

Focus on health inequalities

Inequalities in HEALTH

Unit 7 – Task 3 (P3, M2)

What causes inequalities?

This diagram shows some of the factors that explain all aspects of inequalities regarding health

These factors can cause various inequalities regarding health, for example, Families who live in poverty stricken areas, are thought to be a lot more likely to suffer from ill health.

In all known societies health risks, health-related behaviours, physical and mental health, and life expectancy tend to vary between social groups.

Dahlgren G, Whitehead M. Policies and strategies to promote social equity in health. Copenhagen: World Health Organisation, 1993

Women & Mental Health

Mental Health is a common condition in both men and women, mental health has many effects on an individual, on the brain, physical health etc. Mental Health can occur in an individual for various reasons, and there are many different types of Mental Health.

Women are more at risk than men, by an average of around 4%

Lifetime prevalence rate of violence against women ranges from 16% to 50%, this has been studied to be a huge factor in women's mental health

According to figures from the 2000 National Survey of Psychiatric Morbidity in the UK, the prevalence of neurotic disorders is slightly higher among females, affecting 19 per cent of women aged 16 to 74 compared to 14 per cent of men. (4)

The highest prevalence rates for any neurotic disorder were found in women aged between 50 and 54, of whom 25 per cent were assessed as having at least one type of mental illness, the most prevalent form was depression, which affected 2 per cent of men and 3 per cent of women.

I believe that Mental Health is higher in women than men, as Women are more prone to emotional experiences & events, for example giving birth and after birth, a lot of women develop post-natal depression after birth, this is a huge factor which can trigger mental health, post-natal depression is a form of depression, which is considered as a Mental illness, depression can cause all sorts of symptoms. Postnatal depression is prevalent among women, with various studies suggesting that it will

mental health foundation

Percentage of people age 15 and over with clinically relevant depressive symptoms, by sex, 1990-2013

agingstats.gov

This Graph shows the difference in men and women regarding Mental Health, specifically in this case, depression. The graph shows that more women than men, above the age of 65, suffer from this illness. Women are more likely to have been treated for a mental health problem than men (29% compared to 17%) (3)

P3 valid points

Measurements of wealth

Obese Children more likely to live in poorer areas

Obesity has become a rising epidemic, and is on the rise, but studies have shown that children who live in poverty stricken areas are more likely to become obese than those who don't live in poverty. I believe this situation occurs, due to poor families not having enough money to feed their children, good, wholesome nutritious food, therefore children have to eat a lot of fatty foods, ready meals, junk foods etc.

There have been many studies into children and obesity, I am going to focus on the study carried out by Direct Gov. The most important issue the study showed is that obesity among children who live in the most deprived areas of England is around twice that of children living in the least deprived areas. Obesity present in childhood or adolescence seems to increase the likelihood of adult morbidity and mortality by 23%.

BOYS (Reception)

In Reception children, the overall pattern suggests that obesity prevalence is decreasing by around 0.1% to 0.3% per year in the least deprived areas but remaining constant in the most deprived areas. Obesity levels among Reception children living in the 10% most deprived areas in 2011 to 2012 was 12.4% compared to 6.2% of Reception children living in the 10% least deprived areas.

GIRLS (Reception)

This Health inequality I believe would link in with the Sociological explanation of the Natural Selection. I believe that this sociological explanation links into childhood obesity, specifically children living in poor areas. This explanation states that health inequalities are the result of differences between socio-economic groups, therefore children who are obese are said to be at more of a high risk of obesity, because it argues that people in lower social classes have a poor diet and exercise less, which are the two things that cause obesity.

This could also link into the Structuralist or materialistic theory as this explanation also states that those living within social inequalities, for example those who live in poor housing, can't afford healthy food etc, is the effect of health inequalities. In this case childhood obesity.

Suicide in Men in lower socio-economic groups

Mortality Rate (8)

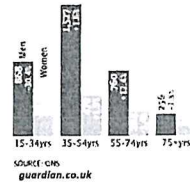


Suicide involves a person finding a way to kill themselves intentionally, this could be done in many different ways. Gender differences in suicide have been shown to be significant; there are highly asymmetric rates of attempted and completed suicide between males and females.

Lifetime prevalence rates of serious suicide range from 24% to 41% of them which have been reported, along with lifetime prevalence rates of suicide attempts ranging from 7% to 20% among adult gay men. (10)

Number of suicides

England & Wales, 2010 and change from 2001



SOURCE: CENSUS
guardian.co.uk

The number of suicides and the prevalence of suicidal tendencies is rising faster among older men than in any other age group. Data from the Office for National Statistics shows that the number of suicides among men aged over 55 has risen by 12% over the past decade, while suicides by men aged under 34 dropped by 30%.

The mental health charity Calm said men aged 45 to 54 were still most likely to seriously consider taking their own life. (11) This graph was created from Official statistics that show that 4,517 people in England and Wales killed themselves in 2010, of whom 75% were men.

P3 val point

Support For Women with Mental Health

<http://www.mentalhealth.org.uk/help-information/mental-health-a-z/W/women/>

Mental Health Foundation

The Mental Health Foundation offer advice, support and guidance to those suffering from Mental Health. This foundation help people to survive, recover from and prevent mental health problems. The foundation do this by:

- Carrying out research
- Develop practical solutions
- Promoting better mental health for all.



Support for Children with Obesity

<http://www.mendcentral.org/>

Mend – Childhood Obesity Programmes

Mend are an organisation who focus around children and their health. Mend have a mission statement which is:

"We're MEND – Mind, Exercise, Nutrition... Do it!"

Mend have a vision where children, as well as the rest of us, live fitter, healthier and happier lives.

Mend empowers children and adults to become fitter, healthier and happier, to maintain or reach a healthy or healthier weight.

Mend do this by:

- designing programmes and services offering long-term solutions that help adults and children, children in particular, improve their health, fitness and weight.
- Mend also provide the information and support people need to choose healthy spend more of their time being active.



Support for Men & Suicide

<http://www.thecalmzone.net/category/events/>

- Men may be more likely to avoid or ignore problems and many are reluctant to talk about their feelings or seek help when they need it.
- A support group called the Campaign Against Living Miserably (CALM) is an excellent resource for young men who are feeling unhappy. As well as the website, CALM also has a helpline.
- CALM are a registered charity that exist to prevent male suicide in the UK.

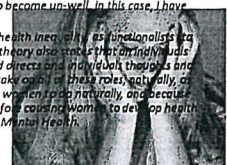


How Sociological perspectives relate to my groups and diseases?

Women and Mental Health:

I think that the main Sociological perspectives that link with this health inequality would be firstly, Feminism, I think this as the Feminist Sociological perspective states that women are oppressed; this means that women are expected to do the things a woman should do, like; cooking, cleaning, working, as well as having a full time job cleaning and keeping the home clean and tidy and looking after the children etc. These oppressions are put on women as this is what society views as 'normal' for women. This can put a woman under a lot of stress and pressure, as a woman is expected to do all these things and more which can be pressuring for a woman. These stresses can therefore, have a negative effect on a woman, it can cause a woman to become run down, less fit, have less energy etc, which can potentially, according to the Natural/Social selection theory, cause a woman to become unwell. In this case, I have focused on women with Mental Health.

The Functionalism theory can also be associated with this health inequality, as functionalists say that society emphasises power over an individual, this theory also states that an individual's behaviour is shaped by society, that society moulds and directs an individual's thoughts and actions. This is linked to this, as women automatically take on all of these roles, actually, as this is what society promotes and what society expects women to do naturally, and because of this women are put under stress and pressure, therefore causing women to develop health inequalities, in this case I have focused on Women and Mental Health.



M2 valid points

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I think that the main Sociological perspectives that links to this Health Inequality is the Collectivism, Social and the Marxist perspective. The Collectivism perspective is an approach which we based on providing health and social care. In this perspective, it highlights how the Beveridge report in 1942, identified that health inequality is urgent to be challenged, in this case, the five lives in which could potentially effect individuals health. These five lives include:

- Squarer (Poor housing), Want (Poverty), Disease (ill health), idleness (unemployment) and Ignorance (inadequate education). I believe that all of these factors link in with why children who live in poverty are more likely to become unemployed. I believe this is the case; children who live in poverty, are more than likely to have parents who do not work, and therefore have no money to pay for their children's education. This means that the parents have to send their children to work and ready-made, as these are the foods they are only able to afford, as parents who don't work and live in poverty would not be able to go out two or three times a week to get fresh fruit and vegetables. I think that ignorance is also a factor to why children living in poverty are more likely to be obese. I think this as parents who also live in poverty are less likely to have the knowledge and have less education into what is good for them and their children's health. I believe all of these factors put together contribute to childhood obesity in those living in poverty.

I also believe that the **Marxist approach** would contribute to this health inequality. The Marxist approach was developed by Karl Marx, a German who states that he thought that individual behaviour was shaped by society, and believed that the economic system defined society and people's place within it. Marxists put a lot of emphasis on the difference between the two different social classes, the higher classes (Capitalists), and the lower classes (Proletariat). Marx states that the lower classes are exploited by the higher classes. He also states that if those who live in poverty do not have enough money they cannot afford healthy foods, and so have to buy the cheaper options. In which case, the higher class sell, which are usually the most unhealthy. The higher class in society are the 30 successful, in which the majority of the lower class are being exploited, or that in actual fact the lower class are being exploited by the higher class. The higher classes have their own money for their own family and they give the little money they have in the pockets of those in higher classes.

relate to
?

I think that the main Sociological perspective that links with this health inequality is the **Classism** perspective. I think this perspective contributes to this health inequality; as men who live and take place in the lower social classes, are more than likely going to live in poverty. Men who live in poverty are often unemployed or have unstable employment, this then leads to the man not bringing any money in for himself and the family he may have, who would also live in poverty due to the lack of money coming into the household. Being unemployed for a man is often difficult to deal with, the **Functionalist** approach could also link in here as a man's general role, which is expected by society is to work and bring in the money and put food on the table for his family, but if a man doesn't have a job he cannot do this and therefore the man is more likely to become depressed therefore, could lead to drug taking and drugs etc. These aspects can lead a man to become depressed to the point in which the man could feel like committing suicides. Suicide rates are much higher for men with a mortality rate being 75%.

I think the Functionalist approach applies to this health inequality as this approach states that society emphasises power over an individual, this the behaviour which is shaped by society, as functionalists believe that society moulds and directs and individuals actions, in this case society expects and generalises men to be the breadwinners, who bring in the money and put food on the table for their family, this therefore would put a lot of stress and pressure on a man if he did not work, this stress and pressure could lead the man to become depressed due to failing when applying for employment.

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And what the Feminist perspective do not take into consideration is that although Mental health is much more common in Women due to the pressures and stress in which Women are put under, Suicide in Men on the other hand is much more common than in Women, does this therefore mean that Men are now put under, equally the same stress as women?

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using different
sociological perspectives
to discuss patterns
and trends

Different sociological explanations for patterns and trends of health and illness in two different social groups.

For this part of the task I will look at evaluating the different form of sociological explanations used to explain why some people are more affected by illness in compared to other people. The explanations are artefact theory, cultural/behavioural, natural/social selection and materialistic/structuralist explanations. The title includes the task to look at two groups, so even though I looked at three for my presentation, I have decided to focus only on women with mental health illness and men and suicide for this section of my report.

As my presentation stated, rates of some mental health neurotic disorders are higher in women than men. It could be argued that this is caused by a women's lifestyle. Since trying to reduce inequalities in employment and wages between men and women, women have become more successful in some job industries. However, only women can biologically get pregnant and give birth to babies. Therefore, there is a lot of pressure on a women throughout her life, first to start a career and be successful in it, then to start a family and then try to return and continue to be successful in the work place whilst making sure her family and children are taken care of. There is a 'do-it-all' generation of women suffering from work-related stress and more likely to suffer than their male colleagues (1). The pressure of juggling careers, children, housework, caring for elderly parents can lead to various mental health conditions such as stress, anxiety, alcohol addiction. Sociological explanations such as artefact theory say that health inequalities are the result of statistics and that they produced an unfair representation. The suicide rates in men which I will look at further on in this task, suggest that even though some women do suffer more in some ways the fact that suicide rates are so high in men it makes the women's incidence rates of mental health irrelevant and there this point strengthens the artefact theory. However, the situations of women trying to juggle their careers suggest they are professional women with a decent income and they are possibly from middle class backgrounds. The natural/social selection explanation along with the cultural/behavioural and materialistic/structuralist all make reference to a person's socioeconomic status being a factor in health inequalities and that people from lower social classes suffer the most ill-health because of lower incomes. Therefore this research looking a middle-class women still suffering acts as a weakness and criticism to all those explanations because it is saying that anyone can suffer mental health illness regardless of how much money they have. However, a health survey done in England found that adults in the poorest fifth are much more likely to be at risk of developing mental health illness than those on average incomes, and in addition to this women were more vulnerable and more likely than men (2). Therefore this heavily supports and strengthens sociological explanations such as cultural/behavioural and materialistic/structuralist because it shows how a person's wealth and social status can mean they are more open to certain conditions of ill-health. This research also points out the important differences in gender and how women are more likely to be at risk than men. This could be because they are trying to have successful careers and tend to take most responsibility for child care and housework it can lead to the most stress and therefore be at more risk. This is an explanation that cultural/behavioural and materialistic/structuralist ignore and therefore it weakens

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their theories and this is a valid argument that is fairly common in modern society. However, despite changes to the law recently, more women are in low-paid and part-time work compared to men and are more likely to be the main carer in single-parent families and be on benefits (3). Even older women could be living in poverty because they didn't have an employers' pension and might not even get a state pension. So we can't discount the important main arguments of the above explanations because they are so valid and apply to this particular social group.

critical

evaluation point

The natural/social selection explanation argues that a person's ill-health leads to lower social class. The issues that come about when a person is ill, like time off from education and employment and having a lack of energy will mean a lack of success and promotion and therefore a lack of income (3). A study that was completed has linked suicide and poverty together and an article published in the British Medical Journal make strong links between suicide, attempted suicide and deprivation (4). This clearly supports the arguments of the above sociological explanations because if a person is living in poorer conditions without enough income to enjoy their life and not just 'exist' then it could lead to serious depression and the desire to take their own life. However, the article continues to say that there are clear differences in gender and that women are more likely to attempt suicide whereas men are more likely to commit suicide. Suggesting that when discussing and trying to understand the trends, patterns and explanations of suicide we can not ignore the important factor of gender as a social grouping which unfortunately many of the sociological explanations of ill-health do. They seem to focus entirely on social class and therefore missing other crucial factors that need to be explored in order to fully understand the issue and therefore this is a weakness of the above theories.

further evaluation point made

The sociological explanations offer some understanding as to why certain social groups are more likely to be at risk to certain illness more than other people. They look closely at social class as a significant reason that leads to illness or that illness leaves people stuck in poverty or deprivation. However, my research into the above two social groupings indicates that gender is a major factor and this is something the explanations are little to no knowledge of. There is also limited information on sociological explanations in comparison to the main sociological perspectives so it is challenging to explore them fully and apply them to the social groups unlike perspectives such as functionalism, Marxism and feminism. This suggests a weakness and actually using other perspectives to evaluate the trends and patterns of illness in the two social groups might bring a better insight and more understanding as to why they might be more likely to be at risk of those illness compared to other social groups.

valid point

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