

Health and aging



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Health and Aging Summary - Relation Between Racial Discrimination, Social and Health Among Ethnic Minority Groups BY Saffron Karlsen, and James Y. Nazroo

Introduction

Although there has not been much evidence to prove this, but verbal and physical attacks on ethnic minorities may be responsible for inequalities in health. Instead it is largely assumed that this inequality in health is because of genetic and cultural factors. There is no way this can be measured accurately and the relation between ethnicity and health is often ignored. Interpersonal discrimination is when someone is discriminated by another individual. A correlation between interpersonal discrimination has been noticed as interpersonal discrimination causes high blood pressure, psychological distress, low self worth and people also tend to smoke in such conditions. Institutional discrimination is when policies are implemented that go against ethnic minorities. Hence, these people have a low standard of living and lead unhealthy lives. However the health effects of discrimination may vary from person to person. A person's age, sex and social position may influence how discrimination will affect them. Studies prove that reporting and challenging racism results in lower blood pressure when compared to bearing it. There is no concrete evidence that establish the fact that racism may have serious health effects. This article will investigate the relationship between health and racism.

Methodology

The sample of the study included 5196 people of Caribbean, Indian, Pakistani, Bangladeshi and Chinese origin and 2867 whites who were selected using stratified random sampling. These people were interviewed in

full detail. They were given a questionnaire which had questions regarding their health and any interpersonal discrimination experiences that they had. The questions included if they thought that they would be denied a job by a British employer because of their ethnic background. Their own health was self assessed by them.

After the results were collected, regression analysis was done to find out the relation between racism and health. The participant's age, sex and social class was kept in mind while doing this.

Results

12 percent of the participants reported verbal abuse in the past year. 64 percent thought that a British employer would refuse a job because of their ethnic background while 37 percent thought that a British employer would do so at least half the time. Participants who reported verbal abuse were 50 percent more likely to report their health as fair or poor as compared to those who were not abused. While respondents who thought that a British employer would refuse a job because of his ethnic background were 40 percent more likely to report fair or poor health. Females were 60 percent more likely to report bad health compared to males.

Conclusion

The findings suggest that experience and perception of interpersonal racism has negative health effects on people. Racism results in a sense of threat which causes fear and stress. These reactions produce cardiovascular, endocrine, neurological and immunological responses which finally affects health. The sample size was small so the relationship between health and racism could not be investigated in full detail and secondly, the self assessment of health could also be inaccurate. Nevertheless, when the same

case study was repeated with different samples, similar results were produced. So it can be concluded that if not to a great extent, racism and discrimination does affect health to some extent.

This relationship has been ignored for way too long now. Even if there is no relationship between discrimination and health, actions must be taken against racism.

REFERENCES

Saffron Karlsen, and James Y. Nazroo. "Relation Between Racial Discrimination, Social Class, and Health Among Ethnic Minority Groups". American Journal of Public Health. 15 April 2008