

# Health inequalities



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## **HEALTH INEQUALITIES**

### **INTRODUCTION**

The aim of this essay is to compare and contrast different sociological perspectives of health and illness. The definition of health, rather than being absolute is always relative and it differs from person to person. According to the WHO: “ Health is a state of complete physical, social and mental well-being and not merely the absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being, without distinction of race, religion, political beliefs or economic and social conditions.” (World Health Organisation 1948) (WHO, 1946). Thus, illness can be defined as a disturbed physical, social or mental state of an individual.

The second objective is to analyse the existing evidence of social variations in health and illness in the society. Various reasons such as social factors, lifestyle, race, nationality etc. have an effect on the health of an individual. Reasons for inequalities in health due to such factors will be studied.

Lastly, sociological issues which effect a person’s well being will be explained. These can be bad habits, poverty, work environment, geographic factors, unequal distribution of health services etc.

We again go back to the first paragraph and look at the definition of health as provided by WHO. As we can see, though all the factors of health (physical, social, mental) have been taken under consideration, as to what is “ the highest attainable standard of health” is a matter of debate. This might depend on the society, class, religious or cultural beliefs or even personal

expectations of the individuals. These standards will definitely differ according to the nationalities and the type of government. There are a range of perspectives presented by sociologists, philosophers and economists regarding health and illness. Presented below are a few of those.

Talcott Parson, an American sociologist, was a believer in the 'Functionalist' perspective where the "whole world (or the community, society) is treated as a system having various parts which function in tandem to maintain the vitality of the system." In such a system, illness is seen as a condition which is not normal. Hence, a sick person is not bound to follow the social norms or rules of the society due to his or her condition. Also, it is understood that the sick person is not the one who is to be blamed for his or her condition. The person's illness is due to external factors and the person could not have done anything to prevent the illness (or sickness). But the person should try their best to get well as soon as possible. Also, it is important that the person should seek the best technical help possible and should cooperate with the physician in order to get better. The Functionalist perspective describes illness as a temporary, medically sanctioned form of deviant behaviour which can be cured by technical expertise and proper attention.

Another approach is that of the Marxist perspective as presented by Vicente Navarro (1986). This perspective states is more concerned with conflict rather than stability. According to this approach, economic system shapes societies therefore the class system has produced two distinct classes, the bourgeoisie (those who own the means of production) and the proletariat (those that sell their labour). Further, it states that the NHS is responsible for the wellbeing of the working class of the society and it has to see that the

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workers remain fit enough to work. Even when two classes are in existence, the workers must believe that the system is fair and beneficial for all. Also, the sale of alcohol and tobacco should have limited control as these products garner profits.

Looking at the first perspective, it becomes obvious that the illness of a person is the only thing that is taken into consideration when putting forward the views while in the second approach, a marked distinction is made between the two classes. Parson believes that though person is not responsible for the sickness, it is the persons responsibility to acquire adequate health care in order to get fit again. Marx, on the other hand holds the NHS responsible for providing health services to the masses and making them good enough to work. While the functional approach treats all factors and forms of illness as the same, the Marxist perspective provides various reasons for the illness. Thus, as can be seen, there is a stark difference between the two perspectives on health and illness.

A few more perspectives such as the interactionalists & social action approach and the feminist approach looks at health care with an objective viewpoint. The Feminist approach is mainly concerned with the male domination of the medical profession. According to this, many woman specific conditions such as pregnancy and childbirth have related to medical issues though they are natural processes which are bound to occur in every woman at a particular stage in their lives. Also, contraception is not given enough priority and thus risking women's health. As women have to balance family and work, they suffer from stress in addition to other mental and physical illnesses. The interactionalist approach treats illness as an

individual's viewpoint. What condition can truly be defined as illness differs from person to person. This approach does not take into consideration the cause of illness but is only concerned as to what illness.

As discussed earlier, each and every individual does not have the same health requirements. Neither do everyone have access to the same facilities. These variations can be due to a variety of factors. In the following paragraphs, some of them have been discussed and analysed.

There are a number of reports that claim that there is a link between the social class of an individual and health of that individual. The social class is decided by the occupation, the income level, education and housing. These factors together decide in which social class an individual belongs to.

The first report in this category is the Black Report of 1980 which states that the gap in inequalities of health is ever widening between the higher and lower classes of the society. Some interesting findings were made in this report. As we go down the social ladder, the percentage of people affected by ill health increase. This has little to do with the facilities provided by the NHS. Unemployment, poor hygiene and housing, lack of education, low income are stated as the major reasons for this inequality. Another such report, the Acheson report (1998), had an in-depth survey conducted of the lower classes in the society. The results were same as those of the black report. The Acheson report blames poverty to be the root cause of the disparity observed. A startling fact of this report is that it states that health inequalities start before the birth of an individual. It also recommends

lessening the gap between the rich and the poor to improve health standards for everyone, irrespective of the class.

While the Black report simply states the factors which affect health and illness, the Acheson report actually provides statistics for the same. It shows that as we move from social class I to social class V, there is increased risk of variety of diseases like cancer, respiratory, heart, strokes etc. Also, the chance of accidents and suicides also increase in the lower classes. It states that poor men and women are more likely to die than rich ones. Thus mortality is also proportional to the social class that an individual belongs to.

Other than the social aspect of inequality in health and illness, sociological factors also come in play when we talk about an individual's health. Unlike social factors, sociological factors cannot be grouped in broad categories as they involve many personal characteristics. Some of these are unhealthy habits such as drinking in excess, smoking, no exercise, too much junk food etc. Also, such an unhealthy lifestyle maybe an outcome of lack of knowledge or education. People might not be informed about the harm such a lifestyle may cause them in the wrong run or the services offered to them to overcome these habits. As a result, more inequality in wellbeing is created.

Some criticism is offered against the propaganda of a healthy lifestyle. One major concern is the cost of following a healthy lifestyle. It is argued that healthy meal options are expensive than their fast-food counterparts. The recommended five a day is also considerably costly than everyday food. In order to exercise, one has to pay a gym or a club membership which adds to

the expenses made for a fit lifestyle. In some cases, bad habits like drinking and smoking might be adapted due to the pressure and stress of work rather than at will.

It is also argued that as the working-class people usually have blue-collared jobs that involve more manual work than what is done by the people of the upper class, they are more exposed to accidents. Also, as the masses get paid less than the cream class, there is less security in case of death or physical injury of the earning member of a family. If repetitive, monotonous work is done by an individual, various physical as well as psychological problems might arise. Due to lack of job satisfaction, these problems might aggravate to a dangerous level.

The theory of social capital is put forth which is the measure of how connected people are to their communities via various means such as work, family, clubs, faith groups, organisations etc. This connectedness is believed to have a direct impact upon the health of a person. A study showed that in a community where people are more connected, there were 50% less heart-attacks than the neighbouring areas where such amount of social capital was not present.

Another reason of health inequalities may be the “Inverse care law” which states that the resources are distributed in inverse proportion to the need. When most required, they are least likely to be available and where there is no need, they will be in abundance. An example could be of physicians who setup practices in major areas where there is little need rather than in small

towns where there is a true need. Also, some doctors show a bias while treating a well-to-do patient as they expect a higher fee in return.

Not quite unlike the social capital, Pierre Bourdieu (1960) defined the cultural capital (which is essentially money), is a deciding factor in obtaining health care. Money is directly related to a better lifestyle, higher status in the society and better education. Instead of waiting for obtaining health care facilities due to limited funds, cultural capital gives people power to immediately get access to them.

Due to the inequality in the health services provided in various areas, it is thought that the patient's chances of survival can be affected largely by where they live. This is because health care provision is not the same across the country. The inner city areas have fewer health care facilities and qualified doctors. This results in below par health amenities and further health and illness inequalities.

Another theory looks at the gender bias as the cause for health inequalities. It states that poor mental health of women can be directly related to discrimination by male doctors. It also states that as woman manage multiple things at once like doing house chores, working and taking care of children, it all adds to the mental stress they experience. Lack of social contact or inability to have time for one might further harm health.

James Nazroo (1997) provided more theories which try to explain the existing inequalities in health in the country. A genetic condition may put individuals at a disadvantage to their healthier counterparts. Cultural factors such as unhealthy food, no exercise etc. may also result in illness. Other

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factors like material (less income, poor work condition), racism or discrimination, irregular work hours etc. seriously affect productivity and health of the individual.

In conclusion, it is wise to say that although there are many theories and explanations for health inequalities, the reasons provided by all of them are quite similar. The top amongst them are poverty, unhealthy lifestyle and lack of health care facilities. If an improvement is done in the above mentioned areas, these inequalities can be controlled and uniform health care can be provided to all the people of the society. Awareness should also be spread regarding these inequalities so that people themselves protest against these.

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