

Key variables and patterns of health inequality



**ASSIGN
BUSTER**

Examine the key variables of gender, ethnicity and social class on patterns of health inequality.

Health inequalities is a complex circumstances that influences the patterns of health and ill-health within our society. This means it is unavoidable as the differences in mortality and morbidity has increased, which has caused health disadvantages due to social factors. Health inequality has structured individuals to be placed in socio-economic groups such as different genders, ethnicity and social class. In relation to genders, the main inequalities that will be examined are how the distinctive cultures, roles and behaviour between genders affect their health status. For example, (Thompson, 2003 pg 340) suggest that statistics shows that men hardly make the use of dentistry or preventive services than women. Others aspects will include understanding physiological minds between genders according to their health, how gender role differ and the consequences towards their health. In terms of ethnicity, the key variables that will be examined are how diverse cultural variation affects health, the complication of access to health services and certain racial or ethnic minorities' lifestyle affects their health and well-being. Furthermore, the key variables of social class that would be examine how different social class experience inequality through Maslow hierarchy of needs model and if generally the poor are deserving or undeserving relating to their lifestyles.

In terms of gender, health inequality has been a major issue throughout society, which has interested and challenged theoretical and methodological sociology. There have been apparent distinctions between men and women that have affected their access to health care consequently preventing from receiving and maintaining health and well-being. The lack of education,
<https://assignbuster.com/key-variables-and-patterns-of-health-inequality/>

poverty and gender manipulation (also known as gender power play) is directly linked to health inequality within society. A perfect example of this is that women are more likely to visit a doctor rather than men, because of the common issues of contraception, pregnancy, childbirth and health screening. Research shows that men are more likely to refuse advisement or treatment from a physician because it undermines their masculinity therefore accentuating their feeling of " inadequacy". Consequently this could result in unknown cases of ill-health as generally men are not empowered to use the preventive services. The clinical Iceberg explanation argues that, there can be large variety of illnesses that go statistically unreported as there are people that are ambivalent to the nature of their sickness. This argument can be related back to the issue of inequality, for men could be considered part of the ' iceberg' as they are distrusting of any type of medical institution and therefore are not offered regular visits or treatment if needed. Not only does this affect their health, but it jeopardizes their life expectancy increasing death rates especially for the younger generation. However (Kirby, 2000) suggest that there is a paradox between genders in term of health as he states that ' although on average women have low rates of mortality, they also record higher rates of morbidity (limiting chronic illnesses)'- Chronic and mental illnesses such as depression, emotional disturbance and stress. He goes on to add that women that are twice more likely to suffer from stress because of their abusive behaviours with regards to drinking and smoking. If we look at this from different perspective, it can be safe to say that both genders have ' different' roles in society. This could be interpreted as: women's' role may lead to psychological ill-health such as depression and stress that may be due to inequality and discrimination

within society. This therefore shows that women are more likely to endure mental illness rather than men. A distinction can be made between men and women for each present different risk factors, according to their role in a community. These can consequently erect barriers for both genders with regards to health care. Examples of the National Health services in Imperial College suggest plans on reducing inequality between genders. They are aware of gender inequality still existing such as one of their duties is to 'Draw up a gender equality scheme identifying gender equality goals and showing the action the organisation will take to implement them.' therefore, this demonstrates that they are perceptive of the inequalities both gender have encounter and putting down duties as a service to promote equality.

Ethnicity is recognised in today's society as several ethnic groups are disadvantaged in terms of health accordingly to their class position (Thompson, 2003 pg 124). This concept has caused health inequality of their needs due to their cultural variation and deprived environmental factors. The relationship between ethnicity and inequality would help identify the impact of the cultural and social variation of tends on of health and ill. In relations to cultural variation, the importance of it is significant as it affects individual choices. For example, according to (Harriss, 2007) she research on ethnicity and health, suggesting that illness can be related to cultural/ethnic variation. Cardio-vascular disease is one of major issues that affect the Pakistanis and Bangladeshis as it linked to their high amounts of carbohydrates and saturated fats diet. However in terms of mental health, ethnic minorities are more likely to be in contact of health services due to their experiences of '... discrimination, social exclusion and urban living'. Harriss goes on to say, the

black Caribbean and African population are more likely to enter psychiatric care through the criminal justice system than through contact with the health care'. This may be a concern as it may suggest that in terms of high crime rates, Caribbean and African are more likely to use the psychiatric services than health care. This could be linked to their experiences of severe discrimination and social exclusion in their past experiences that they end up embarking on their psychiatric service due to mental health issues. The issues of language barrier can be problematic. Some ethnic minorities first language is not English, therefore, they may have difficulties of accessing health care as inhibiting effective communication can cause distortion and more likely to misunderstanding and assumptions of the individual. For instance, the individual may find it complicated to understand the information, which means the communication is not being understood properly by the health care professionals. This may lead to poor access to healthcare as people from minority groups would not get the best service out of the National Health Service, which can put their risk into danger. In terms of lifestyle, evidence shows that the types of lifestyle ethnic minority indulge in affect their health. According to (Randhawa, 2007) research, 'cigarette smoking was greater among Bangladeshi and Irish men than in the General population. Use of chewing tobacco was most prevalent among the Bangladeshi group, with 9 per cent of men and 16 per cent of women reporting using chewing tobacco'. This gives you an idea about chewing tobacco is the 'norms' in their culture and doesn't appear to them as a 'health risk' as it is part of their lifestyles. Overall in terms of culture variation, the three main leading ill-healths to ethnic minorities are cancer, coronary

heart disease and stroke. Concerning the Black Report of 1980, the material/structural explanation fits well with ethnicity inequality of health as it involves the inequalities in wealth and income. Seeing that ethnic minorities are more prone into poverty, they have a higher chance of living in deprived areas, irregular diets, deprived housing and low wage employments. This could be the reason why there are high rates of crime in inner city than outside the inner cities.

Perception of the social class is focused on categorising the population of their income, education and their types of occupation. Therefore, it can be a complex structure as the relationship between the ill health and class would result to the population experiencing a number of different influences on their health. Intensifying with the types of social classes that are commonly categorises population are the upper, middle, working and the lower classes. Inconsistency of social class endorses the population to embark on different roles and behaviour and pursue different careers. According to (Thompson, 2003, pg 123) that the black report of 1980 (Townsend and Davidson, 1988) revealed considerable inequalities in health across the class spectrum. Thompson further explains how different risk factors can be measured according to social groups. ' Chronic sickness rates are closely parallel to infant mortality rates... far lower in the higher class groups. Bring attention to that quote implies that individuals in the higher class groups may have a lower chance of chronic sickness is because they have better lifestyle factors. Lifestyle choices reflect on people preferences and values. For example they would have better access to health and social care settings as they can afford to receive and maintain the best treatment as well as access

to leisure and recreation so they retrieve better facilities for their holistic approach of their needs. In relations to the holistic approach of health, Maslow's Hierarchy of needs model fits well with social class. The Maslow's Hierarchy of needs model argues about in order to achieve our full potential, people require their needs to be met. From the bottom of the pyramid contain the physiologic needs such as food, warmth, water and sleep. yet in order to move up a level, those needs have to be achievable met to the next level which consists of the needs of safety and security to the highest point which is self-actualization. However, In relationship to social class, the population that are in the lower classes are more likely live in deprived areas where it consist of high crime rates, poor access to transport and poor housing than middle and higher class minorities. This may destabilise their chance of achieving the basic physiologic needs more smoothly than the other social classes.

Although patterns of inequality are complex, they are issues that affect our society through time based on inequality. Overall, awareness is the key variable to indentify patterns and trends of inequality. Researches and surveys that have been put in place by various kinds people as health inequality is a major concern and it is important that there is awareness on preventing of inequality as it mostly likely to cost consequences in later life. Relating to gender inequality , the gender roles has a impact of their access to health, in terms of the sociological approach the clinical iceberg, men could be considered to be part of that concept as they are distrusting of any type of medical institution and therefore are not offered regular visits or treatment if needed. Changing the attitudes towards men can have a major

impact of their health in future as it can increase their life expectancy than average and decrease the death rates especially for young men. In terms of ethnicity, cultural variation can affect ethnic minorities of maintaining and receiving the best from the National Health Service. This may involve language and cultural lifestyles that to their society is the ' norm's whereas to others it can be damaging to their health and well-being. In relations to social class, The Black Report of 1980 (Townsend and Davidson, 1988) revealed considerable inequalities in health across the class spectrum. Consequently regardless of the social class that society that you are placed, getting the needs met according to the Maslow's hierarchy of needs model places you into the social classes. For example, higher upper classes are more likely to achieve the hierarchy of needs more than the lower working classes as they main focus is maintaining their basic needs. This argument can relate back to the patterns of health inequality as it can affect our health and being through experiences, values and norms.

-