

Relative deprivation: a key theory for health inequality research?

The Black report and relative deprivation

The Black report is the famous 1980 UK report on health inequalities. Its favoured theory for why health inequalities persisted and widened post WWII was structural theory (aka materialist). In some ways this is just Peter Townsend's relative deprivation theory applied to health inequalities. Townsend was one of the report's authors and a leading thinker on why deprivation and poverty persisted in rich countries. You can read his classic 1979 book "Poverty in the UK" for free. While the empirical work is dated, the theoretical is still of contemporary importance. I would recommend chapters 27, 1 and 2 for understanding relative deprivation theory. Of course Townsend wrote lots more and this collection is well worth a read. Townsend's theory has been particularly influential in measuring poverty and measuring area deprivation. Yet it also covers the whole social gradient, individual and household deprivation.

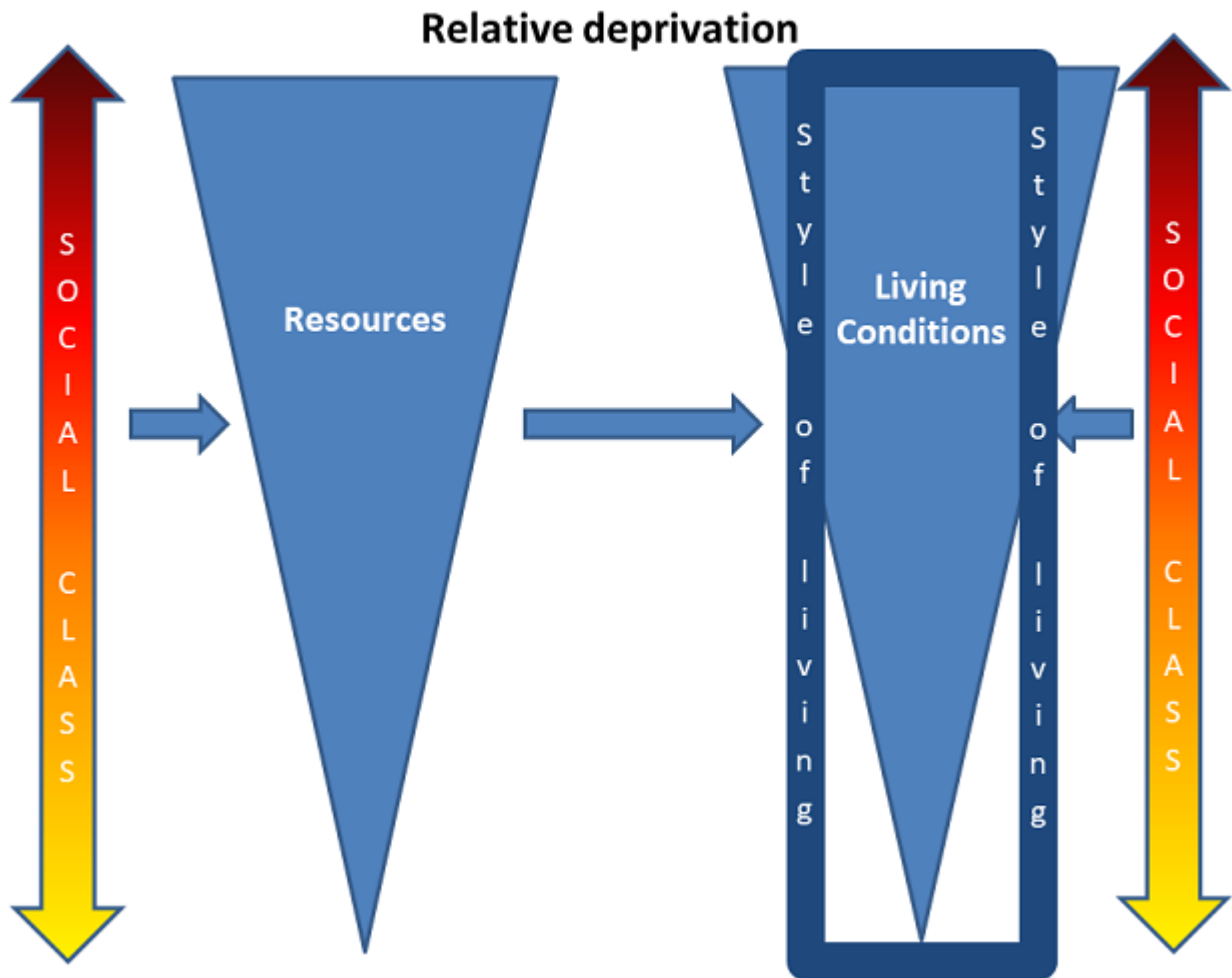
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Defining relative deprivation

Townsend defined relative deprivation as *"... the absence or inadequacy of those diets, amenities, standards, services and activities which are common or customary in society. People are deprived of the conditions of life which ordinarily define membership of society. If they lack or are denied resources to obtain access to these conditions of life and so fulfil membership of society, they are in poverty."*

In the figure and text below I attempt to represent the theory. I am no theorist so I apologise for any mistakes. My aim in blogging this is to try to widen interest in the theory. I believe that it has contemporary relevance to the study of health inequalities but is largely ignored. Indeed it underpins a number of theories of health inequality, as I'll argue in a future post.

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Key points about relative deprivation theory

In the figure more power is red, less is yellow. With the above caveat about my theoretical ability let's highlight a few points,

- It is relative. We understand deprivation relative to the social norms (style of living is Townsend's better phrase) of the time and the country. I still see quite a lot of work talking about absolute deprivation (income) compared to relative deprivation (income inequality). I think in fact they are comparing relative deprivation to relative deprivation, see my paper on this.
- This is a relational class theory. By this I mean that classes are defined by economic relationships (owner, managers, workers etc.) rather than by the attributes of individuals. It is power differentials in these relationships that impact the level of

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deprivation and poverty. Hence this is a structural theory; the cause of deprivation is not the attributes of individuals but power imbalance over the allocation of resources and the shaping of social norms.

- Class shapes the style of living as well as how resources are distributed.
- Shifting the social norm is a key concern for population health; Rose's canonical paper is about this.
- Moreover, Rose and Townsend both emphasise the importance of comparison for revealing that the "normal" may be country specific rather than universal.
- Resources are more than income, certainly wealth and education are others. In a broad sense I think all capitals (economic, social, cultural etc.) are resources.
- Finally, deprivation is social. For example, housing has both a physical meaning for health (with housing norms varying over time and place) and social meaning (it's a home). Depriving people of the ability to meet these social norms could have psychosocial as well as physical effects.

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