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Childhood development through a resilience standpoint

Occasionally, children that are exposed to hardships in their early life reflect adverse health conditions later in life when compared to those with a decent childhood. Braveman postulates that there is an increased prevalence of health inequity and health disparities for the past 20 years in the United States (366). The disparities in health are linked to the childhood stage of development of an individual, which encompasses the ecological environment and resilience. While the environment aspect outlines the family background and the roots of an individual, the aspect of resilience delineates the perseverance of hardships to thrive in life. Therefore, resilience may be achieved regardless of the widespread destitution.

In her article, Braveman is keen on highlighting and clearly outlining the meaning of health equity and health disparities while incorporating a life-course approach in order to get rid of health disparities thus ensuring that equity is achieved. She defines health equity as the objective that inculcates efforts of doing away with differences in health protection between groups of people of different economic and social classes (Braveman 366). On the other hand, health disparities are defined as the measurement units that are used to gauge the achievement of health equity (Braveman 366).

Childhood development may be suppressed by stress emanating from various occurrences depending on the surrounding environment and the predisposition factors. For instance, a child may be raised in a home that is not well off. The environment, therefore, is stressful as a result of poverty hence the adverse effects on the health of a child that affect the quality of life until the old age. The exposure to hunger and homelessness in the most significant stages of development of a child for extended periods of time in early childhood play a prominent role in determining the health disparities. Another case would be originating from a neighborhood that is prone to crime. Such an environment makes it difficult for a child to play outside because of fear of gang violence. The presence of family conflicts between the parents as a result of the cycle of poverty may also explain the occurrence of health disparities. Moreover, racial discrimination and segregation may diminish a child's joy replacing it with self-doubt and reduced levels of self-esteem. They may also have a negative impact on the individual's ability to develop a sense of belonging that may lead to intimacy and commitment issues which further cause stress and stress-induced health disparities.

Among these predisposition factors, chronic illnesses, mental health, as well as psychological and socio-economic factors, such as poverty, seem the most relevant determinants in the life-course approach. According to Braveman, biological mechanisms such as neuroendocrine, immune, inflammatory, and vascular diseases could influence a woman's likelihood of experiencing an adverse birth result due to chronic stress during childhood (370). She further notes that acute stress does not have as much potential as chronic stress in causing damages to health (Braveman 370). Many studies of the connection between psychosocial trauma and economic deprivation in early childhood years reveal that the manifestation of adverse effects on health only occurs in later

stages of adulthood (Braveman 370).

Mental health, psychological, socioeconomic factors, and poverty act as the major contributors to the health disparities that arise from early childhood development. Therefore, they are commonly referred to as Friedli's social determinants of health. Friedli argues that mental health has a great impact on the different results that affect both individuals and communities (3). The results inferred by Friedli include: physical health, lifestyles that are healthier, the ability to recover faster from illness, attaining higher levels of education, improvement of the standards of living, enhancing the productiveness of an individual, getting jobs, increasing the income, growth of the relationships with adults and children, improved life quality, and increased social cohesion (Friedli 3). Friedli further asserts that in order to achieve resilience, adapt positively, and gain health assets and capabilities, mental health is fundamental as it facilitates the management of adversity (3).

Another approach to management of disparities may be divided into positive functioning and positive emotions (Keyes 180). Positive functioning denotes the aspect of well-being in relation to the capabilities of an individual. It, therefore, implies that proper nurturing of the potential in individuals promotes their well-being in life (Keyes 180). On the other hand, positive feelings approach is related to the well-being that is associated with happiness (Keyes 180). According to Keyes, the promotion and protection of mental health are based on a model that is referred to as the Dual Continuum Model (181). The model suggests that mental illness and mental health are components of two separate dimensions in the demography that are correlated (Keyes 181). He also postulates that the Dual Continuum model is as a result of heredity as well as environmental and ecological factors (Keyes 183).

The development of individual character traits such as being hardy, intelligent, socially active, and optimistic come out as factors that offer protection to an individual in situations that are challenging (Shaw et al. 35). The concept of resilience is derived from the socio-ecological, physical, and ecological systems through the perspective of organizational behavior, social engineering, psychology, and disaster management (Shaw et al. 35).

In conclusion, it is imperative to reconcile a child's development through a resilience standpoint as it enables a child to evade the adverse effects that are associated with disparities in health in the later stages of childhood and adulthood.