The role of commonsense understandings in social inequalities in health: an investigation in the context of dental health

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# Table of Contents

## Chapter 1
### Introduction
1.1 Concept of health  
1.2 Concept of stratification  
1.3 Measurement of social position  
1.4 Social stratification and health  
1.5 Purpose and scope of this thesis  

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## Chapter 2
### Role for common sense understandings in health inequalities
2.1 Theories for the association between social position and health  
2.2 Models of health behaviour  
2.3 Common sense understandings of health and disease  
2.4 Common sense understandings and health inequalities  

---

## Chapter 3
### Social position and dental health
3.1 Dental health as a case study  
3.2 Dental caries  
3.3 Tooth loss  
3.4 Pattern of dental disease in Australian children  
3.5 Pattern of dental disease in Australian adults  

---
3.6 Social position and dental health 42
3.7 Beliefs, behaviours and social differentials in dental disease 46

Chapter 4
Study 1: Qualitative work 52
4.1 Introduction 52
4.2 Methods 52
4.3 Results 56

Chapter 5
Study 2: Social position, understandings, and dental health in a national sample of adults 63
5.1 Introduction 63
5.2 Methods 64
5.3 Results 71

Chapter 6
Study 3: Social position, parental understandings, and dental health of parents and their children 97
6.1 Introduction 97
6.2 Methods 98
6.3 Results 105

Chapter 7
Discussion 140
7.1 Methodological considerations 140
7.2 Study 1: Qualitative work 145
7.3 Study 2: Social position, understandings and dental health in a national sample of adults 151
7.4 Study 3: Social position, parental understandings, and dental health of parents and their children 154
7.5 Theories of social inequalities in health 156
7.6 Implications for service provision 161
7.7 Conclusion 162

Appendices 164
A Additional tables for Study 2 164
B Additional tables for Study 3 171
C Multi-variate analyses for Study 3 176

References 203
Abstract

Social position is a strong and consistent predictor of morbidity and premature mortality internationally. The issue of how social inequalities in health arise and are perpetuated is unresolved. This thesis was concerned with the contribution of commonsense understandings of disease to social differentials in health outcomes. The argument of the thesis was that understandings in part reflect the social circumstances of an individual and mediate preventive activities and use of services, thereby influencing health outcomes. These links were examined in this thesis using the specific health outcomes of tooth loss and tooth decay.

Three studies were conducted. An initial qualitative study was used to explore the range of commonsense understandings of dental disease in the community, and to identify a conceptual structure and statements encapsulating these understandings. Four analytical themes were identified and expressed as 27 statements. In a second study, the statements were assembled in a questionnaire sent to a sample of 1,283 adults from a national dental health survey in Australia. In a third study, a similar questionnaire was sent to the parents of 2,082 children who were members of an existing longitudinal study.

Collectively, these studies established that there was a recognisable structure to accounts offered by community members to explain their dental health. Nationally, understandings held by individuals were related to their social position, and were also related to dental health outcomes and service use. Understandings held by parents were associated with the dental health of their children, although more weakly than with outcomes for the parents themselves, which may be due to the fact that the children
participated in a universal, free, school-based dental service. There were clear social gradients for dental health outcomes in the facilities. These gradients were substantially attenuated when parental understandings were taken into account, which supports the argument that differences in understandings contribute to social inequalities in dental health.