

Table 9.2 Red Spots and spouses: self-report on qualifications

A. Red Spot adults												
		Males				Females						
		Non-Deprived		Multiply Deprived		Non-Deprived		Deprived*		Multiply Deprived**		
		n	%	n	%	n	%	n	%	n	%	
Qualifications - No		11	36	42	52	17	53	17	64	77	33	92
Qualifications - Yes		20	64	38	47	13	43	19	23	3	8	

B. Spouses											
		Males				Females					
		Non-Deprived		Multiply Deprived		Non-Deprived		Deprived*		Multiply Deprived**	
		n	%	n	%	n	%	n	%	n	%
Qualifications - No		10	40	29	47	16	59	57	78	24	86
Qualifications - Yes		15	60	32	52	11	41	16	22	4	14

*Significant difference from the non-deprived group at $p < .05$ (one-tailed)
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whereas such differences do not readily appear in males. Yet almost half the deprived male Red Spots obtained some job qualification despite their low school examination success, while less than a quarter of deprived females did so.

We also recorded a lack of correspondence between self-reported occupational history of male and female spouses. The wives of deprived males clearly lacked adequate job training experience, whereas the husbands of deprived females did not.

Parents in families of formation: ability testing

The Red Spots were well aware that many aspects of their physical development and scholastic progress had been documented during their school years and neither they nor their spouses appeared to resent being asked to undergo further tests when they were interviewed in their homes. Years earlier, aged 12 and 14 years, they had completed the Mill Hill Vocabulary Scale and the same test was used again because it was both comparable and convenient.

In most homes both man and wife were tested during the same visit. The usual standardized procedures were observed and neither partner had knowledge of the other's responses. Only the synonym selection part of the test was required and was completed by both participants simultaneously whilst under scrutiny. All the Red Spot adults, male and female, had entered their thirty-third year. As expected, the female spouses of the Red Spots were, on average, slightly younger (30 years 1 month) and the male spouses slightly older (34 years 8 months). The scores are given in Table 9.3 and show significant differences in the Mill Hill vocabulary quotients between the non-deprived and the two deprived groups of Red Spot men. For Red Spot women the same pattern is seen between the non-deprived and multiply deprived groups but the differences in the deprived group fails to reach statistical significance. The scores of the male spouses in all three groups lie close to the mean of 100, whereas for the spouse females, like the Red Spot females, there is a highly significant difference between the non-deprived and the multiply deprived but not the deprived group.

A surprising result from Table 9.3 was the superiority of male over female scores for every grouping both for Red Spots and spouses. This is contrary to expectation for two

Table 9.3 Parent testing: Mill Hill vocabulary IQ equivalent scores classified according to deprivation in family of origin

		Males			Females		
		Mean	SD	n	Mean	SD	n
Red Spots	NDG	103.3	12.7	29	98.4	8.4	31
	DG**	97.3	9.1	79	95.0	10.8	78
	MDG**	92.9	7.9	32	90.6**	7.0	34
Spouses	NDG	100.8	9.5	25	97.6	8.5	25
	DG	99.6	10.9	56	94.2	9.1	74
	MDG	99.4	11.6	26	90.7**	7.8	29

**Significant differences from the NDG at $p < .01$ (one-tailed)

NDG = Non Deprived Group; DG = Deprived Group; MDG = Multiply Deprived Group

reasons: first, on purely verbal measures females tend to show superiority over males; and second, when the children were tested at 11 years there were no differences between the sexes.

The picture becomes much more complicated when we divide the total group according to the degree of deprivation and whether Red Spot or spouse. Then, although non-deprived Red Spot males scored significantly higher on vocabulary quotient than the non-deprived females ($p < .05$), that did not hold for the Red Spot deprived groups. Further, the scores for the spouse groups show significant differences in favour of the males, in both non-deprived and deprived groups ($p < .01$). When we turn to consider females (Red Spots and spouses) for the three categories, we note that there are no differences between the three groups of Red Spots and the spouse groups. But that was not true for male equivalents, as the spouses of multiply deprived females are distinctly superior to multiply deprived Red Spot males.

Behaviour and health: the Red Spots as adults

Findings: Generation II as adults

Significant illnesses were studied for women and men separately. The definition of a chronic or recurrent illness

was one of impaired work. Table 9.4 shows that the Red Spots had only a small number of significant differences in circumstances.

As might be expected, the Red Spots who were deprived and worried over their health, money, and their own ability to cope with even greater deprivation circumstances. The non-deprived findings between the deprived circumstances, money, housing,

The records show that the current emotional state when the data were collected on deprivation. It is clear that which might be a result of energy and treatment was not deprived and 1 per cent and deprivation. In one of the identified symptoms compared to non-deprived.

Data relating to differences between deprivation and health were not always uncommon in the men seem to have health to a large extent probably reflecting themselves. The same in terms of worry concerns and coping ab

was one of at least a year's duration which substantially impaired working capacity either in a job or at home. Table 9.4 shows that women whose family of origin was deprived had only a slight excess of physical illness, but there were significant differences in those currently living in deprived circumstances.

As might have been expected, women who were reared in deprived and multiply deprived families in 1952 had more worries over a range of matters including their own children's health, money, housing, husband's employment and their own ability to cope. However, the rate of worries proved even greater in those women who, in 1980, were living in deprived circumstances. The percentage difference between the non-deprived and the multiply deprived when comparing findings between those reared and those currently living in deprived circumstances doubled for some of the items such as money, housing and ability to cope.

The recorded psychiatric symptoms, as represented by current emotional disturbance, disclosed a similar pattern when the data were classified according to early or current deprivation. Important features in this respect were those which might reflect depression, such as dysphoric mood, lack of energy and suicidal thoughts. The pattern with psychiatric treatment was similar with rates of 5 per cent for the non-deprived and 16 per cent for those reared in deprivation and 1 per cent and 24 per cent respectively in relation to current deprivation. In the family of formation substantial illness was one of the identifying criteria of deprivation and thus more symptoms could be expected in the deprived than in the non-deprived.

Data relating to men show lower rates overall and smaller differences between non-deprived men and those reared in deprivation than in women, and the nature of the problems were not always the same. First, problems with alcohol, uncommon in women, were significant in men. Second, the men seemed to worry about their spouse's or partner's health to a much greater extent than the women. This probably reflected the excess of ill-health in the women themselves. The pattern of cigarette smoking, however, was the same in men and women. Broadly similar patterns of worry concerning their children's health, finance, housing and coping ability were seen in men and women. However,

Table 9.4 Behaviour and illness in women in families of formation: Red Spots and spouses combined

	Family of origin		Family of formation	
	Non-Deprived %	Multiply Deprived %	Non-Deprived %	Multiply Deprived %
A. Significant Illness:				
Physical	18	17	0	25**
Psychiatric	4	5	0	33**
Both physical and psychiatric	0	1	0	12*
Total illness (%)	22	23	0	3
B. Worried About:				
Children's health	31	50*	0	48**
Finances	18	23	23	53**
Housing	9	19	32	51**
Husband's work	6	15	3	26*
Ability to cope	18	17	6	18**
Mean number of worries:			3	23**
Worries in last year	3.4	4.7*	2.4	5.3**
Worries interfering with sleep, work and leisure	32	45	29	46*
C. Psychiatric Symptoms:				
Lack of energy (moderate/marked)	26	31	16	37**
Dysphoric mood (moderate/marked)	21	28	10	33**
Suicidal thoughts	9	18	3	18**
'End of tether'	26	35	20	39**
Non-situational 'panics'	12	20	4	24**
On tranquilizers	9	13	3	16**
Psychiatric treatment	5	11	1	12**
Current emotional disturbance (marked)	9	17	3	22**
Phobias	1.4	1.6	0.8	1.9
D. Smoking:	44	52	26	60
E. Marital Friction: Two Parent Families Only				
Irritability at least once a week	17	25	8	30*
Sum score of marital problems (i.e. 5+)	9	16	2	19**

Note: Difference from non-deprived group: * = p < .05, ** = p < .01 (one-tailed)

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there were some differences: for instance, men reared in deprivation showed a high rate of worry about jobs irrespective of degree of deprivation. It would seem that the non-deprived women expressed less concern about their husband's employment than did the men themselves. Psychiatric and emotional symptoms were less frequent in men than in women; there was less of a gradient in men from non-deprived to deprived than in women.

The results for men currently living in deprivation show many differences: drink problems show a clear pattern, being absent among those not currently deprived; rates of smoking in the deprived were double those of the non-deprived and admitted worries increased with the degree of deprivation. Thus, worry interfering with sleep, work and leisure rose from 12 per cent in the non-deprived to 37 per cent in the multiply deprived and worry about jobs from 28 to 49 per cent. On most items the rates of worries were twice to three times as high among multiply deprived than among non-deprived men. Even so, on most items the rates were far lower than in women.

When the data on marital friction were classified according to deprivation in the family of origin, the rates were twice as high in the multiply deprived compared to the non-deprived. One way of obtaining an overall picture was to look at the sum score of marital problems in families where there was quarrelling, marital separation or physical conflict between partners. These events were on 4-point scales and, when summed, the maximum score was 12. Table 9.4 gives percentages of women where the summed scores of marital problems were five or more. The picture changes according to the classification used. In families currently living in deprivation, weekly irritability between partners occurred in about one in ten of the non-deprived, but in as much as one in two of multiply deprived families. When marital problems were totalled and a cut-off taken of five or more, only 2 per cent of non-deprived families were identified against 36 per cent of the multiply deprived.

Sex differences in behaviour

We selected a few major behavioural variables in an attempt to investigate sex differences. Because of the low incidence

sum score of marital problems (i.e. 5+)

9	23	37*	8	30*	50*
16	24*	2	19**	36**	

Note: Difference from non-deprived group: * = $p < .05$, ** = $p < .01$ (one-tailed)

of these features in the non-deprived we confined ourselves to the multiply deprived.

The multiply deprived Red Spot adults had twice the rate of health problems (34 per cent) as compared to their spouses (16 per cent), but there were no male/female differences. The overall rate of drink problems was three times as high in males (18 per cent) than females (5 per cent). The rates of adults taking tranquillizers were twice as high in the Red Spots (18 per cent) as in their spouses (7 per cent) and the rate among females was more than twice that of their spouses. Dysphoric mood, a symptom likely to reflect depression, was particularly high in females (41 per cent as against 16 per cent in males) and suicidal thinking, while not high, was more frequent in women (21 per cent) than men (8 per cent). Again, multiply deprived Red Spot adults had twice the rate of suicidal thinking (21 per cent) as their spouses (9 per cent); this was more frequent in women than men.

Physical growth

The heights of the Red Spots and their partners were recorded in 1979-80 when aged between 32 and 34 years and the picture remained the same as in childhood. For example, the mean heights of the deprived group were significantly less than the non-deprived.

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