



available at [www.sciencedirect.com](http://www.sciencedirect.com)



journal homepage: [www.elsevier.com/locate/wombi](http://www.elsevier.com/locate/wombi)



## DISCUSSION

# Working for socially disadvantaged women

Lyn Ebert<sup>a,\*</sup>, Alison Ferguson<sup>b,c</sup>, Helen Bellchambers<sup>a,d</sup>

<sup>a</sup> School of Nursing & Midwifery, Faculty of Health, University of Newcastle Callaghan, NSW 2308, Australia

<sup>b</sup> Faculty of Education and Arts, School of Humanities and Social Science, Speech Pathology, University of Newcastle Callaghan, NSW 2308, Australia

Received 14 October 2009; received in revised form 5 August 2010; accepted 12 August 2010

## Introduction

Social disadvantage is defined as “a range of difficulties that block life opportunities and which prevent people from participating fully in society”.<sup>1(p.1)</sup> Disadvantaged people more commonly experience social isolation, stress, anxiety and low self-esteem. They often have limited access to resources and services and less control over life circumstances.<sup>2</sup> Ferrie<sup>3</sup> reports that there is a clear correlation between people’s social positioning in society and their health status. Midwives working with socially disadvantaged women can benefit from a greater understanding of the link between social disadvantage and poor maternal–foetal health. There is an abundance of research on social disadvantage, poverty and midwifery work in developed and developing countries.<sup>4–8</sup> This paper adds to midwifery knowledge by exploring social disadvantage and health inequalities in relation to childbearing women within the Australian context. Three separate but interrelated features of social disadvantage; poverty, deprivation and social exclusion, are examined. The relationships between health inequality, birth outcomes and social disadvantage are presented, followed by policy recommendations aimed at improving the health of

disadvantaged women. Socially disadvantaged women’s views of their maternity experiences are explored along with importance of developing mutually respectful midwife–woman relationships. Finally, possible barriers to developing such relationships are discussed as well as suggestions to enhance future midwives’ proficiency at working with socially disadvantaged women.

## Social disadvantage and the Australian context

While Australia’s economy grew steadily over the 15 years prior to the current global economic crisis, economic indicators demonstrated that Australia failed to provide a “fair go” for all people.<sup>9</sup> Australia’s economic growth did not benefit all Australians equally; there are clusters of disadvantage within Australia’s economically healthy nation. Indigenous populations, people living in remote or rural regions of Australia, refugees, older persons and single parent households constitute the major groups of disadvantaged persons in Australia.<sup>10</sup> The New South Wales Department of Health acknowledges that women, based on gender alone, incur a greater chance of being disadvantaged and that women often experience disadvantage more harshly than men in the same circumstances.<sup>11</sup>

Among Australia’s Indigenous population there is a greater number of socially disadvantaged persons than in the non-indigenous population. Health inequities are equally disparate.<sup>12</sup> In this paper, information concerning indigenous and remote birthing women will be woven throughout the discussion of social disadvantage that occurs over all cultural

\* Corresponding author. Tel.: +61 43892 3246; fax: +61 24349 4538.  
E-mail addresses: [lyn.ebert@newcastle.edu.au](mailto:lyn.ebert@newcastle.edu.au) (L. Ebert),  
[Alison.Ferguson@newcastle.edu.au](mailto:Alison.Ferguson@newcastle.edu.au) (A. Ferguson),  
[Helen.Bellchambers@newcastle.edu](mailto:Helen.Bellchambers@newcastle.edu) (H. Bellchambers).

<sup>c</sup> Tel.: +61 02 4921 5716.

<sup>d</sup> Tel.: +61 02 4921 5939.

divides and localities. Social disadvantage and health inequalities are issues that should be addressed by all midwives in all regions of Australia. The following sections examine the three interrelated elements of social disadvantage – poverty, deprivation and social exclusion – so that midwives can develop a greater awareness of the role social disadvantage plays in health inequities and poor birth outcomes.

## Poverty

The Australian Council of Social Service describes poverty as a concept used to portray people who are unable to participate in activities enjoyed by most Australians.<sup>13</sup> Poverty is usually measured by household income, that is people receiving less than 50% of the average disposable income of fellow Australians.<sup>13</sup> It was estimated that 10% or 2.2 million Australians were living in poverty during 2005–2006<sup>9</sup> and that the number continues to rise. Throughout the world it is generally women who bear the brunt of poverty on a daily basis, they are the ones struggling to feed and clothe children, pay the rent or house repayments and maintain utility services.<sup>4,14,15</sup> Women, and in particular mothers, have extrinsic constraints placed on their consumption patterns through economic and institutional policies which fail to account for gender inequalities.<sup>16</sup> Hunt<sup>14</sup> found mothers also place intrinsic constraints upon their personal consumption patterns, they often place their children's needs before their own and see this responsibility as part of parenting, closely linked with love for their children. An Australian report on poverty and financial hardship published in 2004, supports Hunt's findings; earning capabilities, expenditure and ability to accumulate savings are significantly affected for women who are the sole carer for children.<sup>17</sup>

Indigenous birthing women and non-indigenous women living in rural and remote areas of Australia are more likely to suffer the consequences of living in poverty. The Australian Institute of Health and Welfare<sup>18</sup> found that people living in rural and remote areas obtain lower levels of academic achievement which reduces their educational, employment and earning capabilities; three indicators of income poverty. Indigenous Australians in particular are more likely to be unemployed,<sup>19</sup> are overrepresented in statistics on homelessness and have a higher chance of living in overcrowded dwellings, particularly in remote geographical areas.<sup>18</sup> Indigenous women more often give birth to low birth weight (LBW) infants, and have a higher perinatal mortality rate than non-indigenous women.<sup>19</sup> Mayhew and Bradshaw<sup>20</sup> argue that poverty alone as a cause of poor birth outcomes is questionable when other socio-economic factors such as employment, family type, educational level, ethnicity and age of mother at birth are controlled. When the focus of disadvantage is household income only, the effects of social deprivation and social exclusion are neglected.<sup>10</sup>

## Deprivation

Deprivation is not a simple concept to define and measure. Being deprived can be described as lacking what are deemed to be the essential elements of one's own social group.<sup>10</sup> Essential elements are things considered a basic requirement

by the majority of that society to achieve a minimum standard of living. Essential elements as identified by Australians include "medical treatment if needed, a safe place for children to play outdoors near their home, a decent and secure home, a car and to be treated with respect by other people".<sup>10(pp. 33–34)</sup> Deprivation is different from poverty in that, although essential elements may be established by society as a whole, it is the individual that determines if they consider themselves to be deprived of an element.

Women living in rural and remote areas of Australia have limited access to health and welfare services and limited choice in quality and models of maternity care. The size of the population in a rural community influences the number and size of health services available<sup>21</sup> with only 1 in 10 indigenous people living in rural areas having access to a hospital and few rural women having access to birthing centres or midwifery-led care. Lack of access to health services is a contributing factor in poorer health outcomes for rural and remote birthing women and their infants. Twenty five percent (25%) of indigenous people live in remote areas compared with 2% of non-indigenous people.<sup>19</sup> Essential items and services such as electricity, town water, sewerage systems and good quality housing are absent for a large proportion of indigenous people living in remote areas of Australia. In 2006, only 28% of indigenous households in rural communities had access to town water and 30% used a connected sewerage system for waste.<sup>21</sup> Twenty eight percent (28%) of the indigenous population in remote communities used electricity sourced from an electrical grid with 62% using generators.<sup>21</sup>

There are also non-indigenous groups of people experiencing deprivation in Australia. In 2007, Saunders et al., reported that the mean incidence of deprivation in Australia was 6.1%. That is, approximately 6% of a community is deprived of items considered to be essential by more than half the community.<sup>10</sup> Single parent families are amongst the most deprived people in Australia with 14.2% lacking essential elements.<sup>10</sup> Similar to poverty, it is women who bear the brunt of deprivation with single parent families headed mostly by women.<sup>22</sup>

## Social exclusion

Social exclusion is a broader concept than poverty and deprivation. Social exclusion, while including the lack of, or denial of, resources, rights, goods and services, takes account of the individual's inability to participate in relationships and activities within their society.<sup>23</sup> The three indicators of social exclusion are disengagement in social activities, such as no regular social contact with others; service exclusion, such as no access to a local doctor or hospital; and economic exclusion, such as no reserve of money (\$500) for emergencies.<sup>10</sup> Institutional, community and societal attitudes can create barriers that exclude or include individuals and groups in a society's workings. Individuals can be socially excluded through power relationships, gender, race, ethnicity or locality.<sup>24</sup>

Single parent families are amongst the most socially excluded with 31.2% experiencing some form of exclusion.<sup>10</sup> Women living without control over household income have limited personal power, access to financial resources and access to social or community activities. Thus the cycle of

Download English Version:

<https://daneshyari.com/en/article/2636878>

Download Persian Version:

<https://daneshyari.com/article/2636878>

[Daneshyari.com](https://daneshyari.com)