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The Effect of Socioeconomic Status, and Related Stress, on Physical Health

This review is designed to investigate how socioeconomic status, and the stress related to it, can impact physical health. Much of the research relating to this topic focuses on how low socioeconomic status effects health. However, it is very important to understand the different ways that all classes effect health outcomes. An important mediating factor in the relationship between socioeconomic status and health is chronic stress. The presence of chronic stress can produce serious negative health outcomes. High stress appears on all levels of the social hierarchy, but formulates for unique reasons within the different classes.

Background

Socioeconomic status is a major topic of sociology and can be defined using many terms. In the studies analyzed for this review, socioeconomic status has been measured using income (individual or household), occupation and education level. Physical health is another variable that can be measured differently. In this review physical health is used generally, but can be defined by life expectancy, sleep quality, nutrition, presence of diseases, chronic illnesses, etc.

The effect of socioeconomic status on health has been studied for years. However, this relationship is especially important today where universal healthcare has become such a major debate. Information about the social effects on health can lead to social change, which could be a method of preventative care. This would lessen the need for massive amounts of healthcare.

Sociology places a focus on social change and social inequalities in society. For example, conflict theory, one of the major paradigms of sociology, is dedicated to studying the inequalities of society. This theory explains how society is made up of different groups with different interests. Inequalities are present in society because one group has a majority of the power. If this powerful group is benefitting from the way society is structured, even if the subordinate group is suffering, there will be no social change towards equality. Another important sociological theory to focus on with this topic is the stress process theory. This theory shows how one's position within the social ladder of society can impact the amount of exposure to stressful conditions in life (Pearlin 1989). Basically, our social environment exposes us to certain conditions which can impact the amount of stress we experience.

Race has also been a contributing variable in measuring health disparities at different status levels. Studies that mention race in association to this research question seem to find that socioeconomic status is a better predictor of health outcomes. For example, Campbell et al. (2009) researched race and socioeconomic status in association with breast cancer diagnosis. The researchers found that the effect of low socioeconomic status, on the stage at diagnosis, did not change by race or ethnicity (Campbell et al. 2009). Therefore socioeconomic status played a bigger role in late stage diagnosis than race or ethnicity. For the purpose of this paper I will not be expanding further on the race/health relationship, although it is still an important factor to consider for larger scale work on this topic.

This paper will show how socioeconomic status, and related stress, has an effect on physical health. The main arguments will first describe the different ways that both low socioeconomic status and middle/high socioeconomic status effect health outcomes. Socioeconomic status will then be tied to stress by displaying how there are different stressors

present in each of the social classes. The impact of chronic stress on negative health outcomes will then connect the three variables together. Finally, the conclusion will revisit the arguments made and suggest future research options.

The Effect of Socioeconomic Status on Health

Both low socioeconomic status and middle/high socioeconomic status affect physical health outcomes. In this section the different ways in which the classes impact health will be established, beginning with the effect of low status.

The effect of socioeconomic status is evident around the world. Whether part of a class or caste system, where you land on the social hierarchy has the ability to affect your health. A study conducted by Babones (2008) used data from many different countries around the world to compare income inequality and population health. The researcher found that life expectancy has a negative relationship with income inequality (Babones 2008). This means that as income inequality increases, within a country, life expectancy decreases.

Low socioeconomic status has many other effects on physical health. These effects can take the form of an unhealthy diet, lack of dental care, and unsafe neighborhoods (Osler et al. 2009). A study measuring neighborhood disorder, found that in very disruptive, often low class, neighborhoods there is poorer sleep quality and distress, than in higher class neighborhoods (Hill, Burdette, and Hale 2009). Sleep is an important factor in a healthy lifestyle. Therefore a lack of sleep can lead to health problems. Also, being part of a disruptive neighborhood can limit the amount of exercise and outdoor exposure an individual may have because they feel unsafe.

On a more individual level, socioeconomic status can be linked to particular diseases, and how and when those diseases are diagnosed. Campbell et al. (2009) study investigates how

socioeconomic differences can predict the state at which breast cancer is diagnosed. Cases in this study that lived in poor areas were more likely to be diagnosed at a later stage (Campbell et al. 2009). This is important when discussing health, because being diagnosed at a later stage can impact survival. This information is also critical when discussing healthcare, because those of lower socioeconomic status are automatically at a higher risk, because of unavailable or inadequate healthcare in their areas.

The elderly can also be greatly affected by the relationship between socioeconomic status and health. They are often included in the low socioeconomic status category because many do not participate in the labor force once they retire and are at great risk of becoming poor and hungry. Being part of the labor force can be a social factor that determines health (Bender and Theodossiou 2009). According to this study, unemployment and un-involvement in the labor force can lead to health problems for the retired population. Another study, conducted longitudinally, by Frank et al. (2003) found that over a 29 year period, their subjects with lower incomes had an increased likelihood of poor health in their mid to late life. This is very important when thinking about policy implications, because many of our social welfare policies focus on providing services to the older population. If social equality could be reached, then many policies created to support the poor elderly would not be needed.

Although the impact of low socioeconomic status on health is quite large, the effects of the middle and/or upper class must also be examined. Middle and upper class citizens have more economic resources to improve their health, compared to low socioeconomic citizens. However, this higher position on the socioeconomic ladder can negatively affect their health as well.

While a majority of middle/upper class citizens enjoy the luxury of having a job, there is always a fear of losing it. Strully (2009) researched how losing or leaving a job can effect health. This study found that with involuntary job loss, health was negatively affected. “When workers lose income, occupational standing, wealth and/or health insurance because of displacement, their health is likely to suffer” (Strully 2009:774). The socioeconomic shock of having a job, losing it, and then possibly losing status has a great effect on health.

As previously stated, according Bender and Theodossiou (2009) unemployment and un-involvement in the work force can worsen health. However, these researchers also found that there was a significant relationship between increased income and poor health (Bender and Theodossiou 2009). While this seemed to contradict their other findings, they hypothesized that this finding may explain how social status as a whole defines health rather than material wealth alone. This is important for sociology, because it lends itself to social equality rather than strictly economic equality.

Another group to consider when discussing the middle/upper class is the socially mobile. Social mobility refers to those who are moving to a different socioeconomic class than their previous family members may have been a part of. While upward social mobility usually benefits the individual, there are social and health problems that can appear. In a study conducted by Langenberg et al. (2005), it was found that those in higher employment areas, who were considered short, as in height, were most vulnerable for heart problems. Historically, shorter people represented the lower class population. Therefore these shorter higher class workers represented the upwardly mobile. The researchers believe that originally coming from a lower class has affected their risk for heart disease (Langenberg et al. 2005).

While this study is rather unusual, there has been other research connecting social mobility to health problems. Tiikkaja, Hemstroem, and Vaageroe (2009) found that those moving from a background of manual labor to non-manual labor had an increase in mortality due to cardiovascular disease (Tiikkaja et al. 2009). This displays how even among the middle/upper class there may be a hierarchy, those who have been socially mobile, and those who were born into the middle/upper class lifestyle. These upwardly mobile individuals may have broken out of their lower class status, but it can still follow them around and cause health problems for them in their higher class.

Although these statuses all effect health, it is evident that those in the lower socioeconomic statuses are experiencing more negative health outcomes due to their status. This relates back to the conflict theory, and the major health inequalities present in society. One major mediating factor that is impacted by all statuses is stress. In the next section I will discuss how chronic stress is present on all levels of the socioeconomic ladder.

The Effects of Status Stress on Health

Everyone has to deal with stress at some point in their life. The real difference is present when you look at where these stressors are coming from. Along the social hierarchy these classes operate in different environments, which produce different stressors. This section will describe these differences in how socioeconomic status relates to stress.

A study by Ng et al. (2008) found that both wealth and poverty were positively related to stress. As wealth increases stress increases, and as poverty increases, stress increases. This displays how both ends of the spectrum can be impacted by stress, although for different reasons. The poor are most likely dealing with stress related to finding food and housing for themselves

and their family. They may also feel stress when looking for a job or trying to provide healthcare or dental care for their family. The wealthier individuals most likely work at high level jobs that are high-stress. While they may be making more money, their health may be affected by the chronic stress of their job, and also balancing their work life with home life. Schieman, Whitestone, and Van Gundy (2006) found that those in high status jobs have higher levels of “work to home conflict” than those in lower level positions. This conflict created stress in their lives due to pressures from their job and from their home life (Schieman et al. 2006).

The characteristics of neighborhoods can have an impact on stress as well as other health factors. In the Hill et al. (2009) study that was previously mentioned, disruptive neighborhoods can cause sleep disorders as well as stress. Being part of a low class neighborhood creates many stressful situations. Safety is a common issue, and being afraid for your life can be incredibly stressful. Also, the inability to get a proper night of rest can be stressful especially if there are other factors in your life that take up a lot of your energy during the day (Hill et al. 2009).

While objective measures of socioeconomic status are important, such as income level and education level, subjective or perceived socioeconomic status can also provide information in connection to stress. In a study researching adolescent stress levels it was found that stress was much higher for students with low objective socioeconomic status. Stress is also even higher for those with low perceived socioeconomic status (Goodman et al. 2005). The idea of perceived socioeconomic status may be an even better indicator of the impact of status stress, because it allows researchers to see how the subjects think of themselves within the social hierarchy.

When thinking about where and how these stressors develop, stress process theory plays a major role. The social environment in which these subjects live impacts how much they are

exposed to stressful situations. Social factors can have a huge impact on stress levels on both ends of the social ladder. While it is clear how socioeconomic status effects health and stress, stress must be connected to health as well. The next section will display how chronic stress impacts health and how well-being also plays a role.

The Effect of Stress on Health

As stated earlier, stress is present in all of our lives and is not harmful in small doses. Medical problems associated with stress appear with chronic stress. Since sociology is a social science, there is not a lot of emphasis put on specific medical processes. However, since this research question involves physical health, it is important to understand the basic workings of how chronic stress affects us physically. An importance must be placed on overall well-being. If chronic stress is present, but there are resources to cope with it, then health may not be affected.

It has been shown that chronic stress can cause heart disease, diabetes, cancer and other very serious conditions. Miller and Blackwell (2006) found that these chronic stressors cause cytokine molecules to produce inflammation in our immune system. The immune system helps to eliminate infection and is an imperative part of survival. Inflammation of the immune system can cause plaque to build up in blood vessels in our body. If this plaque ruptures many health problems can result, including a heart attack (Miller and Blackwell 2006).

The aforementioned Ng et al. (2008) study found that wealthier individuals had higher stress levels than poorer individuals. However they also had higher levels of subjective well-being. This means that although wealthier individuals have higher stress, most likely due to their higher level jobs, they feel healthy and happy overall. It can be hypothesized that although the wealthy have higher stress levels, the foundation of their stress may not be life threatening. The

wealthy have the satisfaction of providing for themselves and their family which will ultimately make them happier and healthier compared to someone who is having trouble finding necessary factors of life like food and shelter.

Medical evidence has proven how chronic stress negatively affects health outcomes. These effects are evident across all social classes. However the higher classes have a greater number of resources to cope with them.

Conclusion

Although research connecting socioeconomic status and health has been conducted for years, there is still more to be learned about this subject and its social implications. It is important to understand how all social statuses affect health and what factors could be directly affecting it, such as stress.

It is relatively easy to understand why those with low socioeconomic status may face health issues. There is little access to healthy food, little access to health or dental care, and many low class neighborhoods are unsafe and disruptive. We must also think of the effect of status on the other classes as well. While the upper and middle classes may have more economic resources they also have more to lose when thinking about employment and status. Involuntarily losing a job can produce intense complications in life, including health levels. Also, simply having a higher income does not automatically qualify individuals for better health. Material wealth may not be the only factor that contributes to health; overall social status is much more informative.

Understanding social factors that can lead to health problems is also very important. As I have demonstrated, stress is a mediating factor on all levels of the social hierarchy. The poor may feel stress over finding food, shelter, or other basic life necessities. The wealthy may feel

stress in high level positions, or balancing work life with family life. These factors relating socioeconomic status and stress can then connect to health, because chronic stress can cause major health problems and it has been shown to affect both the poor and the wealthy.

The relationship between socioeconomic status, stress and health has many implications for our lives and for sociology. It has been shown in many studies how social status differences can affect health on the individual and societal level. Healthcare is a large issue in our country which has been debated for many years. While it is great that a new universal healthcare bill has just been passed, preventative care must also be thought about. Social change/reform related to social inequality could be an incredible form of preventative care. If the gap between the wealthy and the poor could be closed, then socioeconomic status health implications could be reduced. However when thinking again about conflict theory, you have to wonder if this gap would ever be closed. Conflict theory studies the inequalities in society, and how one group is benefitting from the way society operates right now. If the upper class seems to be benefitting, by having less negative health outcomes and more resources to deal with stress, why would they want social change? It is mainly this higher socioeconomic group that has the power and if they fail to recognize changes that need to be made, social equality will not be reached.

With the passing of the new universal healthcare bill, I think it will be interesting to see its effects on the health of our nation. Future research into this area should study how the bill has improved healthcare and health in general. It would be interesting to see if the levels of health problems decrease or if there is just going to be more healthcare available. From a sociological point of view more healthcare is good for society, but the preventative care aspect of social equality would create even better health outcomes.

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