecting the health of relative poverty children, namely the age of poverty, causes of poverty, time of poverty, and emotional communication with parents. At the same time, it conducts in-depth analysis of the ability of parents of relative poverty children to cause poverty, natural disasters, and family accidents. Establish a consistent number for each factor and check the basic health status of relative poverty children. After the training of researchers, a sample survey was conducted in Poverty County of Yunnan Province in April 2019, and 1,000 answers were randomly assigned. After effective classification, a total of 997 answer sheets were collected, including 982 valid answer sheets, with an
effective rate of 98.4%. Perform statistical analysis, calculation and summary, collect relevant data from valid questionnaires, combine opinions and suggestions at the end of the questionnaire, and adhere to qualitative and quantitative analysis, summary and extensive research and evaluation, from which to summarize and comprehensively research and judge, draw conclusions and put forward Countermeasure thinking.

4. Results

4.1. The Difference in Physical Health Between Relative Poverty Children and Non-Poverty Children:

![Bar chart of comparison of factors between relative poverty and non-poverty families](attachment:image)

**Figure 1.** Bar chart of comparison of factors between relative poverty and non-poverty families

**Table 1.** Comparison of health status of relative poverty children and non-poverty children

<table>
<thead>
<tr>
<th></th>
<th>Healthy body</th>
<th>Mental health</th>
<th>Great score</th>
<th>Good evaluation by others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relative poverty children</td>
<td>88.2%</td>
<td>91.8%</td>
<td>56.2%</td>
<td>93.2%</td>
</tr>
<tr>
<td>Non-poverty children</td>
<td>93.5%</td>
<td>93.4%</td>
<td>76.5%</td>
<td>95.3%</td>
</tr>
</tbody>
</table>

It can be seen from Figure 1 and Table 1 that compared with non-poverty children, relative poverty children have significant differences in nutrition and healthy life, while short-term physical health (disease) is significantly worse than that of non-poverty children and relative poverty children. Has a higher health risk. In addition to negatively affecting the health of children, the time spent with parents may also increase the burden on middle-school children and reduce the caregivers’ energy for children’s health. At the same time, it reduces healthy eating habits, which further increases the number of relative poverty children and non-poverty children. Differences in physical health between the two, such as the increase in the number of illnesses and the decrease in physical fitness. In addition, parents in relative poverty families have a heavy workload, not paying much attention to children's health and keeping children away from social interactions will increase the risk of disease and mental health problems for relative poverty children. The data shows that providing subsidies to relative poverty families can effectively reduce children's health risks. After the economy improves, the risk of children's illness is greatly reduced, which has a positive impact on the health of relative poverty children. However, the positive effect of increasing economic assistance cannot compensate for the long-term decline in children's health caused by the family. The results also show that the health status of relative poverty children is much worse than that of non-poverty children.
4.2. Differences in Mental Health Between Relative Poverty Children and Non-Poverty Children

As can be seen from Figure 1 and Table 1, overall, relative poverty children’s average performance is worse than that of non-poverty children, and the self-confidence of relative poverty children is lower than that of relative poverty children. In terms of education level, there is a big gap between relative poverty families and non-poverty families. Among the different types of children in poverty, the time constraints of parents and the reduction of family activities have a serious impact on the development of children's mental health. Parents benefit mainly from the family's economic status, the level of education and skill level, the caregiver's interest in children's emotions and the impact of differences in life. The degree of intimacy with children leads to differences in children's mental health. When parents go to work to find the positive effect of increasing financial support, the family care they receive will be reduced, which leads to negative attitudes and inner feelings towards their parents, and parents will not have negative attitudes or inner feelings towards them. The reduction of parental company will have a serious negative impact on the mental health of relative poverty children. The specific symptoms are as follows: When working parents do not take care of themselves and working parents, relative poverty children often feel sad about not having a parent, and relative poverty children suffer as they age. I rarely miss and want to live in the same place with my parents. If things go on like this, mental health will gradually decline, but with the increase of family activities at a certain time, the mental health of relative poverty children will improve. It can be seen that the degree of communication between parents and relative poverty children plays an important role in children's mental health.

4.3. The Impact of Differences in Family Economic Conditions on Children's Health

Combining the statistical chart of the causes of family poverty in Figure 2 to analyze the impact of differences in family economic conditions on children's health, families with relative poverty family economic conditions and relative poverty families account for the vast majority. The causes of family poverty are parents' ability, Caused by natural disasters, family changes and other reasons. The impact of economic poverty on the health of relative poverty children is more prominent. The results of this study show that families with economically relative poverty children have lower levels of mental health than families with non-poverty children. Analyze the reasons. On the one hand, in household expenditures, relative poverty families account for a large share of children's expenditures. Even if they are not the largest share, they will inevitably suffer some psychological pressure on children, and because they will not have With correct educational thoughts, they will become symptoms of mental health. On the other hand, relative poverty families do not have enough material resources to provide children with healthy nutrition and their parents' ability is limited, so they develop a bad lifestyle since they are young, which affects their health.
5. Conclusion

Children are the future of mankind, the hope of the motherland and the nation, and the inheritors and pioneers of the cause. Children's physical and mental health concerns all generations, and the three major health issues in the process of children's growth must be highly concerned by the whole society. Summarizing existing research, as the health problems of relative poverty children have gradually emerged in recent years, differences in their personal characteristics such as age and gender have caused differences in their health status; differences in poverty types play an important role in the growth of relative poverty children. The long-term separation of parents is not conducive to the healthy growth of children. While properly improving the material living conditions, we should think from the perspective of children's healthy development. As a long-standing social problem that needs to be solved urgently, the health risks of relative poverty children must be taken seriously. The construction of rural areas and small cities and towns needs to be accelerated to attract peasant groups who are migrant workers to return to their hometowns for employment and entrepreneurship; to strengthen encouragement and support policy-based construction, so that the migration of migrant workers' children with their parents to urban life is no longer a problem, thereby reducing relative poverty children To improve the health of relative poverty children, assessing the health risks of relative poverty children is an important way to effectively solve the root causes of relative poverty children’s health.

Acknowledgments

Study on early physical and mental health care mechanism of poor rural children in Yunnan Province from the perspective of healthy China (ZX20210147).

Psychological assistance participated in the study of emergency mechanism in ethnic areas (QN 202015).

References


