

Poverty increases risk of non-communicable diseases in lower income countries

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Poverty increases the risk of death and disability from non-communicable diseases, such as cancer, heart disease, stroke and diabetes in low- and middle-income countries, a new systematic review shows. Researchers also found evidence that developing an NCD increases the risk of falling into poverty in these countries.

Researchers conducted one of the first comprehensive systematic reviews to assess the relationship between [poverty](#) and [non-communicable diseases](#) (NCDs) in low- and middle-income countries. Globally, NCDs contribute to more than two-thirds of all deaths and the majority of all early deaths and disability—four-fifths of these deaths due to NCDs occur in low- and middle-income countries.

Published April 4 in *The Lancet*, the paper is one of five in the journal's Taskforce on NCDs and Economics [special series](#). The research team for this paper was based at Johns Hopkins Bloomberg School of Public Health, icddr,b and the Liverpool School of Tropical Medicine.

For their study, researchers analyzed 283 peer-reviewed studies conducted in low- and middle-income countries in Africa, Asia and Latin America between 1968 and 2017. Their findings show that since 2000, populations with lower socioeconomic status are at an elevated risk of developing NCDs—diabetes, stroke, myocardial infarction (heart attack) and cancer. These populations were also at an elevated risk of NCD risk factors (high BMI, tobacco use, alcohol use and hypertension). Studies conducted before 2000 did not show a clear link between

poverty and NCDs.

"Poorer and less educated people are suffering from what once were considered diseases of the rich. In higher income countries, we have known this was the case for some time. Relatively few resources, however, have been invested in this issue in lower income settings," says David Peters, MD, DrPH, MPH, senior author and Edgar Berman Professor and Chair of International Health at Johns Hopkins Bloomberg School of Public Health. "Our findings show that health inequalities have clearly become a double blow to poorer people in low- and [middle-income countries](#). Lack of access to health care and [disease](#) prevention efforts puts them at a higher risk of dying from both tuberculosis and lung cancer, for example."

Researchers identified studies that measured both indicators of poverty, such as income and education, and NCDs or their risk factors.

They analyzed the study findings and assigned each study to one of four categories: (1) no association—no evidence of low socioeconomic status (SES) and an elevated NCD risk, (2) mixed or unclear—some results showed low SES elevated the risk of NCDs while others did not, (3) negative association—high SES was associated with higher NCD risk, or (4) positive association—low SES was associated with an elevated NCD risk. After 2000, an increasing majority of studies fell into category 4, showing a growing association between low SES and elevated risk for NCDs and NCD risk factors.

Researchers also found 19 studies that focused on how chronic disease can lead to poverty. These study results suggest that NCDs elevate the risk of becoming poor just as they have been shown to do in higher income countries. Without safety nets, such as insurance or large personal savings, chronic disease can quickly reduce individuals and households to poverty.

"International and national policies and programs, such as universal health coverage, must be implemented to address growing [health](#) inequalities," says Peters. "NCDs are an ever-increasing burden for poorer people across the world. Poverty must not be a barrier to access to care."

More information: Louis W Niessen et al. Tackling socioeconomic inequalities and non-communicable diseases in low-income and middle-income countries under the Sustainable Development agenda, *The Lancet* (2018). [DOI: 10.1016/S0140-6736\(18\)30482-3](https://doi.org/10.1016/S0140-6736(18)30482-3)

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