Social stratification, social inequalities and health- handout EM

Motto: *Health inequalities result from social inequalities. Action on health inequalities requires action across all the social determinants of health- Sir Michael Marmot*

Important concepts to learn in this lecture (in alphabetical order):

absolute poverty "a condition characterized by severe deprivation of basic human needs, including food, safe drinking water, sanitation facilities, health, shelter, education and information. It depends not only on income but also on access to services." This is the kind of poverty you would find in the shanty towns of Africa, but also to a lesser but significant extent in many developed countries. These are the people who do not have the resources for a healthy life.

Culture The common heritage shared by the people of a society, consisting of customs, values, language, ideas, and objects. Culture is society in you. It is your learnt view of the world. It includes ideas, beliefs, norms and values. It is passed on from one generation to the next but it does change. Culture is society in you. Your values, your nomrs, your beliefs. How you see the world, what things mean to you. This is at least in part learnt from the family, friends, school, media, religion etc..

Health Behaviour- Behaviour of individuals to protect, maintain or promote their health status. It includes everything from avoiding risky things to preventive behaviour (screening, healthy lifestyle). It is an action taken by a person to maintain, attain, or regain good health and to prevent illness. Health behaviour reflects a person's health beliefs. Some common health behaviours are exercising regularly, eating a balanced diet, and obtaining necessary inoculations.

health literacy*:* the ability to obtain, read, understand and use healthcare information to make appropriate health decisions and follow instructions for treatment. It is not only whether the patient understands what the doctors say but also the ability to get good information online, being able to decide what information is good, knowing what source to believe and being able to take action to improve one's health. People with higher SES generally have better health literacy.

Inverse care law- The availability of good medical care tends to vary inversely with the need for it in the population served. This operates more completely where medical care is most exposed to market forces, and less so where such exposure is reduced. There are plenty of

doctors in areas where rich people live (who are generally healthier) and few in poorer areas or regions.

Life chance asymmetrically distributed access to socially valued benefits. The opportunity to experience the good things in life. Your opportunities and life chances depend on your social position. Not every child has the same chance to get into a good university. It is not just a question of intelligence and working hard, but also of tuition fees, the need to work after school to make money for the family etc…

Lifestyle is the interests, opinions, behaviours, and behavioural orientations of an individual, group, or culture. It is the consumption of material and cultural goods. Surrounding social and technical systems can constrain the lifestyle choices available to the individual. Some people may not be able to afford the lifestyle they would wish to have. Your consumption of cultural goods (whether you watch tv, go hiking or hang out in a pub in your free time is also at least partly culturally determined). Your lifestyle is part of your identity. Many people want to lead a lifestyle they can't afford which may lead to great stress and health risks.

Relative poverty views poverty as socially defined and dependent on social context, hence relative poverty is a measure of income inequality. Usually, relative poverty is measured as the percentage of the population with income less than some fixed proportion of median income. Relative poverty is not about starving. It is about having less than most of the population and feeling bad about it. You can have a small flat and an old car and feel poor because others have a bigger flat and a newer car. Relative poverty is a health risk, too, because it may lead to overwork, burnout, stress and low self - esteem.

Risk behaviour A lifestyle activity that places a person at increased risk of suffering a particular condition, illness or injury. It includes things like smoking, drugs, alcohol, lack of exercise etc…Like health behaviour, at risk behaviour is also culturally determined. There is more smoking, drinking, unhealthy lifestyles in the lower social classes.

Social inequality The existence of unequal opportunities or rewards for people in different social positions. These social inequalities cause health inequalities. People in more advantageous social positions experience better health status and longer life. One of the main goals of medical sociology is to find out how social inequalities translate in to health inequalities.

Social stratification The fairly permanent ranking of positions in a society in terms of unequal power, prestige, or privilege. Stratification is not only about financial standing. Statuses such as gender, ethnicity, education level, age might also be ranked. Belonging to certain categories might make your chances of achieving the good things in life easier or more difficult.

Socioeconomic Status is the social standing of an individual or group. It is often measured as a combination of education, income and occupation. It indicates a person's position in society. Examinations of socioeconomic status often reveal inequities in access to resources, plus issues related to privilege, power and control. In everyday language we use the word social class instead of Socioeconomic status. (In sociology social class is much more complex and we won't go into it.)

social inequalities and health inequalities

The basic idea of medical sociology is that health, illness and medical work are much more social in nature than you might at first think. In the second lecture, we used historical evidence of changing disease and mortality patterns, and differentiated mortality studies comparing different countries to show how big an effect social and economic factors have on health, illness and mortality. People in different historical periods and people in different geographical locations have radically differing health experiences.

In this lecture we will look at studies comparing different demographic (gender, age, ethnic) and **socioeconomic status (SES)** groups (economic status, occupation, region etc..) in the same countries to convince you that social forces have a major effect on mortality (death) and morbidity (illness) rates. If you look at the graphs provided in the lecture slides, you will see plenty of proof that death and disease are not blind. They strike much sooner and more frequently in some groups than in others. The higher up people are in the social-economical hierarchy, the longer and healthier they may expect to live.

It is evident from the graphs that there are inequalities in health. And it is also evident that these health inequalities mirror social inequalities. I am sure you will find this is true in your country as well. Go online and look for data to see.

Don't be confused that in some graphs inequalities are indicated by education, in others, it is done by occupation, while some graphs look at income. They are all parts of SES and are basically trying to indicate the social standing of people. Some countries prefer to use one

indicator of SES, while use something else. It is the same if we look at indicator of health, be it subjective reports of health status, mortality, infant mortality etc…

The same patterns emerge when we look at **health behaviour** like smoking, alcohol consumption, screening attendance etc…People with more money, better education, living in more affluent areas, belonging to advantaged ethnic groups live longer, are healthier, have better **health literacy** and have healthier **lifestyles**.

How is health inequality and socio-economic inequality related? Sociologists consider *materialist explanations, cultural explanations and psycho-social explanations* in trying to establish a link between social and health inequalities. let us look at them in turn.

Materialist explanations

Social forces and social positions are very important for health, too. People do not act in a vacuum. Their social positions shape the chances and experiences they have in life, the access to the resources needed to be healthy and the health related values and attitudes they hold. For example, some statuses of Ms White are the following: US citizen, mother of three, wife, Afro-American, 61 years old, lives in a poor rural area, no education, unemployed. A lot of financial worry. Not knowing anything about her personality, but knowing a little bit about the USA, can you make assumptions about her health status? We hope that by the end of the course you will be able to.

There is *social inequality* among members of the different statuses. These inequalities are rather permanent resulting in *social stratification*.

There are health inequalities because lower socioeconomic groups lack the resources to maintain good health and to protect themselves from the hazards that cause bad health. There are poor people in affluent countries, too. See the slides for data. Poverty exposes people to greater health hazards, e.g. poor housing, air pollution, insufficient or unhealthy food. They have less resources to maintain their health. Thy have no access to good healthcare and can't afford medicine. All you need is a trip to a supermarket to know that healthy food is much more expensive than unhealthy. It is cheaper to fill up on low calorie carbohydrates than good quality vegetables and protein. it's not just food, but dwellings, too. Houses in areas with no pollution are much more expensive to buy or rent so poorer people are forced to live in the places that nobody else wants. The air is dirtier, it is more crowded, the walls are damp and mouldy.

It is not only **absolute poverty** which plays a factor here, but **relative poverty** is important, too. Having low self-esteem because others have nicer things than you or having a worse work-life balance because your earning potential is not as good is also a health risk. People with no marketable skills or education have only their time and labour to sell, so chances are they have to work longer hours to maintain a standard of living. They have less time to relax, play with the kids, cook healthy etc…Also, in countries where success is expressed in materialistic terms (what you have, the career you achieve) feeling relatively poor is a source of stress

Another materialist explanation of health inequalities is access to health care. **The inverse care law** is well documented. There are fewer doctors and health care facilities in areas with many poor people, so getting good quality care is more difficult in these areas. It is evident that doctors prefer to work in affluent areas, where there are nice houses, good schools for the kids and wealthy people who can pay for their services. So people in poor areas have to travel more, wait longer times etc… to see a doctor.

cultural explanations

Many cancers and cardiovascular disease (what people die of in developed countries) are preventable with changes in lifestyle. These diseases depend to a significant degree on the behaviour of people. People in lower SES have more at-risk behaviours than people with higher SES. They smoke more, have a higher rate of obesity and overweight, consume more alcohol and practice less preventive behaviour. As an example, not only are men in the lower socio-economic groups four times more likely to die from lung cancer than men in top socio-economic groups, men in the lower groups also smoke more. This illustrates the basic point of sociology. Your social position greatly effects your lifestyle, beliefs and behaviour. Remember, lifestyle is not freely chosen according to sociology. People in lower SES my feel less motivated to give up bad habits, they might need the symbolic meanings of smoking more. It might be more embedded in their culture.

What good food means is also culturally determined. Upper class people talk about quality, for lower class people it is mostly quantity that matters. The lower classes enjoy more comfort food to relive stress.

Health literacy is also a key concept to understand. People of lower SES groups may not be able to access, understand and act on health related information as well as people in higher ones. They may not know whom and what to believe. Many people finish their education in elementary school, or a little bit later and hence don't have as much experience in understanding texts.

There is also evidence that people in lower social classes are more fatalistic and feel less in control of their lives. This is what they have learnt from life, and this is embedded in their thinking. Whether or not the harvest is good doesn't depend on them, but also the weather and other external factors. Their work opportunities in factories also depends on the labour market and larger economic trends, not on their efforts. Financially, they depend on the government or on charites for aids and benefits. This is also part of their culture. Although they might be aware that certain behaviours they engage in is bad for their health they might not believe it due to their fatalism. They don't change behaviour as they do not feel in control of their lives.

Psycho-social explanations- stress

What follows is just a brief outline as psychology is much better at talking about these issues. There is a link between the kind of life people experience, how they internalise this on the level of feelings and what effect these feelings have on their endocrine and immune systems. To put it simply, strain and negative feelings are hazardous to the workings of the body.
It is possible to argue that health inequalities reflect social inequalities because there is more stress and strain among lower socio-economic groups than among higher ones.
There might be debts to pay, bills may be a problem. There is less job security because people with limited education and training are more dispensable from an employer's point of view. Lack of savings mean that they have no safety net if they fall on in hard times.
Poorer people might feel like failures in a materialistic society as they cannot consume on the desirable level. They can't buy the fancy cars, or even the telephones. If they do, it leads to financial insecurity as they consume above what they can actually afford.
At work, they are under more pressure, more authority, maybe even bullying. They have low control over what they may or may not do. the rewards they recve are also lower.