

Discuss the different factors that influence inequalities in health : giving exam...

[Sociology](#)



Factors that influence inequalities in health Factors that influence inequalities in health According to Comstock, Castillo and Lindsay (2004), health distribution is influenced by different factors, which range from community to public factors. Researchers have recorded inequalities in health distribution by gender, social class, and ethnicity. Health inequalities have been determined by different results including mortality rates, infant deaths, disability, morbidity, and life expectancy. This journal article examines how inequalities of health are related to social class, gender, and ethnicity. The article also provides examples of their impact and possible implications on health.

Literature review

Social inequalities

Inequalities in health are excessive gaps in outcomes associated with health among individuals or community. They evolve from disparities in economic and social conditions that shape people's behaviors and choice of lifestyle, their risk of infection and measures taken to tackle infection (Karlsen and Nazroo, 2001). Magnus (2001) conducted a study in 1996–1999 and the findings reveal that, the disparity for males between the highly paid and lowest paid in terms of wages reduced from 3.3 to 2.6. In the year 1996 and 1999, the difference among women reduced from 2.3 to 1.8 years (Magnus, 2001).

Karlsen and Nazro (2001) assert that, economic and societal issues like salaries, education, and societal issues have direct influence on health.

These issues strongly affect health, and their improvement can lead to the development in health among the community members.

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For example, individuals with very low income usually lack funds, and access to healthy food, proper housing, good infrastructure, and working environments, which can affect their wellbeing. These people may have economic and life strain, which have outcomes like high blood pressure. Similarly, people who have enough income and jobs are likely to undergo health outcomes that are not dependent on material requirements, but they may be influenced by the stresses they meet at work and at home. The societal structure influences well-being through the distribution of societal commodities and resources. The extent at which the goods and resources are allocated does influence the well-being of the society. Social funding, social interacting, and association to culture can curb the health effects. Bartley and Blane (2008) propose four models that can be used to explain social class inequalities in health. The behavioral model describes the social group disparities in health negative or positive health motivating behaviors like choice of good dietary, use of appropriate drugs, and other substances (Bartley and Blane, 2008). The materialist model describes how lack of money exposes people to ill health outcomes whilst the psychosocial model describes the social dissimilarity may influence people (Bartley and Blane, 2008). Finally, the life-course model describes how health exposes individual experiences, social, psychosocial, and biological effects in a given time (Bartley and Blane, 2008).

### Gender inequalities

Several research studies show that in the developed states women survive for a long time than the men. Most women suffer from grievances like fatigue, muscular aches, and headache (Bartley and Blane, 2008). In the

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complete adult lifespan, men's death rates are higher than that of women. The main causes of death are cardiovascular disease and cancers. However, women have extreme rates of ill health than men. Women tend to possess more illnesses from poor psychological health, mainly those associated to anxiety and depression (Bartley and Blane, 2008).

#### Ethnic inequalities

There are some documented research findings on ethnic differences in death. For example, women born in the Caribbean have high proportions of death from stroke, and men born in the Caribbean do not die of heart disease (Kelly & Nazroo, 2008). People born in Africa have low death rates from coronary heart disease, but high death rates from stroke (Comstock, Castillo and Lindsay, 2004).

#### Conclusion

In summary, the following are some of the recommendations that can be put into practice to reduce health inequalities;

- 1) The income difference among individuals should be reduced and poverty through continuing taxation and the providing adequate salary support for individuals in poverty
- 2) Put into practice workplace developments that empower employees to have better control and impact over their occupation and circumstances
- 3) Put into practice interactive health campaigns among deprived groups that is full of support and physical change to promote the process of change
- 4) Offer a health care plan that is funded through public taxation.

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