

Health disparity and structural violence essay sample

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According to the assigned article, "Health Disparity and Structural Violence: How Fear Undermines Health Among Immigrants at Risk for Diabetes," narratives tell the story of the interconnectedness between fear and health. Thematically, the issue of fear is a dominant feature that affects how an individual approaches day-to-day living and health. Explain the relationship between fear and health identified by the researchers in the article. Do you agree that structural violence perpetuates health disparity? The article "Health Disparity and Structural Violence: How Fear Undermines Health Among Immigrants at Risk for Diabetes" was extremely informative. The article identified "three dimensions of fear including (a) Cost; (b) Language, Discrimination and Immigration Status; and (c) Cultural Disconnect" (Page-Reeves et al., 2013, p. 36).

There was a prominent theory regarding fear and the financial burdens of illness, many individuals were not seeking "preventative health care" and were delaying medical attention due to other financial obligations such as rent and food. Many individuals shared the viewpoint of "Although diabetes may kill you someday, it's not going to kill you today" (Page-Reeves et al., 2013, p. 36). Consequentially, delaying care lead to acute exacerbations of chronic illness, and increased medical expenses in the end. There was fear related to the cost of health care, suggesting that individuals with adequate resources would not experience the same hardships. The sample population faced discrimination on a daily basis and individuals felt judged based on their fluency and abilities to speak English. Even with professional interpreting services, disinterested parties interpreted information

incorrectly, and caused more fear and insecurity in the health care profession than they had before.

These fears also lead to further delay in medical treatment. Individuals felt that health care professionals, particularly doctors often pried for information, questioning their legal status, and increased their fears of being “discovered”. Additionally, individuals felt that there was judgement cast upon them if they were here illegally, and that there is a notion that illegal immigrants are an “economic and social danger” (Page-Reeves et al., 2013, p. 39). Limited English proficiency lead to financial burdens, and increased their suspicion of being “discovered” when collections agencies attempted debt recovery, leading to further mistrust in the health care profession. In modern medicine, alternative therapies are poorly understood and studied.

The preference for alternative therapies, and herbal medicine were indicated, and the fear of relinquishing information regarding these practices were almost paralyzing. It seemed as though they were ashamed to admit to cultural healing practices, and did not divulge information to practitioners regarding their usage. The cultural disconnect was present as alternative/complimentary medicines are valued as a culture, and “modern” practitioners cast judgment on their usage. This perceived stigma additionally limited the information shared by the cultural participants with modern medical treatments, potentially causing additional harm, as some herbals are potentially toxic. I do believe that structural violence perpetuates health disparities.

I also think that there are services available that are often misunderstood and are underutilized. I feel that with some education, financial assistance through hospitals would be a potential avenue for diminishing the financial impact of seeking care, and prescription assistance programs could help decrease the cost of medication therapy. I can admit that I have witnessed some of these fears personally. After turning 26, I lost my health insurance, and was working part-time and attending school full-time. The insurance through school was extremely expensive, which lead me to apply for financial assistance through the hospital. When I went to the doctors, I witnessed some staff be judgmental about being uninsured, and when I asked for an alternative medication because it was less expensive. I often delayed seeking care too, as the feeling of being judged was one I wanted to avoid.

References

Page-Reeves, J., Niforatos, J., Mishra, S., Regino, L., Gingrich, A., & Butten, J. (2013). Health disparity and structural violence: How fear undermines health among immigrants at risk for diabetes. *Journal of Health Disparities Research and Practice*, 6(2), 30-47. Retrieved from <http://library.gcu.edu:2048/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=96044655&site=eds-live&scope=site>