

The effect of poverty on health



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Let us first begin by asking the question what is poverty? Some people describe poverty as a lack of necessary materials such as food, water, clothing and shelter, all of which are needed for a basic standard of living. At the UN's World Summit on Social Development, the ' Copenhagen Declaration' described poverty as *"...a condition characterised by severe deprivation of basic human needs, including food, safe drinking water, sanitation facilities, health, shelter, education and information."* ¹ It is clear that if people do not have access to these essential requirements then they are without a doubt living in poverty. Next we ask the question what determines health? Some factors that influence health are outside a person's control. Take age for example, it is a fact of life that the older one gets, the more likely he or she is of getting sick as the body can't stay perfect forever. That being said a factor such as wealth also plays a huge role in the level of health that a society enjoys. It goes without saying that the relationship between poverty and health is a complex one. Many factors tie in with this, including poor diet, poor living conditions, lack of education, limited access to medical assistance and also the stress caused as a result of living in poverty. Looking overseas, the relationship between wealth and health is even more prominent. In third world countries , *up to twenty percent of children die before the age of five versus less than one percent in richer countries, and fifty percent of children are malnourished versus less than five percent in wealthier nations* . ² Even more shocking *life expectancy is sixteen years shorter for men and twenty years shorter for women in poor countries than in high-income countries*. ³ People living in poverty have little or no income and as a result suffer severe distress trying to obtain the basic

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essentials in order to survive. One major factor to consider when discussing the effect of poverty on health is diet and the availability of food. The diet of those in the lowest socio-economic groups is likely to include insufficient levels of fruit and vegetables and to consist largely of high-fat intakes. High fat fast-foods provide a cheap source of food for poor people and consequently it often becomes the basis of their diet. As a result there is an increase in the cases of obesity, heart disease and cancer. Also these people have to live without basic sanitation; their water is unclean, unsafe and is often a probable source of infection. Infection is a common occurrence among undernourished and poor people. Dismal living conditions, overcrowding in shelters and a lack of immunisation and screening programs all add to the risk and development of infection amongst the poor.

Hunger can be defined as a strong desire or need for food and is considered as an extreme form of poverty where people cannot afford their basic nutrition requirements. *According to a UNICEF report published in 2005 about 10.1 million children died before they reached the age of five* ⁴. The majority of these deaths occurred in developing countries, three-quarters of them in sub-Saharan Africa and South Asia, the two regions with high levels of citizens suffering from hunger and malnutrition. Hunger contributes directly but also indirectly in the death of these children as their immune systems were significantly weakened due to extreme hunger and malnutrition.

On the topic of child mortality, poverty is considered as the root of high rates of child mortality as well as morbidity. It is a known fact that children who spend a large amount of their childhood in poverty experience poor health at

the time and in later years. This is as a result of their terrible living conditions, and severe shortage of basic materials needed for a basic standard of living. The list of problems these children face is a long, painful and tedious one. Such issues include poor nutrition, exposure to terrible living conditions, no access to immunisation programs, low life expectancy, limited and usually no access to primary health care. The UNICEF report previously mentioned states that one in three children do not have access to adequate shelter, *one in five children do not have access to safe water*, and one in seven has no access to essential health. Furthermore, over sixteen percent of children under the age of five lack adequate nutrition and thirteen percent of all children have never been to school.

Another factor directly linked to poor health is the lack of access to medical care and insurance to help cover the costs of health care endured by people of the lowest class. This factor jeopardises the ability of many low-income earners to maintain their health. Low-income workers are less likely to be offered insurance as an employment benefit in comparison to workers with a higher income. With no health insurance, the poor have little or no access to immunisation programs, cancer screening and tend not to have regular check-ups by their GP. The poverty stricken are forced to forgo or delay medical assistance until absolutely necessary, seeking assistance when in most cases it has become too late and their disease has advanced to a critical stage, often the poor never receive the help they needed and end up dying from an illness they could have been saved from with the right medical attention. This culminates in shorter life expectancy and increased cases of chronic and life threatening illnesses amongst the poor.

In relation to housing and living conditions, the effects of poverty on health can be seen clearly. Poor people are at a higher risk of dying during the winter months as a result of inadequate heating in their homes and in some cases a total lack of heating facilities. Also low-income people who are lucky enough to have a house tend to live in older homes, which often don't comply with new health and safety regulations and people can find themselves so substance such as lead paint and asbestos, which causes developmental problems in children and can cause cancer. Inapt living conditions also give rise to problems such as inadequate sanitation, no access to pure drinking water and consumption of substandard food. From this it can be seen that diet, child mortality, housing and living conditions are all interconnected. They are all involved in a viscous cycle stemming from poverty which affects the wellbeing of mankind.

Stress is another effect on health that may not initially spring to mind. However there is increasing evidence that the burden and exertions of living on a low income demonstrates itself in biological changes in the body. During times of high stress related which trying to survive on dismal wages, our bodies react by triggering a flood of stress hormones that affect the immune system and cardiovascular system. This enables the human body to deal with immediate threat by increasing the heart rate, redirect blood to our muscles while also heightening anxiety and alertness. *Although this is a natural sequence of events that occur in the body, it seems that if it happens too often and for too long it damages health. Symptoms of which include depression, increased susceptibility to infection, diabetes, high cholesterol, high blood pressure and a greater risk of heart attack and stroke.* 6 When

you combine the stress associated with living on a low income with a bad diet and poor living conditions, it's no surprise that poor people experience more ill health and die younger than their wealthier counterparts.

To conclude, it is very clear that poverty has huge implications on the welfare of mankind. However one reason why the socio-economic dimension to health outcomes has been slow to develop may be inadequacy of information systems and the small amount of research that has been conducted on the health of people on low incomes. People tend to collect information about things that they consider important. The fact that we collect so little information about the impact of socio-economic factors on health suggests that the issue has had a low priority. This is ironic considering poverty is a sensitive subject but yet not enough is being done to target the problem. Factors such as diet, child mortality, living conditions stress and inadequate health insurance all have a negative effect on the health of a poor person. Increased education, better living conditions, immunisation programs, clean water and more government funding would all create a much healthier population and a safer environment.