



The politics of relative deprivation: A transdisciplinary social justice perspective



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ABSTRACT

Relative deprivation was defined by Townsend (1987, p. 125) as “a state of observable and demonstrable disadvantage, relative to the local community or the wider society or nation to which an individual, family or group belongs”. This definition is widely used within social and health sciences to identify, measure, and explain forms of inequality in human societies based on material and social conditions. From a multi-disciplinary social science perspective, we conducted a systematic literature review of published material in English through online database searches and books since 1966. We review the concept and measurement of relative ‘deprivation’ focussing on area-based deprivation in relation to inequities in health and social outcomes. This paper presents a perspective based in Aotearoa/New Zealand where colonisation has shaped the contours of racialised health inequities and current applications and understandings of ‘deprivation’.

We provide a critique of Townsend's concept of deprivation and area-based deprivation through a critical, structural analysis and suggest alternatives to give social justice a better chance. Deprivation measures used without critical reflection can lead to deficit framing of populations and maintain current inequities in health and social outcomes. We contend therefore that the lack of consideration of (bio) power, privilege, epistemology and (bio)politics is a central concern in studies of deprivation. Our review highlights the need for the academy to balance the asymmetry between qualitative and quantitative studies of deprivation through trans-disciplinary approaches to understanding deprivation, and subsequently, social and health inequities. We recommend that deprivation research needs be critically applied through a decolonising lens to avoid deficit framing and suggest that there is space for a tool that focuses on measuring the unequal distribution of power and privilege in populations.

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1. Introduction

There is growing evidence internationally that health and socio-economic inequalities between populations are widening. Typically, inequalities measured at a population level in many high-income countries are dependent on Townsend's (1987) concept of relative deprivation. As a theory and method of identifying social inequality, relative deprivation has been used in various disciplines to measure and explain differences in health, crime (Kawachi et al., 1999a) and educational outcomes (Downey, 1994). We explore the definition and conceptual development of relative deprivation as applied to health inequities and provide an analysis of the

theoretical and political issues relating to relative deprivation. We conducted a systematic review of literature on relative deprivation since 1966, sampling international research found on academic databases and books. Our analysis focuses on the epistemological and ideological problems associated with measuring relative deprivation where issues of power/knowledge and implicit assumptions of western measurements of standards of living are foregrounded. In addition, we argue that the emphasis on deficits inherent in deprivation discourses tends to mystify relative deprivation masking the significance of political economic processes and affluence as driving forces of inequalities.

Our critical review of relative deprivation is transdisciplinary with a commitment to social justice. Two authors approach this from an anthropological perspective drawing from Foucauldian and decolonisation theories while another author applies a quantitative geographic perspective to deprivation. Equity rests on an ethical

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commitment to ensure a fair distribution of resources (Reid and Robson, 2007, p. 4). Social justice, for the purpose of this paper, means societies are free from socially produced afflictions such as war, occupation, poverty, marginalisation, exploitation, colonisation and structural violence. We believe this involves a critical interrogation in the political economic system and institutions that uphold inequality instead of blaming the most disadvantaged. Colonial ‘victim blaming’ and ‘deficit theory’ are common discourses when socio-economic or health inequalities between indigenous people and settlers in Aotearoa/New Zealand gain public attention (Reid and Robson, 2007, p. 5), while the underlying structural processes driving such disparities are often ignored in the literature on area-level relative deprivation.

We present a perspective from the colonial settler context of Aotearoa/New Zealand where social inequities between indigenous and non-indigenous people are profoundly shaped by historical and ongoing forms of colonisation and institutional racism (Bécares et al., 2013, p. 76). Land confiscation and dispossession, state violence and policies of assimilation were part of British colonial processes that in contemporary times are also embodied in the unequal health status within Aotearoa/New Zealand. For example, there is much evidence demonstrating these inequities in health and in socio-economic area deprivation (Bécares et al., 2013; Robson et al., 2010; Reid and Robson, 2007). Social justice and equity in this context means addressing these stark inequalities in health outcomes and the history of colonisation and ongoing forms of oppression.

2. Methods and scope

This paper is the result of a systematic review of the English language academic literature on deprivation since 1966. We searched literature in the disciplines of sociology, anthropology, public health, geography, criminology, Hauora Māori (Māori health), development studies and psychology. Hauora Māori is an emerging health related academic discipline based on local indigenous epistemologies and experience. For the purposes of this paper, Hauora Māori is focused on improving the wellbeing of indigenous populations through strength-based, structural paradigms and right-based approaches.

Our systematic review followed the five stage process based on Khan et al. (2003). Stage 1 focused on framing the research question. The guiding questions for this review were: a) What is deprivation? b) How do different disciplines define and conceptualise deprivation? c) What are the aims of deprivation research? For the second step, “identifying relevant work” (Khan et al., 2003, p. 118), academic database and library searches were conducted to find the relevant literature. Some literature we found by tracing references from other relevant papers. Khan et al.’s (2003) third step, “assessing the quality of studies” was applied consistently throughout the whole review process. Stage four, “summarising the evidence,” was achieved through the organisation of sources into an annotated bibliography to provide an overview of the literature and used for interpreting the patterns and themes emerging from the literature. The final step, “interpreting the findings,” was largely done through anthropological and sociological theoretical frameworks with a consideration of the absences in deprivation discourses.

We initially cast the net wide and found papers on “cultural” (Tulkin, 1972), “psychosocial” (Bos et al., 2009; Caldwell, 1970), “language” (Marcos, 1982; Glickman, 2007), “ecological” (Laughlin, 1974) and “emotional” (Wadsworth, 1976; Walsh and Beyer, 1987) deprivation, but conceptually they were unrelated to Townsend’s concept of deprivation. These forms of deprivation were not used as standardised tools to measure inequality on a population level. We

therefore narrowed our focus on the uses of relative deprivation as a system of measurement of socio-economic inequalities.

3. Definitions and development of relative deprivation

Although many ‘types’ of deprivation are used in health and social sciences, there is an important distinction that should be made between social psychology and area-based/socioeconomic measures of deprivation. Social psychology bases the notion of relative deprivation on subjective feelings that people hold of being relatively deprived (Runciman, 1966). In contrast, the notion of relative area-based and socioeconomic deprivation used in public health, sociology and geography are often based on census data measured through variables constructed by academics. This paper focuses on the latter conceptualisation of relative deprivation as articulated by Townsend (1987, p. 125) as:

a state of observable and demonstrable disadvantage, relative to the local community or the wider society or nation to which an individual, family or group belongs.

This is the most widely used definition in deprivation indices in health and social science research (e.g. Carstairs and Morris, 1989a; Carlisle, 2001; Stafford and Marmot, 2003; Eames et al., 1993; Pampalon et al., 2010; Pampalon and Raymond, 2000; Testi and Ivaldi, 2009; Noble et al., 2006; Atkinson, 2003; Salmond et al., 2006; Krieger et al., 2003; Robinson et al., 1998; Abas et al., 2006; Halleröd, 2006).

Relative deprivation developed following the 1970s Alma Ata movement whereby modern statistical methods were incorporated in its methods of measurement (Salmond and Crampton, 2000 p. 9). The concept of relative deprivation was adopted by the social and health sciences more seriously in the 1980s, following Townsend’s (1987) seminal paper on deprivation. During the 1970s–1980s, area-based measures for deprivation were developed in Britain, US, Australia and New Zealand (Reinken et al., 1985). Since then, area deprivation measures have been developed in many high-income countries including Brazil (Pattussi et al., 2001), Canada (Pampalon and Raymond, 2000), the Netherlands (Drukker et al., 2003), France (Havard et al., 2008) and Spain (Benach et al., 2001). More recently, deprivation has also been used to investigate standards of living in post-socialist, transitioning economies in Eastern Europe (Silber and Verme, 2012).

Relative deprivation research also distinguishes between material deprivation and social deprivation. Material deprivation refers to the measurement of inadequacies in goods, services, resources, amenities and conditions of the physical environment (Salmond and Crampton, 2000, p. 9). By contrast, social deprivation refers to measurement of variations in social roles, relationships, functions, customs, rights and responsibilities of membership within a society and its subgroups (Salmond and Crampton, 2000, p. 9). In other studies, social deprivation was related to education and social support factors (Salmond et al., 1998) and indicators of social deprivation have included social disorganisation, lack of social cohesion, social networks and social capital (Pattussi et al., 2001). However, boundaries between material and social deprivation are often blurred with overlapping variables that make up social or material deprivation. Unemployment, for example, has been discussed as a form of social deprivation in some studies (House, 1982; Robinson et al., 1998), while in others a form of material/economic deprivation (Benach et al., 2001; Shihadeh and Ousey, 1998).

In 1987, Townsend argued that studies and measures of material deprivation were more theoretically developed than social deprivation. Since then, there have been growing studies on social

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