

Writing about health issues: voices from communities

A selection of writing from students studying
"Health Issues in the Community"

January 1999

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The course and training pack "Health issues in the Community" funded by the Health Education Board for Scotland as a demonstration project, was developed by the Department of Community Education at Moray House Institute of Education, Edinburgh.

The course is designed for local community groups who have an interest in health issues. Students are encouraged to look at their own experience in the light of broader social and political perspectives. The course is in two parts. The first part examines health in society, and investigates those factors which determine our health. The second part introduces community development methods as a way of taking action on health issues in communities.

This collection of students' writing has been put together as a resource for tutors and future students.

For some students, the idea of writing more formally is a new experience and writing an essay holds many terrors. The extracts here demonstrate how worthwhile it has been to encourage people to commit their ideas to paper so that others can learn from them and be inspired to join in this much needed debate on the determinants of health.

Selecting this material was a difficult but immensely enjoyable task. The range of topics and experience that is drawn on by students demonstrates the wealth of knowledge that is in the community - knowledge that is often unarticulated or unheard in the wider debates on health and health inequalities and which needs to be heard if there is to be social change.

There is a great deal of difference in reading **about** poverty, inequalities in health or an unhealthy society, rather than hearing from those people who have a first hand experience.

Some of these extracts are from short pieces of writing that students undertook as part of the course and often represent a personal point of view. Other contributions are from final essays.

This selection is in two parts. The first section covers the many influences which affect the health of people and communities and the second section covers community development approaches with some excellent examples of community action.

We are grateful to all those students whose work is printed here. We hope it will inspire other students undertaking the course and encourage them to add their voice to one of the key issues that needs to be tackled as we approach the end of the 1990's - the health of our communities.

Jane Jones
January 1999

Section One

What Affects our Health?

Poverty, unemployment, bad housing and lack of money, whether individually or as a community through lack of Government funding. These are all linked with the health of the community.

With poverty you can face problems with poor diet. The lack of money means cheaper food, a less nutritional diet, no fruit and veg on a daily basis, no meat and quite often you have to skip meals because there is not enough money to feed yourself three times a day, seven times a week. Children come first and at times even they miss out. Eventually your body lacks the energy it needs to keep you in a health state.

Unemployment causes negative energy, idleness, anti-social behaviour, frustration and anger - even more so if you are constantly trying to get somewhere with these problems whether it be the Housing Dept. Social Security, Welfare or the surgery. You can spend hours waiting to be seen and then find out that you're not really being listened to. All of which can cause negative energy and a kind of dead feeling.

Lack of money individually means that you have no social life, there's no money for childcare expenses, you can't entertain friends because there's no money for the meal, so it prevents you from visiting.

Lack of money from Government resources means that there is little you can become involved in around the community. There is little or no encouragement from Government bodies so its really difficult for individuals to feel motivated into trying to make a change, even a small one. The hand to mouth existence kills.

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Poverty squeezing me against the wall

Becoming a single mother on Income Support was and still is one of the most stressful periods of my life. I was thirty years old and for the first time in my

life I was alone and having to face the reality of that heavy weight - responsibility.

For besides having to cope with the realisation that the welfare of myself and of my kids now rested squarely on my shoulders, I was presently forced to deal directly with those authorities I had previously, happily and purposely avoided. I say purposely, for my only knowledge of said authorities was based on hearsay - stories which didn't inspire confidence or optimism but instead engendered fear, distrust and a passive sense of impotence. My current and future livelihood as far as I could see, now rested in their hands.

I also had to find ways of making the state benefits I received each week, cover every possible eventuality and more. Now we are really talking about stress. I felt alone, isolated and scared. The fear was the worst, especially at night, after the children had gone to bed, as I sat alone in the quiet darkness worrying about all the things that could go wrong - for the unknown was no longer seductive and exciting as free floating anxieties and "what ifs" loomed large in my life.

Money, its use and abuse, acquired a life of its own as its significance and importance, hitherto unknown, unguessed at, grew out of all proportion, squeezing me against the proverbial wall and a hard place - eventually taking complete control of my life.

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Caught in a net

Being dependent on low income or benefit has proven to be detrimental to health and wellbeing.

"Tackling Scotland's health problems is not just about confronting major diseases and illness. It is also about recognising and attacking the health inequalities which have increasingly seen the more

Poverty

affluent enjoy a much better health than people who are less well off"

(North Glasgow Baseline Study April 1998)

Stress is an inevitable part of life for people living on or below the breadline. The constant worry about making ends meet, about looking after the family and their needs.

Freedom from financial worries opens up a large number of options that can be controlled by the individual, leading to a much healthier lifestyle and better well being. Yet people on low income or benefits, they feel that they are caught in a net and find it difficult to escape, creating more stress and anxieties. For people in poverty, the stress of being unable to cope can be a killer.

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What is Poverty?

A lot of people say they are living on the poverty line - but what is poverty? The dictionary says it is "the state of being poor", "want or need" In this case, if you have money for food, bills, and clothes -are you on the poverty line? I myself sometimes feel that I am but I can give my kids food on the table, clothes on their back and I have a roof over my head. But I feel I can't give a lot of money to the kids for swimming, skating or to go to the pictures like other kids. I do try and my kids don't bother as they are used to it now as I have never had money to throw away.

Sometimes I feel bitter about the kids missing out but I miss out too. I don't go out for the same reason. I would rather give food to the kids and have heating in my house than go out drinking or smoking or clubbing. Some people find it very difficult without money, so to clothe themselves and their kids they get into debt through loans and hire purchase. They don't realise at the time that it just causes more problems for them. It gets harder

to keep up the payments and then they find themselves with no money to buy food. It has a spiral effect because they then end up with a lot of health problems due to stress - they can't eat, become quick-tempered with family and friends and can't sleep for worrying. This finally escalates into depression.

The local shops are very expensive but consider themselves convenient so charge accordingly. The government must take some blame for the poverty in today's society. They have cut back on benefits, health services and even caused job losses for some people. They have also added taxes or put mortgage prices up and increased community tax. All these put pressure on to the already stressed individual. People cannot survive so they start indulging in crime, they start shop-lifting and then sell the goods they have got to get money to feed their children and families. House breaking is also popular in our community. The offender doesn't think of the people they hurt, they are thinking of where their next meal is coming from.

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Housing

Noise and neighbours

I will concentrate on examining a health issue which is relevant to my community from a social model view of health. A major health issue in my community is poor housing and the repercussions of this on individuals and their families must be catastrophic with regards to the affects on their health. Yet the affects that the problems may have on someone's health may be difficult to prove and much of my arguments will be based on personal experience and my own opinions drawn from my position as a Lay Community Health Worker in my community.

Poor housing can cause specific illnesses as well as attributing to other illnesses indirectly or by creating stress and anxiety. One of the most prominent problems of poor housing which affects peoples' health is poor insulation and sound proofing, dampness which exists in many council owned properties as a result of poor design and construction as well as inadequate heating systems. The problem of dampness is worse for families on low income who find it difficult to contain the dampness in their homes because it is so expensive to heat them. Therefore, due to poor housing design, and inadequate heating systems families are forced to live with dampness because if they did heat their home properly they probably would not be able to afford to eat, and are therefore, forced to live with dampness in their homes. The kind of health problems are children getting chest infections, and colds on a regular basis. Furniture, wallpaper and carpets may need to be replaced on a regular basis due to the dampness spreading to them and making them smell of mold and looking discoloured and stained.

The poem by Liz Lohead called 'Con-densation' provides us with a descriptive idea of what life is like living with dampness. The poem also tells us what we can expect from housing officials who tend to hide behind the perception that dampness is

really condensation and therefore, a problem of the occupiers and not the fault of the housing authorities. Apart from the bits of useless advice on preventing dampness or should I say condensation the occupants are back to square one.

The pressure that can be created by noisy neighbours on a single mum, a young family or someone living on their own can be detrimental to their health. Noise is a violation of our privacy and an intrusion on our life, and is most prominent when you are trying to relax. Noise can be intrusive when you are at your most vulnerable, trying to sleep, trying to unwind after a busy day on the precise hour you have given yourself to relax and watch your favourite programme.

The persistent bursts of noise invading your sanctum can lead to extreme levels of anxiety and stress for people with little course of action

The pressure that can be created by noisy neighbours on a single mum, a young family or someone living on their own can be detrimental to their health.

Another problem is the occupant may not necessarily cause excessive noise but poor sound proofing resulting in the noise which is being heard not being excessive but is still intrusive. Even when there is no noise occupants suffering from noisy neighbours find it difficult to let their guard down and relax due to the fear of noise starting again. Sufferers of noisy neighbours start to listen out for intrusive noises like shouting, music, loud TV's and the banging of doors.

When someone suffering from noisy neighbours visits their doctor for anxiety attacks and being unable to sleep they are given sleeping pills or prozac. On visiting the local housing official they are listened to sympathetically, given information on

...due to poor housing design, and inadequate heating systems families are forced to live with dampness because if they did heat their home properly they probably would not be able to afford to eat, and are therefore, forced to live with dampness in their homes.

how the local council are tackling the widespread problem and a letter will be sent to residents explaining that excessive noise will not be tolerated by the housing department. The fact of the matter is that very little, if anything will transpire to cut down the noise. If the housing department evicts someone for excess noise (which is practically impossible due to the law) the type of person likely to move in are just as likely to make as much noise as the last tenant.

The above problem associated with poor housing is a major contributory factor to peoples health in my community, not for everybody but for a large section. Indirectly such problems regarding housing can lead to many other illnesses, more so through increased smoking, drinking and taking drugs to escape from the nightmare. Even suicide becomes an option.

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Animosity Between Neighbours

Everyone has a duty to think of how their own behaviour can have a knock on effect on the people around them. Living in a high rise block, this is even more important because of your proximity to your neighbours - quite literally living on top of one another.

When someone moves in who has no regard whatsoever but themselves, problems can escalate at an alarming rate.... Anger causes animosity, fear, intimidation and in severe cases, physical violence. Isolation, especially in high rise blocks makes the fear grow so bad that the only answer seems to be to move house to escape. Lack of sleep, living in fear, isolation - the perfect recipe for things like stress, high blood pressure, low self-esteem, depression and so on the list could go on forever! Depending on your medical condition before it all started, it could create a life threatening situation. In an extreme case the only outcome can be suicide.

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Overcrowding

I have three children. My son is 10 and a half years old, I also have twins, a boy and a girl which are 2 and a half years old. I live in a house in a tenement building which is overcrowded. I only have two bedrooms which is far too small for five people living in it. My three children share the same bedroom and I and their dad share the other one. I feel so sorry for my oldest son at times because all he wants is a room of his own to have his own privacy, but he can't have this at the moment with sharing with his brother and sister. I also have at times the worst neighbours anyone could have, the ones that get drunk a few times a week and decide to play their music up so loud that I can't even hear my television properly. Then on top of that, the arguments start and then they will physically fight with one another, sometimes this can continue into the early hours of the morning. I've tried to reason with these people but to no avail. They believe they're doing no wrong. We complained to the council about them but all that did was give them a verbal and written warning. This doesn't do any good. It's like banging our heads off a brick wall (hopeless).

Through this I began to get very stressed, then that lead to depression. It's alright for the council, they're not the ones having to put up with this anti-social behaviour. Round about a year and a half ago, it got to the stage my depression got worse, so I decided to attend my local doctor. I explained my problem to him, then the pen comes out and the miracle cure in a doctor's eyes is to prescribe anti-depressants, that's what I was sent away with.

I got outside the surgery and thought to myself no way am I going to rely on pills to help me with my problem. I thought I'd like to tackle this on my own so what I would do was get up early in the morning, get my babies ready and send my oldest son Andrew

...no way am I going to rely on pills to help me with my problem. I thought I'd like to tackle this on my own...

Housing

to school, I would walk practically everywhere all day, so that I didn't have to listen to other people's music and arguments and to hear the banging and vibration of my house shake with these neighbours throwing furniture at each other (that's the truth). Having to go through this routine every day, trying to think where I could walk to the next day, I was beginning to run out of routes to go to, as I walked them all. I would get really angry and I started to take it out on anyone and everyone (my anger) who came in contact with me. I hated myself for letting things like this get to me.

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Housing and Ethnic Stigma

Everyone needs a house, a house is only counted as a home when you are comfortable with the house and when you have put in your own personality; by decorating and furnishing it or by calling it your own. There are so many worries and problems connected with becoming independent by having your own place, you are always concerned with the area, neighbours, and whether it is safe or not to be left empty when you're on holiday.

If you can afford to have a mortgage will you always be able to keep up the payments, and what about getting it repossessed? These are all just initial thoughts and worries that can cause a lot of strain on yourselves as well as your family. These are just mental worries and can cause real worriers mental problems.

Although these are common concerns for all types of communities of all ages it is a lot worse for the Asian communities and for ethnic minorities as they have an added bonus of worries about racial abuse; being able to fit into the community, how the children will adjust to the western way of living, and how their unsocial hours keep them from mixing or attending a lot of community groups.

There is a very strong stigma attached to having a council house in the Asian community. It is believed that this is not a good thing, that it shows younot being able to look after your family, not being able to provide for them yourselves. So you cannot hold your head high in society.

Although there are some people from the second and third generations who believe that a council house is the best way for them to start out with a bride, so they have their own home, their parents would prefer them not to be miles away but to be able to get something nearer to them as possible in the nearest council estate to where they are. This is not always as easy as it seems as the council has a policy to have so many of the ethnic minority community in each area so it isn't overcrowded by people of the same community.

These problems cause a great deal of stress as people of ethnic origin like to keep their families together or as close as possible so that they can communicate with each other so there is less chance of becoming isolated. Isolation also causes depression, and whilst the males are out working the females tend to stay in which makes them even more isolated from all communities."

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High Rise Flats

I have lived in the same area for thirty six years. The block of flats in which I now abide have been up for approximately thirty years. There has been very little done to them in this time, a slap of paint here and there. I live on the first floor - you would think she's pretty lucky just one floor up, eh, what a joke! When I moved into my flat, within a month my daughter's room was soaking with dampness, her bed when we lifted the mattress was covered in black mould, her carpet was soaking wet, - as for the bathroom I had

Isolation is a major problem in the flats. You can go for days without seeing anybody - try to imagine women living on their own and not seeing anybody for days on end.

curly mushrooms growing and there were so many I had thought of going into the fruit and veg business! When I got in touch with the council, here was the biggest excuse - "Condensation".

A young single mum stuck in the house most of the time, is maybe too glad to let the kids go out to play and does not realise what they are up to. Isolation is a major problem in the flats. You can go for days without seeing anybody - try to imagine women living on their own and not seeing anybody for days on end. If you were not ill when you moved in to your flat you certainly would be in a while. At least I have the ability to meet people outside and if I have the flu or whatever I would have someone to come and see me. That's why although I feel deeply for the young women on their own - what about the old folk? There was a case a few weeks ago when the two lifts were off for eight days. How did the people survive who were not able to go out? This is where the old fashioned neighbourly concerns could be used in this case. A lot of women living like this with no family and no friends could feel isolated and then this could lead to depression and other mental illnesses - how is this lonely woman going to ask for help? Yes, it is a horrible thought - of any person being in that position, especially in this day and age, but sadly it does go on.

Security

As a woman who lives on her own I am a lot more wary of living in the flats than when I stayed in a tenement. I find a lot of the times when I open my front door that someone has been on my landing drinking beer or whatever, and for about eight months I was on this landing myself at night. I have ample locks on my door and a phone at my bedside. Just the thought of someone sitting drinking outside my door scares me. Although I don't use the lifts I would be very wary getting into them with strangers, especially in our lifts as they break down more than

what they work.

Maintenance

In our flats we have a lot of mums with babies and small children and they seem to be getting stuck higher and higher. With our lifts not even being at normal standard they break down all the time. When I first moved into the flats I thought the lift man was a resident, because the van was here that often! Mums having to either bump buggies down at least fourteen flights of stairs or staying in the flat all day with the children. No wonder a lot of the young women nowadays have some sort of mental illness, caused either through isolation or depression or maybe physical illness being stuck in the flat for days on an end especially if she doesn't have a phone to try and contact anybody or if it's a physical illness - trying to contact the doctor. I listen to stories from my mum and gran from a different generation when nobody was isolated because everybody would be looking out for each other. You always saw someone and when you were ill - with a blink of an eye, your home was invaded with friends and family with enough chicken soup and sympathy to last for weeks.



Social and Economic Influences

The only way in which I can best explain what deprivation and its connection with health issues is, would be to write about my own personal experiences and feelings.

Scores of empty houses become targets for kids, eventually vandalism soon appears. Before we know where we are our area soon becomes a nightmare for the remaining residents. The form of play by the nightmare perpetrators consists of destruction and disrespect for themselves and the remaining residents. Unlit close, stair and street lighting invites alcohol and drug induced youths, joy riders, house breakers, drug pushers and many unsavoury characters.

Neighbours soon become isolated and many of them turn to either alcohol or drugs or even both, to help alleviate the pain barrier of feelings



of isolation, loneliness, powerlessness, despondency and low self-esteem.

However, there is also the ongoing thought of being caught up in the poverty trap and being just another statistic within the unemployment figures. When all this eventually grinds us down, our spirits are broken and our health is severely dealt a heavy blow which in turn can cause us mental health problems. Having personally experienced these issues, I for one can categorically confirm that living under these circumstances can definitely cause great damage to our health.

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Designer clothes and deprivation

Another problem parents face here in Broomhouse is that of children wanting designer clothes - those with brand names and because of low incomes or unemployment some parents cannot afford to do this but the children do not seem to understand why they cannot have this and will do anything to get it even turn to crime. These are normally the teenagers who steal so that they get what clothes they want - because peer pressure demands what is fashion. It was the teenagers in Broomhouse that gave us the name of Little Bosnia.

A lot of people's health gets affected by the environment they live in. Damage to property and the negative atmosphere the area has is due to bad publicity we get from newspapers. A lot of people's drink and drug problems are caused by depression and unwanted stress which relates to poverty, so they go to the doctor and they are prescribed pills which do not always solve the problems. The drink and drugs just help them forget for a little while but it does not cure it. So the symptoms are being treated, not the problem.

By giving Broomhouse a voice in the form of the tenants and residents association we can have a say on policies that affect our lives and the lives of our children.

Depression

“It has been estimated by the Mental Health Foundation in Britain on the basis of surveys and studies, that some six million people suffer from psychiatric ill-health ie. mental health. In the United Kingdom in the course of the average year, this figure represents one in ten of the population. The great majority of those affected, some 4.5 million people, are between fifteen and sixty-five, the age of the working population. A further 1.2 million are over sixty-five, and approximately three hundred thousand are children.”

(Depression and how to survive it (Spike Milligan and Anthony Clare), Ch.3 page 56.)

Society has to recognise that when living in a deprived area such as Wester Hailes, pressures are high and living standards are low due to poor housing. This includes conditions such as overcrowding, unsociable neighbours and dampness, which is one of Britain’s major housing problems in deprived areas. These conditions cause people’s ill health and lower their standards of living by having to replace mouldy furniture, clothes etc. Also having to pay more for fuel bills in order to keep suitable living conditions. This can all lead to frustration and depression, making people feel powerless but angry at people in authority such as housing officials, as they like to think they have more knowledge and control of the problem, as they have the power. In some situations they abuse their power in order to make people feel powerless, giving them no self worth and no confidence in themselves, all adding to depression.

After looking at a census data of the ward profiles, I found that

unemployment was higher in deprived areas, giving people a lower income, causing them to have a poorer diet and a lower standard of living, leading to ill health and poverty. This can sometimes lead to crime and anti-social behaviour. These conditions can cause depression, not just on the victim but sometimes the offender too.

In my view ethnic minority groups may suffer more because of the language barrier, poor information and the lack of proper support. A more serious problem throughout Britain is racial harassment. At a seminar on depression organised by Nari Kallyan Shango, (Unit 4 Handout 9b). One woman spoke about her multi racial problems and why she needed to change her house. Her children could not attend the local school, because of prevailing racism. She had graffiti on her door, constant pressing of her buzzer by local teenagers and cutting of her phone line and several other forms of racial harassment. Because of this she suffered isolation and depression.

On the sixth of June 1998, a meeting was arranged with Lynda Clark MP for Wester Hailes, with myself and two other students. To ask about the government’s plans for mental health. We put two questions to Lynda Clark; Is the government planning to increase the provision for those with mental health problems? and Why do you think mental health problems are on the increase?

She told us that the government’s Public Health Green Paper sets out a national target for mental health as a priority and that the Green Paper discusses this. In particular it highlights the inequalities in mental health—the unskilled are twice as likely to suffer. So according to the Public Health Green Paper, the present government is taking mental health more seriously.

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Poverty and Powerlessness

Other “outside” influences that we have no control over play a part in causing depression. For example, government policies affecting state benefits ie. imposed difficulties placed on entitlement to benefit - the lengthy form to fill in, forcing people to take on low paid work or else risk having their benefit cut. Just these few examples alone will have an effect on the general “feel” in which a person sees themselves. That is detrimental to that person’s health and wellbeing as my own experience has shown me. There is also that power thing. “They” have all the decision making power. This can leave a person feeling disempowered, inadequate and worthless and that they have no control or say in what happens in their life. Being forced into looking for work and with the job market having few jobs on offer, along with the huge amount of competition there is for each job can leave a person with feelings of despair.

Poverty also takes its toll. Not having enough money to sustain a healthy diet is going to affect the health of the person in the long run. Also having no money to enjoy some kind of social life can only serve to isolate people. Restriction on travelling, just within the city is one more example of how poverty affects us. Poverty imposes all kinds of restrictions on people - I’ve mentioned but a few.

Another example is Government policies affecting cutbacks on urban aid, reducing monies that are essential for the upkeep of community projects. Projects that we need in order to promote a positive community spirit.

Social attitudes also play a part in disempowering the individual. In modern western society there is a lot of emphasis put on personal achievement and the acquisition of material possessions and the linking of personal status and personal power along with that. If the person for no fault of their own is unable to match up to those demands or expectations, this can have

a detrimental effects on the individual whereby he or she can feel disempowered, worthless and looked upon by others and themselves as a failure.



Racism and mental health

Every so often you hear of people suffering from poor mental health. This does not automatically mean that suddenly somebody has become mentally ill, is disabled and has lost the function of their brain. People’s mental health can also be affected by depression, bullying, racism and arranged marriages.

Mental health problems are often caused by not being able to get any satisfaction out of an impossible situation. Sometimes these issues are not avoidable. You cannot, for instance, avoid bullying which causes a lot of stress and mental pressure on both parents and child - who are the victims of such suffering. This can lead to depression and the feeling of being incapable of sorting out the situation. In such a position it causes the feeling of powerlessness. This also causes isolation due to the fact that the victim is not believed or understood by the listener and when told to people in authority, the victim is patronized and degraded.

People in authority should be supporting equality, social justice and democracy as this is the 20th century and these principles are put forward at almost all levels throughout education, housing, health and welfare.

The husband who is an immigrant from abroad also has different priorities from the men here. They have responsibility to still look after their parents and younger brothers and sisters who are still abroad by sending as much as possible monthly, to look after the family’s education, welfare and health and any extra expenditure such as weddings and funerals. Even if this means that his own wife and

Restriction on travelling, just within the city is one more example of how poverty affects us. Poverty imposes all kinds of restrictions on people

children are suffering from serious deprivation (this is not exaggeration) it is considered that they will be able to manage even on the lowest income as they are in Britain. Although the husbands do not speak any English, they manage to get by with little English by working in shops - shelving, cleaning and unloading shopping from the Cash 'n Carry. They rely on their wives to translate for them whenever needed, for example doctors, solicitors, schools and hospitals and this adds to the burdens on the wives. They take for granted that the upbringing of the children and housework is strictly for women as that is the way they have been brought up.

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Post-natal Support- a health issue for the Maryhill community

Post-natal depression is the name commonly given to the distressing condition experienced by many women during the weeks, months and sometimes years following childbirth. It is associated with a variety of negative emotions or symptoms such as unhappiness, anxiety, despair, hopelessness, powerlessness and ultimately depression. Like so many mental health issues, it is often deeply misunderstood, ignored and sometimes unseen by both healthcare services and by the very communities to seek serve.

Postnatal depression, to give it a name, can and does affect women regardless of age, race, marital status - and what social economic means they may have. However, as I will go on to discuss, I believe that it is those women who are already disadvantaged by issues of poverty, deprivation, unemployment who indeed will most often have the greatest need of help and care during the post-natal period.

Women's experience of postnatal difficulties, as with other health issues, will develop largely on a variety of factors - where they live, what they do,

what services and facilities they have access to, what money they have at their disposal, what kind of environment they live in. That is not to say that women of a higher social class with more prosperous means will not experience emotional difficulties, but those women will have more opportunities and power to change things. They will have better access to health care services, to leisure and social facilities, education and information.

The Black Report demonstrated that ill health is directly related to social class, those people of a lower social class being the most vulnerable to ill health. Inequalities in health exist because of the relative gap between rich and poor. The report goes on to describe that problems arise when health care provision and policies (social, economic and healthcare) does not correspond to those patterns of health. This is reiterated by Margaret Whithead in "Concepts and Principles of Equality and Health". who described a basic inequity in health care provision. Disadvantaged groups suffer a heavier burden of illness, a poorer quality of life and poorer survival chances. However, the inequity arises because health services do not reflect those needs. This inequity was also noted by Tudor Hart who stated almost two decades ago that

"The availability of good medical care tends to vary inversely with the need of the population served,"

(Tudor Hart 1971:-412)

This is known as the "Inverse Care Law," where the most deprived receive the lowest level of healthcare provision.

This seems to be concerned with health on a medical basis only and puts the blame firmly at the door of healthcare - however given that in contemporary Britain, primary healthcare is dominated by medical care, it is relevant to the treatment of

A women isolated in her home and suffering from Postnatal depression needs more than a visit from her GP to help her.

women with PND, that the medical response is deeply unequal.

A wider understanding of health and the nature of Postnatal depression, and what contributes to it, means that we must look further than the health service, with its team of professional medical staff, to all organisations, individual, government agencies and the political domain, whose action whether directly or indirectly affects the health of us all.

The medical model of health to which we predominately ascribe to in the Western worlds, is concerned with diagnosis and treatment. It tends to look to the individual for fault and blame and as McKeown has put forward :

“Medical Science and services are misdirected and society’s investment in health not well used, because they rest on the erroneous assumption about the basis of human health. It is assumed that the body can be regarded as a machine whose protection from disease depends primarily on a medical intervention. This approach has led to the indifference to the external influences and personal behaviour which are the predominant determinants of health.”

This dominant medical notion of health has justified the prominent position of medical professions in tackling the nations health. This can be demonstrated clearly in the tackling of Postnatal depression.

Health professionals have now accepted the occurrence of depressive emotions following childbirth. “The Edinburgh Scale” test is now widely used by Health Visitors as a diagnostic aid. Diagnosis is very important to medical care, without diagnosis, there can be no label and therefore no treatment.

Medical professional have tended to attribute PND to hormonal changes caused by childbirth and breast-feeding. This points to the women’s physical makeup and bodily function as being

the cause of difficulties. It neglects to see women as a whole person, and fails to place her in her socioeconomic environment.

It is only by looking at the whole person, do we begin to understand PND. Problems adjusting to a new baby at a time when society’s expectations are one of joyfulness and satisfaction of being a mother, can lead to women feeling inadequate, anxious, frightened and hopeless. The lack of support on a daily basis, financial worries, relationships stresses, housing problems, loss of career, loose of friends and social contact can lead to loneliness and desperate unhappiness.

The situation becomes much more difficult when faced with poverty. Women become isolated because of social, economic and environmental barriers. It is not difficult to see why emotional upset happens.

How then can medical intervention hope to help those in need. It is evident that it has severe limitation. If the root causes of postnatal depression are social, then I believe the response must reflect this. Rather than locating the problem within the women herself and treating her with drug therapy it is necessary to look at the external influences. The immense barriers to achieving good health must be identified and tackled.

An understanding of health in its widest sense is needed, as well as acknowledgement that health is not the remit of the medical domain only, but that responsibility for it lies with social services, housing, employment, environment, policy makers - the list is endless. Tackling issues in poverty and the complex social problems resulting from it needs a multi agency approach.

A women isolated in her home and suffering from Postnatal depression needs more than a visit from her GP to help her. Having worked in my own community on this health issue, I feel strongly that communities identifying their own health needs and then acting on them is the only approach which can

hope to address the real difficulties for postnatal women. Adopting a community development approach means accepting that people hold experience of their own health, and by enabling them to voice their needs and be listened to is the most positive way of tackling health.

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Post-Natal Depression and Bangladeshi Women

10% of women suffer this illness (Scottish Women BBC November 1995). I will try to write about Bangladeshi women and their post-natal depression. In my working experience I have found that almost half the Bangladeshi women suffer from post-natal depression. Why is there so much here? Young Bangladeshi women in Edinburgh are suffering many kinds of problems. Their problems are different and so we need to identify it differently.

Identifying the Issue

Their problem starts from language and cultural barriers. When women have got a language problem they are isolated from present society. They automatically lose their confidence. They can not go out on their own and they become housebound all day and night.

A young woman often arrives in this country on her own, newly married with a husband. She cannot speak English at all. Within a year she might get pregnant, most of the time without any plans. The woman is not familiar with this country's weather, food or the system. Newly married women do not even know that they need to go to the ante-natal check-up. They do not know the meaning of ante-natal classes. If some do know about the services they still do not give any importance to them, and understanding post-natal depression is very much beyond them.

Because women have left their mother and close relatives in their own country, when the baby arrives at home sometimes they are totally lost. New mothers' expectations are high and when they do not find any support - they feel silent and depressed. They cannot explain what has happened to them. Some women say that they do not know what kind of illness it is. Women can feel totally down, and also feel that she has some barriers with her baby. She feels she is not part of the family and she doesn't trust anybody, even her husband because her husband does not believe it is a kind of illness. He thinks clinically she is alright - why is she making all the fuss?

Some women are living with their extended family and in lots of families she also has to deal with the cultural stigma which means they do not talk about any depression and the woman should suffer at home. Sometimes they say that bad women suffer from depression.

With this kind of social problem, no one gives any attention to the woman. As a result quite a lot of Bangladeshi young mothers have to go to hospital, which is the last resort for isolated women.

Some people say that Asian women have a painful birth. Yes- they have a painful birth because they had to go to the labour suite without any knowledge. New mothers do not know anything about pregnancy and giving birth, for the cultural barriers mean they are not allowed to know beforehand. And when it is time to know then they have a language barrier. After a painful birth, they do not look forward to a wonderful life.

Sometimes they have other children at home and other family members to look after. A woman will therefore have a very difficult time if she suffers from post-natal depression.

Immigration laws are also part of the problem. Women get married to a Bangladeshi man. After marriage she comes to this country already pregnant

Some people say that Asian women have a painful birth. Yes- they have a painful birth because they had to go to the labour suite without any knowledge. New mothers do not know anything about pregnancy and giving birth, for the cultural barriers mean they are not allowed to know beforehand.

but her husband does not get entry for a long time. Women are separated for a long time from their husband and this causes severe depression. This is unjust.

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Women suffering from mental health problems

Unemployment

A woman (in most cases) is:

- the prime carer;
- money manager and financial wizard;
- purchaser of all food, clothes and household necessities.

Try to imagine, if you possibly can how difficult and impossible it is for her, three children, a dog and a budgie to manage on £100 per week. She hasn't got a small cash flow problem on her hands, she has a major catastrophe to deal with. This is not just a short term problem, this is reality and she has to face it everyday. Coping with this daily is extremely detrimental to a woman's mental health.

Isolation

Taking into account all of the contributing factors, is it any wonder women become isolated? If you had no money, three small children and were stranded on the top floor of a high rise - would you not then become isolated? It doesn't stop there, long term isolation eventually leads on to depression.

Poverty

This is a knock on effect from unemployment. It is no wonder that families on unemployment benefit have the worst diet. This is certainly not through choice (as Edwina Currie, ex-minister for Health would have you believe). When the bills are paid there is very little left for food, let alone sustaining a nutritional and well

balanced diet. Women often have to choose whether to feed themselves or their children, a difficult choice to have to make. Women who often miss meals to feed their children can suffer from various physical illnesses eg. weight loss, anaemia, low blood sugar, dental problems, vitamin deficiencies etc.

There is another major problem caused by poverty - debt. In a recent survey published by the National Childrens Home it was found that many Scottish families on a low income are deeply in debt. This isn't the result of buying too many luxuries, going on holiday or buying a nice new car - no, this is in order to buy food for their families and to be able to afford fuel to heat their damp ridden homes.

All of these problems accumulate and snowball and invariably lead onto depression. The woman can no longer function - she decides to go and see her GP in the hope that he or she can solve all her problems (boy is she in for a shock). Do they? Can they wave a magic wand and it all disappears - in a word NO.

The GP today, unfortunately can only treat the symptoms and not the causes. They have not got the time, resources or sometimes even the inclination to help. The best they can do to try and alleviate the problems is to prescribe tranquillisers or usually anti-depressants (this is often referred to as the "chemical straight jacket").

I've begun to question why - How can this happen? More importantly who lets it happen? More importantly how can it be avoided? This is a very big question. But surely it must be more beneficial to everyone involved if this everyday kind of scenario could be prevented. But how? Well instead of waiting until women become so ill they are put into a psychiatric hospital, which obviously costs the Health Service a lot of money, or waiting until her children are put into care, surely prevention seems the logical answer.

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Try to imagine, if you possibly can how difficult and impossible it is for her, three children, a dog and a budgie to manage on £100 per week. She hasn't got a small cash flow problem on her hands, she has a major catastrophe to deal with.

I was interviewed by the British High Commission for my visa to gain entry to the UK and I was asked stupid and ridiculous questions such as how many bedrooms are in your husband's house, the colour of the curtains, the names of **all** his family and relatives. I was accused of trying to gain entry into the UK under false circumstances. I spent hours trying to make them believe me.

I felt very embarrassed and extremely angry, also completely powerless to make them believe me. I wish I could have told them that they should know how to treat a person with some respect as other foreigners are not treated in the same way.

I had such little power because no matter how much I tried to make them believe I loved my husband, they just continued to ask me the same questions again and again. They had so much power because they could refuse my visa indefinitely.

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Feeling Powerless

Time: At present

We had to leave Glasgow which was our home for some reason. We were given temporary accommodation in a flat, one floor up. My kids make too much noise, neighbours complain and sometimes even call the police. It's alright when **they** make noise - loud TV and music, slamming of the doors.

I feel powerless then.

We were given 2 offers of council houses which we refused on the grounds of racism and poor housing condition. With the help of Shelter we were given the 3rd offer at Wester Hailes which we accepted and straight away applied for a grant which we didn't get.

I felt powerless then

After trying again for a grant we were given a loan. Finally the Giros were sent but unfortunately they made a

Powerlessness



slight spelling mistake in my name and the Post Office wouldn't cash them. So I took back the Giro for replacement - which took another 2 weeks.

I felt powerless again.

Meanwhile my loan was in process. I received a huge rent bill for the council house I was to move into as the Housing Benefit could not be received until I moved in. I explained to them that my loan is in process but in the meantime could they make a few repairs in the house like leakage from the bathroom into the kitchen, broken windows and graffiti - which they didn't. I could not move in until these repairs were done and my loan was processed.

I felt powerless then.

I went to the Housing office and explained to them about the repairs and requested them to do something about the charges as it is not completely my fault. I was in a hurry to move in because of my kids. I explained to them about the Benefit Office, how they had made a spelling mistake in my name on the Giro which delayed it a further 2 weeks.

But the Housing Dept. said they work in a separate office than the Benefits Office. I went back to the Benefits Office and they told me to go to the C.A.B. The C.A.B. told me to go to my councillor in Wester Hailes. Councillor is on holiday.

Tomorrow I'm moving house.



Men can be powerless too!

There have been a number of times I can remember feeling powerless, things were out with my control. Two of these occasions have been quite sensitive, stirring up deep emotional feelings and self acceptance of loneliness, understanding of others' feelings, awareness and frustrated anger.

My wife and I have been unfortunate in losing two daughters at birth. On both occasions, as everyone expects, I had to be strong for my wife's sake. The bit I have difficulty trying to understand was, while doing the manly thing, being strong, I can't recall anyone (except for my wife) asking me about my feelings, thoughts or any problems I was going through at these times.

Although both the incidents happened over 20 years ago I still find it a struggle to mention my feelings. Sure I'm a man, sure I have to be strong. Doctors, nurses, parents, family and friends wrap a suit of armour round me - not to protect myself - but wrap it round in case any of the feelings I have harbouring escape. We wouldn't want that now would we? A big macho man with feelings for daughters who were not given the chance for life. Not at all! Get on with it man!

I can assure you that is not the case. I hurted and hurted like hell in silence. Why? Because I'm a man, a poor pathetic powerless man who is only allowed to grieve at the graveside then get on with life as normal.



I feel strongly about the following:

1. Why should being a different colour or race affect people's views of me?
2. Why are people grouped and treated differently in society just because they are older, Asian or female? People should not be discriminated against through age, colour etc. - especially in the health service.
3. Why are there certain rights for upper class white people and not for those on lower incomes, mainly black or Asians?

There should be no denial to the health service due to language difficulties, creche facilities and the requirements for more female doctors for the majority of Asian women.

People should be made more aware of what they are entitled to, their rights e.g.. translators, creche facilities. Asian women are prone to depression. They should get out more and make friends and meet people instead of always staying home which causes stress and depression. Women keep things to themselves too much, causing health problems eg. diabetes, breakdowns.

This causes problems for the family ie. the kids. The husband may not be prepared to listen or to let the wife out to discuss family issues hence causing arguments at home and setting bad examples for the children.

I feel all cultures /races should be treated with equal right and there should be no discrimination against age, sex, colour etc.

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**Inequality and the NHS
Personal thoughts and feelings**

I am a 45 year old male, married with a non dependant family. Although I have been quite fortunate with my health in

relation to not having to use the NHS for any serious personal health problem, I felt comfortable knowing that the NHS, if need be, would provide up to date medical equipment and dedicated staff.

However, with the introduction of "the Trust" to the NHS, my comfort zone is now creeping into a level of fear and mistrust. These fears stem from the thought that any hospital treatment I may require in the future could be based on affordability.

What do I do with my feelings of fear? Another unnecessary worry on top of being unemployed, living in poor housing conditions, deprivation and poverty. Sometimes I have thoughts of "F— it - whit's the use moaning, it's out with my control." I also have thoughts of high expectations and demands of equal health care. But somehow, I think I'm sharing the same dream that Aneurin Bevan had for the NHS.

Twenty years after the NHS was established Tudor Harte published his findings of inequality in health issues. This became known as the inverse care law.

"Areas with most needs had worst services and areas with less needs had better services"

(Unit 3 Handout 8 Section 1).

Dr Tudor Harte also identified external factors that had adverse conditions and health issues -poor housing, deprivation and poverty are a contributory ingredient to poor health. We are only a few weeks away from the NHS 50th anniversary. 50 years gone past and still no equality.

I have mixed feelings regarding the NHS. Feelings of hope that it can achieve its ultimate goal of providing equal health care across the board. But there is also feelings of despair and doubt. With the aforementioned external factors, NHS cutbacks, low paid staff and feedback I have received

Equity and Justice

from employees and ex-employees, the morale within the NHS does not build the confidence that suggests the NHS is on the right track.

It brings feelings of sadness, anger, frustration and confusion that 50 years after the NHS was established it is still the poor, the expectant mother caught in the poverty trap, living in areas of deprivation, suffering from hardship, distress and misery, still in the late 90's these mothers have a higher chance of child birth fatalities than their counterparts who live better lifestyles, better housing conditions, less or no financial worries. For the surviving children from deprived areas, poor diets have also proven to create medical health problems, yet the cycle goes on and on.

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Increasing Inequalities

The growing difference between the standard of living in certain areas in Britain is becoming more and more obvious. In the poorer deprived areas bad housing and lack of opportunities play a large part in the poor health of the population. There is no incentive for the young to learn or take any interest in education if they do not have a decent place to live and study, or a goal to aim for, such as worthwhile employment with a good enough income to enable them to improve their way of life, with no question of payment for further education to put them in debt before they have even started to earn. According to researchers, 42 000 men, women and children die every year because of their low standard of living while people in the middle classes have a better chance of survival. Although living conditions in general have improved greatly over the years with cleaner air, water and a

public sewerage system there is still much to be done. Some people are still living in damp, sub-standard houses on a low income, unable to heat their house properly or have a good healthy diet. This is a major cause of ill health. It has always seemed to be the policy of different governments and the media to blame the people for bad eating habits, smoking and drinking too much and so shedding the guilt instead of getting to the root of the trouble. If everyone had a good home in well planned housing schemes, with safe play areas, well-equipped local schools, affordable leisure centres all with easy access for the disabled and a healthy diet there would be a marked improvement in the health of the nation. While doctors can heal or treat most illnesses or diseases they cannot cure the underlying causes over which the ordinary person has no control. The National Health Service was created so that everyone, no matter what their income, colour or creed was, they would be treated alike instead of the two tier system we have now where if you have the money you go to the front of the queue. This causes a lot of inequality amongst people.

The International Conference in Primary Health Care, meeting in Alma Ata 1978, strongly stated that health means physical, mental and social well-being and not just absence of disease or infirmity and is a fundamental right for all. The developing and third world countries have such big national debts that they cannot afford even basic necessities such as a clean water supply, sanitation, family planning or decent shelter and food. Most of the diseases they suffer from could be eradicated if they had immunisation. Unless there is international political will to share out the wealth of the world more evenly these injustices will continue.

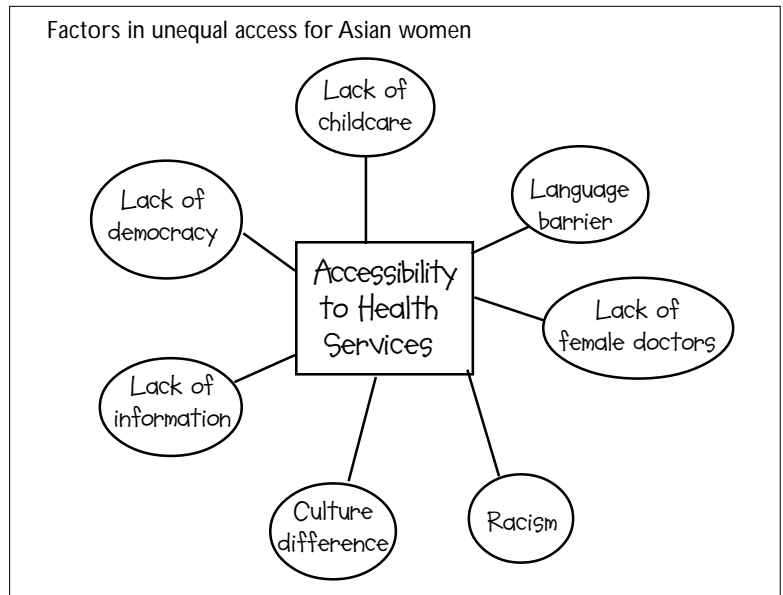
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Inequality of Access to health services

My essay is about accessibility to health services for Asian women. Asian women have an added problem as well as their everyday concerns as they cannot access the health services that are available to all, quite as easily, due to their lack of English language and some being illiterate. Their problems are different because of their culture and we have to identify their problems with regard to different values. In our culture, it is said that men are not allowed to see the lower half of a woman's body or feel their breast, even if they are doctors. There are women's doctors for women's problems and that is very different and difficult for us to understand how Western women do not mind the doctors checking women's private parts, as it is too embarrassing.

Lack of Childcare

Women with three to four young children, they don't have anyone in the house who can help them. Their husbands have to go to work and they are on their own. They cannot ask anyone to look after their children, even though there are nurseries, creches and children's centres. They do not understand our culture difference about foods, religious hygiene - why we have to wash ourself after going to the toilet - and why we cannot trust them to look after our children, the way our culture wants. For example, we do not believe the children should be taught that women carry babies in their stomach or that this is your boyfriend, how many boyfriends or girlfriends are you going to have. These barriers are minor things for the English culture but have a great deal of impact on our young children, which makes them rebel (torn between two cultures) when they are older. In white culture, friends share the responsibilities of helping each other with child minding as they usually have just one child to mind and they are strict about their timings (coming and going).



Language Barriers

Language is a big problem for our people who come from Pakistan, India, Bangladesh. Even though they have been speaking English there, they have a different accent than in England, Birmingham or Scotland. These are very much stronger, which makes it hard for them to understand and if they try to speak to people they meet, they feel as though they are being laughed at which makes them lose confidence and causes a problem for them to access English classes. They feel that they already know and do not need more language but need to know about the accent so that they feel comfortable with it. There are also others who cannot read and write any language at all. These people have added problems as they cannot even learn and understand the language. This makes them isolated.

Women suffer from this more because they need to access the health service eg. ante-natal clinic, GP, hospital appointments, schools etc. They cannot because they do not know how to get to an interpreter or translator to be able to go with them because they do not understand the language or the information leaflets given to them. This causes them much stress and anxiety.



Food and Health

An issue that is of concern and impacts disproportionately on the community of Greater Easterhouse is Food - its availability, affordability and quality. Research has shown that people living in Greater Easterhouse are more likely to spend a higher percentage of their income on food. This - when the majority of the population is either on Income Support, Family Credit or in low paid employment. However, in areas with a higher percentage of affluent residents, their income and expenditure on food is proportionately less. Furthermore, not only are the residents of Easterhouse spending more, they are eating an unhealthier diet. How can this be? Surely food is the same price, roughly, and accessible to everyone? There may be regional variations but not so markedly within one city? Food is a basic requirement but it could be as simple as - those who can afford to eat properly do and those who can't don't.

The problem has several strands to it. One of them, however, is not that the people of Greater Easterhouse do not have the intelligence to eat correctly. They do know what constitutes a "healthy diet".

Research has shown that people living in Greater Easterhouse are more likely to spend a higher percentage of their income on food. This - when the majority of the population is either on Income Support, Family Credit or in low paid employment.

People and organisations have been more than willing to tell them. It is more down to not having the resources and being caught up in a poverty cycle not of their own making.

Greater Easterhouse has a population comparable to a large town. It has one shopping centre, several small shops spread throughout its fifteen communities, plus infrequent grocery

van services. Due to the geographical layout of Easterhouse these mall shops and vans are sometimes the only means by which people can purchase food. This unfortunately can contribute to people becoming solely dependent on one shop or a van. This leads to a restricted choice and lack of choice leaves the shopper open to exploitation.

This plight is further complicated by low car ownership and irregular public transport - marginalising them even further. Add to this the recent development of out of town retail parks and people find themselves additionally detached from the now accepted "normal" avenues of shopping. Some may lack storage facilities such as fridges, and freezers.

Availability of certain foods in the shops in Greater Easterhouse is limited. Especially fresh fruit and vegetables. Stock rotation of these items is slow and retailers seem determined to leave perishables on the shelves beyond their sell by date or not stocking them at all in the belief that they will not sell. This leaves the parent with two choices - to purchase substandard food or to omit fruit and vegetables from their diet altogether.

The omission of fruit and vegetables can contribute to declining health. Incidence of cancer may increase and children grow up unaccustomed to eating fruit or including vegetables in their diet. They may miss out on the nutrients required to grow properly. This may influence their health and ultimately their childrens.

As consecutive generations duplicate previous eating habits, the depreciation of successive generations wellbeing is set in motion, and may prove to be difficult to reverse.

According to the Scottish Office's "Scotland's Health" dietary patterns in Scotland are acknowledged to be unhealthy. People are eating excessive amounts of unhealthy food and insufficient quantities of healthy food. But how can residents of Greater Easterhouse change to a healthier diet

or eating habits when resources required for those changes are not there. Unfortunately because they are unable to make these changes which are virtually unattainable, the policy makers are more than willing to blame the people of easterhouse for the situation they find themselves in. This is surely counter productive. People anywhere would take umbrage at being told what to do and then being blamed for something outwith their control.

Parents might also find themselves pressurised when they cannot buy the more expensive highly advertised foods. The consequences of this may leave parents feeling guilty at not “providing” properly for their children. These inadequacies are highlighted by an overwhelming feeling of powerlessness. The power lies with the retail business. It is they who decide where the shopping outlets go - and effectively who can use them and who cannot. This raises the question of whether this is an active or passive policy? Or is it just purely down to market forces?

problems faced by the people in this country. People who have a lower income pay a higher proportion as they are on PAYE as opposed to higher earners who will employ an accountant to minimise their liability to pay tax. We also tend to forget the hidden taxation i.e. VAT on clothing, heating and every other bill which comes into the home.

The price of food rockets if you live on a sprawling council estate with only a small grocer shop who can't compete with the buying power of the multi-supermarkets. These shops also tend to have a very limited stock of fresh vegetables, fruit and foods which leads to a very poor, uninteresting but expensive diet for families caught in the poverty trap. With no easy access to large supermarkets because of lack of private transport, and the high cost of public transport, low income families can't afford to take advantage of the better quality, bulk purchasing and cheaper prices which can be afforded by people in the higher income bracket. Although it has been proved that many

To wander round a glossy supermarket with very little money in your purse – it's little wonder this leads to depression, a sense of never coping and always having to make a choice between heating your home or buying a wholesome varied diet for your family.

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Poverty and Hunger and How it Affects Health

Poverty and hunger go hand in hand the world over with every country, whether rich or poor, East or West, having vast differences in the health of their people. Although we are all used to seeing the images of starving people on our television screen to the point of acceptance, and apart from donating clothes to Oxfam or putting money in a collector's tin you can't help but feel powerless in their vacant hungry stare. I am going to look nearer to home and the struggle parents have coping on low incomes, and the health problems both mental and physical that poverty brings.

In identifying the issue I want to look at the real poverty and health



Food and Health

low income families do try to improve the diet of their children by buying wholemeal bread, fresh fruit, vegetables and pasta, the high cost of trying to fill your family day by day makes it impossible not to buy the high fat and sugar laden foods which fill. To wander round a glossy supermarket with very little money in your purse - it's little wonder this leads to depression, a sense of never coping and always having to make a choice between heating your home or buying a wholesome varied diet for your family. The constant battle - leading to low self esteem and a feeling of helplessness and despair.

In a survey of low income families by the National Children's Home in 1991 it was shown that one in ten children under five and one in five adults skipped meals because they could not afford food. It was also shown that one and a half million families couldn't afford to give their children the diet provided in an 1876 workhouse. It would cost 30% more than families receive to feed their children on income support today. My mother, who was born in 1917, spoke of a friend of hers when she was a child whose mother would take her brothers and sisters for a walk at tea time to make them forget how hungry they were. With the recent findings from the National Children's Home very little seems to have changed in the last eighty years.

More scientific evidence shows the importance of the good health and nutrition of both parents before a child is even conceived. The lack of positive advertising to encourage breast feeding in this country compared to Australia where the majority of babies are breast fed is a further condemnation of Government and multi national companies. For example Cow & Gate and Nestle spend millions advertising, not just here, but actively encourage mothers in Third World countries to formula feed their babies by giving packs of free milk powder. The healthy bouncing babies on the front of their

packets which are given to hospitals and clinics with much needed medical supplies to encourage doctors and health workers to give the mother these products free. The women soon find by the time they go back to their villages that they can't afford to buy the products, their breasts are dry and with the long journey to gather an ever decreasing supply of wood and clean water the picture of the healthy baby is soon replaced with an undernourished ill baby with dysentery. Maybe as we watch these images on television in the affluent West we feel relieved this isn't us. But the unthinkable is on our own doorstep. It was reported in the Health Issues Course that

"in England and Wales privatisation of water has meant 22,000 homes had their water cut off in 1992 as families struggled to pay bills".

In Scotland the Government didn't go ahead with full privatisation because of political resistance. Most Scottish MP's were opposed and the existence of a strong Nationalist movement made the imposition of this unpopular measure too much of a political risk. Strathclyde Regional Council - the largest in Scotland - carried out a postal ballot which showed 98% of the people were opposed to water services being removed from Local Authority control.

Heating and cooking also becomes a huge problem as a family struggle to buy power cards, hoping not to run out before the next wage or unemployment cheque is due. There are no statistics to show how many families are forced to be without electricity and for how long before enough money is available to put the lights back on. The fact that VAT has been added to electricity and gas bills does not make us any warmer.

In a recent report it was stated that baby foods and school meals have the poorest cuts of meat, and even more worrying is the fact they come from the part of the animal most likely to contain BSE. It was also reported in the papers recently that Edinburgh Council is

planning to abolish hot school meals in an attempt to cut costs. Seeing Secondary school children roaming the streets at lunch time with a pie and a can of fizzy juice - most likely their first meal of the day apart from a packet of crisps - you begin to realise that we who were born just after the Second World War will probably live longer than the present generation of children, whose poor diet will lead to an even greater increase of cancer, strokes and heart disease - the three main killers in today's society.

In 1978 the World Health Organisation Declaration of Alma Ata stated - "People have the right and the duty to participate individually and collectively in the planning and implementation of their health care." I felt this was a very powerful statement. How do people begin (who have been ground down by unemployment, low wages, bad housing, poor diet and not seeing the light at the end of the tunnel) to participate in "policy making and to look at their needs, not on solutions imposed from outside." I believe it starts with one person's anger and sense of injustice to start the ball rolling. Women have been most effective all over the world when tackling issues concerning the poverty and health of their families. In Craigmillar and Pilton Food Co-ops were founded, Good Food Cafes, and Breakfast Clubs in some schools, more nutritious snacks in Tuck Shops - all put into practice by concerned mothers who believed the health of their children was a priority. Talking at nursery and school gates they found other mothers who were concerned about the food being served to their children, and the need for Food Co-ops in their areas. This raised the question of what would be the next steps to take in deciding on a plan of action. Putting up posters to arrange meetings, listening and discussing everyone's concerns. Joining a Parents Teachers Association to press home their points to change the school meals and what could be bought in Tuck



Shops. Lobbying MP's, Councillors and General Practitioners to let them see they weren't going away. Sending letters and articles to the local papers to inform the wider community of the problems faced by poverty and diet and net working with other groups who have set up similar projects in their communities.

When people have opened their eyes and see what they can achieve in participating in the community they live in and can see the improvements and benefits that their actions have brought to the development of their community, the feeling of achievement and raising of self esteem empowers them for the next hurdle.

Unclean Wards

The title in itself tells you what this essay is going to be about. This was a very serious matter to me as I was a worker in an NHS hospital for a while. I felt very sorry for the patients as the majority of them were suffering from senile dementia and quite unaware of the problem. A few other cleaners that I had spoken to felt the same as me, that they did not have enough time in which to do their work and also felt very frustrated. You could see the disgust on the relatives' faces sometimes, when they came to visit, especially when they turned the covers down and there were still sick stains from their previous visit.



The Nature of the Problem – contracting out of cleaning services

I feel compelled to let you know what I had to do in my job, since privatisation. I had six hours with a fifteen minute break in which to do the following duties.

I would start in the morning by cleaning the toilets and bathrooms. Two single toilets, two treble toilets and two bathrooms, empty all buckets around wards and replenish soap and hand towels. The dining room had to be hoovered, then dusted and all tables cleared. I would then give all patients cups of tea with their breakfast that I also helped to give out. I was supposed to ask if they desired a second cup, but I never had the time. Everything would then be collected and I would wash up all the cups and saucers with a cheap and nasty liquid before my break. Water carafes would be collected, refilled, then taken back again, locker tops would all be cleaned, then I would start the dreaded job of hoovering the wards and mopping any spills.

My back would be about breaking by this time with all the rushing around that had to be done before the patients' lunch. "Milk or orange juice?" is a question that I will not forget as I had to ask it so many times. Some of the patients were suffering from senile dementia and some obviously had a bit of a hearing problem, but I thought it only a matter of kindness and respect to ask what they wanted, only to be told by nurses "just give them anything" obviously because there was not enough time. When they were eating their lunch I would go around and give the toilets a quick once over and replenish soap, toilet rolls and hand towels again. After the patients had been put back to bed I would clean the dining room and wash all cups. When it was time to leave, I knew that I had not done my job properly because I only had one pair of hands when two pairs were really needed.

Spread of Infections

There was no clean smell where I worked, maybe because all the cleaning products were bought on the cheap by a privatised firm. It was very hard to get the smell out of the slimy mops as there was no bleach, that was never used. The carpeted wards were given a "special" every so often to try and get the ingrained human waste out of them. There is an awful lot more that I could say about this particular hospital but that would be too many issues all at once.

The media is full of horror stories regarding spreads of different strains of infections and the cleaning up of hospital wards might help this situation get better. In my opinion Micheal Forsyth MP and his government must share the blame for this disaster as he was the one who pushed for the contracting out of hospital services.

Going back to the old procedure of

cleaning within the hospital, and staffing returning to a more appropriate level, workers would not feel exploited, as they definitely must do just now, and a better atmosphere all round would be immanent.

Staff Shortages

It must be hard for people to realise, who have not worked in the NHS, to appreciate quite what a difference staff shortages can make. It is not just the extra workload, but the now lost possibility of acting like one human being to another. The brief chat between the nurses, domestic and auxiliary with a patient, maybe for reassurance before an op or to take away the loneliness of patients who never get visits is now practically ruled out. Another pair of hands can alter the whole atmosphere in a ward, but alas staffing is the first place to make economies.

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Section Two

Community Development

Lead in water pipes – A community development issue

A few years ago I watched a television documentary on the toxic effects of lead. Mentioned was lead paint and lead in petrol, but the area which caught my attention was lead found in water because of the lead piping used to supply water to householders.

I was made aware that lead was an extremely dangerous substance - poisonous in large doses and harmful in small doses - adversely affecting people's health, but that children and babies were particularly at risk because lead interferes with the development of the central nervous system and brain.

Identifying the Issue

Aware of a possible threat to my family, because the house I lived in had lead piping, I was left feeling apprehensive and a little angry. I discussed the matter with friends and borrowed a book from the library on the subject, from which I learned that households with soft water were particularly vulnerable to lead deposits in water. In Scotland the water is extremely soft and lead plumbing and lead-lined tanks were extremely common. This added information backed up my initial fears and served to heighten my concern and is ultimately the reason I chose to focus on this particular issue.

I aired my fears with a member of our local Community Education team, who informed me by letter a week later, that there were a number of others in the community who were similarly concerned. I then arranged a meeting at my house to discuss the matter. At this meeting I passed round an article that had been sent to me on lead piping and council policy re: housing, the content of which caused dismay and the irritation, as it pointed to yet another example of inequality within the system. For household owners with lead piping were entitled to a lead replacement grant, while our area, made up mainly of rented council

housing would have to wait until the council got round to us, as part of their plan of "comprehensive repairs" and those repairs were already well behind because of budget cutbacks, etc. The reason why this news was so disheartening was lead's "modus operandi"; it is retained in the body and builds up over a long period of time, to then cause damage.

Tackling the Issue

From that first meeting came the realization that it was an issue for others as well as myself and that felt good as I wasn't alone. We were worried and decided our first step would be to discover whether or not our fears were justified. To do this, we would need to get in touch with the local Department of Environmental Health Services and have our own water fully analysed and in the event of a positive test result we would form a group to take action.

Action became necessary - we were going to have to act on our earlier decision and form a group, so we got together informally to discuss this and decided to hold a more formal meeting in two weeks time. Meanwhile we decided to talk to as many of our immediate neighbours as possible and any other friends with children living in the area - informing them of the issue, and the meeting. We needed more members and the support of the community. We wanted to get others interested for surely if there was lead in my water supply the same would be true for everyone else in my street whose homes had not yet been renovated as well as in the streets of the others I had contacted. We would also contact Community Education and ask for the help of one of their workers to act as group leader and to help us to get established.

Through a brainstorming session held at this meeting we were able to clarify what we were hoping to achieve, establish our immediate needs and requirements - practical and otherwise -

Tackling health using a community development approach

formulate a plan of action, identify and list all immediate tasks needing allocation and plan our next move.

In the first instance there were practical issues identified that had to be discussed and resolved to enable the group to function effectively in the future. So our first step was to agree on a suitable time to hold meetings and how often we would meet in view of individual personal obligations, also creche provision was a must as most of our members and those we would target in the future would be concerned parents. There was also a need to find a regular meeting place as continuing to hold meetings in members' homes was not a feasible solution in the long term. Then we decided on individual roles: such as chair for future meetings and someone to take minutes and laid down a few ground rules regarding group protocol, i.e. confidentiality, punctuality, our treatment of each other and dependability as regards personal responsibility.

We followed this with a discussion of our other needs and our action plan which necessitated task allocation. We tackled research as we had a pressing need for more information on various aspects of the lead problem, not only to empower ourselves through confidence but also to facilitate a variety of planned actions, most of which were aimed at raising community awareness, gaining support and recruiting new members. For example, the production and local distribution of a circular giving information on the issue and advertising the group's existence, for writing articles for local newspapers and for giving talks to Mother and Toddler groups, tenant groups and housing associations. For this we needed members to visit the reference sections of the main library, the environmental section of the University and the Environment Centre and to contact environmental organizations like Greenpeace and Friends of the Earth.

We also needed volunteers willing to

write letters and make phone calls to locate and apply for funding, to make contact with our local environment group, local doctors, local MP's and local schools, to place the issue on the agenda of the local forum, attend council meetings, meet with council officials, arrange for experts to talk to us and collect signatures for a petition.

Conclusion

All of this with a view to obtaining for ourselves and our families lead-free water as soon as was humanly possible, either by convincing the council to change their lead replacement scheme policy and making the immediate replacement of lead piping a priority or by getting them to agree to the installation of an appropriate water filter system attached to the mains water supply, for those whose homes still had lead piping.

And if none of the above worked, there was still the E.C. Court of Human Rights or the British court on a charge of negligence (hopefully). Meanwhile we would have to make do with bottled water and I wondered if we could send the bill to the appropriate council housing authority.

There was a lot to do and we were just beginning but at least we were doing something and doing it together.

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Postnatal Depression – Community Development Approaches

Adopting a community development approach means accepting that people hold experience of their own health, and by enabling them to voice their needs and be listened to is the most positive way of tackling health.

The world health organisation in 1978, stated that:

“The people have the right and a duty to participate individually and

There was a lot to do and we were just beginning but at least we were doing something and doing it together.

collectively in the planning and implementation of their healthcare”

WHO also stated in 1985 that

“Health for all will be achieved by people themselves. A well informed, well motivated and actively participating community is a key element for the attainment of a common goal”.

A key principle to people participating in their own health is power. Most people have little confidence to deal with their health problems, not to mention other health issues. People have relied on health professionals and this has been encouraged by those health professionals.

However, acting on a collective level provides people with that power and as Robert Morris in “The needs for community development in health” discussed helping people develop “collective approaches to encourage them to discover health information for themselves, to strengthen their trust and confidence in each other and the group, and to go on and use that information, that confidence, that power, to create change”. As a community worker, I see it as my role to be involved in this process, so bringing agencies and

organisations together to act on the social economic determinants of health, the community itself being the key element of this.

Community development for health has been described as:

“a process by which a community defines its own health needs, considers how these needs can be met and decides collectively on priorities for action”

(CHIRV/LCHR, 1987).

Community development is about taking action at a community level, but also about making changes, changing policy and attitudes to health. Its about shifting control from health professionals to the people that they seek to serve.

Relating this work in my own community. We have concentrated on developing collaborative work on a social level to tackle issues of inequality. By involving the people in the community in the decision making process we have striven to shift the power and raise confidence.

Having listened to their own experiences, we have been able to understand the key issues surrounding Postnatal depression [which has been identified by the community itself. The women have expressed that loneliness and isolation are the barrier’s to achieving good mental health and social well being. A lack of support - physical, mental and emotional - leads them into desperation, financial constraints and housing problems, access. to facilities and services, lack, of meaningful social contact results in women feeling helpless, fearful and depressed.

Tackling these issues, means tackling PND, The social response has been to set up a local group, in a social setting with childcare available, which is easily accessible for vulnerable women to meet and find support.

We are also developing a “Mums supporting Mums” network which will run as a befriending service. Key to



this idea is reducing the isolation and providing the opportunity for social rapport. Women themselves are involved in establishing the service. The women being involved in identifying their own health needs and shaping the solutions means that the action taken is more likely to be successful.

Community development is about taking action at a community level, but also about making changes, changing policy and attitudes to health. Its about shifting control from health professionals to the people that they seek to serve.

Setting up a group and a befriending service means acting jointly with many different organisations, who might have an important role - social work, housing dept., mental health agencies. Changing attitudes towards postnatal depression is a long term aim, but by valuing women's experience is the starting point. However I believe that more and more we can see the language of community development being adopted by health professionals. They are more ready to recognise the importance of communities identifying and acting on their own needs. In my own community health visitors and midwives have been keen to help women participate. They have given their support to the postnatal group and seem to have an understanding of underlying social and environmental problems which lead women into desperation and depression. On a higher level, the new government admitting that inequalities do exist mean that implications of social problems on health cannot be ignored. Communities have the best understanding of their own health needs and so it is essential that they have the control and are active in the decision making process.

I believe that there is a long way to go before the issues affecting women after childbirth are fully addressed. But

it is fundamental that the responsibility lies outwith the medical world and becomes an issue for us all - to achieve Health for All.

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Dealing with Health Issues in High Rise Flats

At the moment I am trying to tackle the problems we have in the flats. First of all I have got as much background as possible and got in touch with my local councillor. We then went through my concerns about where I am living. The result of the meeting is that I have him on my side to try and help. What I thought would be effective would be to get as many people on the side of the flats as possible, so I then found out if there was a Tenants Association, I did this by speaking to anybody I met within the building, to my surprise there was an Association, but their numbers had gone down to about five of them. I approached them with my concerns and asked if I could be part of the Association. It was put to the vote and they then asked me if I was interested in the Vice Chairperson's job - I was delighted, this would give me the opportunity to get things moving not just on my own but as part of a group. We decided to organise a public meeting to try to get the rest of the tenants to speak out. At this point I am working on the theory of the video (War Without Bullets) which we saw on this course.

I then decided to get the support of as many people who would be interested in the community that I live in. I contacted the local church and arranged to meet with the Deaconess. She had a few good ideas to add to my list, like a questionnaire to get the tenants views about the state of the building that they live in. She also said she would be able to help with photocopying or in any other way. So now I have the support of the church as well. I then asked the Deaconess who would be the best people to contact, she

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put me on to the local Community Worker who at the moment is based at the YWCA. I spoke to her and it turns out she be able to help in our cause. She would like to get together with everybody involved so we can try to find solutions to our concerns. Most of the vandalism is done by teenagers. I feel this is because there is not a lot for them to do. My dream for a number of years has been to have a youth cafe in the community, somewhere for the young people to hang out. Maybe if this was available for the young people of the community it would cut down on a lot of vandalism and drugs, maybe in time this will happen, it would certainly cut down on the mess that the residents waken up to all because the kids are bored, even youngsters don't have a play area any more. There used to be one in the middle of the two blocks of flats, but the council took it away a few years ago. What mum wants their kids going far just to kick a football? Well I wouldn't - not in this day and age - when so many kids get hurt by bad people. Maybe this is something the Tenants Association can see about.

With the problem of women in the flats stemming mostly from being social outcasts they spend all their time with the kids or because they can't manage to get over their front door, I think it would be a good idea to get a Womens' Support Centre going in all multi storey flats, like the one we have at Nisbet Court so women can try and get a life away from the flat, and maybe with the support of others in the same boat she can get to know herself again. Instead of being mum, wife and

daughter and the many other roles that women have. If there was support she would be able to find herself again in all of this, making her a better and more confident person. This could possibly involve the Social Work Department and the CPN's, who have patients who are needing this sort of help. This would be the community pulling together to help as best as we can.

What we really need about the flats being kept clean and tidy is an effective care taker. Unfortunately the one we have just now worries more about her nail polish chipping instead of a mop and pail. So this could be another issue for the Tenants Association to improve on. Really this is a case of getting more people involved within the Community.

There is not only one particular problem from the above, but all of them affects the physical and mental health of the women who live in the flats.

This all shows that if you are on your own there is only so much that you can achieve, but get a few people together and a lot more begins to happen. Before you know what's happening it becomes a community effort, and this is just like the course I have completed. If I had been by myself I would not have been able to have so many ideas and fun or the confidence to deal with the Tenants Association project. But as we have been a Group with our Tutor, it goes to show that you can achieve a lot more when you are a team. A team you can work with and bounce ideas off them, and without that I would not have been able to complete this course.

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Housing, Health and Community Development

One way of ending the spiral of despair regarding poor housing and ill health is through community development. In 1959 sociologist Wright Mills wrote about the difference between what he saw as personal trouble and public issue and how structural influences could have an effect on the individual. Mills believed that 'personal troubles' occurred by individuals in their relationship with others, and were generally resolved at this level by the individual. As for 'public issues' Mills argued that these went much wider than personal troubles, and were more to do with the way our society is organised and the social processes are structured. We can examine Mills's (1959) ideas in relation to the health issue identified and discussed earlier. For example, someone who has a noisy neighbour, in that they play music too loud, is suffering personal troubles and quite rightly as Mills points out they can probably go round and speak to their neighbour and sort the problem out. When the health issue is dampness and noise pollution fails to be solved by the individual it comes down to being a public issue. We know this because we have discussed that individuals will try and sort out the problem by visiting the neighbours who will or will not take any notice and may be abusive, they visit their housing officer who are sympathetic and offer advice, but do nothing to stop the problem. Mills (1959) quite rightly also points out the affects of personal troubles and public issues has on the individuals in that they experience anxiety and even panic. Due to the individuals attempt to solve the problem themselves on a personal level and having no luck at all and due to the reason behind the problem being experienced, it is more likely to be a public issue. Poor housing stock results in damp problems and noise pollution directly had an impact on the health of

individuals involved but they have (as explored), little power as individuals to address the problems.

The way forward is through the community development process where individuals come together and tackle the problems as a public issue rather than as a private one, to force the housing department to address the problem of poor housing and to develop effective procedures in dealing with noisy neighbours. The process community development takes is for individuals to link up with others suffering from similar problems. As a group they can share each other experiences some of these will be both similar and very different, they can pool useful tips and advice gathered. With the group beginning to jell their personal troubles will seem less of a problem and the group will grow in confidence. The group will begin to develop strategies for tackling the problems and taking their issue to the wider community, produce leaflets, meet other groups and begin to deal with the problem on a local level. The final hurdle is to take the problem with well thought out solutions to the authorities and decision makers. Arrange meetings with local councillors, local MP's, Director of Housing etc, to put across well thought out arguments and working on the necessary solutions to the problems experienced.

The process which community development takes is both long and frustrating but, can be worth while with results of better living conditions through better insulation, cladding, central heating, sound proofing etc. The spin off from such solutions would have an instant affect on improving peoples health both directly and indirectly by reducing peoples stress and anxiety levels. Your home should be a place where you can relax in, unwind and escape from the outside world.

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Tackling Food and Health issues

Action is required. But coming in at a different level. One that encourages the participation of the parents. That works alongside them, and values their opinions and views. Local communities are realising that they need to do this work themselves if it is to be carried out at all. The way forward is by using the community development approach. Using this process a person's private concerns can be brought out into the open and become a 'public issue.' Firstly people with the same worries and concerns must be brought together. This could be done by identifying locations where people meet regularly. Going there and discussing with them how they feel about the issue. Once there is a core of people then they can start to meet to consider the problems and possibly come up with ways to overcome them. The role of the development worker is to facilitate, to guide the group. To be there when needed. Never to take over the group believing you know all the answers. Within the group there is the prospect of everyone supporting each other. To recognise skills and talents and to utilise them. To grow more confident and feel they have some control over their lives.

The group can now move forward. To achieve their own goals. In a way they want with minimum outside interference.

In areas around Scotland community action has taken root and started to flourish. Although it may take many forms, Fruit barra's supplying fruit & veg at community facilities. Food co-ops, and initiatives, providing not only fresh fruit and veg on a weekly basis in nursery schools, but fresh milk as well.

All schemes rely on community participation, In the background the development worker is there as a support and on occasions a reference point. The worker responds to the communities inquiries. And ensures that volunteers are available to help out,

that if needed outside agencies are brought in with their expertise.

New ideas and new blood are important to the continual success of community food schemes. The community worker now has a thriving initiative with which to go out and speak to other members of the community about. With the intent of either recruiting new customers or volunteers, or to duplicate in another area. If of course the people of the other area want it. Now the community worker has a bank of experience to use. The volunteers from the first scheme can 'help-out' or train new volunteers. Spreading good work practice. A kind of 'Peer-education.'

From bringing together a few people with similar concerns the worker has helped empower the community to the point where their 'job' is done. The members of the community are running the scheme, and, their lives. They are no longer 'victims', but people able to shape their own future and to see what communities brought and working together, do indeed have the power to solve their own problems. And are not merely guinea pigs for the social therapists.

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Community Development

Principal values for development of the community should be what the public require. In community development we should involve local people in the decisions which affect their lives, especially those people who are excluded or under represented. The main principles that underlie community development approach in health are that local governments try to think of the community as a collection of people with similar ideas and not as individuals with their own opinions.

Every person has his/her own views in what they believe best for their health as they are all different. They may have similar ideas or problems but tackle them in different ways.



Inequality exists in local communities, we need to tackle this as everybody deserves equal respect and equality in receiving health services. We should all get equal health care and not be prejudiced against. In our local areas our councillors do the best they can, but due to the rough areas they are limited in what they can provide as the government would like to see everybody able to opt for private health so there is less burden on the NHS. When they close hospitals or close off parts of the hospitals the local communities feel strongly about this. They tackle the issues collectively as a group or community as a whole.

Through the civil rights movement, people have fought for justice, equity and freedom. These have been challenged as groups from the general public, these issues were tackled because the communities felt so strongly about them. Unions were set up to fight for democracy and help the public get a better agreement from the government. They will provide the best health care from the cradle to the grave, since the MP's are always promising that if they are voted in, they will give us a better way of life concerning our health instead of just getting votes, they should keep their promises to the public and provide a better service which is suitable to all races and societies.

Democracy, equity and freedom are all fine for the communities that are brought up here, but the people who come from abroad, due to their culture, require female doctors and female councillors as well as extra support to help them adapt to the new culture and life style in the UK.

Conclusion

In my work experience I have been in touch with women who do not read or write any language so I have to go with them to help them. For example, going to the doctors, clinics, dentists, schools and physiotherapist which means that I am telling them by word of mouth about my work and other agencies to

give them an idea of what they can achieve and where they can go and what help they can get. I can also refer them to women's groups who meet in their areas and help them get some kind of access to English classes or arrange teachers for them through other agencies. Also to help them gain information about the health services. On women's issues I can bring them videos and word of mouth information. Practical things that I do at work with different groups also provides them with knowledge and helps me to understand how difficult it is to be in the same situation that they are in and makes me realise new problems that keep on appearing. This makes it a challenge for me which keeps me going at work.

To help to develop the community we have to tackle these issues with health professionals e.g.. Health visitors, midwives, link workers, doctors, support workers, health workers and community workers. These people have to be taught how to help the ethnic minority community, to learn about their culture and learn to respect individual views. If these people work together with the community as a whole they will be able to learn all these things and be able to pass on the training they have learnt to others, who are coming into the community in the same area of work. This helps the community to develop. There are also good relations with the race relations officers who promote social justice, equal opportunities, anti-racism and anti-sex discrimination.

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Community Development for All

The values underlying community development and health state social justice, equity and democracy. These all affect Asian women. All women want justice. They want to be equal so they do not feel left out and lonely. Women

want to belong and feel wanted. Their opinions should count. Asian women should be equal to women in other races and equal to men. They should feel equal in order to increase their self-esteem and physical well-being.

Freedom is an important issue - women should feel their own person. Free to do what they want, when they want without a feeling of being constantly isolated.

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Community Development Values

The values underlying community development and health are social justice, equity and democracy. These have had an influence on community development and health work, as civil rights movements. One needs to feel equal in order that we do not feel left out and lonely. People want to belong and feel wanted. Their opinions should count. Men and women should be equal as should all races in order to increase

one's self-esteem and physical well-being. The principle of equity and health should be seen as a central part of this. People should value their own knowledge but language problems can be barriers.

There should be a desire for a holistic whole body approach for example not just treating the parts which are in isolation. A person should be seen in relation to others in the world and not against them.

Another important influence is the value of education for social change, progressive education and seeing a link between knowledge and power. How the lack of control over one's life affects the social environment greatly e.g.. unemployment, discrimination and racism all affect an individual's attitude to feeling equal.

The political aspect is that community development is aimed at ensuring that local people are involved in defining and taking action on issues which affect their lives.

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