

Opinion: Fuel poverty makes you sick. So why has nothing changed since I was a child living in a cold home?

March 15 2023, by Jan Gilbertson



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During the 1970s and 1980s I grew up in a cold home. On very cold mornings, ice would be crusted on my bedroom window and my every

breath would condense in the air.

Things had to be done in a rush to avoid the cold. I remember not wanting to get out of bed, then once I was up, rushing to get dressed in clothes that felt damp before hurrying downstairs to warm them in front of the fan heater. We only ventured from the one warm room in the house each evening if necessary, usually to dash to the toilet or quickly make a cup of tea. Bedrooms were no-go areas until you had to go to sleep—a nightly ritual which involved putting a hot water bottle under the covers half an hour before bedtime then layering up in night clothes, socks and blankets, only to wake up in a cold room once more.

I have been researching cold homes for almost 30 years. The war in Ukraine, rising energy prices and inflation have driven [millions more](#) households into fuel poverty. But the fact that this problem has endured over four decades has a lot to do with the poor condition of housing in the U.K. Much of it is badly insulated, drafty or hard to ventilate and heat.

Since I started my career, the variety of [health](#) consequences of living in cold homes has become widely recognized and well documented. Yet the problem is worse now than when I was a child.

Cold homes are sickly homes

For instance, we now know that being unable to afford sufficient heating [increases your risk](#) of developing [heart disease](#) and [respiratory problems](#). Your mental health suffers too: [anxiety, stress and depression](#) are more common among residents of inadequately heated homes. Cold homes also exacerbate conditions such as [arthritis](#) and make you more likely to catch [colds, flu and pneumonia](#). Living in a cold home was even found to make people less dexterous, increasing the likelihood of [accidents and unintentional injury](#).

Research has revealed that those at greatest risk of health problems include [older people](#), [babies and children](#), and people with a longstanding illness or disability.

We know that these groups are often more susceptible to the cold and are particularly vulnerable as they tend to spend more time at home. A child living in inadequate housing is at a greater risk of chest and breathing issues, including [asthma and bronchitis](#). Young people in cold homes are unhappier than those living in warmer housing, and children living in cold, damp homes [miss more school days](#) due to illness and find it harder to study at home.

The comparatively high number of [excess winter deaths](#) in the UK compared to other European countries with colder winters has been linked to the country's poorly insulated housing combined with high levels of fuel poverty. The energy efficiency of a house [largely determines](#) how vulnerable the occupants will be to cold-related health risks.

An inability to meet basic energy needs, such as heating or having a warm bath, is one of the [main contributors](#) to chronic stress in low-income households. Fuel poverty accompanies and [exacerbates existing inequalities](#). As well as enduring inadequate housing, those living in fuel poverty are much more likely to experience other forms of deprivation, all of which contribute to a cumulative burden on their health. For example, at present disabled people face [spiraling energy poverty](#) due to [a combination](#) of their disability, ill health and reduced earning capacity. Being a [single parent](#), experiencing a [mental health](#) problem and being out of work are all [factors](#) which can push people into fuel poverty.

The benefits of improving homes

Higher energy prices and the cost of living crisis mean many more

people will experience [fuel poverty](#) and endure the health consequences. Yet there is abundant evidence demonstrating that tackling cold, inefficient and poorly insulated properties and providing suitable ventilation can benefit asthma and respiratory symptoms, mental well-being and [health more generally](#). Improving the energy efficiency of homes has [multiple benefits](#) for society: by reducing energy use, it can [cut carbon emissions](#) and [improve the finances](#) of people living in them.

The most vulnerable people are likely to enjoy the [biggest health improvements](#) from warmer homes. People with chronic respiratory disease have seen their [symptoms improve](#) as a result of lower humidity and increased warmth in winter, which also [boosts heart health](#). Making housing more [energy](#) efficient and affordable to heat can also [improve personal relationships](#), increase feelings of autonomy and [reduce distress](#).

Not only would this improve millions of lives, but recent studies have also shown that large-scale home insulation schemes and programs to upgrade homes to a decent standard [reduce hospital admissions](#), alleviating pressure on health services.

And so I ask, given all this evidence, why hasn't anything changed since I was a child living in a cold home?

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