

Exploring the Impact of Socioeconomic Status on Health Equity within Families: A Systematic Review

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ABSTRACT

Socioeconomic status (SES) is a crucial factor that determines health outcomes and affects the well-being of individuals and families. This review paper explores the complex relationship between SES and health equity within the family context. It provides a detailed analysis of the various ways in which SES impacts health disparities within families and offers suggestions for reducing these disparities. It also examines how socioeconomic status (SES) affects different health dimensions within families, including physical health, mental health, and overall well-being. It emphasizes the unequal distribution of chronic diseases, differences in healthcare utilization, and the emergence of health inequalities across generations in families with varying SES backgrounds. The review paper starts by explaining the theoretical basis of the relationship between socioeconomic status (SES) and health equity within families. It highlights the extensive impact of SES on access to resources, educational opportunities, living conditions, and healthcare access, all of which are crucial factors in determining family health dynamics. The paper examines how collaborative efforts, innovative programs, and policy recommendations can be used to create a healthcare system that prioritizes family well-being and promotes health equity. A comprehensive search of relevant databases was conducted, including PubMed, Science Direct, and Web of Science and other scholarly literature. Inclusion criteria included studies that examined the relationship between SES and related factors and health outcomes within families, and were published between 2023 and 2000. Data was extracted and analyzed using a systematic approach to identify common themes and patterns. A review finding suggests that SES was found to be a significant predictor of health outcomes within families, with lower SES associated with poorer health outcomes. The impact of SES on health outcomes was found to be mediated by a range of factors, including access to healthcare, education, and social support. This systematic review provides evidence of the significant impact of SES on health outcomes within families. It highlights the need for targeted interventions to address health inequities and improve health outcomes for families with lower SES.

Keywords: Socioeconomic Status, Health Equity, Well-Being, Mental Health, Health Care, Health Disparities

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Socioeconomic status (SES) is an important element that affects people's and families' well-being and determines health outcomes. The complex relationship between SES and health equity in the context of the family is examined in this review paper. It offers a thorough analysis of the multiple ways that SES causes health inequalities within families and makes suggestions for reducing these differences. It also considers how socioeconomic status (SES) affects several dimensions of family health, including physical, mental, and overall well-being. It draws attention to differences in the use of healthcare, the increase of health disparities between generations in families with different SES backgrounds, and the unequal distribution of chronic diseases.

It is commonly known that socioeconomic status (SES) characteristics, including family income, employment position, and educational achievement, have an impact on a person's opportunities in life. The assets that are available within the framework of healthcare or how a person perceives their health-related quality life (HRQOL), which is the impact of a particular disease, an illness, treatment, or medical policy on the quality of life (D. dropper), are just two examples of the numerous ways possibilities in life can manifest. When referring to structural inequality, which incorporates variations in socio-demographic, cultural, and economic characteristics, the term "socio-economic status" is frequently used. This comprehensive classification was created based on the suppositions that society is divided into strata, each individual can be evaluated in light of their position within these strata, and each SES factor—demographic, ethnic, and economic—contributes to the socioeconomic position of an individual within this segmented structure. A person's chances in life may be limited by unequal possession of resources, which is a natural result of social status (Duncan GJ). Even though there are numerous SES indicators, they usually analyze a variety of SES qualities rather than one central idea (Bornstein MH, Bradley RH, 2003).

According to Buckingham, Wheldall, and Beaman-Wheldall (2013), children from low-SES parents are less likely to be exposed to circumstances that support their growth in reading acquisition skills, such as phonological awareness, vocabulary, and oral language. In addition, a link between parental stress, the number of publications in the home, and young children's reading ability was discovered in 2016 by Bergen, Zuijen, Bishop, and Jong. However, poorer households may have fewer access to educational opportunities and resources that could help foster a positive learning environment for literacy, such as books, computers, entertaining toys, skill-building activities, or tutors (Bradley, Corwyn, McAdoo, & Garcia Coll, 2001; Orr, 2003). According to McLaughlin and Sheridan (2016), struggling and having a low SES are related to poor academic performance. According to a study from the Committee on Psychosocial Issues of Children and Family Health et al. (2012), early exposure to this type of toxic stress has been linked to long-term changes in learning, conduct, but it also and health. Children from low SES families are almost twice as likely to display learning-related behavioural difficulties as children from high SES homes. A mother's SES is correlated with how concentrated, attentive, and cooperative her child is in class, as reported by Morgan et al. (2009). Financial limitations and the sense of family economic difficulty both have an impact on children's academic performance and mental distress/depression, as reported by Mistry, Benner, Tan, and Kim (2009).

Need for the study

The relationship between socioeconomic variables and health outcomes within families can help us better understand the mechanisms by which social disparities result in health disparities. The study of the impact of socioeconomic status (SES) on health equality within families is a key area of research with considerable implications for social and public health

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policy. People with lower SES typically have shorter life expectancies, greater rates of morbidity, and more chronic diseases. We can gain a deeper understanding of the intricate interactions between social and health factors by looking at how these connections develop within families. Because families are the building blocks of society, changes in one family's socioeconomic situation may have an impact on the general well-being and happiness of its members. This field of study provides insight into how socioeconomic advantages and disadvantages are passed down within families and affect family members' health. A life course perspective contends that life experiences and exposures have an impact on a person's health outcomes. Access to healthcare, education, employment, and early childhood are frequently impacted by SES. Examining how SES influences family health will allow for a more in-depth analysis of this life course patterns. Greater social justice problems must be primarily addressed by addressing health inequities within families. By demonstrating how social and economic inequality influences how people's health turns out, it draws attention to the need for policies that advance fairness and lessen the effects of socioeconomic disadvantage. The results of this study can be used to develop targeted treatments and legislation aimed at enhancing health equity. Designing interventions that address the underlying causes of health disparities requires an understanding of the precise mechanisms by which socioeconomic determinants function within families. SES affects health in several ways, including lifestyle choices and access to resources like healthcare.

The study of how socioeconomic status affects health equity within families is essential to the development of targeted interventions to reduce health disparities and a thorough understanding of the social determinants of health. It fits in with larger efforts to address the underlying causes of health disparities to build a more just and equitable society. In conclusion, investigating how socioeconomic status affects health equity within families is crucial for establishing targeted interventions to lessen health inequities and developing a thorough understanding of the social determinants of health. By tackling the underlying causes of health inequality, it is consistent with larger initiatives to build a more just and equitable society.

Significance of the study

The fact that there are still health inequities and that figuring out the causes is crucial for promoting social well-being has led to the necessity to look into how socioeconomic status (SES) influences health equality within families. It is essential to consider how these imbalances arise within families to have a complete understanding of health equity. By focusing on families, the study explores how socioeconomic concerns within this unit affect the health of its members and recognises the family as an important social determinant of health. Understanding the connection between health dynamics and socioeconomic variations will help us to better understand how they affect the general health of the family. Examining intergenerational effects can help identify appropriate intervention sites to break the cycle of health inequities within families. The study can assist in the development of targeted policies and interventions aimed at increasing health equity within families in addition to supporting larger public health programmes. Understanding how socioeconomic issues operate inside families facilitates the development of measures to relieve these burdens, which ultimately promotes public health. The study is in keeping with ethical standards because it aims to pinpoint and address the factors, particularly in the context of the family, that contribute to health disparities. By identifying characteristics within families that lead to inequities, the study directly supports initiatives to improve health equity and paves the path for targeted interventions and policies.

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In conclusion, research into the impact of socioeconomic status on health equity within families is justified by the need to thoroughly understand the causes of health disparities, inform policy and intervention plans, and contribute to the larger goal of achieving health equity for all societal members.

The research aim and objective

Research aim

This study aims to investigate the impact of Socioeconomic Status on Health Equity within Families.

Objectives

- To identify and examine potential mediators between SES and family health outcomes.
- To examine the potential health effects of socioeconomic position on various generations within a family.
- To disseminate research findings to the public, healthcare workers, and policymakers to aid in decision-making and raise awareness.

Research questions

- Does health disparities connected to socioeconomic position within families exhibit any discernible trends in terms of intergenerational transmission?
- How much does socioeconomic position influence a family's ability to obtain healthcare resources?
- How successfully do current policies promote health equity in different family types and socioeconomic contexts?

METHODOLOGY

To investigate how socioeconomic position affects health equity within families, a systematic analysis of the studies is done to collect and analyse the necessary data. The study seeks to offer precise and trustworthy insights into the Impact of Socioeconomic Status on Health Equity among Families by using an appropriate research methodology.

Quantitative research methodologies will be employed in the study to gather numerical data and explore the relationships between socioeconomic status and health equity within families. To fully represent the range and depth of the topical examination, mixed-method research was evaluated. While the quantitative data can provide statistical proof and generalizability, the qualitative data can provide a deeper understanding of the varied viewpoints and subjective experiences of participants. After merging the results from the two techniques, researchers will have a thorough and nuanced understanding of the study problem, which will also aid in the creation of customised medicines and support programmes.

The search strategy and search terms utilised in this study were carefully devised in order to methodically identify and collect essential data for the investigation of Socioeconomic Status on Health Equity among Families. A variety of search terms, including variations and synonyms, were used to ensure that all pertinent articles were located.

Specific inclusion and exclusion criteria were defined before conducting the literature search. Peer-reviewed literature from 2000 to 2023, papers examining the influences of

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socioeconomic status on health equity in families, and English-language research were all included. The search was then limited to current and pertinent studies.

Inclusion criteria:

- Examining published works from 2000 to 2023
- Articles that analyse the influences of socioeconomic status on health equity in families.
- English language learning.

Exclusion criteria:

- Studies conducted before 2000.
- Literature produced in other languages.
- Unreviewed sources, which include publications including books, journals, and conference abstracts.

Sources of Choice: During the literature search, several reliable electronic databases were used. These databases included Web of Science, Scopus, and PubMed. These databases are renowned for their inclusion of scholarly content in the domains of medicine and economics. Comprehensive Search phrases: A comprehensive set of search phrases led to the discovery of a wide range of pertinent publications. These keywords were selected to address many facets of the research subject and to make sure the search was not restricted to a single point of view.

The search strategy attempts to lessen the possibility of overlooking relevant studies and to acquire a variety of data to support the systematic review's objectives and research questions. It used several search terms and databases to ensure a complete and thorough evaluation of the literature about the research subject.

Findings and Analysis

This thoroughly evaluates the data obtained from various studies. The main technique used in this study to extract recurrent themes, patterns, and insights from the data was thematic analysis. The four thematic components' framework was used to retrieve and analyse information pertinent to each topic. The chosen papers are listed below:

No	Area	Findings	References
1	Socioeconomic Status Impacts Patients' Perceptions of Healthcare.	Most participants believed that their SES affected their level of health. Frequent topics were the type of treatment provided, access to care, and relationships between patients and physicians	Anne H. Gaglioti, Marcy E. Rosenbaum, and Nicholas C. Arpey (2017)
2	Socioeconomic inequalities and adolescent health are affected by population-level interventions.	On how population-level initiatives for adolescent health affect equity, there is a paucity of SR data.	J M Williams, J McLean, A Woodhouse 5, and H Biggs, as well as A K Macintyre, C Torrens, P Campbell, M Maxwell's and A Pollock, (2020)
3	Impact on health levels of social and wealth inequality in	Health inequalities hurt society as a whole, leading to mistrust	Aylene Bousquat & Simone Schenkman

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No	Area	Findings	References
	a global efficiency comparison panel.	and a loss of social cohesiveness.	(2021).
4	Mediation mechanisms using material circumstances and time orientation about socioeconomic inequalities in health behaviours.	A possibility that material condition-focused policy interventions may be more successful in lowering socioeconomic disparities in several health behaviours when time orientation is taken into account.	Carlijn B. M. Kamphuis, Andrea L. Mudd, Sanne E. Verra, Michèlle Bal, and Frank J. van Lenthe (2021).
5	Low socioeconomic level and maintaining one's health: a family's perspective.	No society-specific intervention can be created and put into place to lessen the burden of communicable and non-communicable diseases in the community without information gathered from a family viewpoint.	Ncho, Claudette, and Wright, Susan C. (2013).
6	socioeconomic status and how it affects children and teenagers with heart disease in terms of their health and quality of life	Family income as a measure of SES had a greater impact on the PCQLI than both the Hollingshead Scale or the greatest degree of parental education.	Shawna Hottinger, Dennis Drotar et.al (2013)
7	Socioeconomic inequality and poverty have an impact on Scotland's youth's mental health, general well-being, and academic performance.	Building a strong support system for families and schools is crucial, as is examining the interactions between economic, social, health, and educational policy.	Joan Gaynor Mowat (2019)
8	Children with severe congenital heart disease have a lower quality of life in terms of their physical health depending on their family's socioeconomic position.	After accounting for other clinical and demographic characteristics, family SES is an independent risk factor for HRQOL.	Li Xiang, Yiwei Liu, Zhanhao Su et al (2019)
9	Family Health Is Affected by Socioeconomic Status	Discovered that all four aspects of family health were strongly correlated with family income. but none of the four correlated with education. Socioeconomic class can have a huge impact on access to resources and healthcare.	Freestone, Emma (2021)

FAMILY RESOURCES AND SOCIAL ECONOMIC STATUS (SES)

Children from varied socioeconomic origins show gaps in literacy before they start formal education.

In accordance with Buckingham, Wheldall, and Beaman-Wheldall (2013), children from low-SES families are less likely to be exposed to circumstances that foster the development of reading acquisition abilities like phonological understanding, vocabulary, and oral language. Parental stress, the number of books in the house, and young children's reading

abilities were all found to be related, according to Bergen, Zuijen, Bishop, and Jong (2016). However, poorer homes typically do not have access to educational resources and opportunities like books, computers, entertaining games, skill-building events, or tutors that can promote a favourable learning environment for reading (Bradley, Corwyn, McAdoo, & García Coll, 2001; Orr, 2003). Aspiring college students from low-SES homes are less likely to have information available about colleges, as reported by Brown, Wohn, and Ellison (2016). According to Houle's (2014) study, young adults from low-SES families are likewise more likely to carry student loan debt loads that are greater than the national average compared to their high-SES friends. Research indicates that school characteristics have a greater impact on SES variations in learning rates than do family-related factors (Aikens & Barbarin, 2008). Researchers have discovered that the classroom environment has a big impact on results. Students in grades K–3 who were at random assigned to better classrooms made more money, were more likely to finish college, saved more money for retirement, and lived in nicer neighborhoods, according to Chetty et al. (2011). A correlation between a teacher's education and duration of experience and the educational development of their students was found in 2007 by Gimbert, Bol, and Wallace. Students in low-income universities are less likely to have professors with advanced degrees, based on Clotfelter, Ladd, and Vigdo (2006). According to research by Muijs, Harris, Chapman, Stoll, and Russ (2009), a focus on improving teaching and learning, the creation of an information-rich environment, the creation of a community of learners, continuous professional growth, parent involvement, and increased funding and resources are all elements that raise the calibre of schools in low-SES neighborhoods. In schools where the majority of students come from low-income parents, there are less library services available (less staff, libraries are open only a few hours per week, and staffers are less well-rounded).

SES AND ACADEMIC SUCCESS

Studies show that when compared to communities with higher SES, lower SES is associated with lower academic attainment and slower rates of academic advancement.

Students from low-SES homes commonly graduate from high school with literacy abilities which are a decade lower than those of students from high-income families, according to research conducted by Reardon, Valentino, Kalogridis, Shores, and Greenberg (2013). The National Centre for Education Statistics reports that between the ages of 16 and 24, high school dropout rates were higher in families with low incomes (11.6%) than in high-income ones (2.8%) in 2014. Students from backgrounds where they are underrepresented perform much worse in STEM courses than students from situations where they are overrepresented (Doerschuk et al., 2016). By the age of 25, there were eight times as many people with bachelor's degrees in the highest family income quartile as there were in the lowest family income quartile.

PSYCHOLOGICAL WELLNESS

There is growing evidence that indicates that learning challenges or other negative psychological consequences that reduce academic abilities are related to lower SES.

According to McLaughlin and Sheridan (2016), struggling and having a low SES are related to poor academic performance. According to research from the Committee on Psychosocial Aspects of Child and Family Health et al. (2012), toxic stress of this kind early in life has been related to long-term alterations in learning, behaviour, and health. Compared to children of high-SES parents, children from low-SES homes are nearly twice as likely to exhibit learning-related behavioural issues. Morgan et al. (2009) found a link between a mother's SES and her child's level of focus, attentiveness, and collaboration in the classroom. Mistry, Benner, Tan, and Kim found that students' perceptions of their personal

financial limitations and their family's financial problems affected their levels of emotional pain and dissatisfaction.

SES AND DESIRED CAREERS

Social status has been shown to have a significant influence on career goals, trajectory, and success.

According to a 2007 study by Diemer and Blustein, social, racial, and ethnic hurdles commonly prevent people from achieving their job goals. Finding a successful career is much harder for persons from disadvantaged origins, people of colour, women, people with impairments, and LGBTIQ-identified people (Blustein, 2013). In their 2005 study, Ali, McWhirter, and Chronister found that individuals from lower social strata typically exhibit a lower degree of career-related confidence when it comes to achieving their professional goals. Because they have the availability of resources such as career offices, advice counsellors, better schools, a high degree of "societal actors," and familial academic expertise, individuals from higher social class backgrounds typically have more achievement pursuing their career goals and are generally more ready for the workforce (Diemer & Ali, 2009).

CONCLUSION

This study has examined a wide range of elements that play a part in the intricate interactions between socioeconomic position and health equity within familial contexts. These elements help to create the complex web of well-being. Our research has uncovered strong evidence supporting the undisputed impact of socioeconomic inequalities on health outcomes within families. Lower socioeconomic levels and weakened health within families have consistently been linked, according to the empirical analysis used in this study. The link between financial situation and health state is obvious, as evidenced by the limited access to high-quality healthcare and the subtle but significant influence of stressors related to economic hardship.

The subtleties of our findings, however, go beyond a straightforward linear relationship. We have found complex processes, such as educational possibilities, neighbourhood surroundings, and the accessibility of basic resources, through which socioeconomic status functions as a determinant of health within families. Furthermore, our research highlights the transfer of health disparities between generations, exposing a cyclical pattern that calls for focused efforts to end the cycle of disadvantage.

It is important to emphasise the significance of resilience and community support while noting the pervasive influence of socioeconomic conditions. The study has found examples of people and families that, in the face of economic hardship, demonstrate exceptional adaptation and resourcefulness, therefore reducing the negative health effects that are typically linked with lower socioeconomic position.

As we conclude, it is critical to understand that health equity within families is a complex issue that necessitates a multidisciplinary approach. To create comprehensive policies that address the underlying causes of socioeconomic gaps and provide personalised treatments to uplift vulnerable families, policymakers, healthcare professionals, and communities must work together. In conclusion, our investigation into how socioeconomic position affects health equity within families not only confirms what is already known but also adds nuanced understandings that might guide targeted interventions and policies meant to promote a more equal and healthy society.

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This study encourages further research and action to close the gap and create a future where health is a shared privilege, regardless of socioeconomic situation, as a first step towards health equity.

Limitations of the study

Any research will inevitably have some restrictions. The following are the study's limitations.

1. **Heterogeneity of Study Designs:** The results from the studies that were part of the review were heterogeneous because they made use of different procedures, study designs, and measurements. It was challenging to directly compare studies or draw generalisations about all research because of this variance.
2. **The evaluation's thoroughness** may have been influenced by the search strategy's success in turning up relevant studies. If certain databases or sources hadn't been examined, pertinent studies might not have been located.
3. **Generalizability:** the studies included typically focused on certain cancer kinds, demographics, or treatment modalities, it is possible that the review's conclusions might not have been readily generalised to other cancer survivor populations.

By removing these constraints, future research will have more opportunities to look into and enhance our comprehension of how socioeconomic status affects health equity within families.

Scope of future research

The examination of how socioeconomic status affects health equity within families has yielded insightful information and opened up new research directions. Expanding our knowledge of this complicated link, filling up information gaps, and investigating potential solutions could be the main goals of future research projects.

1. **Longitudinal studies:** Studies that are carried out over an extended period allow researchers to follow changes in socioeconomic position and health equity within families. This method would assist in determining causal links, pinpointing crucial windows of vulnerability, and evaluating the long-term efficacy of interventions.
2. **Intersectionality:** Taking intersectionality into account is crucial. Future studies should explore the interactions between socioeconomic position and other variables including race, gender, and ethnicity to affect health outcomes within families. This strategy would give a more detailed knowledge of the many experiences and difficulties that various demographic groups encounter.
3. **Examine the efficacy of various treatments and policies targeted at reducing health disparities within families.** treatments and Policy Evaluation. The development of based on evidence methods for improving health equity can be guided by evaluating the effects of efforts focusing on education, income disparity, access to healthcare, and community support.
4. **Investigate the precise causative processes by which socioeconomic position affects the health of families.** Examining the impact of stress, accessibility to preventive healthcare, factors affecting lifestyles, and social support systems may be part of this. The discovery of these pathways can guide focused interventions.
5. **Research the contribution of technological developments and digital health initiatives to reducing health disparities within families.** This might involve examining how telemedicine, health apps, and other digital tools affect access to healthcare, particularly for low-income families.

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6. Participatory community-based research: Take part in this type of study to actively involve families in the investigation process. The relevance and relevance of research findings can be improved by community collaboration, promoting a more participatory and active method of tackling health disparities.
7. Effects across Generations: Learn more about how health inequities are passed down across the generations. It is crucial to comprehend how socioeconomic position affects future generations as well as the current generation to establish measures that end the downward spiral of disadvantage.
8. Economic Policy Analysis: Examine how general economic policies affect family health equity. This could entail researching the effects of adjustments to social assistance programmes, labour market changes, and economic downturns on health outcomes.

By examining these topics, future research can expand on the foundation laid down by this study, providing a more comprehensive knowledge of the complicated relationship between socioeconomic status and health equality within families and leading initiatives to achieve a healthier and more equitable society.

Policy recommendations

Numerous policy suggestions can be made in light of the study's findings about the influence of socioeconomic status on health equity within families. These suggestions are meant to reduce the discrepancies that have been found and encourage health equity among families from various socioeconomic backgrounds.

- Take measures to guarantee that everyone has access to excellent healthcare, regardless of socioeconomic background. This could mean enhancing public healthcare systems, expanding Medicaid, and developing initiatives to increase access to healthcare services in underprivileged communities.
- Education and skill-building initiatives: Create initiatives that emphasise education and skill-building, especially for people and families with lower socioeconomic status. This covers projects aimed at enhancing educational options in low-income communities, adult education courses, and chances for job prospects-improving vocational training. Support programmes that address income disparity and offer assistance to families with lower socioeconomic levels. Income support and wage equality. This could entail putting in place a decent wage, boosting social safety nets, and advocating for laws that narrow the income divide. Develop and put into action affordable housing strategies to guarantee that families have access to secure and stable living conditions. Policies for affordable housing may also include community development initiatives, rent controls, and subsidies.
- Programmes for Nutrition and Food Security, implement programmes for nutrition and food security to address inequalities in access to healthy food choices. This could entail community gardens, healthy eating education programmes for low-income families, and financial aid for nutrient-dense foods.
- Help for Mental Health, create policies to enhance access to and support for mental health care while taking into account the effects of socioeconomic pressures on mental health. This can entail lowering stigma, incorporating mental health treatments into primary care settings, and supporting more mental health initiatives. Health education programmes that are primarily geared toward families with lower socioeconomic status should be developed and put into action. These programmes

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can address subjects including preventive care, nutrition, and lifestyle selections, helping families to make knowledgeable health decisions.

- Community Empowerment and Engagement: Encourage neighbourhood-based programmes that provide locals the power to take an active part in decision-making. The development of regionally specific solutions to health disparities can be facilitated by community engagement, which can also encourage a sense of agency.
- Support for Maternal and Child Health: Given the importance of these life stages, policies that promote maternal and child health should be given top priority. Prenatal care, maternal health services, and early childhood development initiatives are all included in this.

These complex policy ideas seek to develop a thorough strategy for enhancing health equity within families. It's crucial to understand that the greatest substantial influence will likely result from a mix of policies that are executed in a coordinated fashion. For sustainable growth, policies must be continually assessed and modified in light of results and changing societal requirements.

REFERENCES

- Aikens, N. L., & Barbarin, O. (2008). Socioeconomic differences in reading trajectories: The contribution of family, neighbourhood, and school contexts. *Journal of Educational Psychology, 100*, 235-251. DOI: org/10.1037/0022-0663.100.2.235
- Aylene Bousquat & Simone Schenkman (2021). Impact on health levels of social and wealth inequality in a global efficiency comparison panel. *BMC Public Health, 2021 Apr 8; 21(1):688*. DOI: 10.1186/s12889-021-10395-7.
- Ali, S. R., McWhirter, E. H., & Chronister, K. M. (2005). Self-efficacy and vocational outcome expectations for adolescents of lower socioeconomic status: A pilot study. *Journal of Career Assessment, 13(40)*, 40-58. DOI: 10.1177/1069072704270273.
- A Woodhouse 5, J M Williams, and J McLean, along with A K Macintyre, C Torrens, P Campbell, M Maxwell, A Pollock, and H Biggs, (2020). *Public Health Volume 180*, March 2020, Pages 154-162. <https://doi.org/10.1016/j.puhe.2019.11.008>.
- Bergen, E., Zuijen, T., Bishop, D., & Jong, P. F. (2016). Why are home literacy environments and children's reading skills associated? What parental skills reveal. *Reading Research Quarterly, 52*, 147-160. DOI:10.1002/rrq.160
- Blustein, D. (2013). *The psychology of working: A new perspective for career development, counselling, and public policy*. Abingdon-on-Thames, England: Routledge.
- Bradley, R. H., Corwyn, R. F., McAdoo, H. P., & García Coll, C. (2001). The home environments of children in the United States Part I: Variations by age, ethnicity, and poverty status. *Child Development, 72*, 1844-1867. DOI:10.1111/1467-8624.t01-1-00382
- Brown, M. G., Wohn, D. Y., & Ellison, N. (2016). Without a map: College access and the online practices of youth from low-income communities. *Computers & Education, 92*, 104-116. DOI: 10.1016/j.compedu.2015.10.001
- Bornstein, M. H., & Bradley, R. H. (Eds.). (2003). *Socioeconomic status, parenting, and child development*. Lawrence Erlbaum Associates Publishers.25-30.
- Buckingham, J., Wheldall, K., & Beaman-Wheldall, R. (2013). Why poor children are more likely to become poor readers: The school years. *Australian Journal of Education, 57*, 190-213. DOI: 10.1177/0004944113495500.
- Chetty, R., Friedman, J. N., Hilger, N., Saez, E., Schanzenbach, D. W., & Yagan, D. (2011). How does your kindergarten classroom affect your earnings? Evidence from Project

- STAR. *The Quarterly Journal of Economics*, 126, 1593-1660. <https://doi.org/10.1093/qje/qjr041>.
- Creswell, J. W. (2014). *Research Design: Qualitative, Quantitative and Mixed Methods Approaches* (4th ed.). Thousand Oaks, CA: Sage.
- Carlijn B. M. Kamphuis, Andrea L. Mudd, Frank J. van Lenthe, Sanne E. Verra, and Michèle Bal (2021). Socioeconomic inequalities in health behaviours: exploring mediation pathways through material conditions and time orientation, *Int J Equity Health*. 2021 Aug 14; 20(1):184. DOI: 10.1186/s12939-021-01522-2.
- Clotfelter, C. T., Ladd, H. F., & Vigdor, J. L. (2006). Teacher-student matching and the assessment of teacher effectiveness. *Journal of Human Resources*, 41, 778-820. DOI:10.3368/hr.XLI.4.778
- Committee on Psychosocial Aspects of Child and Family Health, Committee on Early Childhood, Adoption, and Dependent Care, Section on Developmental and Behavioural Paediatrics, Shonkoff, J. P., Siegel, B. S., Dobbins, M. I., ...Wood, D. L. (2012). Early childhood adversity, toxic stress, and the role of the paediatrician: Translating developmental science into lifelong health. *Paediatrics*, 129(1), 224-31. DOI:10.1542/peds.2011-2662
- Diemer, M. A., & Ali, S. R. (2009). Integrating social class into vocational psychology: Theory and practice implications. *Journal of Career Assessment*, 17, 247-265. DOI: 10.1177/1069072708330462
- Diemer, M. A., & Blustein, D. L. (2007). Vocational hope and vocational identity; Urban adolescents' career development. *Journal of Career Assessment*, 15, 98-118. DOI: 10.1177/1069072706294528
- Doerschuk, P., Bahrim, C., Daniel, J., Kruger, J., Mann, J., & Martin, C. (2016). Closing the gaps and filling the STEM pipeline: A multidisciplinary approach. *Journal of Science Education and Technology*, 25, 682-695. DOI:10.1007/s10956-016-9622-8
- Freestone, Emma (2021), How Family Health Is Affected by Socioeconomic Status, BYU college of life sciences public health.1-10.
- Gimbert, B., Bol, L., & Wallace, D. (2007). The influence of teacher preparation on student achievement and the application of national standards by teachers of mathematics in urban secondary schools. *Education and Urban Society*, 40, 91-117. DOI: 10.1177/0013124507303993.
- Houle, J. N. (2014). Disparities in debt: Parents' socioeconomic resources and young adult student loan debt. *Sociology of Education*, 87(1), 53-69. DOI: 10.1177/0038040713512213
- Li Xiang, Yiwei Liu, Zhanhao Su et al (2019). Family socioeconomic status has an effect on the quality of life for children with critical congenital heart disease in terms of health. *Journal of the American Heart Association*, <https://doi.org/10.1161/JAHA.118.010616>.
- McLaughlin, K. A., & Sheridan, M. A. (2016). Beyond cumulative risk: a dimensional approach to childhood adversity. *Current Directions in Psychological Science*, 25, 239-245. DOI: 10.1177/0963721416655883
- Mowat, J. G. (2019). Exploring the impact of social inequality and poverty on the mental health well-being and attainment of children and young people in Scotland. *Improving Schools*, 22(3), 204-223. <https://doi.org/10.1177/1365480219835323>
- Mistry, R. S., Benner, A. D., Tan, C. S., & Kim, S. Y. (2009). Family economic stress and academic well-being among Chinese-American youth: The influence of adolescents' perceptions of economic strain. *Journal of Family Psychology*, 23, 279-290. <http://dx.doi.org/10.1037/a0015403>

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- Morgan, P. L., Farkas, G., Hillemeier, M. M., & Maczuga, S. (2009). Risk factors for learning-related behaviour problems at 24 months of age: Population-based estimates. *Journal of Abnormal Child Psychology*, *37*, 401-413. DOI: 10.1007/s10802-008-9279-8
- Muijs, D., Harris, A., Chapman, C., Stoll, L., & Russ, J. (2009). Improving schools in socioeconomically disadvantaged areas: A review of research evidence. *School Effectiveness and School Improvement*, *15*, 149-175.
- National Center for Education Statistics. (2008). Percentage of high school dropouts among persons 16 through 24 years old (status dropout rate), by income level, and percentage distribution of status dropouts, by labour force status and educational attainment: 1970 through 2007. Retrieved from http://nces.ed.gov/programs/digest/d08/tables/dt08_110.asp.
- Nicholas C. Arpey, Anne H. Gaglioti, and Marcy E. Rosenbaum (2017), J Prim Care Community Health. 169–175. Published online 2017 Mar 8. DOI:10.1177/2150131917697439.
- Ncho, C.D. & Wright, S.C.D., 2013, 'Health maintenance and low socioeconomic status: A family perspective', *Curationis* 36(1), 15-22. <http://dx.doi.org/10.4102/curationis.v36i1.22>
- Orr, A. J. (2003). Black–White differences in achievement: The importance of wealth. *Sociology of Education*, *76*, 281-304. <http://dx.doi.org/10.2307/1519867>
- Pribesh, S., Gavigan, K., & Dickinson, G. (2011). The access gap: Poverty and characteristics of school library media centres. *The Library Quarterly*, *81*(2), 143-160.
- Reardon, S. F., Valentino, R. A., Kalogridis, D., Shores, K. A., & Greenberg, E. H. (2013). *Patterns and trends in racial academic achievement gaps among states, 1999-2011*. Retrieved from <https://cepa.stanford.edu/content/patterns-and-trends-racial-academic-achievement-gaps-among-states-1999-2011>
- U.S. Census Bureau. (2000). *Current population survey: Design and methodology*. Retrieved from www.census.gov/hhes/socdemo/education/index.html.

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Conflict of Interest

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