

Social theory and social class

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Concepts of class developed with the emergence of industrial society in the nineteenth century. For an understanding of current divisions, theories must reflect the advances of capitalism and the global economy that characterize the late twentieth century. In industrialized societies, reductions in the industrial workforce and the growth of finance, investment and real-estate industries worldwide have produced a new, largely female, service workforce. Large sectors of industry have departed in search of cheaper labour in poorer countries, which also have a rising number of women workers. In those areas, as a result, a new industrial workforce has emerged. Concomitantly, accumulation of land in less developed agricultural regions for production for the world market has led to an increase in mobile agricultural labour and a shift of landless labourers to the cities of less developed countries. In addition, both upward and downward mobility have occurred for individuals and groups in specific populations, as well as for particular diseases in developed and less developed countries. All these processes have precipitated fundamental changes in class, gender and family relationships and transformed the living conditions of populations in both developed and less developed societies. These changes have major implications for the patterns of health and disease in the world today. Objective measures of social change may be difficult to construct and use in epidemiological cancer research. Since questions of class and shifting social relations are directly implicated in the patterns of disease, they must be assessed in future research as accurately as possible.

'To the social scientist, uneven distributions of disease, illness and sickness in society are manifestations of social structure and culture that reveal variations in culture, disparities in resources, or differences among subgroups in the condition of daily life. For epidemiologists, discovery of such variations is a starting point; they must elucidate their medical significance, and through preventive medicine attempt to eliminate them.'

Susser *et al.*, 1985

Readers ensconced in the fortress of empiricism and accustomed to the use of a variety of indices may perhaps ask what need there is for a theory to guide the choice and the use of epidemiological indices for social class. To begin to answer this question, whether in the biomedical or the social sciences, we must recognize that concepts and theory underlie many and probably most indicators or measures of material states. Indicators misinterpreted because of mistaken theory can lead to false conclusions and misguided practice. In the biomedical sciences, theories of immunity under-

lie indicators of the immune state, and theories of haemodynamics and electrophysiology underlie indicators of blood flow and cardiac impulses. In social science, political, economic or ethnic concepts may underlie administrative or geographical boundaries. Social class and its indicators differs from these, however. It is a construct, something more than a notion, which describes an aspect of social reality that has no observable material presence. The existence of the reality must be inferred. It need not for that reason be a phantasmagoria. During the century (and more) since Mendel, before genes could be physically located, they were a construct that the notorious Lysenko could challenge and thereby gain Stalin's ear. Cells, molecules and atoms were also constructs before they had more than an assumed presence.

In these instances, and many others, appropriate theory at once led to rapid scientific advance. It is fair to assume that sound social class theory will lead not only to a better understanding of society but also to a better understanding and measurement of how health and disease are distributed within and across societies. To achieve this, we need to

comprehend the underlying forces that create and separate social strata. We must discover what holds the strata in place and what promotes and prevents the flow of groups and individuals between them. In the following section, I review the historical foundations of theories of class. Next, I consider contemporary developments in class theory and issues of social mobility and social change. I then examine the economy and class structure of the United States of America as a historical example of changing class relations in the global economy of advanced capitalism. Finally, I discuss shifting class relations in less developed countries and the contrasting impact of the global economy on living conditions in less developed countries. A foundation for class theory is the work of Karl Marx in the mid-nineteenth century. His successor, elaborator and challenger, in the nineteenth century and beyond, is Max Weber. I shall deal briefly with the founding theories of both Marx and Weber.

Theories of social class

Hierarchy and stratification have been features of all known human societies, whether on the minor scale of kinship or the major scale of caste or class. Hunters and gatherers are differentiated biologically and socially by age and gender at the least. In more complex societies, strata are differentiated by privately owned land and property. The resulting constraints of ownership on common access to property also differentiate group interest. Ownership entails the potential for class conflict and the exercise of power to defend it. The consequences of stratification for health have long been noted. In *The Republic* (Book III), Plato reports a dialogue that describes how social position governs the assumption of the sick role:

‘When a carpenter is ill, he expects to receive a draught from his doctor that will expel the disease by vomiting or purging, or else to get rid of it by cauterizing, or a surgical operation; but if any one were to prescribe to him a long course of diet, and to order bandages for his head, with other treatment to correspond, he would soon tell such a medical adviser that he has not time to be ill, and hint that it was not worth his while to live in this way, devoting his mind to his malady, and neglecting his proper occupation: and then, wishing his physician a good morning, he

would enter upon his usual course of life, and either regain his health and live in the performance of his business; or, should his constitution prove unable to bear up, death puts an end to his troubles. Yes, and for a man in that station of life, this is thought the proper use to make of medical assistance...’

The state of health of a population is one facet of social structure, a facet that reflects the form of the structure and the elements contained within it. An understanding of the full extent of the relations of states of health to social structure, however, did not emerge for considerably more than two millennia after Plato. With Jean Jacques Rousseau, we see clearly expressed the idea that human capacities are moulded by society. After the French Revolution, and as the industrial revolution gathered momentum, writers and researchers began to adumbrate this idea and extend it to health. True insight into the pertinence of class for health awaited the means to measure the health of populations. These means, first devised by John Graunt and William Petty in the seventeenth century, like much else in the founding of modern science, were gained at the height of mercantile capitalism (Merton, 1973). Graunt documented the flight of the higher classes from London during the Great Plague and the mortality of those who remained. In Germany, a century later, Johann Peter Frank observed that ‘every social group has its own type of health and disease determined by the mode of living’ (Frank, transl. 1941), and poverty was ‘the mother of diseases’. By the early nineteenth century, capital and industrialization in England, and the Revolution in France, had broken down the remnants of feudalism. Contractual relations and a class system finally superseded the primacy of kinship relations in economic production. The owners of capital, in contract with a newly emerged urban working class, were now the economic driving force. Thus in the industrial town of Mulhouse in 1826, the conservative Pierre-Louis Renee Villerme first set out the facts of a social class gradient in mortality (Villerme, 1826).

In England, in the next decade, William Farr began to follow Villerme’s lead, and Edwin Chadwick and Friedrich Engels, each in his own distinctive way, drew on Farr. This work presaged and influenced the theory of the formation and the consequences of the class system of Karl Marx, developed

while he was a political refugee in England. Marx saw that the manner in which people produce, exchange and consume goods defines the nature and scope of their social and political or power relations.

In summary, the central feature of Marx's theory is the definition of classes as discrete entities that are not independent but in dynamic relation with each other. Classes that are the result of processes of production that assemble occupations in groups unequal in power and status, and that therefore have inherently conflicting interests (Marx, transl. 1977).

Subsequent to Marx, the most enduring and influential theorist of class is Max Weber, another great nineteenth-century intellectual (Weber, 1947). Weber did not disagree with Marx on the economic stratification of society, but he took the view that three distinct systems of stratification exist in industrial society. To economic interest he added prestige (which he called honour) and political power. Certain groups could and did acquire prestige independently of wealth and economic interest. Some, like the clergy, the nobility and the learned professions, derive prestige from the pre-industrial past. Others acquire prestige by virtue of especially valued occupational or artistic skills. Status groups share styles of life, education and culture, and are bound together by common interests. Such status groups have proliferated in industrial societies, and they are linked in a continuum of prestige that runs from the nobility to the illiterate poor. Weber also treats power as an issue separate from economic and occupational structure. The effect of his analysis was to temper Marx's view of classes locked in inevitable economic and political conflict over ownership of property and capital. He did not deny that the three systems of stratification might overlap to a degree that might produce the appearance of discrete class entities. Thus his concept readily allowed either for gradients in each dimension, or for a system that derived a single class gradient by combining selected indicators, whether of one, two or three dimensions.

Contemporary formulations of class

In contemporary sociology, in the United States of America (USA) particularly, the use of statistical methods designed to reflect a more or less Weberian view of class has produced a variety of complex measures of socioeconomic status. More often,

however, those following a quasi-Weberian definition of class have been content to use the census categories. Thus to capture the stratification of industrialized societies, some analyse ethnic categories of Black, Hispanic-non-White, Hispanic-White and White. Others adopt such categories as 'underclass' or rely simply on income or poverty levels, occupational groupings or residential neighbourhoods.

In terms of Marxist definitions of class, two contrasting ways of conceptualizing class have emerged over the past decades. One derives from the structural Marxists (Althusser & Balibar, 1970; Poulantzas, 1975) and has been systematically formulated in the USA by Eric Olin Wright. Wright sees capitalism dividing the USA population into different classes – service workers, industrial workers, corporate executives – and he argues that these groups can be categorized objectively. He maintains that their political perspectives, cultures, behaviours and health can be expected to differ according to these divisions. However, he argues that many groups find themselves in contradictory locations, such as managers who are paid less than many workers, and that their perspectives reflect these contradictions. Wright's formulation has been useful for sociologists and others who have wished to implement this view of class status by statistical analysis of such objective groupings as type of occupation and income. (For a discussion and debate on Wright's theories, see Wright, 1978, 1989). The British social historian E.P. Thompson took a different view from that elaborated by Althusser, Wright and others. Thompson saw class emerging through social conflict. As groups come into conflict, and as their interests are found to be contradictory, politically conscious classes emerge in opposition to one another. Thus with the rise of industrial capitalism in England, manufacturers began to recognize a common interest in controlling both the government and the workforce. In analysing eighteenth-century England, Thompson documented the rise of this new capitalist upper class. He then reconstructed the parallel emergence of a self-conscious working class, in response to the attacks on workers' wages by this unified ruling class (Thompson, 1966, 1978).

The significant divergence of Thompson from Wright and the structural Marxists has to do with his emphasis on process. Thompson envisaged classes as emerging through changing historical

circumstances. Groups gradually begin to make conscious political sense of the daily experiences of opposing interests in capitalist society. Such class formations are not predictable and can be explained only through the analysis of detailed historical processes. Wright depends not on an empirical analysis of historical change and the experiences of each group in the population, but rather on theoretical concepts of the structure of advanced capitalism and the divisions among workers and capitalists. Such a formulation facilitates objective measures and comparisons of health and class without reference to attitudes, political consciousness, the development of social movements or even daily experiences. However, whether such concrete and objective formulations accurately capture the complexities of historical change in advanced capitalist societies remains problematic. Interaction, exchange and the dynamic interpretation of class that flows from social mobility in modern society are unlikely to be captured.

Social mobility

The peoples of all the industrialized societies of the Western world share a high degree of social mobility, both upward and downward. In the application of social class theory, it is essential to recognize that social systems are complex and made more so because they are ever shifting. In the course of the history of the most developed economies – from feudalism through mercantile capitalism and industrial capitalism to the postindustrial present – societies have grown more dynamic. Social change has accelerated, and so too has the mobility of both individuals and groups.

We must rid ourselves of the image of class societies stratified like the layers of a cone-shaped Neapolitan ice cream or a wedding cake. Such metaphors may have been an adequate reflection of feudal society but are not useful for a socially mobile class society. Within class societies there is mobility both upward and downward. However, generally, individuals move singly in successive operations from one stratum to the next. For groups, too, there is mobility and change in social position. As we see in caste societies, even the ranking of castes changes over time (Srinivas, 1966). In class societies, the same has happened to various occupations: some have risen and others have declined in position and prestige. Furthermore, the shape

and size of occupational strata have changed with time. In developed societies, the manual unskilled working class has declined and what has been viewed as the middle class has grown larger in the course of the twentieth century. In less developed societies, the elite and the poor are separated by a smaller middle class, and the gap between them is even greater than in the older industrial societies. Recent developments in the USA, however, suggest shrinkage of the middle class, with polarization once again increasing between the wealthy and the working class and poor (Mollenkopf & Castells, 1991).

Thus, as Thompson's model suggests, in the struggle for power, classes can win and lose position within different historical periods. This struggle for position, which includes the struggle for working conditions, working hours, days of work, health benefits and pensions, has far-reaching implications for the life opportunities and health of members of each class over time.

The Weberian model of stratification allows for a structure of vertical segments, each with its own horizontal strata and with more or less prestige, status and power. This model is the basis of the pluralist view of a society comprising interest groups that are constantly vying for power and shifting in relative status. Analyses of the mobility of ethnic groups have been built on this model, both in the USA and the Caribbean. From the standpoint of a Marxian concept of class, however, such shifts in the status of ethnic or interest groups may promote the mobility of a small group of leaders and ethnic entrepreneurs but do not necessarily facilitate class mobility for large numbers of people. In addition, the focus on ethnic identity and competition is seen as dividing the working class and diverting workers from recognizing their common interests. Social mobility can be lateral or horizontal as well as vertical, as in the case of migration either within countries or between countries. In all these cases mobility is a key element in health patterns. Sometimes individuals move upward or especially downward and carry their diseases with them, as they do their distinctive cultures and genes. That is reflected by the theory of social drift and has been one explanation for the accretion of schizophrenia in the lower social classes.

A pertinent factor in disease distribution is the fact that cultural forms and behaviour too have social mobility independently of persons; they are

adopted and move upwards or downwards or indeed laterally from group to group.

The idea has long persisted that not only does poverty carry with it miseries and diseases, but civilization too engenders its own ills. Henry Sigerist gave one of his works the very title *Civilization and disease* (1943). Peptic ulcer and coronary heart disease, which among other diseases rose dramatically in the first third of this century, were characterized as 'diseases of civilization'. In the late 1950s, however, it became apparent from cohort analysis that although peptic ulcer and its subforms (gastric and duodenal ulcer) had first been recognized as serious afflictions among the upper classes, mortality from the disease had steadily diffused downwards through the social classes until it was predominantly a disease of the lower classes (Susser & Stein, 1960). Later, a similar picture could be discerned with regard to coronary heart disease (Susser *et al.*, 1985).

Smoking is a factor in both diseases and it is possible that the diffusion of smoking related to patterns of both peptic ulcer and coronary heart disease. The smoking of cigarettes began in the late nineteenth century as an upper-class habit, first among men. During World War I it became a widespread habit – and was in fact encouraged by the distribution of cigarettes – among working-class men and, to some extent, among upper-class women. Gradually the habit of cigarette smoking became predominantly a habit of the lower classes. The diffusion downwards was made more apparent by the fact that in Great Britain and the USA and some other societies, the gradual decline of smoking followed the same track as the adoption of the smoking habit. The upper-class groups that had begun smoking first were also the first to desist.

HIV infection in the USA has followed a pattern similar to those of heart disease and peptic ulcer. Identified originally among upper- and middle-class gay men, members of this group were also the first to mobilize politically and to adopt preventive strategies effective in slowing the spread of infection. The rate of increase of HIV infection in the USA is now fastest among the poor, and specifically among poor and minority women. As the prevalence of infection is highest in poor inner city communities, they face high risks of infection transmitted through unprotected sex and intravenous drug use with shared needles. Thus, factors of class and life opportunities have once again

steered the course of an epidemic to centre among the most disadvantaged groups in a society.

Thus individuals move up and down and across class divisions, groups shift in power and position and the relative life chances of entire classes change over time. Diseases follow these shifts and changes. To illuminate the distributions and the causes of the shifts in health and disease, the complex and changing patterns of stratification of each society must first be understood. These patterns in turn reflect different historical experiences and the differential access to strategic resources.

Changing class structure in the global economy

In the USA and other Western societies in recent decades, global economic changes have forced a further re-evaluation of concepts of class, both Weberian and Marxist. Since current social theory of whatever persuasion conceptualizes some form of a global economy, both developed and less developed countries must now be viewed in this context. It is in fact the dynamics of the interactions between developed and less developed societies that on both fronts have lent the impetus to many economic and social changes in the past 20 years.

The USA provides an example of the development of an advanced capitalist society that has had a dominant influence on the global economy. Although each industrialized or postindustrial state has been created within unique historical circumstances and in recent decades other countries have industrialized at a rapid rate and entered global capitalist competition at a different pace, the USA can reasonably be taken to provide an empirical test for theories of social class. In order to explore concepts of class further, therefore, we begin with an examination of categorical divisions and changes in USA society since the 1950s.

A number of characteristics observed since the 1950s complicate discussion of the 'working class' in the USA. One major area of change surrounds the dramatic increase in the service economy in the sectors of civil service, health services, retail and restaurant services, and also support services for the expanding industries of finance, insurance and real estate. Jobs in these sectors have been filled disproportionately by women. As a result, employment patterns, gender relations and families have been restructured (for a discussion of these changes, see

Sassen, 1991; Castells, 1989; Bluestone & Harrison, 1982; Gordon *et al.*, 1982).

Social class, whether defined by Marx, by Weber, Talcott Parsons and their followers, or by the British Registrar General, referred to men and their families. Women were classified by the employment of their husbands or fathers. When women worked infrequently outside the home, this classificatory criterion appeared less problematic than it now does. Since the 1960s, however, theorists have been debating how to define class for women, whether working or not. Discussion has centred around the value of women's unpaid work in the home, the hierarchies of domestic relations, the segregation of women workers in the labour force, and the lower pay for women than for men in equivalent jobs. Each of these issues raises questions about how to define 'working-class women'. For example, are they working class regardless of their jobs because (as previously defined) their husbands have working-class jobs? When married and not earning income, are they 'unemployed' or homemakers? When working in the service economy are they working class even if their husbands are lawyers and executives? (For a review, see Susser, 1986, 1989.)

Questions about women's work and the growing service sector have been further complicated by the export of industrial jobs from the north-eastern to the southern and south-western USA, and the departure of industry to poorer countries in search of cheaper labour (Nash & Kelly, 1983). These changes have forced many working-class men out of the once typical well-paid non-unionized service sector. Such major shifts have resulted in the need for the two-worker family (Bluestone & Harrison, 1982; Gordon *et al.*, 1982). Since the 1980s it has taken two pay cheques to support a working-class household in a manner for which the man's pay cheque alone was sufficient in the 1950s and 1960s. Thus, in the USA, a typical working-class household in the 1990s may look very different from a working-class household 20 years earlier.

The families that form households have changed in structure, with many fewer nuclear households and many more single women supporting children. Where the two-parent nuclear family does exist, we are likely to find two adults with employment in the service sector; neither job may be unionized and neither may carry health benefits for the

family. In order to describe accurately the health chances of individuals and families in different sectors of the USA economy in terms of class, the concept must be flexible enough to take these major changes into account. (For discussions of the changing economy and workforce of the USA, see Bluestone & Harrison, 1982; Gordon *et al.*, 1982; Wilson, 1987; Susser, 1996b; Nash, 1989; Sidel, 1986; Smith, 1984).

Thus, as noted, the shift to service work and the departure of industrial work has been accompanied by a general decline in the unionization of American workers and a concomitant reduction in the benefits of health and pensions gained by unions in a continuing struggle over the course of the past one hundred years. Since 1971, workers' wages have been declining. Men have been retiring earlier, in many cases forced out of the workforce by closing factories, and women have been working not only more often but also longer, certainly in part to replace the loss of men's wages. Neighbourhoods that previously housed industrial workers with stable jobs were built around heavy industry with extensive pollution problems. Now such factories have gone elsewhere. The surrounding residents are underemployed, but the health and social consequences of industrial waste in abandoned neighbourhoods remain. The economic shifts described above have affected the overall stratification patterns of the USA. Results of the 1990 census reveal an increasing gap between the earnings of American workers and of people with higher incomes. While the incomes of USA residents earning over US\$ 200 000 per year increased in the past decade, those earning under US\$ 25 000 did not improve their relative status. This increasing gap between high- and low-income Americans has been reflected in changing mortality rates (Pappas *et al.*, 1993). Nationally, between 1960 and 1986 mortality rates for men and women with incomes above US\$ 25 000 improved more than did those of people with lower incomes. Indeed, the mortality rates of men with incomes under US\$ 25 000 declined hardly at all.

A new poverty has followed the departure of industry and dependence on lower-wage, less-unionized service work in the USA. Some conceive this change as the creation of an 'underclass'. In the early 1980s the concept of underclass was introduced to describe and explain the persistence of

extreme poverty in the USA (for further discussion of this term see Wilson, 1987; Jones & Susser, 1993). This concept, like that of the culture of poverty, involved a pattern of behaviours attributed to the poor. Characteristics used frequently as indices of underclass status included teenage pregnancies, female-headed households, and substance abuse. These conditioned behaviours were seen as perpetuating the poverty of poor people and creating the very problems that prevented them from benefiting from the opportunities in USA society.

While some moderate exponents of underclass theories placed their explanations of the social organization of the poor within the context of a changing economy, the emphasis on measurement and the policy applications focused on a static view of culture and socialization. The model implies that people are trapped in patterns of behaviour that they teach to their children and are unable to change even when the situation changes. On the contrary, overwhelming evidence from anthropology and history documents the ability of human beings to adjust to new circumstances and to create new cultural strategies. The static view of culture reflected in underclass theory tends to reinforce negative stereotypes of the poor without illuminating the causes for the multiple problems documented.

Workers who belong to so-called 'minority groups' are most affected by shifts in the USA economy. The most recently hired workers in the civil service and health bureaucracy – African-American and Latino workers – entered the north-eastern USA workforce just as the shift from industrial to service work was taking place. When the service bureaucracy is reduced, as occurs periodically in response to fiscal crises and political pressure, a disproportionate number of members of minority populations lose their jobs. Thus, minorities not only have maintained the merest fingerhold in the industrial workforce but also, lacking seniority, have often been ousted even from the service sector. Unemployment, homelessness and high mortality rates at younger ages have accompanied their exclusion from declining industries and their insecure hold on any kind of employment. This has contributed to the stereotype of an unchangeable underclass as well as to continuing racial discrimination and segregation in employment and housing conditions (Wilson, 1987, 1996).

Complementing the decline of unions and well-paying jobs has been a partial expansion of peripheral industries, sweat shops and what has come to be known as the 'informal economy' (for extensive discussions of this concept, see Portes *et al.*, 1989). The informal economy operates outside the legal requirements of USA institutions. By its very definition it is difficult to trace and measure. Undocumented immigrants and others work for cash, with few records, and without reporting income either to the Internal Revenue Service or the Social Security Administration. Workers are not organized and have almost no recourse against management policy. Such conditions make health measures particularly difficult to implement. Workers receive no health benefits and have no basis on which to demand healthy working conditions.

Since the dramatic change in the immigration laws of 1965, a new immigrant population (equivalent to the great immigration waves of the turn of the century) has entered the USA. Immigrants provide a low-paid workforce for restaurants, the fashion industry and other small manufacturers, domestic services, car repairs and the informal sector in general. Immigrants who have entered the USA without adequate documentation are likely to avoid medical care for fear that the disclosures of information required in clinics and hospitals might lead to legal problems or deportation. (For discussions of the new immigration, see Portes & Rumbaut, 1990; Kasinitz, 1992; Hing, 1993.)

Not all immigrants work in the informal economy. Some have found manufacturing employment (as, for instance, Dominicans and Chinese in the garment industry of New York City – see Kwong, 1987; Waldinger, 1986). Others enter the USA with high levels of education or wealth and fall into an entirely different category. Indeed, immigrants earn more than many members of minority groups born in the USA, at least among those who do report income (Waldinger, 1986). Nevertheless, evaluations of socioeconomic status and class position by health researchers are complicated by the existence of a poorly documented informal economy that engages a high proportion of a poor immigrant population, some without legal status, as well as a number of poor Americans. Any analysis of class and health in the USA, it is plain, must take into account a shifting economy that affects all classes, the export of industry on a global scale, changing

employment for men and women, changing families, declining unions and health benefits, declining wages of workers, an increasing gap between rich and poor with decreasing possibilities for the children of the middle class, the creation of a new poverty and new manifestations of racial discrimination, a dramatic influx of immigration, and the growth of an informal economic sector. Only in the context of these changes can we understand the emerging class divisions in terms of daily experience, life opportunities and health (Harvey, 1990; Castells, 1996; Susser, 1996a,b).

Perspectives on class in less developed countries

Since the colonial period, many cities in less developed countries have been stratified by class interlocking with race (Epstein, 1958; Srinivas, 1966). Discussions of class have centred around the stratification among colonized peoples as well as between the colonial and neocolonial elites and the general population. When in colonial times the colonized were counted at all, as in India, stratification was frequently neglected in analysis among both the colonized population and the colonialists. During the last three decades, however, differentiation within the general population has become both obvious and significant. Theories of the 1960s concerning the genesis of underdevelopment as well as ideas of a world system have been extensively criticized for not attending to the historical emergence of classes within previously colonized societies (Wolf, 1982). As within industrialized societies, issues of race and gender complicate in different ways analyses of class divisions (Stoler, 1989; Nash & Kelly, 1983).

In many less developed societies, a large peasantry still exists. Peasants were defined by Marx as producers of goods for the cities and not as separate from urban development (Wolf, 1966). In this way they are differentiated from what used to be known as tribal groups, subsistence farmers or pastoralists. Peasants have been viewed as tied to state societies and dependent upon selling their surplus goods to the cities. Extensive discussion has focused around differentiation of the peasantry. In Latin America and parts of Africa, the more prosperous peasants have acquired land and advanced technology, while others have lost their land and been forced to search for agricultural wage labour or to migrate to the cities (Roseberry, 1989;

Lennihan, 1990). This process has been accelerated over the past two decades. Higher-income peasants were able to invest in the fast-growing seeds, fertilizers, insecticides and high technology – the so-called Green Revolution – often to the exclusion of the poorer peasantry who were then edged out of the markets. These economic changes have produced a landless and mobile working class in contrast to the landed peasantry. Plantation workers and agricultural wage labourers have come to be seen as a growing rural proletariat and migrant labour patterns have been seen as the movement of that rural proletariat (Mintz, 1985; Vincent, 1984).

Thus, land accumulation for cultivation for the world market in less developed countries has led to the eviction of peasants from their land and to displacements either into agricultural wage labour or to the cities where they form the massive informal settlements of urban squatters. Informal urban settlements often house millions of people. They lack sanitation, electricity, running water or paved roads. The sources of poor health are manifest. Such situations still breed plagues. The settlements are untouched by city regulations for fire protection or control of industrial pollution. In Mexico City, such settlements burned down when liquid natural gas in storage sites surrounded by millions of squatters caught fire. Similarly, with the Union Carbide dioxin disaster in Bhopal, India, thousands of people were living, contrary to city regulation, in informal settlements surrounding the factory.

The departure of industry from the USA, which has changed the structure of its own workforce, has also transformed the world of workers in the less developed countries to which these industries were transplanted (Rothstein & Blim, 1992; Susser 1985, 1992). Wages in the new factories of the less developed world generally much exceed those in other available jobs. In fact, in countries such as the Dominican Republic, few jobs exist apart from those in the transnationally owned industries. Other work is to be found in the low-paid informal sector, which serves as a peripheral economy. For instance, street vendors sell cigarettes and provide other supplies for those employed in the elite sector and able to afford them. The new industrial development is largely unregulated, frequently uses old and unsafe technology, and brings with it the environmental and occupational hazards familiar in early industrialization. Unions seldom exist and

those that do are usually powerless to defend against hazards (Susser, 1985). Workers in these better-paid industries, however, unlike those in the informal sector, may be provided with health benefits. Thus, the divisions between workers in the formal and informal sectors have a variety of implications for differential health outcomes.

In the face of major recessions and world trade deficits in less developed countries, the International Monetary Fund (IMF) has provided economic assistance. Such assistance has been proffered in the context of required 'structural adjustment' policies. These policies have generally stipulated a reduction of services financed by national governments, including health and social services. Thus, international assistance in the 1980s and 1990s brought with it a restructuring that decreased the health and human services available to the population. Any analysis of health and stratification in poor nations needs to take account of such policies. Of particular interest is the fact that low national per capita income does not correlate with mortality. However, the greater the income disparities between rich and poor in a country, the higher the levels of mortality. Mortality is thus associated with inequality rather than poverty alone (Wilkinson, 1986). Just as in the USA migration is a major factor in stratification, routes of labour migration between less developed countries and from there to highly industrialized countries are equally significant. Remittances to home countries are an important consideration in evaluating internal differentiation among the local population. Residents may in fact raise both social position and health status with assistance from kin abroad.

Thus, in the formulation of concepts of class and health in less developed countries, account needs to be taken of large global economic trends with significant local consequences. These include ongoing transformations with accumulation of peasant holdings in agriculture, the increasing migration to the cities and growth of informal settlements, the movement of industry and the consequent differentiation among wage workers, and the global labour migration and patterns of remittances.

Conclusion

An examination of class division is essential for illuminating the distribution of health and disease in modern societies. Fundamental changes in class,

gender and family relationships and transformed the living conditions of populations in both developed and less developed societies. These changes have major implications for the patterns of health and disease in the world today. Research concerning the epidemiology of cancer will have to rely on sophisticated statistical measures of the distribution of disease. However, an analysis of emerging patterns of class and shifting economies and populations provides the context for effective sampling and interpretation of the data. Although objective measures of some aspects of social change may be difficult to construct, this should not discourage researchers from examining questions of class and shifting social relations as accurately as is currently possible. As these are the parameters that limit or open life possibilities, they are also directly implicated in the patterns of disease and must be assessed in future research.

References

- Althusser, L. & Balibar, E. (1970) *Reading capital*. New York, Pantheon
- Bluestone, B. & Harrison, B. (1982) *The deindustrialization of America*. New York, Basic Books
- Castells, M. (1989) *The informational city*. London, Blackwell
- Castells, M. (1996) The net and the self: working notes for a critical theory of the informational society. In: Susser, I., ed., *Anthropological perspectives on the informational society*. *Critique Anthropol.* 16, 9–38
- Epstein, A.L. (1958) *Politics in an urban African community*. Manchester, Manchester University Press
- Frank, J.P. (transl. Singer, H., 1941) People's misery – mother of disease. *Bull. Hist. Med.*, 9, 81–100
- Gordon, D., Edwards, R. & Reich, M. (1982) *Segmented work, divided workers: the historical transformation of labor in the United States*. Cambridge, Cambridge University Press
- Harvey, D. (1990) *The condition of postmodernity*. London, Blackwell
- Hing, B.O. (1993) Making and remaking Asian America through immigration policy: 1850–1990. New York, Stanford University Press
- Jones, D. & Susser, I., eds (1993) *The widening gap between rich and poor*. *Critique Anthropol.* 13, 11
- Kasinitz, P. (1992) *Caribbean New York*. Ithaca, N.Y., Cornell University Press
- Kwong, P. (1987) *The new Chinatown*. New York, Hill and Wang

- Lennihan, L. (1990) Wage contracts in Northern Nigeria. In: Roseberry, W. & O'Brien, J., eds, *Golden ages, dark ages*. Berkeley, University of California Press. pp. 107–126
- Marx, K. (transl. Fowkes, B., 1977) *Capital*. New York
- Merton, R.K. (1973) *The sociology of science: theoretical and empirical investigations* (revised edn). Chicago, University of Chicago Press
- Mintz, S. (1985) *Sweetness and power*. New York, Penguin Press
- Mollenkopf, J. & Castells, M., eds (1991) *The dual city*. London, Sage Publications
- Nash, J. (1989) *From tank town to high tech*. Albany, NY, State University of New York Press
- Nash, J. & Kelly, P., eds (1983) *Women, men and the new inter-national division of labor*. Albany, NY, State University of New York Press
- Pappas, G., Hadden, W. & Fisher, G. (1993) The increasing disparity of morality between socioeconomic groups in the United States: 1960–1986. *New Engl. J. Med.*, 329, 103–109
- Portes, A. & Rumbaut, R., eds (1990) *Immigrant America*. Berkeley, University of California Press
- Portes, A., Castells, M. & Benton, L., eds (1989) *The informal economy*. Baltimore, Johns Hopkins University Press
- Poulantzas, N. (1975) *Classes in contemporary capitalism*. London, Verso
- Roseberry, W. (1989) *Anthropologies and histories*. New Brunswick, NJ, Rutgers University Press
- Rothstein, F. & Blim, M., eds (1992) *Anthropology and the global factory*. New York, Bergin and Garvey
- Sassen, S. (1991) *The global city*. Princeton, NJ, Princeton University Press
- Sidel, R. (1986) *Women and children last*. New York, Viking
- Sigerist, H. (1943) *Civilization and disease*. Chicago
- Smith, N. (1984) *Uneven development*. New York, Basil Blackwell
- Srinivas, M. (1966) *Social change in modern India*. Berkeley, CA, University of California Press
- Stoler, A. (1989) Making an empire respectable: the politics of race and sexual morality in the twentieth century colonial cultures. *Am. Ethnologist*, 16, 634–660
- Susser, I. (1982) *Norman Street*. Oxford, Oxford University Press
- Susser, I. (1985) Union Carbide and the community surrounding it: the case of a community in Puerto Rico. *Int. J. Health Services*, 15, 561–583
- Susser, I. (1986) Work and reproduction in sociologic context. In: *Reproduction and the workplace (Occupational medicine: state of the art review)*. pp. 345–359
- Susser, I. (1989) Gender in the anthropology of the United States. In: *Gender and Anthropology*. American Anthropological Association
- Susser, I. (1991) The separation of mothers and children. In: Mollenkopf, J. & Castells, M., eds, *The dual city*. Sage Publications. pp. 207–225
- Susser, I. (1992) Women as political actors in rural Puerto Rico: continuity and change. In: Rothstein, F. & Blim, M., eds, *Anthropology and the global factory*. New York, Bergin and Garvey. pp. 206–220
- Susser, I. (1996a) The shaping of conflict in the space of flows. In: Susser, I., ed., *Anthropological perspectives on the informational society*. *Critique Anthropol.* 16, 39–49
- Susser, I. (1996b) The construction of poverty and homelessness in US cities. *Ann. Rev. Anthropol.* 25, 411–435
- Susser, M. & Stein, Z. (1962) Civilization and peptic ulcer. *Lancet*, 1, 115–119
- Susser, M., Watson, W. & Hopper, K. (1985) *Sociology in Medicine*. Oxford, Oxford University Press
- Thompson, E.P. (1966) *The making of the English working class*. New York, Vintage Press
- Thompson, E.P. (1978) *The poverty of theory*. London, Merlin Press
- Villerme, I.R. (1826) Rapport. *Archives générales de médecine*, 10, 216–245
- Vincent, J. (1984) *Teso in transformation*. Berkeley, University of California Press
- Waldinger, R. (1986) Ethnicity and musical chairs: ethnicity and opportunity in post-industrial New York. *Politics and Society*, 15, 369–402
- Weber, M. (transl. Henderson, A.R. & Parsons, T., 1947) *The theory of social and economic organization*. London
- Wilkinson, R., ed. (1986) *Class and health*. London, Tavistock
- Wilson, W. (1987) *The truly disadvantaged*. Chicago, IL, Chicago University Press
- Wilson, W. (1996) *When work disappears: the world of the new urban poor*. New York, NY, Knopf
- Wolf, E. (1966) *Peasants*. Englewood Cliffs, NJ, Prentice Hall
- Wolf, E. (1982) *Europe and the people without history*. Berkeley, University of California Press
- Wright, E. (1978) *Class, crisis and the state*. London, Verso
- Wright, E., ed. (1989) *The debate on classes*. London, Verso

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