

Voices Project: Women Living in Poverty Resource

Health Trends:

Worldwide, two out of three women live in conditions of poverty, the health consequences of which range from under-nutrition, anemia and chronic fatigue to increased susceptibility of infection and premature death. In many cases, the biological advantage women have over men, in terms of life-time morbidity and life expectancy, is negated by the disadvantaged circumstances under which they live.

When asked to describe their health status, women living in conditions of poverty rate their health as fair or poor, in part because, as a group, they are more likely to live with disabilities and chronic illness. The most distinct health trends among poor women include a higher prevalence of mental health problems such as depression and anxiety as well as higher rates of low birth weight babies.

Domestic abuse and poverty are circuitously linked to health by way of the barriers many women face when attempting to leave an abusive relationship. Poverty and economic dependence present formidable barriers to low income women leaving abusive relationships. Violence against women contributes to an array of health problems including: substance abuse and dependence, depression, post-traumatic stress disorder, unwanted pregnancy, sexually transmitted infections, physical injury and death.

The incidence of cervical cancer as well as mortality from breast cancer are relatively high among women who live in conditions of poverty. Lack of access to health literature means that women of low income have less opportunity to learn about the health

consequences of lifestyle behaviours such as cancer screening, exercise, diet and smoking.

Health Determinants:

Poverty is perhaps the most critical determinant of women's health. Canadian women from every sub-group experience disproportionately high rates of poverty as a result of their disadvantaged social, political, and cultural lives. Women from socially marginalized groups face a double disadvantage with respect to the health consequences of poverty. An example of this "double jeopardy" is found among Aboriginal women who experience lower rates of survival from cervical cancer as a result of barriers to accessing screening programs as well as a lack of culturally appropriate education programs.

Essentially, poverty translates into a lack of the most basic material resources needed to maintain and improve one's health. Poverty undermines women's health by way of three, intersecting pathways. Physiologically, poor diet, inadequate housing and marginal sanitation increase women's susceptibility to infection and disease. Whereas, social isolation and constrained lifestyle choices leave women vulnerable to a myriad of psychological problems in the form of stress and anxiety related conditions. Finally, poverty affects women behaviourally in the sense that they often cannot afford to adhere to prescribed sick leave, bed rest or medications.

Women are especially vulnerable to the psychological effects of poverty in as much as they shoulder a great deal of its corresponding burdens. In many cases, in addition to sacrificing for their families in terms of food, workload and medical treatment, women suffer the added stress of

watching helplessly while their children endure the consequences of poverty. This phenomenon is most poignant among single mothers who represent the poorest sub-group worldwide.

The precursors of poverty among women take the form of unequal sexual division of labor, women's unpaid work, reduced educational and professional opportunities, lower wages, and countless care-giving responsibilities. On average, Canadian women earn 72 cents for every dollar earned by their male counterparts. This disparity is the most powerful contributing factor to poverty among women.

The link between low socioeconomic status and high mortality from cervical and breast cancer is formed as a result of poor women participating less in PAP exams, breast self-exams and mammograms. Delayed diagnosis of these conditions translates into less effective treatment and lower rates of survival. In 1996, an estimated 5,300 Canadian women died of breast cancer. In many cases, these deaths can be attributed to limited access to quality care as well as a lack of available screening programs.

The barriers faced by poor women who attempt to access health services include lack of transportation and child care, inaccessible clinic hours, lack of sick leave from work, literacy issues, lack of culturally and linguistically appropriate care, as well as hostile or insensitive health care professionals.

Research:

Studies that highlight the health consequences of low socioeconomic status as well as other social determinants are limited. Among those researchers who explore social determinants of health, few examine the health concerns of multi-disadvantaged groups. This particular oversight is significant when we consider that women living in conditions of poverty often face myriad social, economic, and political challenges that profoundly impact their health and well-being.

Outside of a few British studies, literature on the influence of social class and structural constraints on health is also limited. Likewise, little information is available regarding the interaction between socioeconomic status and other social determinants such as living and working conditions as well as social isolation and lack of access to support networks.

Given the growing global population of low income women, relatively little is known about the gender specific implications of unemployment, homelessness and the working poor. Virtually nothing is known about the health consequences of women's participation in the hidden job market as well as the long-term economic impact of this type of employment.

Feminist researchers are beginning to pursue descriptive studies that explore the health of low income women. Nevertheless, the predominance of privileged researchers in medical and academic inquiries contributes to the dominance of an affluent perspective within women's health literature.