



POVERTY TRAPS

Poverty, the gravest “social disease” of all, has major repercussions for people's health. This postulate is confirmed by the findings of the 2022 Caritas and ISTAT reports, which highlight the “traps” associated with mounting poverty in Italy, where actions to counter its negative impacts exist, yet are too limited to enable extensive social change.

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THE “TRAPS” OF POVERTY IN ITALY

In 2022, two new publications provided a striking snapshot of poverty in present-day Italy: the National Institute of Statistics (ISTAT)'s report, “Poverty in Italy, Year 2021”¹, issued in mid-June, and the 21st Caritas Report on Poverty and Social Exclusion, entitled “*L'anello debole*”², translated as “the weakest link[s]”, that is, those most vulnerable to the “traps” associated with poverty. According to ISTAT, 5.6 million individuals were living in absolute poverty in Italy last year³, 10% of whom in households in southern Italy, 6.7% in northern Italy, and 5.6% in central Italy. Youth are among Italy's poorest, and their numbers have worsened since 2020, the year the Covid-19 pandemic began. Child poverty is especially alarming: 1.4 million children in Italy – 14.2% of the total – live in absolute poverty (see **Figure 1**).

Low levels of educational attainment, too, are correlated with a higher risk of absolute poverty (11.4%, compared with 3.9% for high school or college graduates), as is occupational status: the number of poor is on the rise among unemployed individuals and/or job seekers (22%), and blue-collar workers and those in similar occupations face a 13% risk of absolute poverty. Then there are those who do not fit into these more traditional frameworks, such as “NEETs”, i.e., younger people not [engaged] in education, employment or training. The Caritas report asserts that there are at least 3 million such individuals in Italy, with a 14.6% risk of absolute poverty (see **Figure 2**).

The incidence of absolute poverty is much greater among foreign nationals than Italians: 26.3% of households with at least one foreign national member live in absolute poverty, compared with 5.7% of Italian-only households, further underscoring the impact of social, as well as geographic, determinants (see **Figure 3**).

These figures do not include those who live “invisibly”, i.e. without the required legal documents, due to some of the least inclusive immigration laws in Europe. Indeed, the situation of foreign nationals in Italy demands deeper reflection, given the even greater discrimination and racism faced by those among them who are also poor, jobless and/or homeless – behavior linked to an attitude termed by the philosopher Adela Cortina in the 1990s as “aporaphobia”, or fear/rejection of the poor.⁴ Poverty as a driver of stigma and discrimination reflects not only social rifts including differen-

ces in gender, age, ethnicity and/or class, but also a deep fear felt by many of becoming destitute themselves. Thus aporaphobia functions as a sort of collective phenomenon of denial, where the poor, no matter what other characteristics they may have, are made scapegoats in today's turbo-capitalist societies.

Relative poverty in Italy has stayed above 10% for several years now, and rose significantly in 2021, particularly in the so-called “*Mezzogiorno*” – southern Italy – where its incidence is twice the national average and more than three times as high as in the country's other regions (see **Figure 4**).

Regarding government actions to help alleviate the negative impacts of poverty, another ISTAT report published in late November states that “The set of public policies for families is estimated to have reduced inequality (as measured by the Gini index) from 30.4% to 29.6%, and the risk of poverty from 18.6% to 16.8% in 2022.”⁵ Thus, anti-poverty measures including the state-provided minimum “citizen's income” and “single allowance checks” seem to be working; however, only structural changes in society can truly impact the fight against poverty.

SICK FROM POVERTY

According to ISTAT, the absolute poverty threshold in 2021 for a two-member household was 1,048.81 Euros. What standard of living can so little provide in terms of housing, food, education and health? Healthier foods have been shown to cost more than unhealthy ones, which becomes all the more problematic when it comes to the nutrition of children and adolescents.⁶ The joint social causes of childhood obesity can start as early as the initial weeks of maternal pregnancy and continue with difficulties later in accessing quality education and food; the long hours worked by poor parents are also correlated with an increased risk of childhood obesity, as shown even in wealthy Germany.⁷ Another study has shown how obesity in poverty-stricken young girls often carries on into adulthood (their male counterparts, who also consume unhealthy foods, tend to engage in more strenuous physical activity and thus gain less weight).⁸

The poor face both higher cardiovascular risks⁹ and, more generally speaking, overall poverty-related hardship and depriva-

FIGURE 1 / INCIDENCE OF ABSOLUTE POVERTY AMONG ALL INDIVIDUALS AND AMONG MINORS ALONE, BY AGE GROUP, YEARS 2020-21, PERCENTAGE VALUES (NOTE: FIGURES 1-4 COME FROM THE ISTAT REPORT ENTITLED “POVERTY IN ITALY, YEAR 2021”).

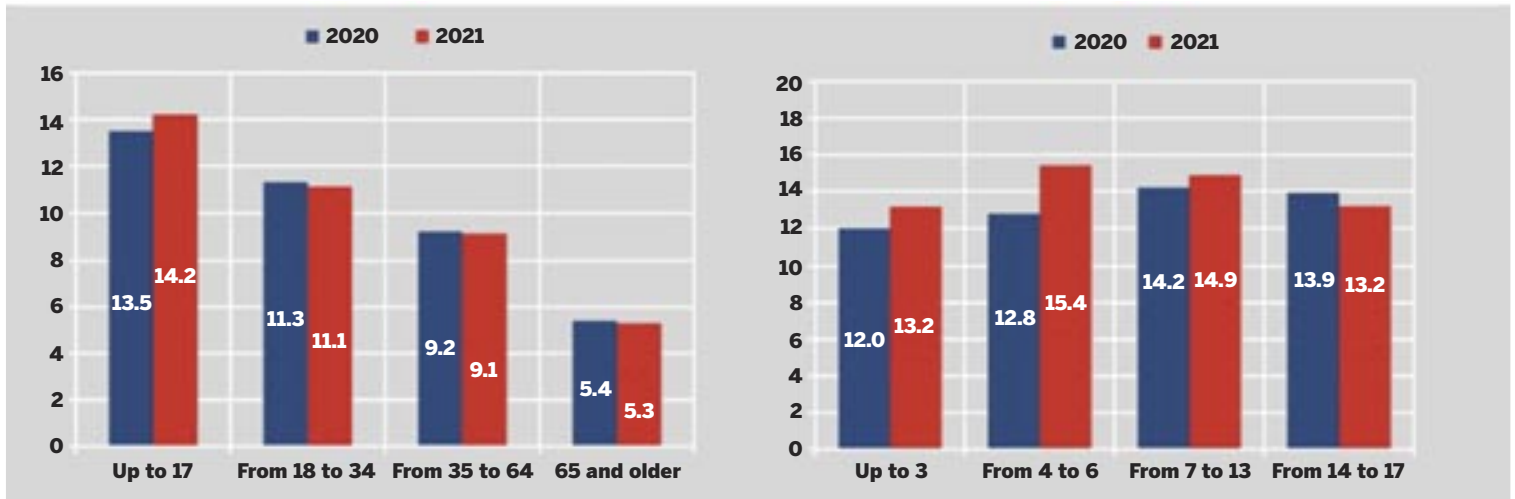


FIGURE 2 / INCIDENCE OF ABSOLUTE HOUSEHOLD POVERTY BY EDUCATIONAL LEVEL AND OCCUPATIONAL STATUS OF REFERENCE INDIVIDUAL, YEARS 2020-21, PERCENTAGE VALUES

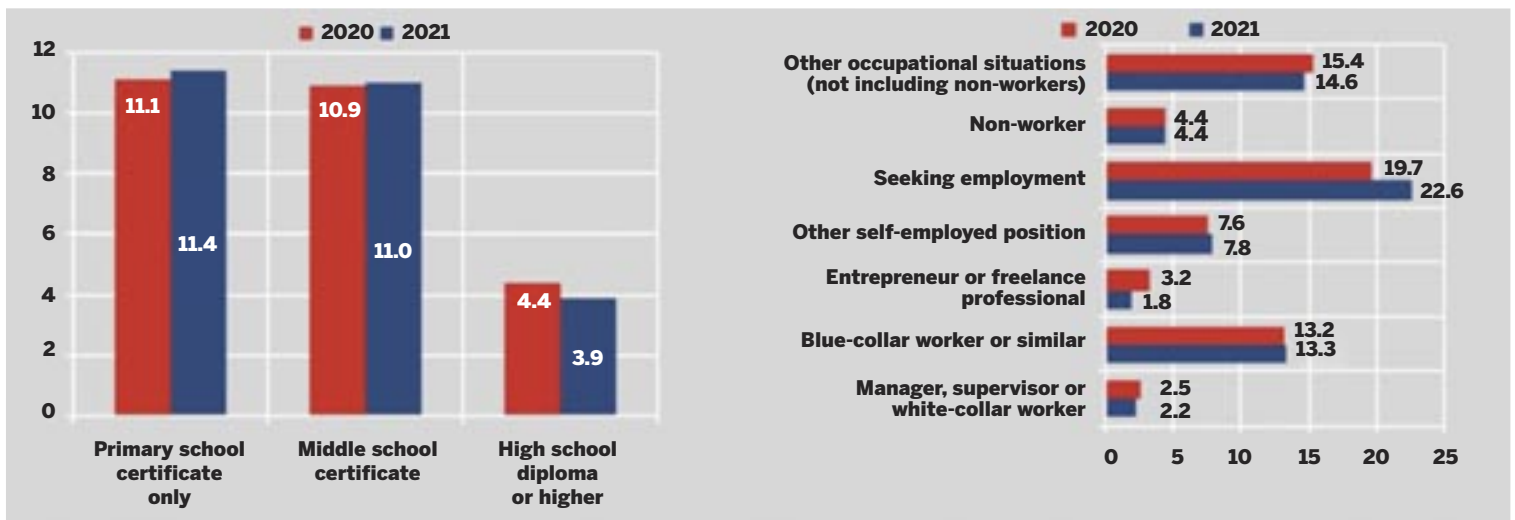


FIGURE 3 / INCIDENCE OF ABSOLUTE HOUSEHOLD POVERTY BY CITIZENSHIP AND GEOGRAPHIC BREAKDOWN, 2020-21 YEARS, PERCENTAGE VALUES.

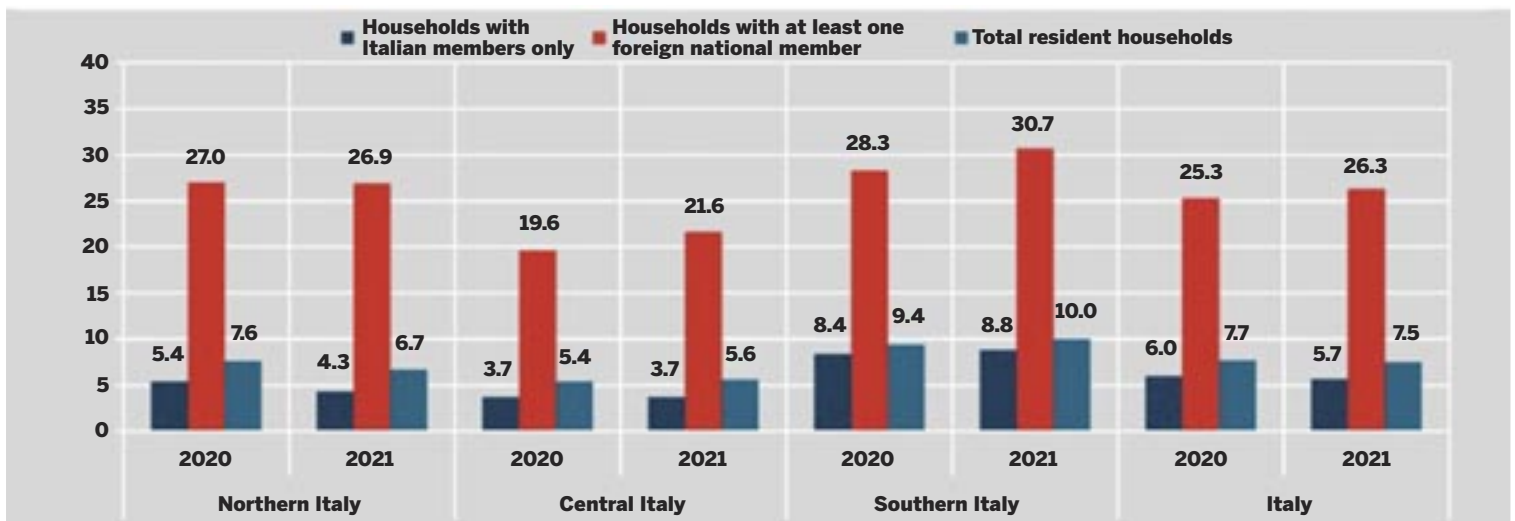
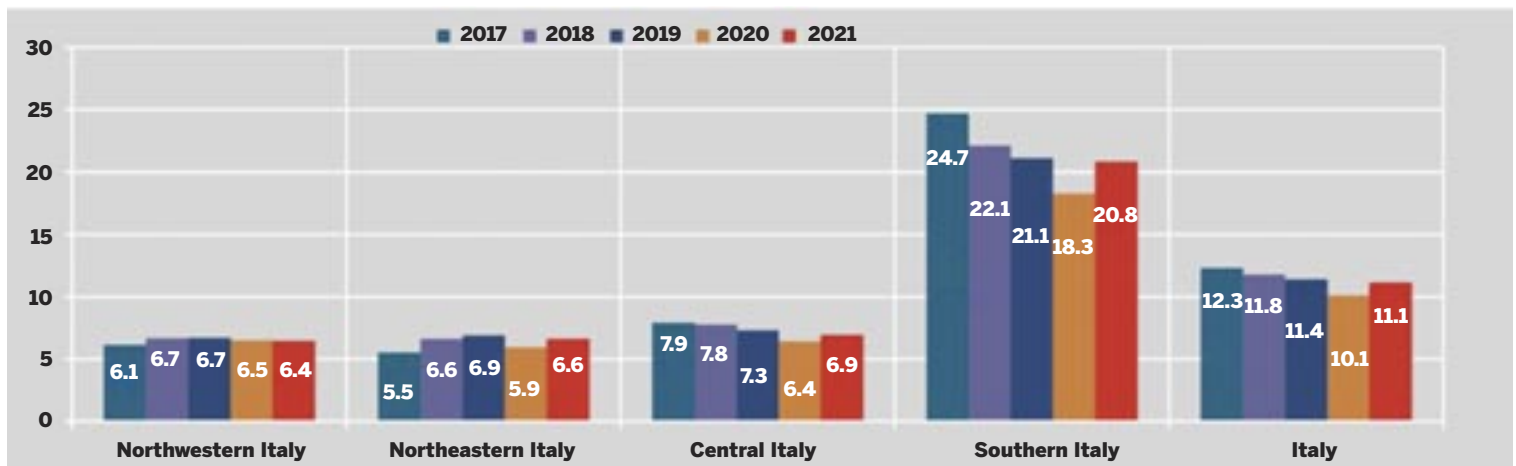


FIGURE 4 / INCIDENCE OF RELATIVE HOUSEHOLD POVERTY BY GEOGRAPHIC BREAKDOWN, YEARS 2017-21, PERCENTAGE VALUES

tion. Poor children, in particular, are vulnerable to higher levels of stress hormones such as cortisol, which generate long-lasting mental, physical, and even epigenetic consequences, hence the term “toxic stress”. One example is tobacco addiction, which has historically been prevalent among the poorest. Measures to dissuade smokers, such as cigarette taxes and related campaigns, are generally more effective for wealthier individuals, leaving the poor not only smoking more, but also paying more for their habit, negatively impacting both their health and economic conditions. The only interventions proven to be truly effective in reducing smoking among the poorest are multi-sectoral and community-based ones that take into account psychological and economic factors and provide nicotine replacement therapies.¹⁰

NEVER-ENDING POVERTY

The Caritas report also focuses on the intergenerational transmission of poverty, highlighting the lack of social mobility caused by poverty traps and using a metaphor – “sticky floors” – to describe the 59% of Caritas beneficiaries who are the result of intergenerational or hereditary poverty, with little if any possibility

REFERENCES

- 1 ISTAT, Statistiche sulla povertà – Anno 2021, 15/6/22, https://www.istat.it/it/files//2022/06/Report_Poverta_2021_14-06.pdf [accessed on 6 Dec. 2022].
- 2 Caritas Italiana. L’anello debole - Rapporto 2022 su povertà e esclusione sociale in Italia. Ed. Palumbi, 2022, <https://www.caritas.it/wp-content/uploads/sites/2/2022/10/rapportopoverta2022b.pdf> [accessed on 6 Dec. 2022].
- 3 ISTAT defines “absolute poverty” as the poverty of households whose monthly spending capacity is less than the value of the minimum threshold “necessary to acquire the basket of goods and services considered essential to assure a minimally acceptable standard of living.” The “absolute poverty basket” is the set of goods and services considered essential in a given Italian household to achieve a minimally acceptable standard of living; it is periodically updated according to needs (ISTAT, Measuring Absolute Poverty, Methods and Rules No. 39 - 2009). The definition of the “relative poverty threshold” considers the number of members in a given household, thus for a two-person household, it is a monthly consumption expenditure equal to or less than the average consumption expenditure of a single individual.
- 4 Cortina A. Aporofobia, el rechazo al pobre. Barcelona: Paidós, 2017.
- 5 ISTAT, La redistribuzione del reddito in Italia, 23/11/22, https://www.istat.it/it/files/2022/11/REDISTRIBUZIONE-REDDITO-IN-ITALIA_2022.pdf [accessed on 7 Dec. 2022].

of climbing the social ladder. The same trap applies to educational level: almost 1 in 3 of those born to parents with no educational qualifications have only a primary school certificate themselves.

In Italy, non-profit volunteer organizations often step in to make up for the shortcomings of public institutions vis-à-vis the most vulnerable members of society, including with regard to health care: in 2021, some 227,556 people relied exclusively on support from Caritas services operating in 192 dioceses, 54.5% of whom reported at least two areas of vulnerability. Setting aside statistical analyses for an instant, this is where many of the “invisible” individuals trapped by poverty end up. According to one of Paul Farmer’s fundamental notions¹¹, poverty is a key form of “structural violence” undermining the health of individuals; people caught in the grip of multiple poverty traps (which tend to become structural) also see their “health capital” being eaten away. This underscores once again how essential it is for doctors to focus not on the symptoms of diseases alone, but to seek out and help combat their causes as well. For even in our hyper-connected globalized world, poverty remains the gravest “social disease” of all.

- 6 Rao M., Afshin A., Singh G., et al, Do healthier foods and diet patterns cost more than less healthy options? A systematic review and meta-analysis, *BMJ Open* 2013;3:e004277. doi: 10.1136/bmjopen-2013-004277.
- 7 Li J., Kaiser T., Pollmann-Schult M., Strazdins L., Long work hours of mothers and fathers are linked to increased risk for overweight and obesity among preschool children: longitudinal evidence from Germany. *J Epidemiol Community Health*. 2019;73(8):723-729. doi:10.1136/jech-2018-211132.
- 8 Hernandez DC., Reesor L., Murillo R., Gender Disparities in the Food Insecurity-Overweight and Food Insecurity-Obesity Paradox among Low-Income Older Adults. *J Acad Nutr Diet*. 2017;117(7):1087-1096. doi:10.1016/j.jand.2017.01.014.
- 9 Franks P., Winters PC., Tancredi DJ., Fiscella KA, Do changes in traditional coronary heart disease risk factors over time explain the association between socio-economic status and coronary heart disease? *BMC Cardiovasc Disord*. 2011;11:28. Published 2011 Jun 3. doi:10.1186/1471-2261-11-28.
- 10 Huynh N., Tariq S., Charron C, et al., Personalised multicomponent interventions for tobacco dependence management in low socioeconomic populations: a systematic review and meta-analysis. *J Epidemiol Community Health*. 2022;76(8):716-729. doi:10.1136/jech-2021-216783.
- 11 Farmer PE., Nizeye B., Stulac S., Keshavjee S., Structural Violence and Clinical Medicine. *PLOS Medicine*. 3 (10): 1686–1691. 24 October 2006 doi:10.1371/journal.pmed.0030449. PMC 1621099. PMID 17076568.