Knowledge Organiser – A Level Sociology

Health and disability: Explanations for patterns and trends

Explanations for patterns and trends: Social class

- **The Black Report (1980)** provided four explanations – material or structural explanation, the statistical artefact approach, behavioural/cultural explanation and natural or social selection.
- **Dowler (2008)** – Benefits and inability to maintain healthy lifestyle.
- **Fone (2013)** – Deprivation and higher levels of binge drinking.
- **The National Survey for Wales (2019)** – Deprivation and higher rates of smoking.
- **Palmer (2010)** – Council housing and chronic illness.
- **Wilkinson and Pickett (2009)** – Stress and anxiety linked to financial pressures.
- **Roberts et al (2011)** – Social class and diet.
- **King's Fund (2020)** – Lower socio-economic groups tend to have a higher prevalence of higher-risk health behaviours and worse access to care.

Explanations for patterns and trends: Ethnicity

- **Sproston and Mindell (2006)** – Ethnic minority groups have poorer access to health care services and receive a poorer quality of services.
- **Nazroo (2020)** – People from ethnic minority backgrounds experience poor housing and high levels of poverty. Minority ethnic groups are likely to work long hours and do shift work in low paid manual jobs.
- **The Institute of Race Relations (2021)** found that across the UK, more people from Black, Asian, and other minority ethnic backgrounds are likely to be in poverty (i.e. have an income less than 60% of the average household income) than White British people.
- **The Kings Fund (2021)** suggests that poverty and material factors do not fully explain the differences in health between ethnic groups. They argue that other explanations such as language, racism and cultural factors act in tandem to impact on rates of ill-health.

Explanations for patterns and trends: Gender

- **Matthews (2015)** – Some variations in health and lifespan can be accounted for by inherent biological differences between men and women. However, men and women have different expectations and roles imposed on them by society and this has a significant impact on health.
- **Ashton et al (2014)** – Young adult males commonly engage in risky behaviours, placing them at risk of acute and chronic health conditions. Such behaviours can be often associated dominant forms of masculinity (i.e. hegemonic masculinity).
- **Lyng (1990)** – There are cultural differences in the way men and women are socialised, with society encouraging young men to take part in 'edgework', which is deliberately risky behaviour. Women are encouraged to be cautious.
- **Bebbington (1996)** – Women are the main providers of informal care for children, disabled people, older people and men. The effects of this role can include reduced sleep, less leisure time and increased risk of poverty for women, which can all have serious negative consequences for both physical and mental health.
- **Annadale (2014)** – Women tend to have a lower socioeconomic status than men, due to being more likely to work part-time and having caring responsibilities. It can be said that more women are located at the lower end of the socioeconomic scale than men, which would contribute to health inequalities between men and women.

Explanations for patterns and trends: Age

- **Matthews (2015)** – Older people tend to be portrayed as a homogeneous group with the same interests and needs.
- **Hagell and Shah (2020)** – Young people with long-term conditions face significant inequalities. Those who live in the most deprived areas are twice as likely to be admitted to hospital with asthma compared to young people living in the least deprived areas.
- **Macguire (2020)** – Old people in poverty are more likely to develop disease or die earlier than those living in more advantageous circumstances.