ICN on Poverty and Health: Breaking the Link

The World Bank estimates that there are around 1.5 billion extremely poor people in the world. For those living in poverty the impact reaches far beyond income and monetary matters: the greatest adversities are the lost opportunities to develop essential human capabilities. Poverty is a disease that saps people’s energy, dehumanises them and creates a sense of helplessness and loss of control over one’s life. Illiteracy, ill health, malnourishment, environmental risks and lack of choices contribute to the perpetual cycle of poverty and ill health. Health is a vital asset for the poor. Without health, a person’s potential to escape from poverty is weakened due to lost time, labour, income, and the burden of health care costs.

Vulnerable groups
Women, especially single mothers, bear a disproportionate burden of poverty. Of those who are poor, 70% are female. The physical burden that women face with child birth and child care, their lack of access to land, credit and education further impede their fight against poverty. The ‘feminisation of poverty’ is closely related to the increase in poor female-headed households in developing as well as in industrial countries. This not only affects the women of the world but also their children and families. Children who grow up in poverty are often permanently damaged due to the lack of nourishment and opportunity. Other vulnerable populations include indigenous people, the aged, refugees, and internally displaced persons that are often marginalised and denied access to employment opportunities.
Impact of poverty on health
The poor share an unequal burden of ill health. The poorest 20% of the world’s population die from nearly 2/3 of the world’s communicable disease, maternal and perinatal mortality, and nutritional deficiencies. Poverty has been identified as a cause, an associated factor, a catalyst and a result of ill health. Several studies have shown that, as a country becomes richer, the health of the population increases and child mortality rates decrease.

A number of nutritional, environmental, societal and political factors contribute to the perpetual cycle of poverty and ill health. Many people living in poverty are unable to meet their basic needs of adequate food, water, clothing, shelter and health care.

The unhealthy environment that is often associated with poverty-stricken communities is often a cause of much ill health including diarrhea and upper respiratory infections. Over 1 billion people in developing countries live without adequate shelter or unacceptble housing, 1.4 billion lack access to safe water, and 2.9 billion people have no access to adequate sanitation. With the growth of urbanisation overcrowding, garbage build up, and poor drainage give ideal conditions for disease vectors. These conditions sustain the poverty and ill health cycle along with a lack of knowledge and information about disease process and prevention.

Several studies have shown that investment in health care, social policies and education that target the poor and vulnerable populations are effective in improving health indicators such as life expectancy and infant mortality rates.

Fighting poverty: implications for nurses
Nurses have a vital role in reducing poverty and its impact on health and well-being: They can:

1. **Adopt a Participatory Approach** that involves the family and community in defining their problems and seeking solutions. Poor people have the capacity to be active in solving their own problems and that they are not objects but partners in nursing interventions. There is need to emphasise empowerment initiatives that rely on peoples’ actions.

2. **Promote Advocacy and Partnership.** Nurses, at the forefront of health care, have first hand knowledge and experience working with the poor. Nurses can lobby for anti-poverty measures such as access to credits, job creation, income supplements, nutrition gardens and self-help initiatives. To be effective, this requires partnerships and networking with the health care professions and other health and government sectors.
3. **Shift to Family and Community-based Care.** ICN believes that the nurse as a community-based practitioner can unleash the tremendous potential of nursing worldwide. The family and community setting allow the nurse to assess the impact of poverty and to implement and evaluate interventions with full participation of households and communities. A household approach to health that focuses on the entire family can enhance the health of a network of people.

4. **Lobby for Equity in Health Care and Social Services**

   ‘Health for All’ calls for universal attainment of a level of health that permits all people to lead socially and economically productive lives. This requires equity in access to services with focus on poor and vulnerable people. Too often health resources are unevenly distributed leaving poor communities with inadequate services. Nurses play a vital role in outreach programs that extend beyond hospital care and urban communities. Furthermore, the emergence of telenursing will bring greater access to health care especially for poor and undeserved populations.

5. **Initiate Pro-Poor Social and Health Policy.** Investing in health and social policy that targets poor populations enhances the health of a community. For example, in Costa Rica, 15 to 20 years of life expectancy was added in just 2 decades through a holistic plan involving a commitment to education, a national health plan, and universal social security.

   Nurses can influence decisions on health programs and services and have a voice in setting the health agenda, determining priorities for resource allocation and designing health programmes and services that target the poor. ICN believes that it is essential for nurses to ensure that nursing practice and health care services improve health, reduce the burden of disease and are accessible regardless of ability to pay for services.

6. **Mark International Day for the Eradication of Poverty** as an annual event on October 17th each year to create awareness in the fight against hunger and poverty. ICN urges nurses to link with governments, NGO’s, community groups and public figures in order to raise awareness of the causes and impact of poverty as well promote its eradication.

7. **Target Women and other Vulnerable Populations.** Nursing actions should focus on reducing the impact of poverty on women and other vulnerable groups by encouraging income generating activities, referrals to employment and social services, skills training, self help schemes, access to credits and loans for establishing their own employment.

   Fighting to stop discrimination against women in employment, to ensure equal remuneration and employment opportunities, to regulate of wages for domestic work, and to put a halt to discrimination against workers with family responsibilities will help break the link between poverty and ill health.
Resources

http://www.who.org

International Poverty and Health Network. World Health Organisation. Secretariat:
skoldm@who.ch.
World Summit for Social Development, Copenhagen, March 1995. United Nations,

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The International Council of Nurses (ICN) is a federation of more than 130
national nurses associations representing the millions of nurses worldwide.
Operated by nurses and leading nursing internationally, ICN works to ensure
quality nursing care for all and sound health policies globally.

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