

**Title:** The link between poverty and ill health : some implications for health education in Zimbabwe  
**Author:** Annah-Maria Regedza Razika-Mangwiro  
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**Abstract:**

The three main principles of Primary Health Care (PHVC) are community participation, intersectoral collaboration and equity. These principles are so interwoven that you cannot effectively work with one without bringing in the other two. In looking at the link between poverty and ill health we are mainly dealing with equity. And yet most factors that affect ill health necessitate that we bring in other sectors besides the health sector like housing, agriculture, water development and many others and that means bringing in the other principle which is intersectoral collaboration. Again, there is no way we can alleviate poverty and ill health without communities themselves participating fully and this brings in the third principle of primary health care which is community participation. Equity may be the most difficult of these three principles to operationalise because it concerns justice and humanity. It is not by some fate or destiny that the poor suffer more ill health and mortality than their richer counterparts but because of the conditions that the poor live in, day in and day out and because they are deprived medically as well. Differences in the health status of the people will always be there, especially those inevitable differences caused by biological processes like aging, chromosomal defects and other congenital abnormalities. The equity dimension of PHC is concerned with those differences in health status which are within human control (MacDonald 1993). It seems that the poverty and ill health have become inextricably linked as it is difficult for the poor to be healthy. This is because poverty itself perpetuates ill health and ill health brings poverty. Therefore, to alleviate ill health one has to eliminate poverty and vice versa. This is indeed a mammoth task especially in a world blighted by recession, unemployment, economic structural adjustment, and most of all where resources are so unequally distributed among the nations and within nations. This dissertation examines the link between poverty and ill health and concludes with a description of a primary health care approach to health education. Chapter 1 looks at the meaning and classification of poverty as well as its main causes. Chapter 2 looks at the causes of poverty in Zimbabwe and looks at the explanations of this phenomenon offered by the historical or dependence perspective and the modernisation concept of poverty. Chapter 3 discusses the link between poverty and ill health by comparing the mortality and morbidity rates of the rich or higher class and the poor or lower class and the factors that influence ill health. Chapter 4 discusses the primary health care approach to health education by trying to show that people's socio-economic status determines their health status and how PHC should aim to empower people. The chapter brings in all the principles of primary health care in health education. The dissertation ends by making some recommendations for further and more specific studies on inequalities in health in Zimbabwe.