



Poverty is the Mother of Health

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Abstract:

People with little education, low income, and professional status are at two to three times greater risk of developing diabetes or cancer, of having a heart attack, or a stroke. For them, these diseases appear comparatively earlier, are more severe, and have more serious consequences for everyday life. Franziska Buttgereit is a mezzo-soprano who has been a member of the Freiburg Theatre's extra choir since 2010 and its first director since 2017. In 2015 she began her singing studies with Prof. Christiane Libor at the Musikhochschule Schloss Gottesaue in Karlsruhe and has been collaborating with the University of Music and the Stadttheater Freiburg, which has led to a small role in performances and the DVD production of the same name "Cendrillon" by Jules Massenet.

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Poverty is the Mother of Health - How Poverty and Health Are Related

By **Franziska Buttgereit**

Abstract

People with little education, low income, and professional status are at two to three times greater risk of developing diabetes or cancer, of having a heart attack, or a stroke. For them, these diseases appear comparatively earlier, are more severe, and have more serious consequences for everyday life.

A study by the Robert Koch Institute shows how low income can affect health.

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“This study shows that people with low incomes who are at risk of poverty - those who have less than 60 percent of the median income - have a significantly lower life expectancy. Men who are at risk of poverty have a life expectancy reduced by 8.6 years compared to men from the higher income groups if we choose the point in time from birth. For women, this difference is 4.4 years. So, very big differences, and even at the age of 65 these are still considerable.”

Above all, the “poverty risk groups” include the unemployed, the homeless, single parents, children, and foreigners. Unemployed people are less likely to have preventive medical checkups and work to improve their health than those who are employed. This also applies to their children. Conversely, however, sickness is also



a leading factor which can lead to unemployment. In fact, approximately one-third of all dismissals are due to illness.

Losing one's home is considered one of the worst effects of poverty. Scientific studies on the health situation of homeless people confirm a high level of illness and inadequate access to medical care. Cardiovascular and skin diseases as well as acute infections and diseases of the respiratory and digestive organs are among the most common illnesses in the homeless population. Alcoholism and its complications as well as psychiatric illnesses often exacerbate the issue.

In spite of these alarming facts, why is so little being done to provide adequate medical care for people affected by poverty? For too long, the epochal influences on the health situation of socially disadvantaged people have not been taken into account. This also includes modernization processes resulting in significantly higher unemployment or socio-political restructuring. Poor people are less able to lobby for their needs, and too often poverty is equated with personal failure. Public health policy ignores the economic burden of sick poor people (they often have to spend more money on additional payments due to the increased morbidity rate) and still organizes structural decisions towards insured persons who are in a stable economic situation.

Rudolf Virchow, the "father" of modern pathology writes: "Education, prosperity, and freedom are the only guarantees of lasting health for the people." Almost 150 years later, these words are increasingly applicable in the wake of growing poverty and neoliberalism that limits the equal and free access of poor people to medical care.

But what can society do to loosen the close link between poverty and health? Answers must be found of how to promote health and not just prevent illness. It is crucial that we understand health to include social health. One problem with unemployed or older people is that many social needs are being medicalized. Many such patients receive an extensive diagnosis and therapy, but the problems are actually social or psychological - they suffer from loneliness, isolation, and/or a lack of prospects. Many people are lonely in their apartments in the larger cities, but also in the country people sit in their houses in the village where no buses drive anymore - they are dependent on everything. The system must look at where it medicalizes life situations instead of fighting the causes. That is why health policy is always social and educational policy, and participation of the people plays a key role in their improvement. If you involve people, according to previous experience, in many cases this may lead them to regaining a better quality of life.



About the author:



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