

Gender inequalities in health sociology



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This essay aims to understand why there are health inequalities between both genders and the social classes. This will be achieved by analysing the findings of sociological research, whilst discussing the main problems with how health inequalities are measured. The cultural and structural explanations on why health inequalities occur will also be evaluated.

In 2009, The House of Commons Health Committee published a report, which found that even though people's health was improving in all social groups, the gap between the health of the social classes had widened. The reason stated for this, was that the health of those in higher social classes was improving far quicker than the health of those in the lower social classes. The figures within in the report showed that if you are in a higher social group you are more likely to live longer than someone in the lower social classes. The report also stated that not only do poorer people die younger; they also suffer more years of ill health. Access to health care for the lower classes is also uneven and those who are poor, elderly and disabled are less likely to receive proper treatment than those who are young and able-bodied. A report done by the Learning Disabilities Observatory alleged that this was because the elderly and disabled were unable to access health care due to reduced mobility, being unable to communicate health problems to professionals and their carers failing to identify health problems. (Eric Emerson, 2010)

The Health Committee report also illustrates the interrelations of gender inequalities and socioeconomic status. On a geographical level females who were born in the more affluent areas of London, such as Kensington and Chelsea had a significantly higher life expectancy (87. 8 years) than females

who were born in Glasgow (77.1 years), which has the lowest life expectancy figure in the UK. Subsequently, even though the life expectancy for males and females in social class I (professional) and social class V (unskilled manual) has improved compared to previous years, the disparity between them, is still widening. (House of Commons, Health Committee, 2009)

A cultural explanation was also given for why men's life expectancy is more severely affected than women's life expectancy. It was suggested by the Men's Health Forum that men are more likely to take risks with their health due to them trying to cope with stress and conforming to role models in society. Men, compared to women also make poor use of primary care services such as pharmacies and GP surgeries. This is thought to be because men find it culturally unacceptable to discuss their health problems. Men are also more likely to die of health problems relating to their weight, as they are less able than women to identify when they are overweight, as weight is seen as a 'women's issue'. (Memorandum by the mens health forum, 2008)

However, even though the data found within the Health Committee's report looks convincing the majority of the data is based on morbidity rates, which are not always reliable, as not everyone who gets ill may report their illness. Even human error and illness not being recorded accurately can mean that data based evidence of health inequalities can be unreliable.

A previous report done in 2004 by Hilary Graham, featured evidence that suggested that if your parents were poor or in poverty then you were already predisposed to having poor health and having a higher mortality and

morbidity rate. This was due to mothers who are poor not being able to afford nutritious food and not being able to access health care. This in turn can lead to babies being born with a lower birth weight, and poor cognitive and physical development. This can influence further problems in health as an adult and therefore, further inequalities in health than someone who was born to parents with a higher income. The findings of the report done by Graham also showed that those living with illness or an impairment were less likely to avoid economic hardships due to their persisting health difficulties and the discrimination they faced, meaning they were less likely to maintain long term employment. In turn, those who did belong to a higher socioeconomic group had a far better chance of staying in employment even when faced with ill health. It was also suggested within the report that socioeconomic position affects an individual's health indirectly by influencing 'intermediary factors' such as their home and environment (e. g. poor living and working conditions) and psychosocial factors such as their stress levels and relationships within their family. (Graham, 2004)

On analysing Grahams' report, there are certain criticisms that can be made on the reliability of her findings. For instance, all the data that featured in her report is secondary; none of it is her own. Therefore, the validity and reliability of the findings featured in her report is only as good as the people she collected it from. However, the research she did use was up -to - date and from credible resources.

There are cultural and structural explanations that also help us understand why there are inequalities in health between the genders and social classes. In relations to gender inequalities in health the cultural/ behavioural

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explanation suggests that men are far more likely to suffer ill health and die younger than women due to role models in society and the need for them to feel masculine. Because of this, young men in particular are more likely to smoke, drink alcohol and take drugs. A higher consumption of alcohol and drug taking in particular is thought to be a prime reason why young men are more likely to commit suicide. Women, on the other hand have been socialised to pay greater attention to their health and body as it is seen as a way to define their femininity. However, more women suffer from eating disorders than men do. (Waugh, C. et al 2008) Many feminists believe that women no longer have control over the health care they receive, and any health care they are given is suited to doctors and hospital hours. They also argue that women are left to suffer at the hands of male doctors, who are more likely to diagnose female patient's symptoms as that of a mental illness. (Browne, 2008)

The structural/ materialistic explanation for inequalities in health has suggested that women are more likely to get ill because of their role in society as caregivers because they are more likely to suffer from stress and mental illness. Women who do part-time work are also more likely to suffer from ill health as they are less well paid and have fewer perks than women who are able to do full time work. Men on the other hand often do jobs that are dangerous, stressful and physically demanding (e. g. warehouse work, armed forces jobs etc.) The structural explanation also suggests that those who are in the lower social classes are more likely to suffer from ill health because they are less able to engage in healthy lifestyle choices due to lack of income. They are also more likely to do manual jobs and have less money

to buy good quality foods. Lack of transport may make it harder to access medical care and stress of not having enough money can lead to further health problems, which may eventually lead to unemployment. Marxist's claim capitalist society causes people to become ill as it aims to serve only the higher classes. Being unable to work is seen as the definition of sickness, whilst Doctors are seen as agents of social control with the power to sign people off work. Yet not working can equally make people ill by increasing the risk of ill health, depression and suicide. (Kirby, M. et al 1997)

Both explanations are equally valid; however, the structural explanation looks at the wider picture of why people in lower classes or certain genders are more likely to suffer from high morbidity and mortality rates, as they cannot afford healthy lifestyles like the higher classes. The cultural explanation gives insight into why one gender more than the other seeks health care and why data for morbidity is higher for women than men yet mortality levels are higher than men than in women. (Martin Holborn, 2004)

In conclusion, the findings in both the reports from the Health Committee and by Hilary Graham both show that the lower your social class, the higher your risk of suffering from poor health and lower life expectancy.

Furthermore, the cultural explanation gives reason to why men are less likely to visit the doctor due to wanting to conform to masculine stereotypes, whereas women are encouraged to look after their health. Alternatively, the structural explanation gives greater insight into how your social class can affect your health by limiting your access to healthcare and the means to living a healthier lifestyle.