



2022 Salzburg Conference in Interdisciplinary Poverty Research “Health and Poverty”

12 & 13 September 2022, Salzburg

Keynote Speakers & Featured Workshop

Monica Magadi (Hull)

Petra Rust (Vienna)

Mojca Gabrijelčič Blenkuš (NIJZ, EuroHealthNet)

Eva Selenko (Loughborough) (Featured Workshop)

Wifi

Network: Eduroam

User [Benutzer]: v1093931@sbg.ac.at

Password: KTh2022H+P

www.povertyconference.weebly.com



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Covid-19 measures

Rapid antigen tests (self tests)

... are available for free at the conference venue on both days from 08:30 in the morning at the registration desk. **Please make use of these tests!**

Testing takes approx. 20-25 minutes, so please be there in time before the conference begins.

If your rapid test is positive, or if you feel ill with typical coronavirus symptoms, call Austria's Coronavirus Advice Hotline: **+43 1450** asap! They will guide you through the next steps and evaluate if a PCR test is necessary (no costs, if 1450-staff order the test!)

In case of an infection or suspicion of an infection please **absent yourself** from the SCIPR 2022!*

The organizing team of the SCIPR 2022 will be happy to assist if necessary.

See also: <https://www.austria.info/en/service-and-facts/coronavirus-information/sick-during-holiday>

* Since 01 August, you do no longer need to quarantine if you have a positive Covid-test, provided that an FFP2 mask is worn indoors in public areas (such as shops...). However, **you should avoid gatherings – such as the SCIPR 2022.**

Entry bans are in place for particularly sensitive areas such as hospitals and health spas. Outdoors, a mask is not necessary if a 2 meter safety distance can be maintained.

FFP2-masks

... are available for free at the conference, we recommend wearing masks, except for the time of you are presentation or eating/drinking. **If your rapid test is positive, or if you feel ill** with typical coronavirus symptoms, a FFP2-mask is **mandatory!***

Apart from this

... please follow the **general recommendations**:

- wash your hands multiple times a day and use the disinfectants provided
- ventilate rooms regularly
- keep distance to others, especially if not wearing a FFP2-mask
- sneeze/cough into your elbow crook
- avoid shaking hands

... detailed information on travelling to, staying in and – hopefully not! – falling sick during a stay in Salzburg/Austria are available here:

<https://www.austria.info/en/service-and-facts/coronavirus-information>

www.oesterreich.gv.at/en/themen/coronavirus_in_oesterreich/pre-travel-clearance.html

... if you are travelling via Vienna, please note that FFP2-masks are mandatory on Vienna public transport.

... please consider a PCR test before coming to Salzburg/before attending the conference, if possible. For testing facilities in Salzburg and costs see:

<https://www.salzburg.info/en/travel-info/news>

<https://www.pmu-applications.at/eng/landing/>

Welcome!

Welcome to Salzburg

Salzburg is the fourth-largest city in Austria with about 150.000 inhabitants and the capital city of the federal state of Salzburg. Its „Old Town“ (Altstadt) (listed as a UNESCO World Heritage Site in 1997) has internationally renowned baroque architecture and a beautiful alpine setting. The most famous son of Salzburg is the 18th-century composer Wolfgang Amadeus Mozart and many have seen and heard the musical and film The Sound of Music. You can visit many different museums, churches or the fortress Hohensalzburg, one of the largest medieval castles in Europe. But Salzburg is not only about culture and music, it also has three universities and a large population of students.

Welcome to the University of Salzburg

The origin of the University of Salzburg dates back to the Baroque period: the Alma mater, Paridiana, was founded in 1622 by Archbishop Paris Lodron: the year 2022 celebrates its 400th anniversary. Support of the University was provided by a confederation of 33 Benedictine abbeys of South Germany, Austria, Switzerland and Salzburg. Until its dissolution in the wake of the annexation of Salzburg to Bavaria in 1810, theological and philosophical, as well as juridical and medical lectures were held at the University.

The University of Salzburg was re-established in 1962. The resumption of the operation of the Faculty of Philosophy, as well as the inauguration of the first Rector occurred in 1964. Only later was the University expanded to include a Faculty of Law. Today, the University of Salzburg is divided into six faculties: Catholic Theology; Cultural Sciences; Digital and Analytical Sciences; Law,

Business and Economics; Natural and Life Sciences, and Social Sciences, as well as several interdisciplinary centres, such as the Centre for Ethics and Poverty Research.

Currently, more than 30 fields of study and 80 Diploma, Bachelor, Master or Doctoral degree programs are offered; Lifelong Learning is also encouraged in the form of numerous university courses and the special educational opportunities offered through „University 55+“. With approximately 2,800 employees and 18,000 students, the University of Salzburg is one of the largest institutions in the region. It therefore has a model function and is involved in the implementation of social objectives such as the inclusion of women, the promotion of health, and protection of the environment.

Centre for Ethics and Poverty Research

The Centre for Ethics and Poverty Research (CEPR) of the University of Salzburg is an interdisciplinary research institution with multiple integrations in national and international institutions and networks. It is dedicated to the research of poverty and social exclusion, in particular in relation to questions of ethics and philosophy. The CEPR has currently members with backgrounds in social geography, political science, health studies, theology, history, literature studies, and philosophy.

The CEPR carries out (externally funded) research projects, organizes workshops and conferences, both for researchers as well as practitioners and policy makers, and its members regularly publish research papers and peer-reviewed volumes, special issues and monographs as well as reports and books aimed at a lay audience.

The CEPR also organizes an annual Workshop in Philosophy and Poverty (German language): <https://www.tagung-praktische-philosophie.org/>

Since 2014 the CEPR organizes an annual international conference on changing focus themes, the Salzburg Conference in Interdisciplinary Poverty Research (SCIPIR). In past years the SCIPIR covered the topics of migration and poverty (2019), space and poverty (2018), religion and poverty (2017), child poverty (2016), absolute poverty in Europe (2015), and ethical issues in poverty alleviation (2014). These conferences are interdisciplinary and open to all interested researchers, practitioners and policy makers. They aim to bring together current research on poverty, inequality and social exclusion and to discuss policies and other measures of poverty alleviation.

www.povertyconference.weebly.com

Find out more about the CEPR:

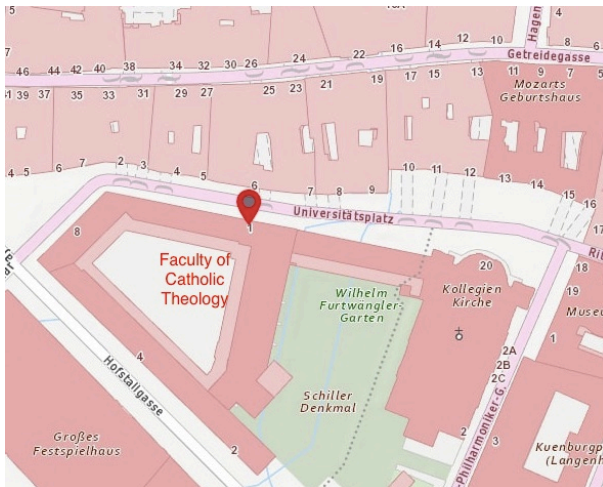
<https://www.plus.ac.at/centre-for-ethics-and-poverty-research/?lang=en>

Contact: cepr@plus.ac.at

Practical information

Conference Venue

Faculty of Theology
University of Salzburg
Universitätsplatz 1
5020 Salzburg
Austria



➔ How to get there

The Faculty of Theology building is located directly in the old town of Salzburg, close to the Neutor (Sigmundstor) and right next to the Mönchsberg.

Four city bus routes stop at “Herbert von Karajan-Platz”, very close to the Faculty building: 1, 8, 10, 22. From Salzburg Main Station you can take Bus 1

(final destination -> “Europark/Stadion”) to Karajan-Platz, from Salzburg Airport, take Bus 10 (-> “Sam”).

Returning from Karajan-Platz, take Bus 1 (-> “Messe/Arena”) or 22 (-> “Lastenstraße”) to Salzburg Main Station or Bus 10 (-> “Airport/Walserfeld”) to Salzburg Airport.

Conference Dinner

12 September 2022, 19.00

Humboldt Stubn
Gstättengasse 4
5020 Salzburg

The Humboldt Stubn is right in the middle of the Old City of Salzburg. It is located closely to the world-famous Getreidegasse and Mozart’s birthplace.

We will meet in front of the conference venue (Furtwängler-Garten) at 18.45 and walk there together.

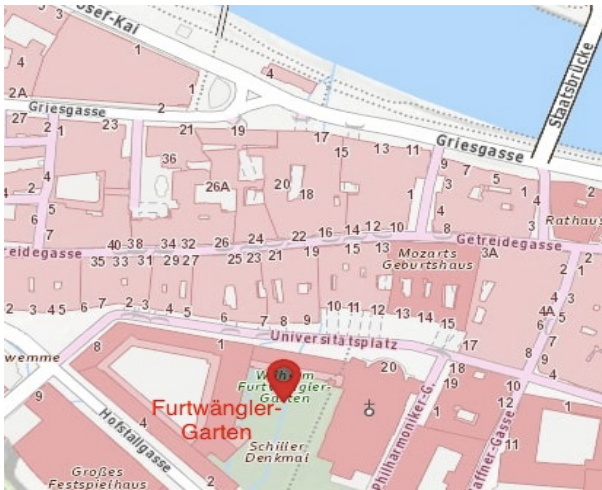


Guided City Tour

Tuesday, 13 September 2022, 14:15.

Duration: approx. 1,5-2 hours

Meeting point is in front of the conference venue (Furtwängler-Garten).



Certificate

If you need a certificate to confirm your participation, please ask someone at the registration desk.

Practical Information for Speakers, Chairs & Audience

Speakers

If you are a speaker:

- Please show up a few minutes before the panel starts
- Bring your presentation on a flash drive
- Finish on time (presentation time max. 20 minutes!)

If a chair does not show up in the panel where you are presenter (that can happen sometimes :-), please do not panic. Please ask someone from the audience to fill in, or, as there are usually two talks in one panel, chair your presentations mutually. Thank you!

However, please let us know if a chair person did not show, so that we can put her/him on our blacklist.

Chairing

If you are chairing a session you have six tasks:

- Be in the room a few minutes before the panel starts
- Log into the PC so that the speakers can put their presentations there (the information is displayed next to the PC)
- Start on time
- There is no time for long speaker introductions, just names and paper titles
- Make sure that every speaker gets 30 minutes (including ~20 minutes for presentation and ~10 minutes q&a)
- Moderate the q&a (please do not allow overly long questions or comments)

If a speaker in the panel you chair does not show up (that can happen sometimes :-), please do not panic. Just start with the other talk (or if someone from the audience has prepared an relevant extra talk and wants to fill in that would also be ok). Thank you!

However, please let us know if a speaker did not show, so that we can put her/him on our blacklist.

Audience

If you are in the audience:

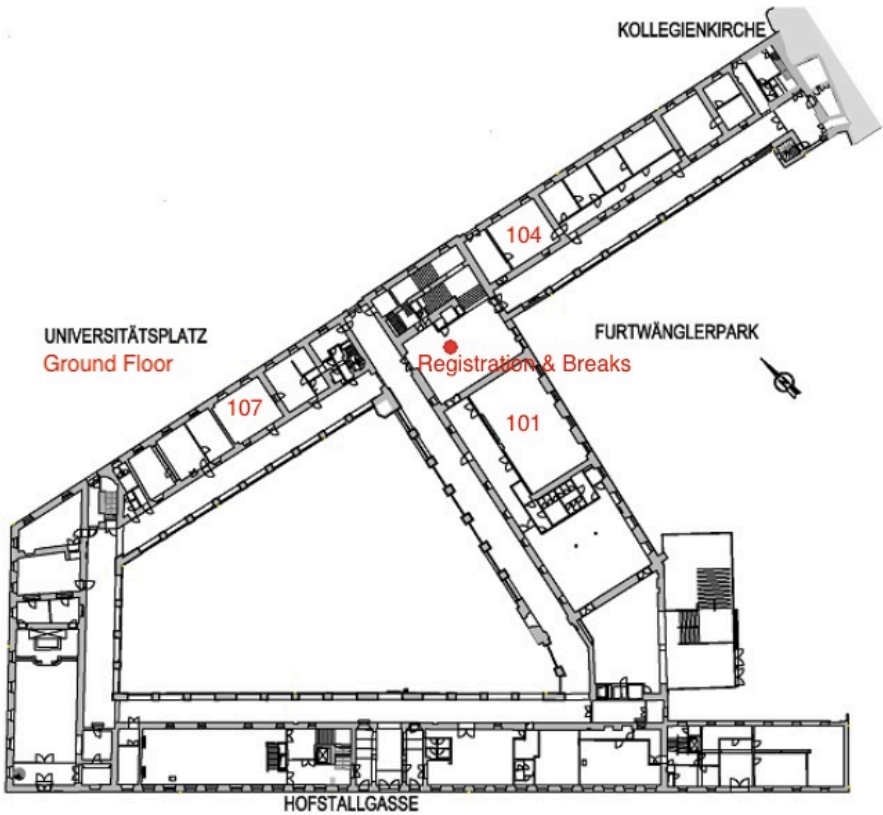
- Please go to the room on time
- Ask concise and short questions (so that others have the chance to ask theirs)
- Ask your questions in a friendly way
- No mansplaining!

Last minute changes to the program

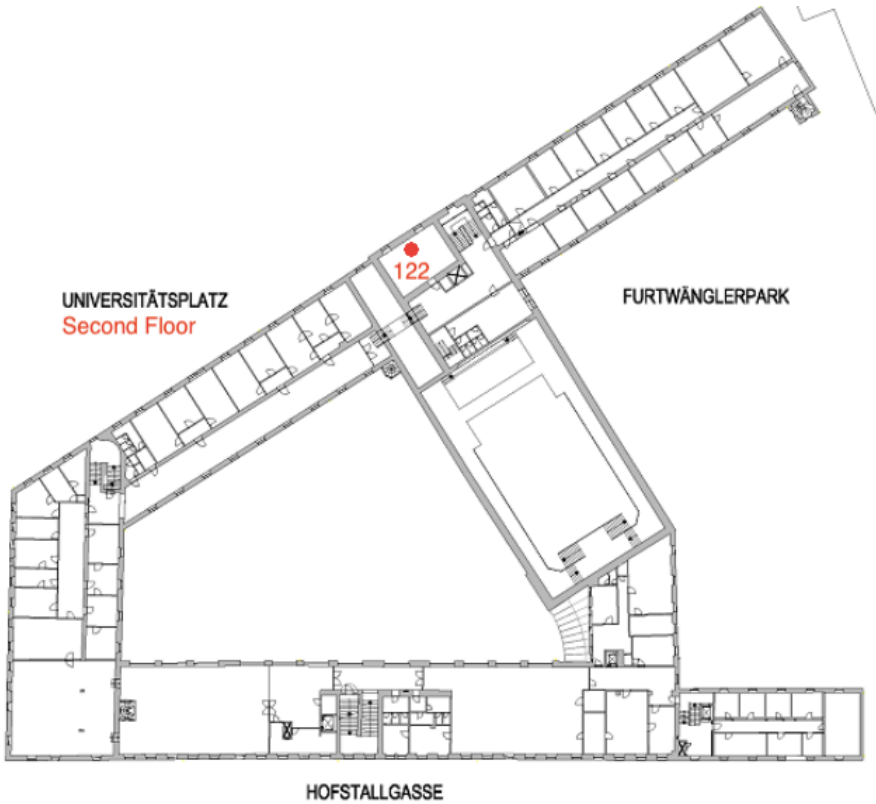
Last minute changes to the program are displayed in the foyer next to the registration desk.

Floor Plans

Ground Floor



Second Floor (Elevator)



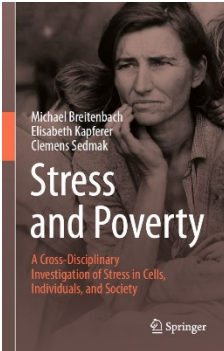
Program Overview:

Monday, September 12, 2022

- 09:30 Registration and Welcome Coffee
- 10:00 Organizers' Welcome and Opening:
Rector **Hendrik Lehnert**
Dean **Michael Zichy**
- 10:30 **Plenary Session 1, HS 101**
Keynote 1: Monica A. Magadi (Hull)
Keynote 2: Petra Rust (Vienna)
Chair: Elisabeth Kapferer
- 12:10 *lunch break (standing buffet at the venue)*
- 13:10 **Parallel Panel Session 1, HS 101, 104, 107, 122**
- 14:10 *coffee break*
- 14:30 **Parallel Panel Session 2, HS 101, 104, 107, 122**
- 15:30 *coffee break*
- 15:50 **Parallel Panel Session 3, HS 101, 104, 107, 122**
- 16:50 End of day 1
- 19:00 Conference Dinner
Humboldt Stubn
Meeting point:
18:45 at conference venue/Furtwängler-Garten

Tuesday, September 13, 2022

- 09:30 **Parallel Panel Session 4, HS 101, 104, 107**
- 10:30 *coffee break*
- 10:50 **Plenary Session 2, HS 101**
Featured Workshop with Eva Selenko (Loughborough)
Chair: Elisabeth Kapferer
- 11:50 *lunch break (standing buffet at the venue)*
- 12:50 **Plenary Session 3, HS 101**
Keynote 3: Mojca Gabrijelčič Blenkuš
(Ljubljana, NIJZ, EuroHealthNet)
Chair: Andreas Koch
- 13:40 Organizers' concluding notes
- 13:50 *coffee break*
- 14:15 Guided City Tour
Meeting point:
14:15 at conference venue/Furtwängler-Garten
- 16:15 End of day 2



**Michael Breitenbach,
Elisabeth Kapferer,
Clemens Sedmak**

Stress and Poverty.

A Cross-Disciplinary Investigation of
Stress in Cells, Individuals, and Society
(Springer 2021)

About the book:

The word stress is everywhere and highly overused. Everyone is stressed, it seems, all the time. Looking into the meaning of stress in the natural science and the humanities, this book explores cellular stress as cause of and in correlation with what humans experience as stress. When do we psychologically feel stress and when do we show physiological evidence of stress in our brain?

Stress is a deviation from what feels normal and healthy. It can be created by social or economic factors and become chronic, which has substantial impacts on the individual and society as a whole. Focusing on poverty as one chronic inducer of stress, this book explores how the lack of pressurefree time, the hardships and unpredictability of everyday life and a general lack of protection lead to destructive toxic stress. This pressure affects cognitive and social functioning, brain development during childhood and may also result in premature aging. How can the sciences inform our understanding of and our response to stress? What can be done about toxic stress both on a personal level and in terms of structures and policies?

The book is written for anyone interested in stress, its causes and consequences, and its relationship to poverty.

<https://link.springer.com/book/10.1007/978-3-030-77738-8>

Keynote 1: Monica A. Magadi (Hull)

12. 09. 2022, 10:30, HS 101

Chair: Elisabeth Kapferer

The intricate relationship between HIV/AIDS and Poverty in sub-Saharan Africa

Abstract

Sub-Saharan Africa (SSA) remains the region most adversely affected by HIV/AIDS epidemic, accounting for about 70 percent of the global burden, despite the region accounting for just 13 percent of the global population. Of the global total of 37.7 million people living with HIV at the end of 2020, about two-thirds were in SSA. A link has often been made between poverty and the spread of HIV but the relationship remains complex. For a long time, it was believed that poverty drives the HIV epidemic, particularly in SSA. This argument seemed consistent with the statistics on the global burden of HIV attributable to SSA which is the world's poorest region. Indeed, in 1997, a World Bank report stated that *"widespread poverty and unequal distribution of income that typify underdevelopment appear to stimulate the spread of HIV"*. However, most empirical evidence appeared to suggest the contrary.

This talk is based on recent work in an effort to better understand the intricate link between HIV and poverty in SSA. It will

- i. highlight an urban/rural divide in the relationship, showing a disproportionate risk of HIV among the urban poor;
- ii. propose plausible theoretical explanations of the poverty-HIV link with respect to the theory of economics of sexual behaviour and social capital theory; and

- iii. share recent findings on the effect of interactions between HIV and poverty on other reproductive health outcomes (i.e. teenage childbearing and contraceptive uptake) in SSA.

The current pandemic is expected to have heightened vulnerability for people living with HIV and/or in poverty. This talk will conclude with some deliberations on emerging evidence of the disproportionate impact of Covid-19 on people living with HIV and/or in poverty, especially in SSA and other resource poor settings.

About:

Monica Magadi is Professor of Social Research and Population Health at the University of Hull. She focuses on international empirical research in the area of social science and health. She has published extensively on reproductive health in sub-Saharan Africa, including maternal/child health, HIV/AIDS, and adolescent sexual and reproductive health. With a background in statistics and demography, she has an inclination towards quantitative research methods, including multilevel modelling. However, she has experience in qualitative social research as well, and has implemented a number of reproductive health research projects utilizing mixed methods.



Keynote 2: Petra Rust (Vienna)

12. 09. 2022, 11:20, HS 101

Chair: Elisabeth Kapferer

Food (In)security and Health Risks

Abstract

Food insecurity, defined as “the inability to acquire or consume an adequate quality or sufficient quantity of food in socially acceptable ways, or the uncertainty that one will be able to do so” (Radimer et al., 1992; Thompson et al., 2012), poses a major threat to the health status of populations.

Economic uncertainty related to the COVID-19 pandemic and energy crisis caused by the current war, harsh climate conditions, limited agricultural resources, food waste, and the potential implications for food prices and food affordability, highlight existing systemic weaknesses in international food and nutrition security.

Food crises have a particularly devastating impact on the poorest and most vulnerable people. Whereas, in the developing world, a typical poor family spends about two-thirds of its income on food, in Europe, the proportion of per capita spending on food is 15-17%.

Experiencing food insecurity is strongly associated with increased risk of developing obesity, diabetes, coronary heart disease, chronic kidney disease, and obstructive pulmonary disease. On the one hand, this is the consequence of a high consumption of cheaper, energy-dense but nutrient-poor foods that contain more fats and low-molecular-weight carbohydrates and lower consumption of fruits and vegetables. On the other hand, chronic stress from food insecurity can stimulate the release of glucocorticoids, increasing visceral fat accumulation and storage, and boost cortisol levels, increasing blood glucose and insulin resistance, which play a role in the development of type 2 diabetes. Furthermore, alternating episodes of food availability and scarcity

can cause binge eating patterns and subsequently increases the risk of being obese.

In contrast, chronic diseases themselves can contribute to food insecurity, because of higher health care expenditures or lower household income due to the inability to work.

Food insecurity is recognized as an important social determinant of health maintenance and screening for it should be emphasized to identify groups experiencing food insecurity for targeted interventions.

About:

Ass.-Prof. Dr. Petra Rust is trained in Nutritional Sciences. She has long teaching and research experiences. She is teaching basics on nutritional sciences, dietetics and nutrition throughout the lifecycle. Her expertise includes monitoring of nutrition and health status (co-author of the Austrian Nutrition Reports); nutrition information and communication (CHANCE - Community Health Management to Enhance Behaviour guideline; NUTGECS – a nutrition guide for early childhood active stakeholders). She has coordinated several national projects and has participated in numerous international projects. She leads the task force group of the Austrian national action plan on nutrition which focuses on communal feeding, is board member of the Austrian Society of Nutrition and member of the scientific advisory board of Fonds Gesundes Österreich (FGÖ).



Featured Workshop with Eva Selenko (Loughborough)

13. 09. 2022, 10:50, HS 101

Chair: Elisabeth Kapferer

(in English & German language, part of Salzburg University's 400 year anniversary)

The psychological effects of poverty: Current perspectives

Abstract

Living in poverty is a daily struggle. Lacking the financial means to sustain oneself has widespread effects on families, communities and even wider society. What is often less discussed are the psychological effects of poverty. This is short-sighted, as economic, social, and individual processes are closely interlinked. Not being able to satisfy basic health needs, to eat or live satisfactorily, affects how people think, feel, and act – in their private life but also their workplaces and wider community.

This contribution will illustrate the link between a person's material circumstances and their thoughts, emotions and behaviors. This is important to understand, as people's perceptions will impact their capacity to cope with, or even progress out of poverty.

Psychologically, poverty is a major stressor. Money worries – and worries about inflation continuously rank top in representative surveys on stress in developed economies. More significantly, poverty undermines decent, healthy, sustainable livelihood, and exposes people to stressors in multiple life domains. This talk will give an overview over psychological poverty research and outline how contexts of poverty and their resulting strain affect peoples' health but also their attitudes and behavior in various areas of their lives.

By acknowledging the psychological effect of poverty on individuals, the connection between contexts of poverty and various individual effects

becomes clearer. The psychological lens does not only help with understanding health outcomes but it also allows to explain attitudinal and even behavioral consequences of poverty. This talk will argue that it is not enough to just regard the material realities of poverty, but that the subjective side of poverty plays an additional role. Because of its far-reaching consequences, it is in organisations' and the wider public's self-interest to prevent poverty and its harmful individual effects.

About:

Eva Selenko (Featured Workshop) is a Senior Lecturer at the Work and Organisation Academic group of the School of Business and Economics/ Loughborough University. She holds an MSc in Social and Organisational Psychology from the University of Groningen, NL, a doctorate in Psychology from the University of Graz and has recently gained Habilitation at the University of Linz (both: Austria).

Eva's research interests center on precarious employment situations and how these affect well-being, performance and non-work related behaviour. In her research she aims to apply psychological theories to the understanding of employment related issues.

Eva is a member of several national and international bodies (e.g. SIOP, EAWOP, the German DGPS, CIPD...) and also acts as associate editor for Applied Psychology: An International Review (ABS list ranked 3).



Keynote 3: Mojca Gabrijelčič Blenkuš (Ljubljana – NIJZ, EuroHealthNet)

13. 09. 2022, 12:50, HS 101

Chair: Andreas Koch

Health in all policies approach in inequalities and vulnerabilities research and action

To be efficient in public health and health promotion actions in reducing inequalities and poverty, we do not need to understand only the situation and priorities in specific subpopulation groups. We also need to employ the knowledge transfer processes among research findings and policy implementation measures. We have to be aware of the concrete opportunities for the implementation of specific proportional measures to act towards closing the gaps. In addition, it is essential to understand the governance mechanisms and tools in support of productive response to the needs of most vulnerable in the population. Usually, different sectors and institutions are engaged in the response to the challenges of those most in need and actively built intersectoral competences are enabling that response to be much more efficient.

One of today's opened questions in public health is how to effectively link research results and policy response with appropriate measures. Finding and using appropriate mechanisms for transferring research into policy and practice has become one of the major policy drivers. It became more and more obvious that multisectoral competence, knowledge, strategies, measures and activities, inside and outside health sector, influencing health of the population, are important for better public health and wellbeing, moving governments and stakeholders towards a shared governance for health and well-being, using research knowledge translated to everyday's practice. At the

same time, health sector is increasingly engaged in initiating intersectoral approaches for health and acting as health broker and advocate and the power of knowledge is one of the crucial political forces for moving health and wellbeing issues onto policy agenda and thus to implementation.

This talk addresses these issues drawing on two exemplary multisectoral platform projects on EU-level co-conducted by the National Institute of Public Health in Slovenia (NIJZ, <https://nijz.si/>) and discusses outcomes and findings from these projects.

About:

Mojca Gabrijelčič Blenkuš is a medical doctor and a specialist in public health. She also has a PhD in social sciences. Her fields of interest and expertise are nutrition, physical activity, and in last few years, aging and frailty. Today, she is mostly involved in policy and programme development, and in research projects. Her main academic interest is in public policies; she holds assistant professorship at the Faculty of Health Sciences where she teaches health promotion theory and health in all policies. She is Senior Advisor at National Public Health Institute in Slovenia (NIJZ) and since 2018 president of the EuroHealthNet.



Parallel Panel Program (Overview, Chairs, Rooms)

Parallel Panels 1

12. 09. 2022, 13:10-14:10,

Panel 1/1 (Chair: Abdullah Ali), HS 101

- Éva Perpék: Poverty and social exclusion of children: an international perspective
- Thomas Bundschuh: Are Children's Futures Taken Seriously? The Impact of Climate Change on the First 1,000 Days of Children Living in Poverty and Children's Rights

Panel 1/2 (Chair: Varpu Wiens), HS 104

- Luminița-Anda Mandache/Loredana Ivan: Old People's Agency during the COVID-19 pandemic: Lessons from Romania
- Cara O'Connor: From Ambivalence to Clarity – How students use ideas of health, illness, and disability to think beyond the absolute/relative poverty divide

Panel 1/3 (Chair: Annemarie Müllauer), HS 107

- Sezen Demirhan/Nurşen Adak: The Most Expensive Gifts: Live Organ Donation
- Jana Donat: Entangling poverty and health in inundation-related relocation processes

Panel 1/4 (Chair: Andreas Jansen), HS 122

- Cordula Zabel: Benefit recipients with health and further impairments
- Lukas Kerschbamer/Sascha Gell: COVID19: fighting for health and against the poor?

Parallel Panels 2

12. 09. 2022, 14:30-15:30

Panel 2/1 (Chair: Yang Li), HS 101

- Min Zhou/Wei Guo: Local, Trans-Local, and Fellow Townspeople Ties: Differential Effects of Social Relations on Health among China's Rural-to-Urban Migrants
- Halime Ünal-Reşitoğlu/Yelda Özen/Asiye Kemik: Health strategies of older people in rural poverty

Panel 2/2 (Chair: Cara O'Connor), HS 104

- Varpu Wiens/Sakari Kainulainen/Joakim Zitting: Three different views on poverty in Finland
- E. Prema/V. Shyam Sundar/Kalaichelvi: Understanding the Transgender Rights: Reviewing the Health Rights of the Neglected Gender

Panel 2/3 (Chair: Elisabeth Kapferer), HS 107

- Cristiano d'Orsi: The right of drinkable water for poor people in Africa
- Elife Kart/Emin Yigit/Gulhan Demiriz/Funda Alpaslan Talay: Relationship between New Poverty and Health

Panel 2/4 (Chair: Thomas Bundschuh), HS 122

- Sarah Jasiok, Tina Bartelmeß: Broadening the concept of food poverty: a critical scoping review putting the social dimension centre stage
- Tishita Tyagi: Poverty and Financial Crises in Sri Lanka 2022

Parallel Panels 3

12. 09. 2022, 15:50-16:50

Panel 3/1

- **Round Table discussion (Chair: Helmut P. Gaisbauer), HS 101**
(in German language, part of Salzburg University's 400 year anniversary)
Gesundheits-Armut mitten im Reichtum: Bedarfe, Lücken, Angebote aus Salzburger Sicht
[Health poverty in the midst of wealth from a Salzburg-based perspective]
Mit: [With:] Kathleen Heft (Pro Mente Salzburg), Ines Lanschützer (Kinder-Jugend-Seelenhilfe Salzburg) und Sebastian Huber (Virgilbus Salzburg)

Panel 3/2 (Chair: E. Prema), HS 104

- Jayshree Dutta/Santosh K Sahu: Household Fuel Empowerment Index: A Study of Indian Household Sector
- Jayabrata Sarkar: Policy and Advocacy: Public Health Practice in India

Panel 3/3 (Chair: Luminița-Anda Mandache), HS 107

- Yang Li: Earlier-life Individual and Spatial Socioeconomic Conditions and Later-life Physical Activity
- Claire Ayelotan: Poverty in Epilepsy: An abnormality in Yoruba Child Witchcraft Discourse

Parallel Panels 4

13. 09. 2022, 09:30-10:30

Panel 4/1 (Chair: Andreas Koch), HS 101

- Andreas Jansen: No welfare state for the long-term ill? The risk of poverty in old age among employees with diagnosed illnesses in Germany
- Yelda Özen: Being sick, poor and old: women's stories from the Turkish metropolis

Panel 4/2 (Chair: Abdullah Ali), HS 104

- Ivana Matteucci/Sabrina Moretti/Mario Corsi: Framing poverty and health: media frames and public perceptions in Italy
- Paulo Tiangco: Social Media as a Public Health Lifeline to PLHIV in the Philippines

Panel 4/3 (Chair: Annemarie Müllauer), HS 107

- Muhammad Anwar: Socio-cultural barriers in health seeking behaviour of women patients of tuberculosis in Southern Pakistan: Poverty leads to a arrange the diseases.
- Emin Yigit, Elife Kart, Gulhan Demiriz: Interrelation between Syrians as new urban poor and health

Parallel Panel Program (Abstracts)

Parallel Panels 1

12. 09. 2022, 13:10-14:10

Panel 1/1 (HS 101)

Éva Perpék:

Poverty and social exclusion of children: an international perspective

The Europe 2020 strategy has set a target of reducing the number of people at risk of poverty or social exclusion by 20 million by 2020 compared to 2008, whilst the target of the Europe 2030 is at least 15 million, out of them, at least 5 million should be children. Based on European Union Statistics on Income and Living Conditions (EU-SILC) data, the present paper focuses on how the Europe 2020 poverty and social exclusion criteria have (not) been met across different member states. The presentation puts special emphasis on poverty and social exclusion of children and families with children from an international perspective. It examines all three sub-dimensions of the indicator, i.e., at risk of poverty after social transfers, severe material deprivation, and very low work intensity. It pays particular attention to social expenditures and their role.

The broad theoretical context of the paper is the multidimensional child poverty approach and integrated framework to child poverty and well-being. Multidimensional child poverty means not only material needs of children and families but their human rights as well. Integrated framework to child poverty

also encompasses a wide horizon such as basic needs, human rights and capabilities. Out of these factors, the present research includes poverty and social exclusion indicators related to monetary conditions, material deprivation and employment.

According to the latest data from 2020, at risk of poverty or social exclusion rate was somewhat greater among children below 18 years, compared to the EU average of the total population. Similarly, people living in households with dependent children were more endangered, than households without them. Previous analyses also showed that young people, single-parent households, people living in large families are highly affected; moreover, social transfers play a significant role in preventing monetary poverty. Besides general tendencies, the paper covers the peculiarities of different countries, with particular reference to Hungary.

The research was supported by the “Professional Support for Integrated Programs to Combat Child Poverty (EFOP 1.4.1 -15)” project.

Thomas Bundschuh:

Are Children’s Futures Taken Seriously? The Impact of Climate Change on the First 1,000 Days of Children Living in Poverty and Children’s Rights

The 2022 assessment report six of working group two of the Intergovernmental Panel on Climate Change consistently highlights the particular vulnerability of children exposed to the impact of climate change (IPCC, 2022, AR6, WG2, 8-36, 8-45). It is evident that poor children are even more at risk to suffer climate harm from rising temperatures and extreme weather events. As the IPCC observes, “climate change can affect the four aspects of food security: food production and availability, stability of food supplies, access to food, and food utilization” (AR6, WG2, 7-43). Resulting

“undernutrition in the first 1,000 days of a child’s life can lead to stunted growth, which can result in impaired cognitive ability” (ibid.). According to UNICEF, “the climate crisis is the defining human and child’s rights challenge of this generation” (UNICEF, 2021). This paper explores the impact of climate hazards such as droughts and flooding on child growth during the first 1000 days with regard to children living in poverty in order to assess the recognition of children’s rights and their capacity to respond to the climate crisis. The paper proceeds as follows. First, focusing on food security and undernutrition, the paper highlights what science reveals about the climate impact on children’s life-course and related transgenerational effects. Second, the paper examines the human rights response to these climate harms suffered by children living in poverty by answering the following questions: (a) How have children’s rights been brought to bear on climate harms in recent climate change litigation involving young people? (b) How has science been used in these cases? (c) How can science inform the understanding of children’s rights and their application to the climate crisis? Third, the paper proposes a framework that takes children’s futures seriously by considering the interacting and irreversible temporalities of both climate change and child development. Thus, the paper aims to show how children’s lives and well-being and that of future generations can be taken seriously by rethinking the child’s right to development as well as the principle of intergenerational equity.

Panel 1/2 (HS 104)

Luminița-Anda Mandache/Loredana Ivan:

Old People’s Agency during the COVID-19 pandemic: Lessons from Romania

Current Romanian society is polarized across rural-urban, age and class, among other coordinates. Old people are perceived and represented in popular culture as red nostalgic (Ghodsee 2004), stuck in the past, naïve, and easy to manipulate by leftwing parties and the Christian Orthodox Church. On average Romanian older have a lower life expectancy and less healthy years to live, lower access to the internet, lower retirement pensions and poorer access to healthcare than their European counterparts (Eurostat, 2015). Using data from 12 semi-structured interviews, relying on an ethnographic approach, with seniors in rural and urban areas in Romania during the peak of the COVID-19 pandemic we explore old people’s experiences and sense-making of the pandemic through the use of communication technologies. Contrary to popular opinions, our participants emphasize a strong sense of agency. Their agency is manifested through self-care and active care for others, including but not limited to family members, cautious media consumption (our participants learn about the pandemic by triangulating information from multiple sources), and sense-making of their situation (always emphasizing their resiliency).

Cara O’Connor:

From Ambivalence to Clarity - How students use ideas of health, illness, and disability to think beyond the absolute/relative poverty divide

I am part of a group of CUNY community college professors who are working to develop a new interdisciplinary curriculum that integrates poverty materials

in the humanities into first- and second- year college courses across disciplines (for information on that, see voicingpoverty.com). In this presentation I want to talk about how my students have responded to poverty-focused material in my introductory philosophy course, in the context of the ongoing pandemic that has affected their lives at every level. The preliminaries suggest that this material (readings from Sen, Khader, Rank, and others) has helped them to become more curious about poverty as a nexus of positive identification, as a stigmatizing label, and as a fluctuating part of life in the United States that intersects with public health, illness, and disability. About half of the students attending BMCC-CUNY fall below the poverty line, and most know that in some way they are identified as “poor” or nearly so. However, many start college unaware of the distinction between absolute and relative poverty, nor have they ever stopped to think about poverty as a contested concept. It is often the case that while they fall into the technical category of poor for tax purposes, they don’t want to label themselves “poor.” When offered a nuanced account of the construction of concepts of absolute and relative poverty, students tend initially to ignore the nuance and embrace that conceptual distinction for its ability to free them from the stigma that they feel attaches to their own poverty status (“real” poverty is those who are starving, and “our” poverty is really not such a big deal). At the same time, their writing reveals how acutely they feel their own “no-big-deal” poverty. This ambivalence is philosophically suggestive. What will move students from the self-protective ambivalence that relies on a too-simple dichotomy, to a more nuanced understanding of want, need, and justice? As I will discuss in my presentation, more than other factors, it seems that once they consider health risks, students realize how tied poor Americans are to the “distant” absolute poverty that they are tempted to other. In parallel to this, it is in making analogies between poverty and illness, and poverty and (the social model of) disability that students often come to recognize relative poverty as a matter of general justice and possible pride rather than personal catastrophe.

Panel 1/3 (HS 107)

Sezen Demirhan/Nurşen Adak:

The Most Expensive Gifts: Live Organ Donation

Depending on the developments in medical technology, death is being challenged today, and the meanings of concepts such as body, life and death are reshaped based on social, cultural and economic changes. Changing living conditions reveal different disease models and offer new treatment methods. Organ transplantation is one of the most remarkable therapeutic advances in modern medicine in the last century. The aim of this study is to examine the relationship between poverty and organ transplantation in the context of gender, through discussing how the meanings of concepts such as body, life, death and vitality change with organ transplantation practices, based on the existing literature. The fact that organ donations are far behind the demands of patients waiting for organs brings to mind the question as to whether the patients to be transplanted are selected fairly. Since cadaveric organ transplantation in Turkey lags far behind developed countries, the issue of who is a living organ donor and who is the recipient of these organs gains vital importance. Although there are many ethical and legal regulations on organ donation, there may be inequalities in practice. Market conditions, where scarce resources have a high economic value, can motivate poor people to become living organ donors. Like poverty, gender also influences the organ donation process. It is possible to follow the reflections of gender inequalities observed in many areas of social life in organ transplantation practices, as well. The masculine hierarchy of medicine, the long acceptance of the male body as the norm, and the view of women as potential donors have been criticized from a feminist perspective. The transplant endeavor is literally dependent on making some bodies give up organs in order to provide treatment for others. While this renunciation is justified as an example of sacrifice and self-sacrifice

in low-income poor countries, it is important who will risk their body and life through organ donation and who will benefit from this risk. When examining living organ transplants, it is noteworthy that the body at risk has a dominant sex. In traditional patriarchal societies: mothers, sisters and wives are expected to make sacrifices for their country, family and children and give up their own body. Therefore, as seen from other inequalities in the field of health; both poverty and gender appear to be important variables in organ transplantation. In this context, at the sensitive border between life and death, the issue of who will be an organ recipient and who will be an organ donor is affected by economic conditions and gender. In this study, the economic status of living organ donors, who gave the greatest gift of their lives, was examined in the context of gender. The Phenomenological approach was adopted in the study, which was carried out with the Qualitative Research Method. Women between the ages of 20-50, who are “voluntarily ” kidney and liver donors in Turkey, were reached using Snowball Sampling Technique and data were collected by in-Depth Interview Technique. Women's experiences of giving their organs, which are a part of their body, to someone else voluntarily, have been examined from a feminist perspective in the context of poverty and gender.

Jana Donat:

Entangling poverty and health in inundation-related relocation processes

Since 2010 the Uruguayan Ministry of Housing and Environment is initiating state-enforced relocation projects throughout the country that target irregular settlements affected by inundations. As poverty is highly concentrated in those irregular settlements that are partially or fully threatened by regular inundations, the National Relocation Program’s objective is framed to improve life quality and, thereby, contribute to socio-spatial integration. Besides

residential, social, economic and territorial components, the policy and operating regulation do not address the variety of health issues that are interrelated with those socio-spatial segregations through which irregular settlements keep being (re)produced. To exemplify the entanglements of poverty and health in planned relocation processes, this paper will include a broad census, participative observations, informal talks and intensive interviewing with affected communities at inundation and relocation sites in Montevideo. During field research (2021-2022), the biggest inundations in Uruguayan history confronted some people in informal settlements along river banks with new scales and speed of destruction. Insightful experiences gathered by accompanying disaster management also shed important light on how health issues were (not) integrated into the Uruguayan emergency system. Aspects that show the interrelatedness of poverty and health from an intersectional perspective will include, but won't be limited to:

- the general lack of access to the formal health system in informal settlements;
- the relation between health and poverty as mutually constitutive and intersecting with respect to race, gender and age, also leading to transgenerational effects;
- systemic vulnerabilities turning inundations and contaminations of soil into inescapable health risks, especially lung diseases like chronic asthma and COPD (aggravated by the pandemic);
- growing anxieties and physical addiction towards drugs (esp. pasta base) due to an increase in cocaine consumption and smuggling and its correlated growth in violence;
- subjective wellbeing in question when torn between environmental displacement and forced relocation (e.g. awaiting a forced relocation process one might not be favouring or being held out regarding one's promised relocation for decades although aspiring to leave);

- health problems and disabilities limiting the capacity to react to recurring inundations by oneself.

By systematically integrating the before mentioned health aspects and taking the perspective of those affected seriously, entangled aspects of poverty and health are recommended to be integrated into relocation policies that focus on inundation-related resettlements in order to improve the process from a holistic perspective.

Panel 1/4 (HS 122)

Cordula Zabel:

Benefit recipients with health and further impairments

Job center counseling and labor market participation of benefit recipients with health impairments and further employment obstacles

Over half of non-employed means-tested benefit recipients in Germany report severe health problems. This paper studies the intensity of job center counseling for benefit recipients with health impairments and further employment obstacles, as well as the impact of counseling intensity and counseling quality on their employment entries. The empirical analyses in the paper are based on survey data from the Panel Study Labor Market and Social Security (PASS), combined with administrative data on job and benefit spells. In a first step, the analyses look into differences in employment opportunities between different groups of benefit recipients, finding lower employment entry rates for those with health impairments, men aged over 45, women aged over 55, people who have not been employed for at least five years, as well as

mothers of children aged under three years of age. For benefit recipients with such employment obstacles, the subsequent analyses find significant positive effects of intensive counseling concerning benefit recipients' personal situation and job prospects on their employment entries, but no effects of such counseling for benefit recipients without such obstacles. Further analyses find that benefit recipients who agreed with the statement "The job center only made demands but did not provide me with any real help" had lower subsequent job entry rates, while those who agreed with the statement "Job center counseling helped me gain a new outlook", had higher subsequent job entry rates. Thus, both counseling intensity as well as the relationship between counselor and benefit recipient and counseling quality seem to be important for improving employment prospects of benefit recipients with health impairments and further employment obstacles.

Lukas Kerschbamer/Sascha Gell:

COVID19: fighting for health and against the poor?

In Austria, more than 47% of the chronically ill are unemployed, 23% of minimum income recipients report poor health and 22% of unemployment benefit recipients have health-related limitations for labour market placement. The impact of the social gradient for health and vice versa is well researched and explanations for restrictions to labour market access to secure the livelihood are either provided by the selection- or causation-thesis. However, COVID-19 and the associated government measures to protect the public health introduced a new threat for the poor and people at risk of poverty or exclusion. Massive increases in unemployment and short-time work, especially in the Tyrolean economy characterised by tourism, meant further aggravations for the already vulnerable. Therefore, the question arose

if the COVID-19 measures aimed to preserve the public health actually deteriorated the health and wellbeing of Tyrolean's in precarious situations.

To explore the multiple facets and impacts of COVID-19 for the poor in Tyrol, semi-structured interviews with people in precarious situations (n = 76) and service providers (n = 36) were conducted. In order to reach participants, despite possible feelings of shame or fear of stigmatization, gatekeepers and the method of snowball sampling were utilized. Additionally, flyers and posters in selected locations were distributed. To further contrast the sample and provide a low-threshold option a qualitative online survey (n = 55) was offered. The qualitative data was evaluated via qualitative content analysis and biographical reconstruction to gain insights on developments and impacts during the life course of individuals in precarious circumstances.

Government measures to safeguard the public health in consequence fostered precarisation and deterioration of health and wellbeing itself. Establishing at-risk groups during the pandemic, which are to be protected, introduced a barrier for labour market participation for the chronically ill. Deciding between paying the rent, heating or healthy food became a monthly challenge. People in precarious situations cannot compensate the massive impact on mental health, since therapy places covered by social insurance are overrun to the point of triages in acute settings and private psychotherapy is not affordable.

Parallel Panels 2

12. 09. 2022, 14:30-15:30

Panel 2/1 (HS 101)

Min Zhou/Wei Guo:

Local, Trans-Local, and Fellow Townspeople Ties: Differential Effects of Social Relations on Health among China's Rural-to-Urban Migrants

Scarce attention has been paid to the distinct health effects of the three layers of social relations a rural-to-urban migrant is commonly embedded in—local connections with local urban communities, trans-local connections with family and hometown communities, and connections with fellow townspeople in the city who are from the same hometown. This study investigates their respective health effects by applying the multilevel logistic regression to the data from the 2017 China Migrants Dynamics Survey, China's latest and largest national survey data on rural-to-urban migrants. The results show that the multilayered embeddedness of the migrant gives rise to differing, even diverging health effects of different types of social relations. While creating ties with local urban communities and maintaining ties with hometown communities are beneficial to migrants' health, ties to a larger family and closer ties with fellow townspeople in the city are negatively related to health. The findings suggest the multifaceted nature of the linkage between social relations and health among migrants. Social relations affect health not only in positive ways but also in negative ways.

Halime Ünal-Reşitoğlu/Yelda Özen/Asiye Kemik:

Health strategies of older people in rural poverty

In recent decades, the percentage of the poor in the population has been increasing in Turkey. State policies and academic interest on poverty have concentrated on urban poverty; however rural poverty has been underemphasized that makes poverty dynamics difficult to comprehend. Rural-to-urban migration and external migration since the 1960s have social, economic and demographic consequences for rural people. Due to the decrease in the need for labor power for agricultural production and the insufficient subsistence resources for dense rural population, the young population have migrated for job opportunities. This transformation had impact on the increase in the proportion of the older people in rural areas. Considering that there is a serious decrease in income with old age in Turkey, the increase in the number of households consisting of older people and older people living alone in rural areas necessitate sociological investigation of old-age poverty, later life care and health problems of older people in rural areas. In rural areas, older people have problems with health care access and economic difficulties; therefore, they try to struggle with the health problems caused by poverty and old age. In this context, the study aims to reveal health problems, problems with health care access and informal strategies developed by older people to cope with their health problems. We also try to understand the role of informal solidarity networks in access health services, meeting their care needs and solving health problems. Qualitative data consisting of both observations and in-depth interviews will be collected from people aged 65 and over living in four villages of Afyon and Antalya. Preliminary findings indicate that health care access difficulties faced by older people prevent them getting health care. They often have to do many things alone, such as travelling to near town by public transport, making an appointment from a health center via telephone or internet, and obtaining their medicines. Mostly, they have to wait for family support for getting health services.

Panel 2/2 (HS 104)

Varpu Wiens/Sakari Kainulainen/Joakim Zitting:

Three different views on poverty in Finland

There is more to living in poverty than financial destitution. Previous researches indicate that a scarce living environment causes stress, reduces future orientation and makes it difficult to make meaningful choices. Our perspectives and knowledge of the difficulties caused by scarcity and the specific ways of coping with it should therefore be deepened and broadened. There are still various socio-economic disparities in Finland. We present here three different sets of data to analyze the situation and look at the issue as a whole.

The first data is based on the analyzes of the 742 written responses from the 2018 Scarcity Survey collected by Helsingin Sanomat, Finland's largest newspaper, from the regions of Eastern and Northern Finland. We found nine themes of difficulties caused by scarcity, which were located in the dimensions of personal, social and economic factors.

The second data is the survey data collected in a research project concerning the effects of covid-pandemic for homeless people, food aid recipients and low-threshold service clients. The survey data collected from food aid recipients gives information about the reasons for receiving food aid, issues relevant to surviving in poverty and the usage of public services. These findings are examined in particular for those respondents who experience the strongest difficulties in meeting their normal expenditure.

The third data is based on the “Social disadvantage in Finland” -mapsite. We have created this innovative and award-winning mapsite to monitor whether there is a statistical basis for regional segregation and clustering of social problems in specific neighborhoods, and how measures targeted at a

particular neighborhood subsequently translate into changes in statistics. The purpose is to provide new information about local social disadvantage, making resource and policy allocation more effective, and finding best practices from other regions.

These three sets of data have led to a qualitative understanding and quantitative structuring of the mechanisms behind scarcity and poverty, and how they are manifested in people's lives. Understanding these is essential for taking effective action in social and health policy areas. These results will be used for the development of service systems at local and national levels.

E. Prema/V. Shyam Sundar/Kalaichelvi:

Understanding the Transgender Rights: Reviewing the Health Rights of the Neglected Gender

Throughout the history there are traces that the transgender people existed in every culture. The basic respect given to a prudent man is not given to them and their rights are often violated. Dignity is one such right which even after a drastic development in human rights is denied to the transgender people. Often, there are problems prevailing on their identity when they are described as trans men, trans women, bi gender, genderqueer, non-binary, agender and many more. Internationally, the rights of LGBT (Lesbian, Gay, Binary, Transgender) are jointly referred based on gender discrimination, especially, human rights violation. Internationally addressing the issues relating to LGBT community may be required but at the national level it cannot be. The reason is in many traditions such as India, where the gay or lesbian relationship are still a controversy and transgender are not even considered as human being. But the transgender who are even doubtful to be considered as third gender are neglected from their birth rights. In the name of traditional methods, the transgender persons undergo the gender transition surgery in unethical and

dangerous ways which result to their death. It is need of the hour that their issues relating to health must be dealt separately . The Indian judiciary in many occasions have recognized the rights of transgender along with dignity succeeded in establishing their rights. It also resulted in legislative outcomes, but society not accepting them as a third gender and transgenders not accepting them to be called as a man or woman are two distinct ends which will never meet to end the problems of transgender. Therefore, India have to accept the social transformation which will resolve the problems of transgenders. The present study will analyze the existing International and national protection for transgender specifically on their health rights. Additionally, to substantiate the present research, relevant judgments will be discussed with the human rights courts.

Panel 2/3 (HS 107)

Cristiano d’Orsi:

The right of drinkable water for poor people in Africa

My work focuses on the right of drinkable water for poor people in Africa. This issue is connected with the right to health.

The right to the highest attainable standard of health has been recognized as a fundamental human right for many years. It was enshrined in the Preamble to the WHO Constitution in 1948 and reaffirmed in the Alma-Ata Declaration on primary health care in 1978. The most authoritative definition of the right to health was set out in Article 12 of the ICESCR.

In addition, water is important in ensuring the continuance of life, and is linked to other fundamental rights. Water is essential for securing livelihoods; for enjoying certain cultural practices (the right to take part in cultural life); to sustain life (the right to life); to produce food (the right to adequate food) but also to ensuring environmental hygiene (the right to health).

A failure to fulfil the right to water, in terms of ensuring that there is access to sufficient quantity of safe and clean water may jeopardise the fulfilment of other rights. In this regard, the ICESCR Committee declared, “The human right to water entitles everyone to sufficient, affordable, physically accessible, safe and acceptable water for personal and domestic uses” [ESCR Committee General Comment 15 (2002) The right to water (arts 11 & 12 of ICESCR) 29th session, 11-29 November 2002 E/C. 12/2002/11]

When oil pollution occurs, it leaches into the soil and groundwater in the affected area, which may have a negative impact on the right to safe drinking water, as observed in the Niger Delta communities in Nigeria.

A spill can cause severe harm to the poor population dependent on these streams as a source of their water. For example, following the major Texaco spill of 1980 in Nigeria, 180 people died in one community because of the pollution.

Litigation against the oil companies for compensation in the event of environmental harm includes claims for the deaths of children caused by drinking polluted water. In this manner, African countries face several challenges in addressing environmental pollution. Some of these include a lack of access to justice by the poor people because of the costs of appointing a lawyer and procuring expert witnesses and scientific evidence. A lack of knowledge at the local level regarding the impacts of pollution on human health and the environment is also common as well as fragmented approach to environmental legislation and policy; a weak institutional framework for

environmental protection and, more importantly, a lack of effective sanctions for pollution and environmental damage.

My work tries to shed light on the different aspects that may prevent poor people in Africa to have access to drinkable water, in this way undermining their health.

Elife Kart/Emin Yigit/Gulhan Demiriz/Funda Alpaslan Talay:

Relationship between New Poverty and Health

The phenomenon of poverty, which appears in the form of multidimensional processes of deprivation and exclusion, is becoming a permanent characteristic in today's world. These new appearances of poverty are not independent of the neoliberal economic policies and hence, the flexible, precarious and irregular employment structures and relationships formed within the framework of these policies. Although this transformation affects different class structures of the social stratification as a whole, it especially affects individuals and groups in the most disadvantaged positions of this stratification (such as poor women, immigrants, children and disabled people). The experiences of individuals and groups with multiple disadvantages range from being excluded from the labour market for a long-term or permanently, to being deprived of a relatively sufficient and regular income, thus not meeting even their basic needs (such as shelter, food, health and education) as a result of neoliberal economic policies in which the market conditions base on instability and insecurity; state's protective and regulatory function gradually declines; and public spendings in the field of social security are limited. The current socio-economic system, that is shaped by neoliberal policies and consequently by a free-market notion, also increases a tendency towards the marketization of health sector. Deepening of poverty is accompanied by unhealthy living conditions for the disadvantaged and creates

inequalities in their access to the health services, where the free-market norms are sought to prevail. In this paper, nutritive, housing and health conditions of disadvantaged poor families/households who are on welfare; their access to health care and services; the problems brought by their inability to reach these services and finally; the strategies they have developed in the face of these problems will be examined and discussed. The findings of this research conducted in Antalya /Turkey show that the relationship between poverty and health has implications that contains many structural and individual factors as well as resulting in the reproduction of multidimensional exclusion and deprivation. Inability to meet a basic need such as health leads to the deterioration of not only the physical health of disadvantaged groups but also their whole social wellbeing.

Panel 2/4 (HS 122)

Sarah Jasiok, Tina Bartelmeß:

Broadening the concept of food poverty: a critical scoping review putting the social dimension centre stage

Sustainable Development Goal 1 - ending poverty in all its forms - is a prerequisite for also tackling food poverty and ensuring healthy lives and good nutrition for all. Poverty cannot be measured solely by economic indicators, especially in the area of food and nutrition. Social network resources and food poverty are interrelated, both in industrial and in developing countries. While in developing countries, especially in rural communities, communal eating is the norm and food is shared and distributed in social networks, it was not until the COVID-19-pandemic that this "social" dimension of food was re-

emphasised in developed countries in terms of its importance for food security. The importance of food acquisition practices from private and public social networks for individual and household food security in industrialised countries under COVID-19 was promoted less by material deprivation than by regulations on social isolation. These circumstances and ongoing external shocks, e.g. due to unstable food value chains caused by political conflicts, and resulting migration processes and challenges of food acculturation, show that materially focused indicators, especially food access-related financial barriers, are not sufficient to measure food poverty and to describe the resilience of individuals and households to food insecurity. The present paper critically reviews international indices for food security and insecurity, relevant Sustainable Development Goals indicators, as well as poverty indices with regard to which and to what extent they cover the social dimension of food and nutrition. Based on food sociological theories and with reference to current developments, the article highlights social dimensions that may be of interest for the development of more differentiated indices to measure food security, food insecurity and food poverty.

Tishita Tyagi:

Poverty and Financial Crises in Sri Lanka 2022

In the last few years, the world has been through a series of drastic changes, be it because of COVID-19, people fighting for human rights or healthcare workers demanding equality and justice for their work during the difficult times of handling the pandemic. COVID-19 led to mass hysteria and shredded light on some of the most profoundly flawed healthcare systems in a few countries. Even the most developed countries went through some tough times and are still trying to recover financially and systematically. At this stage, where most countries are trying to keep their nations intact and safe, Sri Lanka,

on the other hand, is facing one of the worst financial crises the world has ever seen. A developing country like Sri Lanka is considered to be a lot stronger than many other nations. Still, the recent event of inflation, huge foreign debts, devaluation of currency and many more aspects have led to the worst financial issues the country has ever seen. The worst part is that this crisis is just the result of political agendas and mismanagement of finances by the government. The inflation has led to prices that are so ridiculously high that most of the population is being led to face poverty. The citizens struggle even to afford essential resources like food, medicines, and fuel. This paper will analyze and evaluate the effects of the financial crisis in Sri Lanka in relation to its impact on the country's healthcare system, the health of citizens, and how people are suffering physically and psychologically. This paper will also discuss the practices which led to this crisis, how and why it happened and how political ethics & morals play a significant role in determining the fate of millions of people. This paper aims to highlight and track the problematic areas of political governance leading to health and poverty crises and reflect how important it is for a country to have a sound system in place to analyze financial adversities.

Parallel Panels 3

12. 09. 2022, 15:50-16:50

Panel 3/1 (HS 101)

Round Table discussion (Chair: Helmut P. Gaisbauer):

Gesundheits-Armut mitten im Reichtum: Bedarfe, Lücken, Angebote

(in German language, part of Salzburg University's 400 year anniversary)

Die Gesundheitsversorgung in Österreich ist im internationalen Vergleich auf einem sehr hohen Niveau gesichert. Dies gilt trotz immenser Belastung des Gesundheitssystems im Zuge der Covid-19-Pandemie nach wie vor. Doch nicht alle hier lebenden Menschen haben effektiv Zugang zu diesen Leistungen. Die Gründe dafür sind vielgestaltig – häufig stehen sie in Zusammenhang mit Armut, oder aber die Gründe für Armut und Exklusion aus dem Gesundheitssystem sind deckungsgleich.

In diesem Runden-Tisch-Gespräch wollen wir die Situation von in diesem Sinne „gesundheits-armen“ Menschen in Salzburg beleuchten, indem wir auf Bedarfe, Lücken und Angebote für diese Zielgruppen blicken. Unsere Gesprächspartner*innen sind: Dipl. Reha-Psychⁱⁿ. Kathleen Heft (Pro Mente Salzburg), Dr. Sebastian Huber (Initiator „Virgilbus“ zur medizinischen Basisversorgung für obdachlose Menschen und Armutsmigrant*innen in Salzburg) und Drⁱⁿ. Iris Lanschützer (Kinder-Jugend-Seelenhilfe).

[Health poverty in the midst of wealth - Round table discussion

Austria is known for its high standard in public health care. This is still the case after the Covid 19 pandemic with its immense strain on the healthcare system. However, not all people living in Austria have effective access to these services. There are many reasons for their exclusion – usually they are related to poverty, or the reasons for poverty and exclusion from the health system are the same.

In this round table discussion, we shed light on the situation of people in 'health poverty' in Salzburg by looking at needs, gaps and offers for this target group. Our guests are Kathleen Heft (Pro Mente Salzburg), Sebastian Huber (Initiator of 'Virgilbus') and Iris Lanschützer (Kinder-Jugend-Seelenhilfe Salzburg).]

Panel 3/2 (HS 104)

Jayshree Dutta/Santosh K Sahu:

Household Fuel Empowerment Index: A Study of Indian Household Sector

In developing countries, the cooking sector is one of the most energy-intensive sectors. An average Indian household, largely the female members, spend about 13.2 hours a week cooking, where the world cooking average is 6.5 hours per week only. Therefore, residential fuel usage for cooking is the most intensive amongst other purposes of fuel such as lighting and heating, within an Indian household. Exposure to household air pollution from burning these fuels is estimated to account for approximately 3 million premature deaths a year (WHO, 2014). When it comes to economic growth, research on the relationship energy access and women's economic empowerment appears to

be absent. This study aims to identify the factors that determine the clean cooking fuel choices of rural households in India and propose an empowerment index to simplify the multidimensional aspect. To do so, empirical research was carried out using the data from an energy access survey conducted on 5090 households situated across rural population of 54 districts and 6 states in India, after the implementation of Pradhan Mantri Ujjwala Yojana (PMUY) a flagship programme launched in India in May 2016 for women participants and to safeguard the health of women and children by providing access to clean cooking fuel – Liquefied Petroleum Gas (LPG). An exploratory factor analysis was performed and the antecedents of cooking fuels consumed by such households were represented by 21 variables grouped into 5 factors:

- Female-oriented household decisions and activities
- Awareness of Government initiatives,
- Knowledge about alternative fuel sources,
- Economic and asset situation, and
- Fuel-related health awareness.

From our findings, we suggest rural-sector specific bottle-necks to be addressed separately for access to cleaner fuels needs and not in conjunction with policies for urban sector. Awareness programs about health implications arising from indoor air pollution, about alternative fuel options and government policies and processes to avail those policies related to fuel need to be conducted and communicated in local languages. Therefore, investigating patterns of cooking fuel usage vis-à-vis the household decision environment can aid in assessing the condition of female empowerment in such nations, while contributing to energy poverty literature and shedding light on indoor air pollution impacts.

Jayabrata Sarkar:

Policy and Advocacy: Public Health Practice in India

Since the 1960s the focus of the Indian health policy, realized through central health agencies and state health departments, has focused on single-issue programmes for controlling specific diseases; delivering maternal and child health services; disease surveillance etc. It has operated within the context of a cumulative improvement in health services, expanding infrastructure of medical schools, laboratories and research institutions. Yet India continues to suffer a staggering toll of ill-health from communicable diseases that result from poor environmental health conditions and lack of understanding of social determinants of diseases. It has exposed the vast population of India, particularly the rural and urban poor to high levels of morbidity and mortality.

Abstract This paper seeks to explore the inverse relationship that exists between a prioritized medical care system and lack of advocacy for public health practice which has exposed the incapacity of the health infrastructure to avert and/or cope with potential health threats and disease/epidemic outbreaks. It is also contended why public health knowledge and practice is symptomatic to a comprehensive formulation of an effective, efficient and improved population health outcomes. Arguments posed in the paper would be based on the following premises: One, how promotion of public health knowledge (training in epidemiology, biostatistics, disease prevention etc.) through academic and medical centers and practice could nurture better informed physician work force with enhanced appreciation of the public health system; two, to what extent public health practice could effectively contribute to clinical decision making and patient health; three, to explore whether advocacy of public health as a public good would increase citizen awareness and build demand for services that reduce their exposure to diseases. Related questions could also be explored: 1. A comprehensive 'Public Health Act' and a separate and substantial 'Public Health Budget' that would enable proactive measures to avert threats to public health before a health emergency occurs.

2. Whether Pilot Regional Medicine-Public Health Centers can be instituted? 3. Can workforce training incentives and responses of Public Health Managers be coordinated? 4. To examine Intersectoral Coordination and support to local bodies in their environmental and sanitation work.

Panel 3/3 (HS 107)

Yang Li:

Earlier-life Individual and Spatial Socioeconomic Conditions and Later-life Physical Activity

Purpose: Framed within the life course and ecological perspectives, this study investigated the association between earlier-life individual and contextual socioeconomic conditions and later-life physical activity. The mediating role of later-life characteristics was also examined.

Methods: Contemporary and historical Census data as well as three bi-annual waves of nationally representative panel data from the Understanding America Study (N=1,981) were used. Three types of physical activity were separately assessed: mild, moderate, and vigorous, to understand the effect of earlier-life circumstances on different types of physical activity over the life course. Multilevel growth curve models were used to address the research questions.

Results: Growing up in a higher-poverty area was associated with lower levels of moderate and vigorous physical activity in later life. A higher level of father's education in respondents' earlier life was associated with higher levels of mild and moderate physical activity in respondents' later life. Moreover, better health status before the age of 16 was associated with a slower decline in

moderate physical activity in later life. The associations between other earlier-life circumstances and later-life physical activity were largely mediated by later-life characteristics.

Discussion: Findings underscore the long-term ramifications of earlier-life socioeconomic circumstances for later-life physical activity, emphasizing the lifelong processes of economic resources relating to health and health behavior. Study findings suggest that interventions to promote physical activity at older ages would benefit from a perspective that takes into account the individual and contextual socioeconomic conditions over the life course.

Claire Ayelotan:

Poverty in Epilepsy: An abnormality in Yoruba Child Witchcraft Discourse

Scholarly investigations of Collective Faith-based Child Cruelty (CFCC) linked to poverty, epilepsy, child witchcraft, and Yoruba Pentecostal deliverance theology are low. Research on the intersection between poverty, disability, and child witchcraft beliefs has gained momentum because of increasing circumstances and progressive religious beliefs and practices in Yoruba Pentecostalism. One focal point is considering epilepsy, a neurological disease, as an abnormal spiritual disability with an underlying diabolical intention to impoverish the family. Epilepsy in Nigeria, in particular among the Yoruba, is misunderstood as an affliction of witches, demons, and familiar spirits. As epilepsy is considered a spiritual abnormality, conducting deliverance becomes the strategy for liberating the cluster of economic bondage.

The attribution of epilepsy in connection to witchcraft suggests children with epilepsy (CWP) in Yorubaland experience additional trauma. Apart from their illness being connected to witchcraft, the diverse consequences of having epilepsy establish massive surfeits of poverty, either metaphorical or material.

These discourses dominate localised epistemologies of social values, beliefs, superstitions, retribution for wrongdoings, religious and traditional rites, and socio-religious ethics in communities.

The paper highlights the intersection between poverty as an abnormality, spirituality, child deliverance, and child witchcraft among the Yoruba Nigerian Pentecostals. It aims to situate this phenomenon in a cultural context to understand better and address the underlying issues. In addition, the author focuses on the socio-religious beliefs surrounding abnormalities connected to poverty and witchcraft among the Yoruba Nigerians. It traces the roles played by these beliefs in negating the quality of life of children with disability, promoting injurious public attitudes and socio-cultural treatment. In conclusion, it analyses the socio-political and theological influences that fuel child witchcraft accusations of Yoruba children with epilepsy, and discusses questions of power and charismatic leadership.

This paper uses short-term qualitative research to achieve these goals, conducting semi-structured interviews of fifteen Yoruba Pentecostal pastors from different denominations in Southwestern Nigeria. A short PowerPoint presents the research findings from this research, detailing responses from the participants.

Parallel Panels 4

13. 09. 2022, 09:30-10:30

Panel 4/1 (HS 101)

Andreas Jansen:

No welfare state for the long-term ill? The risk of poverty in old age among employees with diagnosed illnesses in Germany

Between 1996 and 2012, Germany carried out substantial pension reforms. Besides measures to prolong working life, like restricting early retirement, raising the retirement age and aggravating the access to a disability pension, the reform also involved measures to strengthen the principle of equivalence by promoting private pension provisions with concurrent reductions in the statutory pension level. As a result, the poverty risk in old age has increased over time. This applies especially to health-impaired workers since strengthening the principle of equivalence requires continuous full-time employment to avoid old age poverty. In consequence, the measures for prolonging working life force health-impaired people to continue working or to apply for means-tested minimum income benefits.

Against this background, the paper investigates the effects of a diagnosed disease on both employment status and earned income of the individuals. A distinction is made between chronic diseases (diabetes, muscle and skeletal diseases) and health shocks (heart attack, stroke, cancer).

It is assumed that a deterioration in health has a negative impact on the earned income and the corresponding annually acquired pension amounts and therefore increases poverty risk in old age (H1). However, the effect varies

between different groups of employees since it is moderated by various factors at the individual, the household and the institutional level. At the individual level, the impact of health impairments decreases with an increasing socioeconomic status, as the ability to adapt workload or change occupation rises with an increasing qualification and occupational position (H2). On the household level, the ability for work-related adjustments depends on the importance of the missing income for financing daily needs. The more important it is the less strong are the income effects (H3). Finally, the pension reforms has led to an increase in the take-up of means-tested social benefits among health-impaired individuals and thus fostering their poverty risk (H4).

The analysis is based on the SHARE-RV data, a longitudinal dataset combining the data of the German sub-sample of the Survey of Health, Ageing and Retirement in Europe (SHARE) with administrative data of the German Pension Insurance (RV). The panel structure allows the use of fixed-effects regression.

Yelda Özen:

Being sick, poor and old: women's stories from the Turkish metropolis

Sociologists have studied understanding of health and illness, health beliefs, health- illness behaviour, health care access, the sick role, and health inequalities in terms of class, gender, age and ethnicity for more than half a century. Although, life expectancy has been prolonged with the improvement of living standards and many diseases have been prevented or treated, health inequality around the globe remains a significant problem. People living in poverty have various disadvantages in terms of access to many resources and services that require for survival. In Turkey, new forms of poverty which vary according to different categories such as gender, age, ethnicity etc. have been considered since 2000s. Instead of focusing one disadvantage that worsens health experiences, grasping multiple disadvantages and intersectionality that further deepens people's unequal position allows us to have better

understanding of health inequalities. For this reason, this study investigates the health experiences of people with multiple disadvantages: being woman, being poor and being older. How the poor women in later life perceive, experience and seek health and how to cope with illnesses and limited access to health care, and the role of informal strategies for health and care will be researched. In this framework, the research will be conducted in Ankara, Turkey and qualitative data will be collected via face-to-face interviews with the older women living with their families and in poor living conditions. Family care is the most common care pattern for older people in Turkey, especially older people living with poverty, so study sample consists of older women living in poverty and receiving family care. Preliminary findings from observations show that women poverty, old-age poverty, and dependency to family lead to peculiar experiences for health and illness and cultural status in society about being woman and being older differentiate their daily life, coping strategies with ill-health and the way to define health and illness.

Panel 4/2 (HS 104)

Ivana Matteucci/Sabrina Moretti/Mario Corsi: Framing poverty and health: media frames and public perceptions in Italy

Generally, the impact of media coverage of the theme of poverty and health has not led to a heightened awareness of the problem or to a collective push to find a solution, underlining the need for a further reflection on the issue. The aim of this investigation is to describe the media frames of poverty and health in Italy and to understand how those frames influence public opinion and shape interventions focusing on poverty and health pursued by social institutions and organizations.

Using frame analysis, the paper reconstructs prevailing poverty and health narratives in Italian television news programs and newspaper articles in 2019. These narratives are then compared to the narratives that emerge from public opinion.

Frames are elements incorporated in the communication process that act by selecting and highlighting certain aspects of a perceived reality in order to encourage a particular definition of a problem, a causal interpretation, a moral evaluation and/or practical recommendation. In practical terms, frames manifest themselves through characteristics such as keywords, stereotyped images, slogans, moral appeals, symbolic devices and phrases that reinforce events and claims. We defined these elements, which are grouped together, as ‘interpretative frame packages’.

The analysis was developed in three different research phases. In the first phase we created a matrix of poverty and health media frames describing a range of distinctive ‘frame packages’. The purpose was to verify the presence and the frequency of them in the Italian media. The aim of the second phase was to gain an understanding of the effects of media frames on public opinion using a survey focused on the public perception of framed messages regarding poverty and health. In the third phase a comparative analysis was made between the narratives of the media and those of the public in relation to poverty and health.

The findings suggest that there is a strong connection between media frames and public awareness and perceptions of poverty and health. From this starting point new proposals for media narratives of poverty and health which raise awareness and collective interest in the issue will be formulated.

Paulo Tiangco:

Social Media as a Public Health Lifeline to PLHIV in the Philippines

This study was started in 2013 to document and to understand how people living with HIV/AIDS (PLHIV/AIDS) form their social networks. One significant finding shows that PLHIVs who have strong and meaningful relationships have a higher rate of adherence to treatment regardless of whether they have disclosed or not their status to their support network. In the course of the study it shows that it is not only the face to face encounters that provided support but also anonymous social media profiles of PLHIVs. As technology such as mobile phones and the internet have encroached our daily lives it brought with it the ease and speed of communication and information exchange. Social media now plays a significant role not only in strengthening and sustaining these support systems but also forming new social networks online.

The study discusses the sub-culture that emerged when PLHIVs started to document and tell their stories and experiences online into the different forums and blogs. This was later on replaced by the micro-blogging site - Twitter. This created a very personalized and detailed resource for many who struggle to accept and understand their own illness as well as for their families and friends. While these anonymous online social networks are still predominantly aimed into finding sexual partners and friends who are also HIV positive it has evolved and emerged to be an effective medium to reach out to people to know their status, advocating seeking treatment and more importantly ending the stigma.

Through the “alter” Twitter community many PLHIVs were able to overcome cultural barriers like the Filipino concept of “shame” that prevented them into seeking medical help because they fear rejection and discrimination. Through the anonymity that the “alter” Twitter provides one can confidently access critical and lifesaving information such as treatment facilities, government

assistance, living with HIV/AIDS etc. and at the same time one is safely hidden and anonymous allowing to save one's face and at the same time build not only a support group but also a community.

Panel 4/3 (HS 107)

Muhammad Anwar:

Socio-cultural barriers in health seeking behaviour of women patients of tuberculosis in Southern Pakistan: Poverty leads to a arrange the diseases.

Pakistani Society, it is generally considered that women's place is at home, and there arises the problems of home in case of their visit outside, Due to their non-visit to health facility they might have lesser time for their own health which would affect their health situation and might confront the problematic situation. According TB data trends are changing and female ratio in smear positive cases is increasing, reportedly 500,000 women die each year of TB, which is indeed a serious threat worldwide. The objective was to find out the socio- cultural barriers faced by the women while seeking the health care services for TB and relationship, if any between the socio-cultural barriers and health seeking behavior.

The cross-sectional descriptive study was carried out in two District Hospitals of the southern of Punjab, Pakistan which was provided snapshot of the current impact of socio-cultural factors on women health-care seeking Behaviors. In-depth interview on a structured questionnaire was applied on 190 women TB Patients selected through simple random probability sampling technique. Health seeking behavior is not one off isolated event. It is part and parcel of a Person, a family, and a community identity, that result of an evolving mixture of social, personal & cultural factors. The results observed

that a significant majority of the respondents were not satisfied of organizational management and showed concern that the organizational barriers put the negative affect into treatment seeking behavior of the patient. Women's who have TB diseases faced the travelling related barriers during visit of health care facility. The organizational, travelling, family, financial and social stigma related barriers in this study plays a role in delay of the TB treatment for women's, faced obstacles in access to diagnostic at facilities, investigation of the diseases and in completing 6 months TB treatment. Socio-cultural barriers do not allow them to access TB care for themselves. Gender, cultural and personal experiences are generally to influence health seeking behavior of the individuals. It was proved empirically that the level of socio-cultural barriers faced by the women was linked with the level of their treatment seeking behavior.

Emin Yigit, Elife Kart, Gulhan Demiriz:

Interrelation between Syrians as new urban poor and health

New poverty, which carries the signs of transition from “scarcity poverty” to “risk poverty”, is not just about living at the absolute poverty line by relying solely on income statistics. It is also about the partial or total loss of “capabilities” to improve life. Urban new poverty, on the other hand, is related to neo-liberal policies, unlike the poverty created by low industrialization and rapid urbanization. Because within the neoliberal production relations, the labour force works flexible, insecure, informal and with low wages. Neo-liberal dynamics that produce new urban poverty are decisive on living conditions, nutrition forms, access to social activities and health services, as well as the financial opportunities necessary for human development and humane life. This situation affects some disadvantaged groups such as refugees, asylum seekers and immigrants more negatively than others. In Turkey, who received

a large Syrian migrant population after 2011, the process has evolved from them being a “victim” of war to being a “guest” and now seems turn into a “settled status”. Although efforts are made to meet the basic needs of the migrants, they are disadvantaged in reaching out the health care as the most basic service in order to lead a life. In addition, their inability to “consume” necessary goods and services and to have equal access to all options expose them to the risk of “chronic poverty”. In this case, it means that poverty will be passed on to their next generations. The inability to “consume” health services equally in the outskirts of big cities will inevitably reflect their next generations and could produce a mass social fragility. In this study, which focuses on the Syrians migrants as the new urban poor in Turkey, the relationships between the ways in which the Syrians produce themselves in neoliberal labour market and their “consumption” of health services will be examined through the concepts of ‘inclusion’, ‘exclusion’, ‘isolation’ and ‘chronicity’. This presentation will be based on the analysis of in-depth interviews collected from fieldwork study carried out in Izmir/Turkey by trying to taking into account a highly fluid, dynamic, multi-actoral and relational integrity.

The SCIPR 2022 has been supported by

Land Salzburg,
Stadt Salzburg,
Österreichische Forschungsgemeinschaft
and
Salzburg Ethik Initiative

We thank our sponsors!

