Advertisement

Tropical Medicine & International Health / Volume 20, Issue 1 / pp. 67-76

Original Article

Richer but fatter: the unintended consequences of microcredit financing on household health and expenditure in Jamaica

Georgiana Gordon–Strachan, Colette Cunningham-Myrie, Kristin Fox, Claremont Kirton, Raphael Fraser, Georgia McLeod, Terrence Forrester

First published: 20 October 2014

https://doi.org/10.1111/tmi.12403

PDF

Abstract

Objective

To determine whether there was a difference in wealth and cardiovascular disease (CVD) risk between microcredit loan beneficiaries and community-matched non-beneficiaries (controls).

Methods

Seven hundred and twenty-six households of microcredit loan beneficiaries were matched with 726 controls by age, sex and community. A standardised interviewer administered questionnaire was used to collect data on health and household expenditure. Weights, heights, waist circumference and blood pressure measurements were taken for an adult and one child (6–16 years) from each household.

Results

Amongst adults, there was no difference in the prevalence of pre-hypertension and hypertension. More male (68.1% vs. 47.8%) and female beneficiaries (84.5% vs. 77.9%) were overweight/obese

This website utilizes technologies such as cookies to enable essential site functionality, as well as for analytics, personalization, and targeted advertising. You may change your settings at any time or accept the default settings. You may close this banner to continue with only essential cookies. Privacy Policy

Manage Preferences

Accept All

Reject Non-Essential

Microcredit financing is positively associated with wealth acquisition but worsened cardiovascular risk status.

Abstract

Objectif

Déterminer s'il y avait une différence dans la richesse et le risque de maladies cardiovasculaires (MCV) entre les bénéficiaires de microcrédit et les non-bénéficiaires appariés (témoins) de la communauté.

Méthodes

726 ménages bénéficiaires de microcrédit ont été appariés à 726 témoins par âge, sexe et communauté. Un questionnaire d'enquête standardisé a été utilisé pour recueillir des données sur la santé et les dépenses des ménages. Poids, taille, circonférence de la taille et pression artérielle ont été mesurés pour un adulte et un enfant (de 6 à 16 ans) dans chaque ménage.

Résultats

Chez les adultes, il n'y avait pas de différence dans la prévalence de l'hypertension et de la pré-hypertension. Plus de bénéficiaires masculins (68,1% vs 47,8%) et féminins (84,5% vs 77,9%) étaient en surpoids/obèses. Plus de bénéficiaires masculins (17,2% vs 7,1%, p <0,05) et féminins (68,5% vs 63,3%, p <0,05) présentaient substantiellement plus de risque accru de MCV. Les enfants de bénéficiaires présentaient des z-scores moyens de l'IMC-pour-l'âge plus élevés que leurs pairs témoins; garçons 0,56, [IC95%: 0,40 à 0,72] vs 0,18, [IC95% 0,02 à 0,35] (p <0,001) et filles 0,66, [IC95%: 0,52 à 0,80] vs 0,42, [IC95%: 0,29 -0,56], (p <0,001). Sur base des z-scores de l'IMC-pour-l'âge, les enfants des bénéficiaires avaient plus de chances d'être en surpoids/obèses (OR = 1,46; IC95%: 1,18 à 1,82). Les bénéficiaires étaient économiquement plus aisés; leurs dépenses annuelles totales moyennes et leurs possessions immobilières étaient significativement plus élevées que pour les témoins (p <0,001).

Conclusions

Le financement de microcrédit est positivement associé à l'acquisition de richesse, mais a empiré l'état de risque cardiovasculaire.

Abstract

This website utilizes technologies such as cookies to enable essential site functionality, as well as for analytics, personalization, and targeted advertising. You may change your settings at any time or accept the default settings. You may close this banner to continue with only essential cookies. Privacy Policy

Manage Preferences

Accept All

Reject Non-Essential

726 hogares beneficiarios de microcréditos fueron pareados con 726 controles por edad, sexo y comunidad. Se utilizó un cuestionario estandarizado, administrado por un entrevistador, para recoger datos sobre salud y gastos del hogar. Se tomaron los pesos, alturas, circunferencia de la cintura y medidas de presión sanguínea para un adulto y un niño (6–16 años) de cada hogar.

Resultados

Entre adultos, no había diferencias en la prevalencia de prehipertensión e hipertensión. Más hombres (68.1% *vs* 47.8%) y mujeres beneficiarias de un microcrédito (84.5% *vs* 77.9%) tenían sobrepeso / obesidad. Más hombres (17.2% *vs* 7.1%; p<0.05) y mujeres beneficiarias (68.5% *vs* 63.3%; p<0.05) mostraban un aumento sustancial del riesgo para enfermedad cardiovascular. Los niños de beneficiarios tenían una mayor media del índice de masa corporal por edad (Z–score) que sus iguales en el grupo control; hombres 0.56, [IC 95% 0.40–0.72] *vs* 0.18, [IC 95% 0.02–0.35], (*p*<0·001) y mujeres 0.66, [IC 95% 0.52–0.80] *vs* 0.42, [IC 95% 0.29–0.56], (*p*<0.001). Basándose en índice de masa corporal por edad (Z–score), los niños de beneficiarios tenían una mayor probabilidad de tener sobrepeso / ser obesos (OR=1.46; IC 95% 1.18 – 1.82). Los beneficiarios estaban económicamente mejor situados: su gasto medio anual y el tener casa en propiedad era significativamente mayor que en los controles (*p*<0.001).

Conclusiones

La financiación de microcréditos está asociada de forma positiva con la adquisición de riquezas pero con un peor estatus de riesgo cardiovascular.

References

Acheson D (1998) *Independent Inquiry into Inequalities in Health (the Acheson Report)*. The Stationery Office of the Crown, London.

Google Scholar

Ali MK, Bullard KM, Beckles GL *et al*. (2011) Household income and cardiovascular disease risks in U.S. children and young adults. *Diabetes Care* **34**, doi: 10.2337/dc11-0792.

Web of Science® | Google Scholar

Asian Development Bank (2007) *Effect of Microfinance Operations on Poor Rural Households and the Status of*

This website utilizes technologies such as cookies to enable essential site functionality, as well as for analytics, personalization, and targeted advertising. You may change your settings at any time or accept the default settings. You may close this banner to continue with only essential cookies. Privacy Policy

Manage Preferences

Accept All

Reject Non-Essential

Bauchet J, Marshall C, Starita L, Thomas J & Yalouris A (2011) *Latest Findings from Randomized Evaluations of Microfinance*. Consultative Group to Assist the Poor/The World Bank, Washington D.C.

Google Scholar

Brett JA (2006) "We Sacrifice and Eat Less": the structural complexities of microfinance participation. *Human Organization* **65**, 8–19.

Web of Science® | Google Scholar

Deloach S & Morduch J (2011) Measuring the impact of microfinance on child health outcomes in Indonesia. *World Development* **39**, 1808–1819.

Web of Science® | Google Scholar

Dinsa GD, Goryakin Y, Fumagalli E & Suhrcke M (2012) Obesity and socioeconomic status in developing countries: a systematic review. *Obesity Reviews* **13**, 1067–1079.

CAS | PubMed | Web of Science® | Google Scholar

Dohn AL, Chavez A, Dohn MN, Saturria L & Pimentel C (2004) Changes in health indicators related to health promotion and microcredit programs in the Dominican Republic. *Revista Panamericana de Salud Publica* **15**, 185–193.

PubMed | Web of Science® | Google Scholar

Doocy S, Teferra S, Norell D & Burnham G (2005) Credit program outcomes: coping capacity and nutritional status in the food insecure context of Ethiopia. *Social Science & Medicine* **60**, 2371–2382.

PubMed | Web of Science® | Google Scholar

Durazo-Arvizu RA, Luke A, Cooper R *et al*. (2008) Rapid increases in obesity in Jamaica compared to Nigeria and the United States. *BMC Public Health* **8**, 133.

PubMed | Web of Science® | Google Scholar

This website utilizes technologies such as cookies to enable essential site functionality, as well as for analytics, personalization, and targeted advertising. You may change your settings at any time or accept the default settings. You may close this banner to continue with only essential cookies. Privacy Policy

Manage Preferences

Accept All

Reject Non-Essential

Forrester T, Cooper R & Weatherall D (1998) Emergence of Western Diseases in the Tropical World: the experience with chronic cardiovascular diseases. *British Medical Bulletin* **54**, 463–473.

CAS | PubMed | Web of Science® | Google Scholar

Fukuda Y & Hiyoshi A (2013) Associations of household expenditure and marital status with cardiovascular risk factors in Japanese adults: analysis of nationally representative surveys. *Journal of Epidemiology* **23**, 21–27.

PubMed | Web of Science® | Google Scholar

Funna S, Patel J & Williams L (2006) *Integration of Health and Microcredit: Impact Assessment in Nigeria*. George Washington University, Washington DC.

Google Scholar

Hamad R & Fernald LCH (2012) Microcredit participation and nutrition outcomes among women in Peru. *Journal of Epidemiology & Community Health* **66**, e1.

Web of Science® | Google Scholar

Hamad R, Fernald L & Karlan D (2011) Health education for microcredit clients in Peru: a randomized controlled trial. *BMS Public Health* **11**, 51.

Web of Science® | Google Scholar

Institute of Medicine of the National Academies (2010) *Promoting Cardiovascular Health in the Developing World: A Critical Challenge to Achieve Global Health*. The National Academic Press, Washington DC.

Google Scholar

Jamaica National Small Business Loans Ltd. (2013) Jamaica National Small Business Loan – Biz Grow 2014, http://www.jnsbl.com/product-1/

Google Scholar

This website utilizes technologies such as cookies to enable essential site functionality, as well as for analytics, personalization, and targeted advertising. You may change your settings at any time or accept the default settings. You may close this banner to continue with only essential cookies. Privacy Policy

Manage Preferences

Accept All

Reject Non-Essential

PubMed | Web of Science® | Google Scholar

Leatherman S, Metcalfe M, Geissler K & Dunford C (2012) Integrating microfinance and health strategies: examining the evidence to inform policy and practice. *Health Policy and Planning* **27**, 85–101.

PubMed | Web of Science® | Google Scholar

Mendez MA, Cooper RS, Luke A, Wilks RJ, Bennett F & Forrester TE (2004) Higher income is more strongly associated with obesity than with obesity-related metabolic disorders in Jamaican adults. *International Journal of Obesity* **28**, 543–550.

CAS | PubMed | Web of Science® | Google Scholar

National Institutes of Health (1998) *Clinical Guidelines on the Identification, Evaluation and Treatment of Overweight and Obesity, The Evidence Report*. National Institutes of Health, National Heart, Lung and Blood Institute, Bethesda.

Google Scholar

National Institutes of Health (2003) *The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure*. National Institutes of Health, National Heart, Lung and Blood Institutes. National Hypertension education Programme, Bethsda.

Google Scholar

Perel P, Langenberg C, Ferrie J, Moser K, Brunner E & Marmot M (2006) Household wealth and the metabolic syndrome in the Whitehall II study. *Diabetes Care* **29**, 2694–2700.

PubMed | Web of Science® | Google Scholar

Pitt M & Khandker S (1998) The impact of group based credit programs on poor households in Bangladesh: does the gender of participants matter? *Journal of Political Economy* **106**, 958–966.

Web of Science® | Google Scholar

This website utilizes technologies such as cookies to enable essential site functionality, as well as for analytics, personalization, and targeted advertising. You may change your settings at any time or accept the default settings. You may close this banner to continue with only essential cookies. Privacy Policy

Manage Preferences

Accept All

Reject Non-Essential

Planning Institute of Jamaica (2009) *Economic and Social Survey of Jamaica 2008*. Planning Institute of Jamaica, Kingston.

Google Scholar

Pronyk P, Hargreaves J & Murdoch J (2007) Microfinance programs and better health. *JAMA*, **298**, 24–31.

Web of Science® | Google Scholar

Reddy KS (2002) Cardiovascular diseases in the developing countries: dimensions, determinants, dynamics and directions for public health action. *Public Health Nutrition* **5**, 231–237.

PubMed | Web of Science® | Google Scholar

Roodman D & Morduch J (2011) *The Impact of Microcredit on the Poor in Bangladesh: Revisiting the Evidence*. Center for Global Development, Washington DC.

Google Scholar

Sargeant L, Wilks R & Forrester T (2001) Chronic diseases-facing a public health challenge. *West Indian Medical Journal* **50**(Suppl. 4), 27–31.

Web of Science® | Google Scholar

Wilks R, Bennett F, Forrester T & McFarlane-Anderson N (1998) Chronic disease the new epidemic. *West Indian Medical Journal* **2001**(47 Suppl. 4), 40–44.

Google Scholar

Wilks RJ, Younger NO, Cooper RS *et al*. (2001) Cardiovascular Risk Factors and Mortality in Jamaica: Significant Sexual Dimorphism. Paper presented at the Congress of Epidemiology, Toronto, Canada.

Google Scholar

Wilks R, Younger N, Tulloch-Reid M, McFarlane S & Francis D (2008) *Jamaican Health and Lifestyle Survey 2007–8*

This website utilizes technologies such as cookies to enable essential site functionality, as well as for analytics, personalization, and targeted advertising. You may change your settings at any time or accept the default settings. You may close this banner to continue with only essential cookies. Privacy Policy

Manage Preferences

Accept All

Reject Non-Essential

World Health Organization (2014) Growth Reference Data for 5–19 Years. Retrieved July 2014, from http://www.who.int/growthref/tools/en/

Google Scholar

Yunus M (2006) Muhammad Yunus – Nobel Lecture. December 5, 2009, from http://nobelprize.org/nobel_prizes/peace/laureates/2006/yunus-lecture-en.html.

Google Scholar

Yunus M (2007) *Creating a World Without Poverty: Social Business and the Future of Capitalism*. Public Affairs Books, Philadelphia, PA.

Google Scholar

Citing Literature

Download PDF

ABOUT WILEY ONLINE LIBRARY

Privacy Policy
Terms of Use
About Cookies
Manage Cookies
Accessibility
Wiley Research DE&I Statement and Publishing Policies

HELP & SUPPORT

Contact Us
Training and Support

This website utilizes technologies such as cookies to enable essential site functionality, as well as for analytics, personalization, and targeted advertising. You may change your settings at any time or accept the default settings. You may close this banner to continue with only essential cookies. Privacy Policy

Manage Preferences
Accept All
Reject Non-Essential

Copyright © 1999-2026 John Wiley & Sons, Inc or related companies. All rights reserved, including rights for text and data mining and training of artificial intelligence technologies or similar technologies.

WILEY

This website utilizes technologies such as cookies to enable essential site functionality, as well as for analytics, personalization, and targeted advertising. You may change your settings at any time or accept the default settings. You may close this banner to continue with only essential cookies. Privacy Policy

Manage Preferences

Accept All

Reject Non-Essential