

Ill Health as Factor of Poverty

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DISCUSSION PAPER

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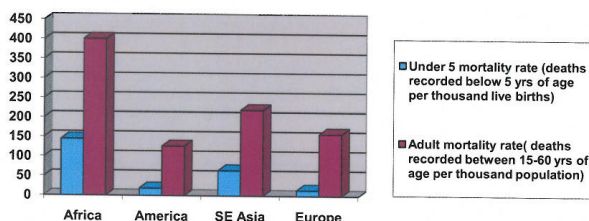
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Poverty, a multi-faceted global issue, is intimately linked to ill-health. Poverty results in a vicious circle, which leads to inequity in a world where every 3.5 seconds, a child dies from preventable causes. The Asian Tsunami of 2004 is widely regarded as one of the most catastrophic events in recent times, and yet if we look at number of people losing their lives from causes related to poverty; it is equivalent to a tsunami occurring every 1.5 weeks [1]. In spite of such staggering figures, it doesn't make headlines, it does not come up very often as a subject of research, it doesn't even feature prominently during elections in developing countries, is it the elephant in the room we all choose to ignore? Is it the giant silent killer no one wants to acknowledge?

The Google search engine identifies three million hits for "poverty related conditions" but it is a documented fact that research is way behind the burden caused by these diseases in the developing world (10/90 gap) [Figure 1] [2]. One third of the total deaths annually, in other words, 18 million people die of poverty related conditions [3].

Figure 1: Mortality and burden of diseases compared in four WHO regions

(Source: WHO statistics, 2009).



Poverty and ill health go hand in hand. Poor people have limited accessibility to the health care providers due to inadequate funds whilst ill health leaves them poorer. Lack of access to basic resources or "determinants of health" including food, clean water, sanitation, education, and a healthy environment to live in, render them vulnerable to diseases.



Picture 1: Poor sanitation in a slum, Chandigarh, India.

The World Bank's estimates that about 1.4 billion people in the developing world (one in four people in the planet) were living on less than \$1.25 US per day in 2005 and also that poverty has a far greater impact than estimated previously [4].

Prenatal and maternal conditions, infectious and parasitic diseases, respiratory infections, nutritional deficiency, and tropical diseases are included in poverty related conditions wherein infectious and parasitic diseases are a major cause of mortality. AIDS, malaria and tuberculosis are considered as primarily related to poverty, and cause 10% of the global mortality [5]. Other diseases like measles, pneumonia, and diarrhea are also a significant cause for mortality and morbidity related to poverty.

The mention of lymphatic filariasis or malaria in a developed country is something that appears in a dusty old text book or on the differential diagnosis for someone who has returned from Asia with a fever. Many diseases forgotten by the developed world are still a cause of social and mental stigma in the developing world. Poverty related illness results in physical problems but also affects mental health. In the developing world the sufferer may be treated as outcasts. Many patients suffering from leprosy and filariasis are virtually disowned by their families [6].

HIV goes hand in hand with poverty. Redundancy and poverty, force more than one million children, largely girls into prostitution annually and most of this is in Asia [7]. In India, illiterate women from rural areas and living in poverty were found to be the least aware of AIDS and showed a poor understanding of the disease [8]. Studies show that HIV in sub-Saharan Africa itself orphans almost 12 million children aged < 18 [9]. It further impoverishes the



household and slows down the economic growth of a nation [9]. In many countries afflicted with AIDS, normal life expectancy is decreased by 20 years [9].

Reports about people committing suicide due to hunger and poverty are common in some parts of the world. They are also often victims of natural calamities like floods and famines. Many are farmers or labourers [10]. In India, 166304 farmers committed suicide from 1997-2006 according to government statistics [11]. Farmers have little choice but to take dangerous jobs, which often lead to industrial accidents and or exposure to various disease causing agents. They are forced to live with poor sanitation and pollution. They are then at higher risk of cancer and other life limiting conditions triggered by chemical and environmental agents.

In addition, corruption makes their circumstances worse, when people are required to pay bribe to claim their 'free' entitlement to medicines and laboratory tests in government run public hospitals. A study from India reported that 26.5% of households had to pay bribes to access government run hospitals [12]. The sheer number of patients attending a government sector hospital is another factor that compromises time devoted to each patient by the doctor and the quality of care, as a result, many patients are under-diagnosed and obliged to make multiple visits. Thus a full-fledged public health care system fails the poor [13].

Poverty has a far-reaching effect on children. Every second child in the world is poor. The lack of clean drinking water and proper sanitation kills almost a million children every year and two million die because they do not receive either proper or timely immunization [14].



Picture 2: Single water source in a slum inhabited by more than 1500 people, Chandigarh, India

Malnourished children coming from poor backgrounds are more prone to deaths and constitute the majority of those who die under the age of five [15]. They also suffer from mental illness, stunting and wasting. Malnourishment has a strong correlation with diarrhoea and respiratory illnesses as main causes of death, due to a weakened immune system [16].

Every year the number of undernourished people in the world rises. In 2007, this addition was 75 million, while in 2008, it was almost 40 million [17]. Every year more than ten million children under the age of five die, out of which 60 percent are due to malnutrition and related conditions [3]. Almost two billion people are at a risk of Iodine deficiency, which is the leading cause of brain injury and can easily be prevented by adding iodine to salt [19]. It is estimated that 684,000 child deaths worldwide could be prevented by increasing access to vitamin A and zinc [19]. Iron deficiency is another cause impairing the mental development of 40-60 percent children in developing countries [20].

Women comprise more than 60 percent of hungry people [21]. Poverty is a factor, which greatly contributes to gender bias. This inequality is widespread but is more strongly associated with lower socioeconomic status. The "feminization of poverty" is a topical issue, and basically means that households headed by women suffer more than those headed by men [22]. A major contribution to maternal deaths, associated with poverty and illiteracy, is lack of access to essential health care services for safe pregnancy and childbirth, especially for pregnant adolescents. Inequalities in the human rights of women and men, early marriage and unwanted fertility are a few other factors contributing to maternal deaths [23]. Women living in poverty have an increased chance of pre term delivery [24], low birth weight [25] and this is observed even in developed countries like USA [26].

Another major issue is conduct disorders which are heavily influenced by poverty [27]. It is a fact that juvenile delinquency is not equally distributed in rich and poor societies. People from impoverished areas that generally have scarce opportunities to improve their lifestyle because of educational and economical circumstances tend to get involved in a variety of so-called anti- social activities.

Poverty is an age-old issue and history repeats itself. \$780 billion USD is spent on military funding, whereas, the need for basic nutrition and health is only \$13 billion USD [14]. We need an expenditure of \$40 billion USD annually to eradicate poverty internationally, less than Europeans spend on cigarettes and illicit drugs [8]. Every nation and organization has its own approach and methods for alleviation of poverty and improvement of health care systems, the United Nations' ten priorities for poverty eradication is a well known example. [28]. However, eradicating poverty is a multi dimensional project and there are no simple answers. At a very basic level we need to empower the poor to be self sufficient. Government and non-government organizations should work together to ensure the law is enforced. Better disaster management strategies are required along with strategies to deal with gender inequity and better childcare. More health awareness is required. Preventive medicine, including immunization, control of communicable diseases and efforts to tackle the social causes of human disease are necessary. Research on the causes and effects of poverty has generated evidence for the most promising ways to tackle



healthcare issues. What's required now is the will to tackle these issues.

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COMPETING INTERESTS

None

PEER REVIEW

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