

Task 2

To reduce health inequalities in New Zealand, the trends in the social, economic, cultural and historical determinants must be taken into consideration. This essay describes how low socio-economic status affects Maori children with rheumatic fever, and the negative impacts of breast cancer in Maori women due to inequalities in prevention and treatment.

Rheumatic heart disease is one of the significant health issue in New Zealand. The children living in deprived areas are more than thirty times at risk to be diagnosed with rheumatic fever compared to those dwelling in the least deprived areas. The updated demographic data from the substantial analytical research in 2010-2013 shows that Maori children are 30 times more likely to be diagnosed with rheumatic fever than non-Maori (Gurney, Sarfati, Stanley, Wilson & Webb, 2015). The incidence of rheumatic fever in rural areas is nearly half compared to urban areas. However, there is a reduction in acute rheumatic fever between 2014 and 2015, reported by MOH (Gurney, et al., 2015).

Maori children from low socioeconomic status are more prone to develop rheumatic fever in their early childhood (Levien, 2007). The rates of rheumatic fever in Maori children and young adults aged from four to nineteen years are very high (MOH, 2016). The recurrence of untreated sore throats in children are also a leading factor for rheumatic fever. The excessive intake of sugar and poor oral hygiene would worsen the condition of rheumatic fever and lead to endocarditis. Other risk factors for the illness are overcrowding, poor housing standards and sanitation, hereditary factors, lower socio economic status and the deprivation of primary health access (Levien, 2007). The North Island is one of the most at risk region of New Zealand where the highest proportion of low socio-economic status groups exists with most reported cases of rheumatic fever (MOH, 2016).

Maori women have one of the highest incidences of breast cancer in the world. Maori women are highly vulnerable to develop breast cancer with the modifiable risk factors such as increased alcohol intake and obesity. The survival chance for Maori woman is comparatively lower than that of New Zealand European woman because of the later stage diagnosis, higher rate of comorbidities, lower access to treatment and longer delays (Lawrenson et al.,

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Socioeconomic position, ethnic identity, place of residence and gender are considered as major social determinants that bring inequalities in Maori health. This essay describes the social determinants; Maori children with rheumatic fever from low socio economic backgrounds and Maori females with breast cancer.

Rheumatic fever is one of the significant problems that affect people in New Zealand especially Maori children. Gurney, Sarfati, Stanley, Wilson and Webb (2015) state that among Maori children, the incidence of rheumatic fever is 30 times more than that of Europeans. It was reported that out of every 10 cases, 9 suffer from rheumatic fever. Health minister Jonathan Coleman states, compared with the year 2012 and 2015, there is a dramatic decrease in the hospitalization of people with rheumatic fever from 177 to 98. Unsanitary living conditions, lack of food, poor income and overcrowding are the main factors that contribute to the risk of rheumatic fever (Levien, 2007). The complication of rheumatic fever is serious rheumatic heart diseases and resulting in cardiac valve replacement. Prevalence of rheumatic heart disease can be reduced by secondary prophylaxis and echocardiography (Webb and Wilson, 2015s). Though rheumatic fever is a serious disease, it can be prevented by taking appropriate measures (MOH, 2015).

Another crucial social determinant that attribute to the inequalities in health status is Maori females with breast cancer from low socio economic backgrounds. Death rate of Maori women is 60% higher when compared with non-Maori women in New Zealand. Waikato breast cancer register states that from 1999 to 2012, 2849 women diagnosed with primary invasive cancer (Seneviratne, Lawrenson, Scott, Kim, Shirley, Campbell, 2015). Poverty, obesity, smoking alcohol consumption oral contraceptive use and delayed first birth are some of the modifiable risk factors that

causes breast cancer in Maori women. Apart from this inadequate mammographic screening and delay in getting timely treatment are the major significant factors that precipitate breast cancer (Lawrenson, Seneviratne, Scott, Peni, Brown, Campbell, 2016). Among Maori breast cancer is detected very late and they are unable to undergo endocrine therapy as they are low sensitive to it. Moreover due to the inadequate general health they cannot undergo chemotherapy, which may further worsen the problem and end up in the death of the patient (Seneviratne and etal, 2015). Accessibility to health service, early screening and health education can help to reduce the prevalence of breast cancer in Maori.

As Maori is considered as an indigenous population they experience poor health and greater inequalities than non-Maori. Maori children from poor socio economic status is prone to get rheumatic fever. Among Maori women, breast cancer is considered as a significant health issue due to health inequalities. Effective steps taken by the government and substantial funding may help to curtail the problem to a certain extend.

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