Blue paper – Health Behaviours

- **Social disadvantage is associated with unhealthy behaviours**

- **People in disadvantaged groups are more likely to start smoking and less likely to give up**

- **Where alcohol is less affordable, less may be purchased. However any benefit which might have accrued to those losing benefits are likely to be undermined by direct payment of Housing Benefit**

- **Teenage pregnancy shows a strong social gradient and is cyclical in nature, both causing and being the consequence of social disadvantage**

A number of health behaviours are known to be associated with socio-economic disadvantage. These include reduced rates of fruit and vegetable consumption, higher risk of a sedentary lifestyle, higher rates of obesity, increased incidence of drunkenness, increased rates of smoking accompanied by a lower quit levels, lower rates of breastfeeding and higher rates of teenage pregnancy and teenage births. (Jarvis & Wardle 2006, Somerville 2011)

The prevalence of smoking is higher amongst deprived communities and quit rates are also lower in this group. (Jarvis and Wardle 2006)

Jarvis and Wardle, while not finding a conclusive reason why poor people should find it more difficult than the better off to give up smoking, say that it may be particularly difficult to give up smoking in a high-stress environment and that, in such circumstances, people may be particularly inclined to trade short-term relief of a craving against the longer-term advantages of giving up (Jarvis & Wardle, 2006)

If an inability to give up smoking is linked to stress within everyday life then, as the Welfare Reform Act is likely to exacerbate financial and housing security stresses for many claimants, the opportunities to give up smoking may be further impeded amongst this group. We would anticipate that rates of young people starting smoking are likely to rise as household incomes fall and become more inequitable and that fewer people in these groups will find themselves in a position to give up.

Linkages between cigarette smoking and various forms of cancer (particularly lung cancer) have been amply demonstrated. There are also clearly-identified links with other forms of illness, particularly cardio-vascular disease and Chronic Obstructive Pulmonary Disorder.

Although alcohol purchase is evenly distributed across income groups, those living with disadvantage appear to come to more harm as a result, with higher rates of drunkenness. (Somerville, 2011).

Reduced income should serve to reduce the availability of alcohol. (Rabinovich et al, 2009, Elliott et al, 2008) However the intention to pay housing benefit direct to claimants (rather than this being paid direct to landlords) may mean that any potential advantages from reducing availability through reducing income are lost. It may be that, where there is money

in a bank account, even though this is earmarked against paying the rent, people under stress are tempted to continue to buy alcohol.

Over-use of alcohol is associated with a wide range of health effects including accidents, attempted (and completed) suicide, a wide range of mental health problems, liver disease, particularly cirrhosis, cardio-vascular disease and several forms of cancer.

Teenage pregnancy is significantly increased in lower socio-economic groups. In NHS Highland's area pregnancy amongst 13 – 15 year-olds between 2001 and 2005 in Highland has the third highest Relative Index of Inequality Score of the conditions investigated (behind Alcohol-related discharges and deliberate self-harm discharges) (Baijal, 2007).

The pivotal role played by teenage pregnancy is perpetuating a cycle of inequalities is highlighted in The Scottish Government's analysis of inequalities in health, Equally Well:

> "*There is evidence that outcomes for children of teenage mothers are markedly poorer and that these inequalities appear in pregnancy and the early years. Young mothers experience multiple source of disadvantage - they are more likely to live in low income households and more likely to live in the most deprived areas of Scotland. Young and poorer mothers were less likely to attend ante-natal classes, breastfeed, attend baby or mother and toddler groups, and more likely to find it difficult to know who to ask for help and to actually ask for such help. It appears that these inequalities are related more to deprivation and to education than to age i.e. it is not being young that leads to poor outcomes but that teenagers who become mothers tend to live in poverty and have poor educational attainment and it is these factors that are strongly associated with poor outcomes.*" (Scottish Government 2008, 39)

References:

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