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**Book**

## Bridging Social Inequality Gaps - Concepts, Theories, Methods, and Tools

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Sustainable Development, Volume 21

**Bridging Social  
Inequality Gaps**  
Concepts, Theories, Methods, and Tools

*Edited by Andrzej Klimczuk and Delali A. Dovie*





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# Bridging Social Inequality Gaps - Concepts, Theories, Methods, and Tools

*Edited by Andrzej Klimczuk  
and Delali A. Dovie*

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Bridging Social Inequality Gaps - Concepts, Theories, Methods, and Tools

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Edited by Andrzej Klimczuk and Delali A. Dovie

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### Aims and Scope of the Series

Transforming our World: the 2030 Agenda for Sustainable Development endorsed by United Nations and 193 Member States, came into effect on Jan 1, 2016, to guide decision making and actions to the year 2030 and beyond. Central to this Agenda are 17 Goals, 169 associated targets and over 230 indicators that are reviewed annually. The vision envisaged in the implementation of the SDGs is centered on the five Ps: People, Planet, Prosperity, Peace and Partnership. This call for renewed focused efforts ensure we have a safe and healthy planet for current and future generations.

This Series focuses on covering research and applied research involving the five Ps through the following topics:

1. Sustainable Economy and Fair Society that relates to SDG 1 on No Poverty, SDG 2 on Zero Hunger, SDG 8 on Decent Work and Economic Growth, SDG 10 on Reduced Inequalities, SDG 12 on Responsible Consumption and Production, and SDG 17 Partnership for the Goals
2. Health and Wellbeing focusing on SDG 3 on Good Health and Wellbeing and SDG 6 on Clean Water and Sanitation
3. Inclusivity and Social Equality involving SDG 4 on Quality Education, SDG 5 on Gender Equality, and SDG 16 on Peace, Justice and Strong Institutions
4. Climate Change and Environmental Sustainability comprising SDG 13 on Climate Action, SDG 14 on Life Below Water, and SDG 15 on Life on Land
5. Urban Planning and Environmental Management embracing SDG 7 on Affordable Clean Energy, SDG 9 on Industry, Innovation and Infrastructure, and SDG 11 on Sustainable Cities and Communities.

The series also seeks to support the use of cross cutting SDGs, as many of the goals listed above, targets and indicators are all interconnected to impact our lives and the decisions we make on a daily basis, making them impossible to tie to a single topic.





# Meet the Series Editor



Usha Iyer-Raniga is a professor in the School of Property and Construction Management at RMIT University. Usha co-leads the One Planet Network's Sustainable Buildings and Construction Programme (SBC), a United Nations 10 Year Framework of Programmes on Sustainable Consumption and Production (UN 10FYP SCP) aligned with Sustainable Development Goal 12. The work also directly impacts SDG 11 on Sustainable Cities and Communities. She completed her undergraduate degree as an architect before obtaining her Masters degree from Canada and her Doctorate in Australia. Usha has been a keynote speaker as well as an invited speaker at national and international conferences, seminars and workshops. Her teaching experience includes teaching in Asian countries. She has advised Austrade, APEC, national, state and local governments. She serves as a reviewer and a member of the scientific committee for national and international refereed journals and refereed conferences. She is on the editorial board for refereed journals and has worked on Special Issues. Usha has served and continues to serve on the Boards of several not-for-profit organisations and she has also served as panel judge for a number of awards including the Premiers Sustainability Award in Victoria and the International Green Gown Awards. Usha has published over 100 publications, including research and consulting reports. Her publications cover a wide range of scientific and technical research publications that include edited books, book chapters, refereed journals, refereed conference papers and reports for local, state and federal government clients. She has also produced podcasts for various organisations and participated in media interviews. She has received state, national and international funding worth over USD \$25 million. Usha has been awarded the Quarterly Franklin Membership by London Journals Press (UK). Her biography has been included in the Marquis Who's Who in the World® 2018, 2016 (33rd Edition), along with approximately 55,000 of the most accomplished men and women from around the world, including luminaries as U.N. Secretary-General Ban Ki-moon. In 2017, Usha was awarded the Marquis Who's Who Lifetime Achiever Award.



# Meet the Volume Editors



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Delali A. Dovie, Ph.D., is a distinguished research fellow at the Centre for Ageing Studies, University of Ghana. With a doctorate in sociology, Dr. Dovie's expertise lies in the intersection of retirement planning, health, aging, social inclusion/exclusion of older people, and intergenerational relationships. She has published extensively in scholarly journals and other outlets. Her scientific contributions, which include an extensive list of publications, reflect a deep commitment to understanding and improving the welfare of older adults in Ghana and beyond. As an associate editor for the journal *Frontiers in Sociology* and the *Centre for Ageing Studies Newsletter*, Dr. Dovie plays a pivotal role in shaping the discourse on aging and social policy.



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# Preface

*Bridging Social Inequality Gaps – Concepts, Theories, Methods, and Tools* is centered on current debates concerning complex causes, justifications, and remedies for social disparities. It features studies about various features of inequality, including its social, cultural, economic, technological, environmental, political, ethical, and legal aspects.

The volume also addresses essential challenges and obstacles that arise during the implementation of public policies to lessen inequality at the international, national, regional, and local levels. These include innovative initiatives, projects, and programs aimed at achieving the Sustainable Development Goals.

The collection includes eighteen chapters prepared by thirty-five authors from the following countries: Canada, the Democratic Republic of the Congo, Estonia, France, Ghana, Greece, Japan, Malaysia, Poland, South Africa, Trinidad and Tobago, Turkey, Uganda, the United Kingdom, and the United States. The volume comprises chapters encompassing research and practical recommendations from various disciplines such as sociology, economics, management, political science, administrative science, development studies, public health, peace and conflict studies, cultural studies, educational studies, communication studies, and social work.

The chapters included within this volume are arranged into five distinct sections. The first section, “Social and Cultural Dimensions of Inequality”, introduces basic notions and theories as well as relationships of inequalities with indicators such as gender, age, education, place of residence, marital status, and health.

The second section, “Economic and Technological Dimensions of Inequality”, focuses on themes such as intersectionality, socioeconomic inequality, marginalization, diversity management, social inclusion in the workplace, labor markets, and access to microfinancing schemes.

The third section, “Environmental Dimensions of Inequality”, includes chapters that capture the hidden links between disparities and geographical locations, demographic situations, access to enabling environments, regional challenges, migrations, potential conflict zones, racial equity, and community reintegration.

The fourth section, “Political, Ethical, and Legal Dimensions of Inequality”, contains studies analyzing equity, diversity and inclusion policies, educational policies, poverty alleviation programs, social innovation projects, and challenges in collaborative governance of funding schemes targeted at reduction of inequalities.

The last section, “Variety of Perspectives on Bridging Social Inequality Gaps”, examines long-term inequalities in access to food and health care as well as programs supporting access to minimally invasive surgery.

This book is an invaluable resource for academic and expert communities interested in theories of social inequality, effective measurement tools, public services, and strategies. Additionally, the volume is helpful for students, practitioners, and people working in government, business, and nonprofit organizations to build more equitable social relationships.

We would like to express our sincere gratitude to each and every author for their invaluable contributions to this scientific volume. Finally, we want to thank Helena Recic, Maja Bozicevic, and Sandra Maljavac from IntechOpen for their unique administrative skills in assisting with the editorial and publication process.

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Section 1

# Social and Cultural Dimensions of Inequality

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## Chapter 1

# Perspective Chapter: Bridging the Gap – Addressing the Marginalisation of Individuals with Mental Health Disabilities

*Kelechi Urom Eze*

### Abstract

The marginalisation of individuals with mental health disabilities is a significant issue in modern society. Systemic inequalities, discrimination, and prejudice contribute to the marginalisation of these individuals. Factors such as historical oppression, social exclusion, and economic inequality further exacerbate the problem. Mental health disorders are influenced by biological, psychological, and social factors, and addressing the marginalisation of individuals with mental health disabilities is crucial for promoting equal access to education, employment, healthcare, and overall social well-being. Education, employment, and healthcare are important areas where individuals with mental health disabilities face marginalisation, and legal and policy reforms are necessary to protect their rights and welfare. Additionally, addressing marginalisation of persons with mental health challenges requires awareness, advocacy, and policy changes to create a society that embraces diversity and provides necessary care and support for individuals with mental disabilities.

**Keywords:** mental disorder, inequalities, marginalisation, discrimination, stigma, awareness, advocacy

### 1. Introduction

Contemporary societies are confronted with many disparities and the marginalisation of specific demographic groups. The existence of these gaps can be traced back to historical, social, economic, and political forces that have continuously marginalised specific people. Marginalised communities including racial and ethnic minorities, LGBTQ+ individuals, individuals with disabilities, immigrants, and individuals experiencing economic adversity. The presence of inequalities and marginalisation in communities leads to many repercussions. It is crucial to emphasise the significance of tackling these problems and actively searching for remedies to foster a society that is more inclusive and equitable.

The Marginalisation of persons with mental health disorder will be considered in this work. The marginalisation of mentally disordered persons which includes

stigmatisation and exclusion of those who struggle with mental health is still a major problem in modern societies. Stigma and discrimination still prevent people with mental health issues from fully participating in society, even if our knowledge of mental health has advanced. There are social, economic, political and religious marginalisation of these category of persons.

Individuals with mental health disabilities often face marginalisation because of societal discrimination, which can have detrimental effects on their well-being. Stigma and discrimination contribute to social marginalisation and limited access to resources (economic) and opportunities (political). Addressing this issue requires challenging the misconceptions about mental disorder through education and the media, making policies and implementing legal protections, and improving their access to healthcare and support services. Inclusion and empowerment can be promoted through comprehensive mental health education, creating inclusive workplaces, and involving individuals with lived experiences in decision-making processes. A collaborative effort is needed from policymakers, healthcare providers, educators, employers, and the public to create a society that values the rights and well-being of individuals with mental health disorder.

Few research questions will guide this study and investigations aimed at understanding the underlying factors contributing to the marginalisation of individuals with mental health disabilities and identifying effective strategies and interventions to address this issue. The primary focus of this research inquiry is to determine the most efficacious approaches and measures for mitigating the marginalisation of persons with mental health disorders and advancing their integration and self-determination within society. What are the specific challenges faced by individuals with mental health disabilities in accessing resources and opportunities?

1. How can collaborations between policymakers, healthcare providers, educators, employers, and the public be fostered to create a society that values the rights and well-being of individuals with mental health disabilities?
2. How can various societal mechanisms, including education, media, policies, and legal protections, be utilised to challenge misconceptions, promote rights, well-being, and inclusion, and reduce stigma surrounding mental health disorders leading to Marginalisation?
3. What measures and benefits can be identified for fostering inclusive workplaces, accommodating individuals with mental health disabilities, and addressing long-term outcomes of marginalisation while promoting inclusion and empowerment in society?

The findings from this research can inform policy development, program implementation, and advocacy efforts to create a more inclusive and supportive society for individuals with mental health disabilities. This work intends to establish that by addressing societal discrimination and promoting inclusion and empowerment, the well-being and quality of life of individuals with mental health disabilities can be improved. This premise suggests that when individuals with mental health disabilities are provided with equal opportunities, access to resources, education, and supportive environments, they will experience improved mental health outcomes and overall well-being.

This work will use the researched studies/resources to confirm that individuals with mental health disabilities often face marginalisation and discrimination, which can lead to negative health outcomes and reduced quality of life. Stigma and discrimination contribute to social marginalisation, limiting their access to resources, opportunities, and support systems. This marginalisation can exacerbate mental health issues and create barriers to recovery and social inclusion.

To arrive at the conclusion, this research would use a mixed-methods approach. Qualitative method can be used to assess the well-being and quality of life of individuals with mental health disabilities, identifying ways they have experienced discrimination and marginalisation. Additionally, quantitative review of these groups will be conducted to gather in-depth insights into the experiences and perspectives of individuals with mental health disabilities.

The research would explore various factors that contribute to marginalisation and discrimination, such as societal attitudes, access to healthcare and support services, workplace inclusion, and the role of education and media in shaping perceptions of mental health. By examining these factors, this research can identify the specific areas that need improvement to address the marginalisation of individuals with mental health disabilities. Hence, the research suggests that addressing societal discrimination and promoting inclusion and empowerment can improve the well-being and quality of life for individuals with mental health disabilities. By conducting research and implementing evidence-based interventions, it is possible to create a society that values the rights and well-being of individuals with mental health disabilities and reduces their marginalisation.

This essay will focus on the effects of marginalisation on persons with mental health disorders and will attempt to address the inequality that these individuals face. Key concepts, such as marginalisation and mental disorders, will be defined first. Better analyses of the subject of this work will result from a better understanding of these words and their meanings. Above all else, we must figure out a way to reduce societal inequalities.

## **2. Explanation of marginalisation and how it relates to disabled persons**

The practice of marginalisation arises from deeply entrenched systemic and structural inequalities that sustain the uneven allocation of authority, resources, and prospects. The perpetuation of these situations is frequently caused by discrimination, prejudice, and preconceptions, leading to the marginalisation of specific populations. Historical and institutionalised forms of oppression, such as colonialism, slavery, and apartheid, have additionally had a role in the marginalisation of communities, resulting in enduring consequences of inequality and injustice [1]. Treating certain group of people badly during the colonial days around the world is an example of marginalisation. Unfortunately, some indigenous communities (like in Africa) have been mistreated and ignored for hundreds of years, and many have lost their original lands, traditional items, and even their political independence. Within many countries, certain categories of persons or races/foreigners face deep-seated bias, poor healthcare, and unequal poverty. Consequences of colonisation and other systemic injustices have kept them on the edges of society, limiting their ability to exercise their right to self-determination and fully take part in all areas of society [2, 3].



Marginalisation is also referred simply as social exclusion [3]. This term is the act of denying specific groups of individuals access to various aspects of society. Various reasons, such as personal circumstances, health challenges and insufficient financial resources, might contribute to the restriction of access to institutions and opportunities. Also, factors such as age, gender, sexual orientation, financial status, disability, and ethnicity all contribute to marginalisation. Health care, good education, and jobs that would improve their well-being are often out of reach for marginalised communities [4]. Marginalisation is the act of excluding individuals or groups from society, denying them the essential resources, authority, and social networks needed for complete involvement. Marginalisation occurs when an individual is deliberately excluded from a group, leaving them in a state of vulnerability.

Furthermore, marginalisation can manifest in various forms, including economic, political, and social exclusion, leading to profound inequality and injustice within communities [4, 5]. Economic marginalisation is characterised by disparities in wealth and employment opportunities. Political marginalisation occurs when individuals have difficulties in participating in the political process. Social marginalisation occurs when individuals are unable to participate in typical leisure activities. Discrimination, bias, poverty, and institutional disadvantages can all serve as catalysts for marginalisation. Marginalisation leads to criminal behaviour, less access to resources, and mental stress [5].

Persons with mental health disabilities often experience marginalisation due to societal misconceptions, fear, and stereotypes surrounding mental health. This marginalisation perpetuates a cycle of inequality, hindering their access to education, employment, healthcare, and overall social well-being. Focusing on the marginalisation of those dealing with mental health challenges, this work seeks solutions to this problem.

There are important theoretical, policy, and practical ramifications to identifying situations relating to the marginalisation of people with mental health disorders. Theoretically, it emphasises the necessity of opposing and dismantling the prevalent cultural norms and ideas that support prejudice and stigma. It advocates for a more compassionate and inclusive approach by calling for a change in the way we think about mental health and disabilities.

The unique needs of marginalised mentally disabled people have led to this study and validates this research from a policymaking perspective. To safeguard the rights of people with mental health disabilities, this entails establishing anti-discrimination legislation and regulations, encouraging mental health education and awareness, and guaranteeing equitable access to mental healthcare services. Policies should also work to lower the social and economic barriers that lead to.

### **3. Mental health challenges/disabilities**

Everyone, regardless of age, gender, or socioeconomic status, is vulnerable to mental health disabilities, making them a major global problem. Sadly, people with mental health issues are frequently marginalised throughout communities/societies because these issues are not given the attention they deserve. By using the qualitative method, reviews of literature in this section will help the understanding of what mental health disability means. It will help us understand those that are marginalised because of their mental disability.

The World Health Organisation provides useful insights regarding the definition of mental diseases. As to the World Health Organisation (WHO), mental disorders

encompass substantial disruptions in cognition, emotional control, or conduct [6]. According to them, these disruptions might appear in several ways, including anxiety disorders, mood disorders, psychotic illnesses, and substance use disorders [7]. Typically, it is linked to feelings of anxiety or limitations in crucial aspects of functioning [6]. There exists a wide array of diverse mental diseases. Mental health issues refer to a wider range of conditions, including mental disorders, psychosocial disabilities, and other mental states that cause severe distress, limit functioning, or pose a danger of self-harm [6, 7].

The Diagnostic and Statistical Manual of Mental diseases (DSM), published by the American Psychiatric Association (APA), offers a diagnostic criteria and guidelines for mental health practitioners in the United States and other countries. The DSM defines a mental disorder as a syndrome or pattern of behaviour or psychology that occurs in an individual and indicates an underlying dysfunction in psychobiology. A mental condition leads to considerable suffering or incapacity in one or more crucial areas of functioning, as defined by the American Psychiatric Association in 2013 [8].

The exemplar-focused approach as explained by Zachar & Kendler provides another way of looking at mental disorder definitions; it stresses the significance of looking at real-life examples of the problem. Finding patterns and similarities among people who have comparable symptoms and experiences is the goal of this method. It rejects the use of diagnostic criteria in favour of an appreciation of people's actual experiences when dealing with mental illness [9].

Furthermore, the term mental disorder has been extensively reviewed by the work of many scholars, researchers, and writers. Their contributions have been crucial in developing modern diagnostic tools and treatment modalities. The works and influence of some of these writers have helped the understanding of mental disorder. The 1980 DSM-III was authored by a distinguished group of psychiatrists, with Dr. Robert Spitzer serving as chair. Much of what is known about mental illness today owes its classification and comprehension to his push for stricter and more standardised methods of psychiatric diagnosis. The groundwork for further DSM versions was laid by Dr. Spitzer's study [10]. As a psychiatrist, Dr. Thomas Szasz was known for his criticisms of the conventional wisdom around mental illness. He maintained that mental illness is more of a way of life issue that needs individual effort and societal reform than a real medical disease. "The Myth of Mental Illness," a seminal work by Dr. Szasz published in 1961, spurred discussions regarding the foundations of psychiatric diagnosis and questioned long-held assumptions about mental illness [11].

Mental illness has been greatly advanced by the work of philosopher and psychologist Dr. Jerome Wakefield. By highlighting the significance of both bodily dysfunction and the detrimental effects of that dysfunction, he put forward the idea of "harmful dysfunction" as a standard for classifying mental diseases. Discussions regarding the limits of normalcy and psychopathology have been shaped by Dr. Wakefield's research [12]. Also, neuroscientist and psychiatrist Dr. Nancy Andreasen has made a name for herself studying schizophrenia and other serious mental diseases. The neurobiology of mental illness, its genetic underpinnings, and the potential of brain imaging for diagnosis and therapy have all been the subject of her research. Our knowledge of the biological bases of mental diseases has been enhanced by Dr. Andreasen's work and others not mentioned [13].

Finally, NHS has provided a long list of mental health disorders: Agoraphobia, Anorexia nervosa, Antisocial personality disorder, Binge, eating disorder, Bipolar disorder, Body dysmorphic disorder, Borderline personality disorder, Bulimia,

Claustrophobia, Cyclothymia, Depression, Dissociative disorders, Eating disorders, Fabricated or induced illness, General anxiety disorder, Health anxiety, Hoarding disorder, Munchausen syndrome, Obsessive compulsive disorder (OCD), Panic disorder, Personality disorder, Phobias, Postnatal depression, Postpartum psychosis, Post-traumatic stress disorder (PTSD), Psychosis, Psychotic depression, Schizophrenia, Seasonal affective disorder (SAD), Selective mutism, Skin picking disorder, Social anxiety (social phobia), Stress, Trichotillomania (hair pulling disorder) and more not mentioned [14–16]. The prevalence of mental diseases is demonstrated by this rather lengthy list [17].

Mental health disorder is caused by a combination of biological, psychological, and social factors. Biological factors such as physical health, genetics, diet, sleep, and age can impact mental health. Psychological factors such as beliefs, mental health diagnoses, perception, and addictions also play a role. Social factors, including work, diet, drugs, lack of sleep, and childhood experiences, can affect mental health. Trauma, stress, and personality traits can increase the risk of mental illness. Environmental factors, such as aesthetics and important objects, can also impact mental health [18].

Mental diseases, according to some writers, have multiple causes, including both genetics and the environment [19]. Certain genes and inherited characteristics can raise the likelihood of mental illness, but prenatal exposure to environmental stresses or pollutants can also play a part [20]. Biological variables and mental health are intricately related, as recent studies have shown [21]. Treatment success depends on a firm grasp of the biological underpinnings of mental health, even though social and psychological aspects play a significant role. There is a strong hereditary component; some variants and genes are more likely to cause mental illness. Epigenetics, the study of modifications to gene expression, is likewise significant [20–22]. Beyond the hypothalamic–pituitary–adrenal axis and inflammation, other biological elements associated with mental health include the gut microbiota. Mental capacities are closely related to physiological mechanisms. When considering the factors that influence mental health outcomes, it is crucial to acknowledge the complex interplay between biological, psychological, and social elements [23].

Mental health issues like depression can develop from imbalances in the brain. Factors that increase the likelihood of developing a mental illness include: a personal or familial history of the disorder; high levels of stress in one's life; long-term health problems; brain injury; traumatic experiences; substance misuse; neglect or abuse in infancy; and an absence of social support [24]. The research referred to in this section have successfully identified potential persons under the marginalised mentally disabled persons. Identifying these persons or those affected is the first step to a solution or solving the problem.

#### **4. Marginalisation of the mentally impaired in society**

The marginalisation of the mentally impaired in society reflects the ignorance and lack of compassion that is prevalent in the human mind. In Buddhism, every human being, regardless of their mental capacity, are deserving of compassion and respect. It is our duty to cultivate loving-kindness and to work towards creating a society that embraces and supports individuals with mental disabilities [25]. The marginalisation of the mentally impaired stems from the societal emphasis on conventional standards of worth and productivity. The Tao Te Ching emphasised the importance

of embracing the inherent value of all individuals, regardless of their mental faculties. Society should strive to create an environment where everyone is accepted and supported in their unique expression of the Tao. Laozi [26].

Yangming explained that the marginalisation of the mentally impaired is a consequence of the failure to recognise the interconnectedness of all minds. From the perspective of the Philosophy of Mind, it is crucial to understand that the mind is not confined to individual bodies, but rather extends to encompass the entire world. Therefore, the marginalisation of the mentally impaired is a denial of this fundamental interconnectedness [27]. Furthermore, the marginalisation of the mentally impaired reflects a lack of understanding and empathy within society. In the yogic tradition, we recognise the intricate connection between the mind and the body. It is essential to create an inclusive society that acknowledges the diverse manifestations of the human experience and provides support and care for those with mental disabilities [28].

Simply put when people with mental disabilities are economically, socially, and culturally excluded from society, it is called marginalisation. A lack of opportunity in areas such as education, work, healthcare, and social interactions is one manifestation of this marginalisation. Those who suffer from mental disabilities have endured discrimination, being institutionalised, and stigma for a long time. Lennard J. Davis explored the historical treatment of individuals with disabilities in her book “The Disability Studies Reader,” showing how their experiences have been defined by widespread views of discrimination and exclusion [29]. In addition, scholars such as Michael L. Wehmeyer and K. Charlie Lakin, who authored “The Oxford Handbook of Intellectual Disability and Development,” shed light on how policies and practices have evolved over time, causing intellectually disabled people to be marginalised [30, 31].

#### **4.1 Social barriers**

Societal stigma and discrimination are major contributors to the marginalisation of people with mental disabilities. Individuals with mental disabilities are frequently marginalised due to societal misunderstandings and unfavourable preconceptions. Erving Goffman explained how negative opinions of people with mental disabilities can cause them to be socially marginalised [31, 32]. Furthermore, Michelle R. Nario-Redmond explained similarly the impact of stigma and prejudice on the lives of people with mental impairments [32]. Stigmatisation of mental health issues is fuelled by deeply held cultural beliefs, misunderstandings, and an overall lack of awareness [33]. Due to stigmatisation, many people avoid getting care for fear of being called “crazy” or “weak.” Talking openly about mental health is hindered by stigma, which keeps people from breaking the cycle of marginalisation.

In some cultures, mental health issues are frequently attributed to supernatural elements or regarded as repercussions for perceived wrongdoing [34]. The cultural viewpoint can sway individuals to choose traditional therapeutic methods over evidence-based therapies, leading to their exclusion within the wider healthcare system [35]. Traditional healing techniques encompass a range of activities such as rituals, ceremonies, and consultations with traditional healers. These healers are thought to possess expertise in dealing with the spiritual or supernatural aspects of mental health. The utilisation of traditional methods highlights the significance of employing culturally sensitive methodologies in mental healthcare to bridge gaps and foster comprehension.

Mentally disabled people frequently encounter social isolation as a direct result of the social obstacles they encounter. As a result of societal prejudice and bias, individuals frequently encounter difficulties in forming and sustaining social relationships, resulting in emotions of isolation, marginalisation, and a sense of not fitting in. Social barriers may appear in different forms, such as the hesitancy of individuals to participate in social contacts, restricted availability of public venues and community events, and the lack of inclusive social initiatives. These barriers hinder individuals with mental disabilities from establishing significant connections, engaging in leisure activities, and making contributions to communal life.

Persons with mental health challenges may face discrimination in education, employment, and social relationships, limiting their opportunities for recovery and integration into the society/community.

#### **4.2 Limited access to education**

Education is a crucial aspect of a person's life, shaping their opportunities, social status, and overall well-being. Unfortunately, individuals with mental disorder often face marginalisation in this domain, leading to significant challenges in their lives. The lack of access to quality education opportunities exacerbates their marginalisation, leading to increased vulnerability and social isolation. Barriers to Obtaining Education:

- **Stigmatisation and prejudice:** Individuals with mental disorders frequently encounter societal prejudices and bias, resulting in major barriers to their educational pursuits. The prevailing unfavourable attitudes and beliefs held by society regarding mental disorders are a significant factor in the implementation of exclusionary policies inside educational institutions [36]. These biases can lead to the rejection of admission, restricted educational assistance, and separated classrooms, exacerbating the marginalisation of these persons.
- **Inadequate Support Systems:** Education systems sometimes lack the requisite resources and support structures to adequately cater to the different learning requirements of individuals with mental disorders [37]. Inadequate teacher training, absence of specialised educational resources, and inaccessible physical conditions all contribute to the exclusion of individuals from mainstream educational settings. Students with mental problems may have unique needs, and many teachers may not be prepared to meet those needs. This could make it hard for them to provide the appropriate support to students with varying learning styles and change their teaching approaches accordingly. Some schools may not have enough specialised staff, such as counsellors or learning support assistants, to provide mentally disabled students with the comprehensive care they need.

People with mental problems may not have access to adequate or any educational equipment or facilities that are tailored to their specific requirements. Without these tools, it is difficult for educators to meet the diverse needs of their students [37]. The schools might have physical conditions that are not accessible to mentally disabled persons. Some students with mental health issues may have trouble learning in traditional classroom settings because of physical factors like desk placement or lack of accessible technology. Lessons may be less engaging and participative in places in school that are difficult to access by the mentally disordered individual.

Educational prospects for people with mental disabilities are severely limited due to their marginalisation in school opportunities. This makes it harder for them to reach their maximum potential and be an integral part of society [38]. Additionally, this stance on education may result in heightened vulnerability. Individuals with mental disorders who lack access to high-quality education are prone to experiencing unemployment, poverty, and social exclusion. Their restricted access to quality education sustains their reliance on external assistance and curtails their capacity to make substantial contributions to the community.

### **4.3 Barriers to employment access**

**Stereotypes and Preconceptions:** Adverse perceptions and preconceived notions about mental disorders constitute substantial obstacles in the field of employment. Misconceptions regarding the capabilities of individuals with mental impairments are frequently held by employers, resulting in discriminatory recruiting practices and restricted employment prospects [38].

Also, workplaces often do not have the essential accommodations and support systems required to permit the employment of individuals with mental impairments. This encompasses modifications to job responsibilities that are reasonable, flexible work arrangements or assistive technologies, and workplace rules that promote inclusivity [39].

### **4.4 Limited access to mental health services**

Limited mental healthcare pertains to imbalances in the accessibility, quality, and care received by the mentally disabled persons within a population. People with mental impairments experience significant healthcare discriminations, including restricted availability of mental health services and biased treatment in healthcare environments [40]. The existence of such disparities poses significant obstacles for those who are seeking medical treatment, hence worsening the difficulties that are already connected with mental disorders.

The limited availability of mental health care is one of the most significant obstacles that people in Africa who are struggling with their mental health conditions must contend with. More than seventy per cent of individuals who are in need do not have access to care, which has created an unacceptably large treatment gap [41]. Some of the factors that contribute to this discrepancy include poor infrastructure, low levels of government investment, and a lack of specialists working in the field of mental health [42]. The average amount of money that African governments spend on mental health is less than fifty cents per person, which is far less than the two dollars per person that is suggested for low-income nations [43].

Correspondingly, even though Europe's mental health systems may be more established than those in Africa, there are still challenges that exist in Europe. There are millions of people in Europe who are disabled due to mental health disorders, making them the primary cause of disability. Access to services continues to be unequal among countries, notwithstanding the progress that has been made in the field of mental health treatment. When it comes to gaining access to mental health support, marginalised groups such as immigrants, migrants, and the homeless confront additional hurdles that are not shared by other groups [44].

Healthcare systemic issues reveal the marginalisation of people with mental impairments. Inadequate tools for mental health diagnosis, treatment, and support

are included in the lack of accessibility to mental health care services. On top of everything else, these people encounter discrimination in healthcare settings, which makes it even more difficult for them to receive fair and considerate medical treatment. As people are not comfortable interacting or associating with these group.

Inadequate Healthcare Infrastructure simply shows the struggle with limited mental healthcare infrastructure, including a shortage of trained professionals, lack of specialised facilities, and limited access to essential medications. This results in a significant treatment gap, leaving individuals without the necessary support for their mental health conditions. The availability and accessibility of mental health services vary across countries. Fragmented systems, long waiting times, and limited resources can hinder individuals from accessing timely and appropriate care. This can lead to delayed interventions, exacerbating mental health conditions and marginalisation.

#### **4.5 Legal and policy frameworks**

The rights and welfare of people with mental disabilities are safeguarded by legal and legislative frameworks. Nevertheless, this disadvantaged population may be further marginalised due to shortcomings and inadequacies within the legal systems. Legal and policy frameworks play a vital role in protecting the rights of mentally disabled individuals and ensuring their equal treatment within society [45]. However, existing laws and policies often fall short in addressing the specific needs and challenges faced by this population, perpetuating their marginalisation [46].

To dismantle social barriers and promote the inclusion of mentally disabled individuals, legal and policy reforms are necessary. This includes enacting comprehensive anti-discrimination legislation, ensuring accessibility in all areas of life, and promoting the full participation and representation of mentally disabled individuals in decision-making processes [47]. People with mental disabilities continue to face discrimination and social stigma even if they are protected by law. One factor that contributes to marginalisation is the lack of endeavours to question and alter society norms. Inadequate public awareness campaigns, for example, can keep harmful pre-conceptions alive and prevent people from fully participating in society, even while anti-discrimination legislation exist [47].

Although mental health services are required by law, few people get them due to a lack of resources and support systems. People with mental disabilities may get inadequate or delayed treatment as a result, which further isolates them from the healthcare system.

There may be gaps in legal frameworks that address the ability of people with mental disorders to make decisions, which may result in marginalisation of certain individuals. To illustrate this concept, paternalistic practices can be the outcome of laws that restrict the autonomy and involvement of individuals with mental disorders in decision-making processes. These laws restrict the ability of individuals with mental disorders to make decisions about their own lives without the appropriate support.

One major issue is the insufficient enforcement of legislation meant to protect the rights of people with mental disorders. Protection may be inadequate due to shortcomings in enforcing certain laws, such as inadequate monitoring, funding, or enforcement methods. For instance, if a law prohibiting discrimination in the workplace is not enforced, it could have the opposite effect of its intended goal—ensuring equal employment opportunities for those with mental disorders. Hence, efforts should be made to strengthen enforcement mechanisms and provide accessible

avenues for individuals to seek redress when their rights are violated. By creating a legal and policy framework that upholds the rights and equality of mentally disabled individuals, society can work towards a more inclusive and accepting future.

The effective protection and inclusion of individuals with mental disabilities within society can only be achieved by a complete approach that addresses these weaknesses. This approach should involve legislative reforms, enhanced public awareness, financial allocation, and continual advocacy.

#### **4.6 Marginalisation and intersectionality**

Mentally disabled people face multiple layers of oppression, including those based on gender, race, and financial class. In her book “Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Colour,” Kimberlé Crenshaw explains how different types of marginalisation can have a multiplicative effect. For instance, people with mental disorders who are also members of racial or ethnic minority groups may encounter additional obstacles that restrict their ability to access resources and opportunities [48].

People struggling with mental health issues frequently encounter supplementary impairments in societies around the globe, which exacerbates their preexisting conditions. People already confront significant difficulties in daily life, and those with physical disabilities, mental illnesses, or neurological developmental disorders have it even worse. Another factor that keeps people at the margins is the absence of accessible policies and support services.

### **5. The effects of marginalisation of the mentally disabled persons**

The exclusion and marginalisation of individuals with mental health challenges have profound repercussions on their psychological well-being. The persistent feeling of being excluded and undervalued can intensify preexisting mental health disorders, resulting in heightened seclusion, diminished self-worth, and potentially even contemplation of suicide. Furthermore, the dearth of prospects for personal development and job chances severely constrains their capacity to lead satisfying lives.

This marginalisation has detrimental effects on their psychological well-being and overall quality of life. This paper aims to explore the various effects of marginalisation on mentally disabled individuals and shed light on the importance of creating an inclusive and supportive society. Through the qualitative and quantitative data reviewed above this study identified the following at the negative impact of marginalisation on disabled persons.

#### **5.1 The psychological effects of marginalisation**

**Increased emotions of loneliness and isolation:** People with mental disabilities frequently feel excluded from communities and social activities, which leaves them without social support systems. Because they do not have the emotional support and validation that come from social contacts, those who are alone are more likely to experience anxiety and sadness.

**Diminished self-worth and self-esteem:** People who internalise negative societal views and stereotypes concerning mental disabilities may experience a decline in their sense of self-worth and self-belief. Their ability to establish a positive sense of self



can be hampered by the constant onslaught of negative messages, which can have a deleterious effect on identity formation.

**Increased risk of suicidal thoughts and self-harm:** People with mental disabilities are more likely to feel hopeless and depressed due to a mix of factors including social isolation, restricted access to mental health treatments, and the stigma associated with mental illness. In the absence of appropriate assistance and guidance, these people can turn to self-harm or contemplate suicide.

## **5.2 Impact on social and emotional well-being**

**Limited opportunities for personal growth:** People with mental disabilities frequently encounter obstacles when attempting to obtain education and vocational training, which impedes their ability to reach their full potential. They may feel less fulfilled and have a lower feeling of purpose because of not having enough opportunities to fully explore their interests and abilities.

**Strained interpersonal relationships:** It is hard for people with mental disabilities to make and keep friends because of social stigma and discrimination against them. As a consequence of the hostility they encounter, they are unable to fully integrate into society, which leaves them open to abuse and exploitation. Their alienation and marginalisation are exacerbated by these tense interpersonal ties.

**Reduced quality of life:** People with mental disabilities are less able to fully participate in society as a result of their limited participation in community activities. Their general well-being is further hampered by obstacles to receiving healthcare and other supports, which lowers their quality of life and decreases their level of happiness with their situation.

## **5.3 Long-term consequences**

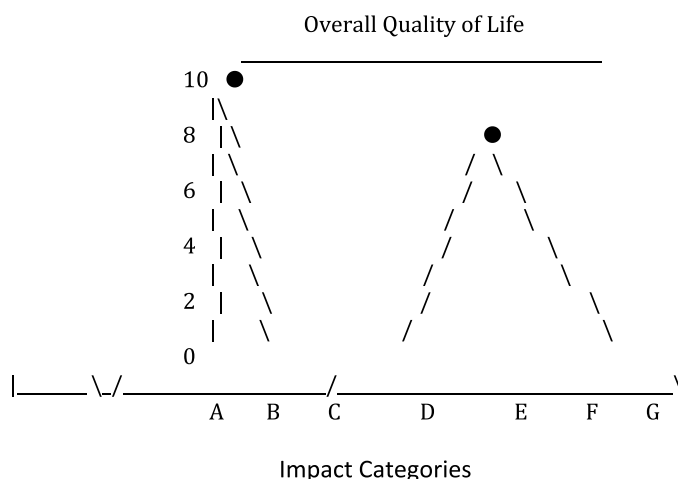
**Cycle of marginalisation and poverty:** Mentally disabled individuals often face limited economic opportunities due to discrimination and lack of support. This leads to increased dependence on social welfare systems, perpetuating a cycle of marginalisation and poverty. The persistent inequality and disadvantage they experience hinder their ability to escape the cycle.

**Health disparities and comorbidities:** Mentally disabled individuals are more likely to experience physical health issues, which are often overlooked or neglected due to limited access to healthcare services. Additionally, the stress and challenges associated with marginalisation increase the risk of developing substance abuse disorders, further exacerbating their health disparities.

**Impact on family and caregivers:** The marginalisation of mentally disabled individuals places a significant emotional and financial burden on their families and caregivers. Limited support systems for families further compound the challenges they face, resulting in increased stress and caregiver burnout.

This section identified the problem with marginalisation of disabled persons and the consequences. The marginalisation of mentally disabled individuals has far-reaching consequences on their psychological well-being, social integration, and overall quality of life. Addressing this issue requires a comprehensive approach that includes promoting inclusivity, combating stigma, and providing adequate support and resources. Creating a society that values and respects the rights and dignity of all individuals, regardless of their mental abilities, is essential for fostering a more equitable and compassionate world (**Figure 1**).

### Psychological Impact of Marginalisation



**Figure 1.** Psychological Impact of Marginalisation. A: Increased feelings of isolation and loneliness. B: Diminished self-worth and self-esteem. C: Higher risk of suicidal ideation and self-harm. D: Limited opportunities for personal development. E: Strained interpersonal relationships. F: Impaired quality of life. G: Long-term consequences.

## 6. Breaking the cycle of marginalisation

Addressing mental health challenges and disabilities requires a multi-faceted approach that focuses on awareness, advocacy, and policy changes. Indeed, the marginalisation of the mentally impaired calls for a transformation in the collective consciousness. It is only through the cultivation of compassion and understanding that we can create a society that truly embraces the diversity of the human experience. The Society must learn to appreciate the inherent value of everyone, without imposing arbitrary standards of worth. The acceptance of all beings, regardless of their mental capacity, is an essential step towards embodying the principles of the Tao. We must recognise that the marginalisation of the mentally impaired reflects our failure to acknowledge the interconnected nature of all minds.

By understanding the unity of perception, we can foster an environment of inclusivity and support for those with mental disabilities. It is imperative to foster a society that celebrates the diversity of human appearance and provides the necessary care and support for individuals with mental disabilities. Through empathy and action, we can work towards creating a more inclusive and compassionate world.

The re-evaluation of societal values and the recognition of the intrinsic worth of all individuals are crucial in addressing the marginalisation of the mentally disordered. It is a call to transcend the limitations of traditional power structures and embrace a more inclusive and empowering perspective. The pursuit of wisdom entails not only the acquisition of knowledge but also the cultivation of empathy and justice. It is through the education and enlightenment of individuals that we can strive towards a society that upholds the dignity and rights of all, including those with mental disabilities [49].

The world faces unique challenges in addressing mental health issues, often resulting from a combination of socio-economic factors, cultural beliefs, and inadequate healthcare systems. Limited research and funding exacerbate the situation, leading

to a lack of understanding and resources to support those with mental health conditions. Increasing Awareness and reducing stigma is important and needed. Education campaigns and community engagement programs can help raise awareness about mental health and reduce stigma [50]. Promoting open conversations and challenging negative stereotypes can create a more inclusive society [51].

To combat marginalisation, raising awareness about mental health disorders and debunking myths and stereotypes is crucial. Education campaigns and community initiatives can help foster a more compassionate and understanding society, encouraging empathy and acceptance towards individuals with mental health disabilities [52].

The government should prioritise the improvement of social support systems. Establishing effective social support networks is crucial for those experiencing mental health issues. Local communities can develop peer support groups, which provide a platform for individuals to discuss their experiences and get emotional support. These groups offer a secure environment for individuals to openly share their difficulties and cultivate effective methods for dealing with them, all while promoting a feeling of inclusion [53].

Individuals with mental health disabilities experience much higher rates of unemployment. To address this issue, employers should proactively advocate for inclusive employment practices and offer appropriate accommodations to those with mental health challenges. These measures may encompass implementing adaptable work schedules, adjusting job responsibilities, and cultivating a nurturing work atmosphere that prioritises mental wellness.

Education is crucial in empowering those who have mental health issues. To provide equitable access to education for all students, it is imperative to adopt inclusive policies and provisions in educational institutions. This includes offering mental health resources, providing training for educators, and cultivating an inclusive learning environment.

Next, we must fortify our mental health systems. Governments across the world need to make mental health a top priority and pour more resources into mental health services and facilities. The Government must make plans to train more mental health workers, improve our infrastructure, and everyone should be able to afford and easily obtain mental health care. Individuals with mental health disabilities require essential access to mental healthcare services. It is imperative for governments and healthcare organisations to give utmost importance to the advancement and enlargement of mental health infrastructure, guaranteeing cost-effective and easily reachable treatment alternatives. This encompasses augmenting the quantity of mental health practitioners, establishing support programmes based in local communities, and using telemedicine services to access marginalised populations residing in remote regions.

Services that consider both mental health and disability are necessary because these two issues are often experienced simultaneously. This involves doing things like making mental health services more accessible, creating inclusive policies, and helping people with impairments and mental health issues find jobs. Part of this process will involve providing people and groups with the tools they need to succeed. To help people with disabilities and mental health issues live happy lives, it is important to provide them with the services they need. As part of this effort, we must encourage community-based programmes, peer support networks, and self-advocacy.

The focus of advocacy activities should be directed at exerting influence on policies that safeguard the rights of individuals with mental health problems. This encompasses promoting legislation against discrimination, campaigning for practical

adjustments in the workplace, and securing additional financial resources for mental health support. Meaningful policy changes can be achieved through the collaboration of governments, non-governmental organisations, and individuals who have personal experiences [54]. Governments must prioritise mental health by allocating sufficient funding and developing comprehensive policies that address stigma, improve access to services, and promote community-based support systems [55].

## **7. Conclusion**

The study examined the social marginalisation experienced by individuals with mental health problems and sought to tackle the inequalities they encounter. After defining marginalisation as the act of excluding specific people from society and depriving them of access to resources and opportunities. It examined the meaning of mental disorders and the types of mental disorder recognised in society. It further explored the elements that contribute to the marginalisation of individuals with mental disorders. This review led to the recognition that Mental health disorders are influenced by biological, psychological, and social factors. Factors such as discrimination, prejudice, and institutional disadvantages contribute to marginalisation. Individuals with mental health problems frequently encounter marginalisation because of societal misunderstandings and preconceived notions. This work identified inequalities and factors impeding their access to school, employment, healthcare, and social activities. Gaining insight into the factors that lead to marginalisation and the resulting effects was essential for identifying remedies and advancing inclusion into the society on equal bases for individuals with mental health problems. Ultimately, these studies demonstrated that individuals facing mental health issues and disabilities frequently experience marginalisation within society.

This work resolved that to solve the inequalities or marginalisation of the disabled in the society, it is necessary to adopt a holistic strategy that encompasses combating social disapproval, enhancing the availability of mental health care, and fostering a sense of inclusiveness both in education and legislation. To establish a society that genuinely prioritises the mental well-being and rights of all individuals, irrespective of their disabilities or mental health challenges, it is imperative to put an end to the perpetuation of marginalisation.

To address the marginalisation experienced by individuals with mental health disorder, it is necessary to engage in collaborative and ongoing efforts. This can be accomplished by increasing public knowledge, confronting social prejudice, enhancing availability of mental healthcare services, strengthening social support networks, encouraging inclusive workplace policies, empowering individuals via education, and pushing for policy reforms. Through the implementation of these efforts, we may establish a society that is more inclusive and equal.

Society has the obligation to guarantee that individuals with mental health problems are no longer excluded but instead regarded and assisted as valuable members of our communities. To address this issue, it is necessary to engage in political activism, comprehend the consequences of marginalisation, and allocate resources to support public services and infrastructure. Marginalisation is the result of different mechanisms, such as stigma, prejudice, insufficient healthcare infrastructure, and low resources. Societies can strive to reduce or eliminate marginalisation and foster mental well-being for all persons by implementing policy reforms, conducting awareness campaigns, education and providing community assistance.

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## **Conflict of interest**

The authors declare no conflict of interest.


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# Perspective Chapter: Reducing the Social Inequality Gaps in Older Ages in Low- and Middle-Income Countries

*Delali A. Dovie and Andrzej Klimczuk*

## Abstract

Social inequalities abound worldwide. However, those social inequalities that encompass the lack of access to resources, including primary healthcare, are more prevalent at older ages in low- and middle-income countries, which is the focus of this chapter. This challenge has become critical due to the increasing population of older age. The design and implementation of key policy measures, including primary healthcare in low- and middle-income countries, is essential in reducing such social disparities. Access to primary healthcare is perhaps the principal determinant of social equality and/or equity for older people, which in turn supports achieving Sustainable Development Goals and comprehensive healthcare access.

**Keywords:** low- and middle-income countries, older adults, population ageing, social inequality, sustainable development goals

## 1. Introduction

Social inequality refers to a situation in which individuals have unequal access to valuable resources, services, and societal positions [1]. It embodies the unequal opportunities and advantages that stem from various social positions or statuses within a particular community or group. It comprises recurring and organised patterns of inequitable allocations of resources, opportunities, rewards, and penalties. Social inequality is the result of a society structured according to age, gender, class, and race hierarchies that mediate entry to resources as well as privileges in a certain way that results in an unequal distribution of them. It may surface in various ways, such as disparities in financial status, inequitable educational and medical access, and discriminatory societal treatment. There are five primary categories of social inequalities, focusing on (1) wealth, (2) treatment and responsibility, (3) political activity, (4) life chances, and (5) membership [2]. The discussion in this chapter is more aligned with treatment and responsibility inequality and the differentials thereof, wherein most people can benefit more and access privileges than others.

Inequality of opportunities and conditions are the two primary modes of measuring social inequality. An imbalance in material items, income, or wealth constitutes an inequality of conditions. The Gini index, which measures the income distribution between the top and poorest 10%, reflects this type of inequality [3]. Disparity in the allocation of life chances among persons constitutes inequality of opportunity. Education attainment, health status, and interactions with the criminal justice system are indicators of this phenomenon.

As a social problem, inequality comprises the following components: structural circumstances, ideological backing, and social changes [1, 2]. Structural conditions comprise measurable factors that are influential in fostering social disparities. Power dynamics, occupations, educational achievement, income, and poverty all contribute to social inequality among individuals and communities. Ideological foundations consist of presumptions and concepts that uphold socioeconomic disparity within a given society. Studying how formal laws, public policies, and prevailing beliefs contribute to and maintain socioeconomic inequality. Social changes entail items of organised resistance, protest groups, and social movements. Understanding how such social reforms contribute to the formation or modification of societal inequality, in addition to their inception, consequences, and enduring repercussions, is necessary, to say the least.

In the opinion of classic functionalist theorists, inequality is unavoidable and desirable because it serves a vital societal purpose. Professions that are fundamental to society necessitate further education and should thus be compensated more. According to this view, social inequality and stratification lead to a meritocracy based on ability [4].

Older people are those who are approaching or have exceeded the average life expectancy. Seniors are also called as older people, elders, the elderly, senior citizens, or older adults. Old age is not a distinct biological phase. Old age, referred to as chronological age, varies depending on culture and historical context. According to Kent [5], old age is the final stage in an individual's life course. Typically, old age is characterised by a deterioration of both physical and mental faculties and a decline in social obligations. The exact initiation of old age exhibits cultural and historical variation. It is not a biological stage but rather a social construction.

Primary healthcare (PHC) is offered within the community to individuals who are seeking advice or treatment from a medical practitioner or clinic for the first time [6]. It is essential that PHC should be based on scientifically robust and socially acceptable methods and technologies. New solutions can make universal health coverage accessible to every family and community member. PHC initiatives enable community members to engage actively in the process of implementation and decision-making.

In the content of this chapter, low- and middle-income countries (LMICs) refer to developing countries, which, although sovereign states, possess underdeveloped industrial sectors and a less favourable position in the Human Development Index in comparison to other nations [7]. Precarious middle-income countries are not granted concessional funding or debt relief. Despite this, the Common Framework for Debt Treatment remains ineffective. In the realm of finance, they encounter interest rates that are as much as eight times more than those observed in wealthy nations. Official development assistance (ODA) inflows are significantly below the predetermined target of 0.7% of gross domestic product (GDP) [8].

Older adults who have low socioeconomic status (SES) have unfulfilled health needs, especially among individuals residing in areas with minimal health resources and yet are predisposed to the risk of not accessing healthcare. Studies from Europe

allude to socioeconomic inequalities and healthcare access in Central and Eastern European populations, as well as the Commonwealth of Independent States [9].

There has also been observation regarding the utilisation of healthcare services by older persons since it was global and also encompassed all health services, without much information on the utilisation of PHC in LMICs [10] such as Brazil, Chile, China, Estonia, Ethiopia, Ghana, Senegal, South Africa, and Thailand, among others. There is insufficient information regarding the fairness of PHC use among older individuals, particularly in LMICs. The impact of socioeconomic disparity on older individuals' usage of PHC is yet to be determined.

## **2. The social inequality challenge in the selected fields related to population ageing**

Social inequality is on the rise globally and has been more disregarded. As Dworkin ([11], p. 11) describes, equality is becoming “the endangered species of political ideals”. Economic disparities are significant, but social inequality encompasses broader issues. Significant social and economic disparities are seen in countries worldwide [12]. Unfortunately, spatial inequality remains. For example, food insecurity is especially prevalent among rural residents. Food insecurity of moderate to severe severity impacted 33% of individuals in rural regions and 26% of those in urban areas.

Identified major socioeconomic status (SES) indicators include income, education, employment, and health coverage status. Research findings consistently show that individuals with better income, higher educational attainment, and health insurance tend to use PHC services more frequently [13].

### **2.1 Education**

A relationship between education and PHC utilisation was documented in several studies [14–23]. Observations and indications are that well-educated older persons had the likelihood of utilising PHC services compared to persons with lower levels of education in Brazil [18], Cuba [23], Estonia [21], Ethiopia [22], and Nigeria [23]. In addition, it has been indicated that seniors with limited education were inclined to utilise PHC services in Brazil [18] and China [14, 16]. Other studies found no association between the two variables. Furthermore, some studies have been conducted where scholars discovered no correlation in Chile [24], China [25, 26], Jordan [27], the Dominican Republic, Puerto Rico, Venezuela, Peru, Mexico, and India [23].

### **2.2 Employment**

Notable correlations have been identified between present employment status or previous occupational roles and the utilisation of PHC services. Studies conducted by Martinez [17, 25] revealed the relationship between the current job status of seniors and PHC utilisation. Martnez [25] also found that unemployed or economically inactive senior women in Chile showed a higher tendency to utilise PHC services. Moreover, male individuals who were economically non-active appeared to be inclined to schedule preventative checkups. The same cannot, however, be said about unemployed older men. For instance, it has been observed in China [15] that an unfixed connection is present between different employment statuses and the use of local medical facilities.

The literature shows that in China [27], previous employment in formal sectors is linked to higher PHC usage. The results varied depending on the sorts of services. Older employees in the public sector or administration and firms were more inclined to utilise critical public health services, including medical checkups and everyday life advising, than workers in different sectors. However, the situation differs significantly when it comes to the utilisation of health records, health education services, and influenza vaccination services. There is no correlation between the use of PHC and occupation in China [28], mainly because occupation was not considered in the studied multivariable model. Similarly, no significant connections were found between the economic sector and the use of PHC in Brazil [17].

### **2.3 Health insurance**

Some studies e.g. [15, 16, 26, 29] have analysed the correlation between enrolment in health insurance plans and PHC utilisation, indicating that older individuals with health insurance are more inclined to utilise PHC services. Specifically, it has been found that in LMICs, senior individuals with health coverage tended to utilise community health facilities within the last 3 months in Latin American and Asian nations, excluding rural Peru, rural China, and urban India [23]. Similarly, it has been documented that in China, India, Mexico, and South Africa [30], senior individuals with insurance were more prone to accessing fundamental chronic care services, except in South Africa. An investigation conducted in China examined the usage of PHC services among older adults with various health insurance kinds. The study revealed that self-financed people were less inclined to use PHC services [15]. Last but not least, Lu and the team [16] stated that older adults with prior exposure to paid insurance were more inclined to utilise a range of local medical facilities, such as chronic illness management and health examinations.

Older persons' care should be integrated, localised, and well-aligned to their specific needs [31, 32]. This encompasses PHC. These demands pose challenges for authorities and families because PHC is mainly focused on addressing goals linked to maternity and child wellness as well as infectious diseases [33]. The world's population is ageing. Consequently, the percentage of individuals aged 60 and over is projected to rise from 12% in 2015 to 22% in 2050 [31]. This comes together with ceaseless and common noncommunicable diseases (NCDs), with co-morbidities increasing progressively with age [34, 35]. Moreover, still prevalent in the health systems of LMICs are infectious diseases, especially chronic infectious diseases, including human immunodeficiency virus and tuberculosis [36, 37]. This denotes a growing prevalence of chronic diseases that necessitates a robust PHC in communities [38], using chronic care models to address community health care requirements [39]. Many health systems globally face challenges in managing both infectious diseases and NCDs, with a particular struggle in addressing chronic illnesses due to inadequate resources [40]; thus, they are incapable of meeting the PHC requirements of seniors [41, 42].

Socioeconomic inequalities are disparities in wealth, social status, occupation, and educational history [43]. Inequalities are widespread and challenging to address by government action. For example, in Ghana, income disparities persist in the usage of health services by older individuals even after implementing the national health insurance scheme. The poorest senior individuals are the least

advantaged by this change in policy [44]. Socioeconomic disparities increase as individuals progress through life. They have a detrimental impact on medical conditions in the future [45]. However, high-quality PHC has been shown to provide chances to lessen the effects of socioeconomic disparities [29]. Hence, urgent action is needed to reduce inequalities.

### **3. The need and potential of universal health coverage in the context of sustainable development goals**

The Sustainable Development Goal (SDG) 3 and the Alma-Ata Declaration promote “health for all”, irrespective of economic position or age, among others [46]. In contemporary times, older adults are a vulnerable population that is disposed to impoverishment. However, governments worldwide are working toward universal health coverage (UHC) as a backdrop to the nemesis of such impoverishment from 2000 to 2015, targeting a 20% increase in coverage. This notwithstanding, much of the global population still lacks full coverage, whereas wealthy people maintain improved access to medical treatment and better health outcomes [47]. For example, more affluent people in China have documented increased utilisation of outpatient and inpatient healthcare services. This indicates a gap in health services utilisation between the rich and poor. Moreover, many global health objectives consistently prioritise younger age demographics, raising concerns that older individuals, especially those facing financial challenges, might be overlooked by health initiatives and reforms. Additionally, older individuals encounter more significant obstacles in accessing healthcare services, including socioeconomic disparities and limited incomes [13].

The 2023 SDGs Progress Report delivered by the UN Secretary-General outlined that SDG 10, which focuses on reducing inequality, was among the least-achieving SDGs. Urgent action is needed to address the increasing economic, wealth, and health disparities within and across countries during the COVID-19 pandemic and worldwide inflation crisis. Poorer countries did not have enough finances to support the poor or fight COVID-19, and for the first time in three decades, the gap between the rich world and the rest is increasing [8]. There is a significant and escalating disparity in wealth and resources, including economic and other forms of inequality that have reached intolerable proportions. Since 2020, about two-thirds of all new wealth has been amassed by the wealthiest 1%, which is equivalent to twice the amount of money held by the poorest 99% of the global population. This just presupposes that inequalities are at a record high and increasing. It depicts a situation in which 26 individuals own an equivalent amount of money to 50% of the global population.

The 2030 Agenda aims to promote justice, equality, fair and sustainable development, human rights, and dignity for all. Significant revisions in the organisation of the worldwide economy are necessary [48]. The SDGs are a means to overcome economic and geopolitical gaps, regain confidence, and strengthen unity. In this context, adaptation of Agenda 2030 by LMICs is imperative. The 2023 SDGs Progress Report also included other essential recommendations. It called for all Member States to recommit to national and international efforts to achieve the SDGs by 2030 by strengthening the social contract and reorientating their economies along low-carbon, resilient paths consistent with the Paris Agreement.

#### **4. Emerging approaches toward reducing the social inequality gaps in older ages**

The importance of economic growth and its diverse facets have continued to dominate national discussions over the past few years. This is not difficult to understand regarding concerns about economic well-being and attempts to evolve policies promoting inclusive growth, a precondition for economic development [49].

The World Economic Forum [50] documents that there are at least three distinct ways of “bridging” (reducing) the social inequality gap. First, there is the need to reduce income inequalities between top and bottom earners. In this case, countries need to agree to aim for a situation where the top 10% do not earn more than the bottom 40%. Second, inequality must be measured to monitor progress on SDGs. This calls for using concrete, proven inequality measures to monitor progress. This is situated in the framework of SDG 10, the tracker of which falls short of what is required in this context. It measures the bottom but not the top, which means it does not measure inequality. As a result, other proven measures, including the Gini coefficient and the Palma ratio, serve as the proxy. With these, inequality of incomes and wealth, which is far higher, can be measured. Third, it is imperative to invest in inequality data to inform decision-making, especially to enable high-level analysis by all governments.

Fourth, empirical evidence indicates that governmental protective measures, such as social pensions, can enhance the societal standing of older adults, leading to better health results and increased access to healthcare facilities [51]. Previous evidence indicates that disparities in enrolment in social safety systems occur for those with little resources in LMICs [52]. For example, older individuals with lower incomes in Senegal and Ghana are less inclined to participate in social health protection schemes, even when these initiatives are specifically designed to enhance access to healthcare services for this demographic category. Moreover, income influences the ability to pay the tiny charge for joining China’s Cooperative Medical System in rural areas, with wealthier individuals benefiting more from this enrolment [53]. Such a scheme was replicated among older Ghanaian adults [42].

It is worth reiterating that policy interventions are crucial in this context, in the absence of which inequality may be said to destroy the hopes and goals of billions of the world’s poorest individuals, without which privileges and disadvantages will continue for generations. Other ways of reducing the social inequalities older persons are predisposed to are worth mentioning in this context and serve as a continuation of the outline of the preceding measures.

Fifth, PHC is crucial in closing the gap to achieve universal healthcare. The idea of PHC introduced in the Alma-Ata Declaration continues to be frequently referenced in many situations [46] as a crucial part of a health system focused on equity and sustainability. According to the World Health Organisation, this approach to health is defined as a comprehensive strategy that strives to attain optimal health and well-being for all individuals, ensuring fairness in distribution. It focuses on addressing the needs and preferences of people at the individual, family, and community levels, within their immediate environments and as soon as possible in the spectrum from health promotion to palliative care [30].

PHC is well-positioned to provide efficient care in community contexts and/or settings. It is, in fact, a fundamental response to older persons’ needs [30]. It can ensure the integration and coordination of care for older persons, including the support of collaborations across many industries and at different tiers of the healthcare system.

These are important for effective management of multimorbid chronic conditions. Older persons are more likely to face obstacles in obtaining health treatments due to socioeconomic disparities, particularly low income and the absence of health insurance, which are the main contributing factors restricting older adults' healthcare utilisation [54]. Contextually, regarding LMICs, access to PHC may probably appear to be a principal determinant of achieving SDGs and UHC [55].

Thus, it is crucial to increase the equity of PHC for seniors, irrespective of their socioeconomic positions. To achieve this, the United Nations Progress Report on SDGs urges nations to establish and meet ambitious national poverty and inequality reduction objectives by 2027 and 2030. This appeal was supported by an emphasis on critical domains that are pivotal for advancement: from increasing employment and social safety to addressing the education crisis; and from gender equality to digital inclusion [8].

## 5. Conclusion

We conclude that experiences of later life affect the usage of PHC services in older age. Older individuals with health insurance showed a greater propensity to use PHC services. Additionally, income levels during older age can influence the utilisation of PHC. Older individuals' health conditions and chronic care needs significantly determine their preferences for accessing PHC. Policies such as taxing wealth and high incomes, providing universal public services, including health and education, and ensuring social protection for all and fair wages for workers can drive progress in reducing the social inequality gap, particularly in older age. Health reforms have already enhanced the fairness of PHC systems and provided advantages to the impoverished in some developing countries.

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## Chapter 3

# Exploring Equity in Examinations of Secondary Education in Kenya

*Miku Ogawa*

### Abstract

The Sustainable Development Goals have long underscored the significance of equity as a value-laden concept. This study explores the concept of equity through an examination of secondary school leaving examinations in Kenya. The analysis incorporates examination data from 2018 to 2022 across three subjects: History and Government, Christian Religious Education (CRE), and Business Studies. The analysis specifically investigates the treatment of various topics related to equity, revealing a substantial emphasis on issues of economic disparity in comparison with themes such as ethnicity, gender, and race. Notably, the analysis within the realm of CRE illuminates distinctions in moral perspectives between the West and Kenya, with Kenya's highly capitalistic economy not necessarily aligning with a strong endorsement of liberal competition in examinations. Despite its capitalist orientation, Kenya's approach to welfare in exams transcends the mere alleviation of those below a certain threshold; it delves into the fundamental issue of difference itself. This chapter contends that Kenya's conceptualization of equity diverges from Western definitions, positing its unique notions of justice and fairness, with a predominant focus on fostering social equality through social welfare and mutual assistance.

**Keywords:** equity, secondary school leaving examinations, Kenya, social equality, economic differences

### 1. Introduction

The term “equity” has become a frequent topic in discussions surrounding the Sustainable Development Goals (SDGs), particularly since 2015. However, its interpretation varies across societies and nations [1]. Distinguishing itself from concepts like “equality,” the term is closely aligned with ideas of justice and fairness [2]. Concepts of justice and fairness, often explored in literature on citizenship and religious education, lack a universally agreed-upon international definition. Studies have highlighted disparities in the reception of these concepts between Western and non-Western countries [3–6]. Therefore, comprehending the notion of “equity” requires an understanding of its local perceptions and the varying interpretations of justice and fairness across countries and societies.

Defining “equity” poses challenges, and its societal interpretation remains elusive. Notably, there is a dearth of studies investigating the definition of “equity” with Africa as a focal point. Considering the significance of “equity” as a key international

development goal, its impact on African nations should not be underestimated. Hence, this study seeks to fill this gap by examining how the concept of “equity,” integral to international goals, is embraced in African societies. Specifically, the research suggests that exploring the teaching of justice and fairness in schools, particularly in three humanities subjects in Kenya—business studies (BS), Christian Religious Education (CRE), and History and Government (HIS)—may reveal a country’s stance on equity.

The study aims to analyze how these subjects impart concepts related to equity and other values. To this purpose, first, the words related to equity are to be identified based on the frequency with which they are used and with what words and topics they are associated. Then, it will explore how the state of difference is perceived and what corrective measures are considered desirable.

## **2. Literature review**

Education about fairness and justice in schools globally, including Africa, often aligns closely with moral education. Various African countries, such as Zambia, Malawi, and South Africa, incorporate moral education into subjects like “spiritual and moral education,” “religious and moral education,” and “life orientation” [7]. Religious education plays a significant role in moral education in several countries [8], although conflicts with its practice [9, 10] and conflicts between religion and morality [11, 12] have been noted.

The historical background reveals that in many African countries, religious education primarily focuses on specific religious tenets, such as Christianity or Islam, rooted in the colonial legacy [3]. In Nigeria, moral education has long been intertwined with religion, mainly Christianity and Islam [13]. However, Matemba [3] critiques religious education in Africa as a colonial project heavily influenced by missionaries and European powers. Some countries, like Botswana, have addressed curriculum reform challenges by excluding religious education and incorporating issues and values specific to Africa into their educational content [7]. Even decades after its introduction, moral values in Christian/Islamic religious education do not always align with moral values in Africa.

Citizenship education in Africa presents conceptual discrepancies when compared to Western contexts. The distinction between the “civic public” and the “primordial public” of ethnic groups in Africa, where individuals often identify with the latter public sphere, is notable [5]. Countries with diverse ethnic groups tend to prioritize nurturing national citizenship, a different trend from nourishing global citizenship identity in Western countries [14, 15]. The contrast between individualism in the West and communalism in Africa is evident, with local norms of solidarity like Ubuntu/Harambee in Kenya [16]. These differences, highlighted by Bhola [6], underscore tensions between Western and non-Western understandings of the link between citizenship and development. These variations suggest that the image of a desirable society and the notions of fairness or justice may differ between the West and Africa, leading to diverse interpretations of “equity.”

Reviewing the studies reveals that Western and African conceptions of morality may not necessarily align. In citizenship and religious education, including moral education, inconsistencies arise when Western concepts are imported into African contexts. These discrepancies result from the influence of various conditions in existing societies, leading to different levels of acceptance. Similarly, the acceptance

of equity, encompassing concepts such as justice and fairness, is influenced by various societal conditions. Therefore, examining how these concepts are recognized, accepted, and reconciled with existing ideas of justice and fairness in society is crucial.

### **3. Analysis subjects**

#### **3.1 Kenyan context**

In this study, Kenya serves as the analyzed country for several reasons. Firstly, English is the official language and the language of instruction in Kenyan schools, facilitating the examination of “equity” and related international concepts. Secondly, Kenya typifies an African nation with diverse ethnic groups and a colonial background, contributing to distinctions in citizenship education between the West and Africa. Finally, the prominence of religious education, encompassing Christianity and Islam, aligns with the framework explored in prior studies.

Major challenges faced by Kenya post-independence revolved around unifying a nation with diverse ethnicities. The curriculum initially emphasized promoting nationhood, national integration, social equality, Kenyan identity, and building inclusive citizenship [16]. Despite the introduction of the subject of “social education and ethics (SES)” into the school system in 1976, since the 1990s, the Kenyan government has downgraded the status to an optional subject with religious education from compulsory secondary school subject for 2 years. Then, religious education gained more power through the efforts of religious leaders. Finally, by 2003, SES was removed from the secondary education curriculum [16].

These facts will show the challenges in citizenship education in Kenya (how to be a Kenyan unity in a country where several ethnic groups live) and the fact that Christianity and other religions have no small political power. It shows the relevance of choosing Kenya as a case analysis of Africa in comparison with the West for this study, which seeks to analyze various concepts of equity.

#### **3.2 Overview of the education system**

In this study, the Kenya Certificate of Secondary Education examination (KCSE exam) was treated as the object of analysis. The reason for targeting examinations for analysis is that they are prepared by the Kenyan government and are texts that are read by almost all students. While analysis of textbooks and interviews with teachers may be appropriate, textbooks are not the best source for detecting the Kenyan government’s attitude toward equity because, in the case of textbooks, the publisher is the intermediary between the students and the government and because there are multiple textbook companies. Similarly, the interviews with individual teachers would also be influenced by their personal views and the issues surrounding the students. On the contrary, the examinations are the best for analysis in the sense that they are common throughout Kenya and are produced by the government.

The KCSE was introduced in 1989. In 2018, Kenya had a gross enrollment rate of 104.0% for primary education (which lasts 8 years) and 70.3% for secondary education (which lasts 4 years) [17]. About half of all students enrolled in primary school take the KCSE, which is the final examination of 12 years of education. It should also be noted that in Kenya, English was adopted as the language of instruction in Grade



4 primary schools in 1961 [18], and all curricula and examinations were written in English, except for examination papers in languages other than English.

Kenya is currently going through a period of transition, with the new curriculum being introduced and the old curriculum coexisting. The old curriculum, which was introduced in 1984, was replaced with the new curriculum, published in 2017. As of the academic year 2022, the new curriculum is reflected up to the seventh grade. Therefore, the KCSE exams from 2018 to 2022, which were the subjects of this analysis, were based on the old curriculum.

Examinations in the three subjects of HIS, CRE, and BS were used for this study from 2018 to 2022. As of 2019, the KCSE exam has 30 subjects, but only 11 of them are taught in most schools and are usually chosen by students in the exam. Each candidate chose 7 or 8 subjects for examination, and these 11 subjects were chosen from at least a quarter of all candidates. Three subjects, HIS, CRE, and BS, were chosen for analysis due to their relevance to the study of “equity.”

The KCSE is mostly a descriptive examination. Many questions have multiple correct answers, and candidates are required to give the number of answers specified in the question. This analysis deals with question and answer sets and will primarily refer to multiple-description model answers. KCSE Examination Report, published annually by the Kenya National Examination Council, contains question texts, model answers, and Marking Schemes. In this study, these data were used in the analysis.

## 4. Results

### 4.1 Three subjects

#### 4.1.1 Frequency of “equity” terms

Initially, the study examined the frequency of terms related to “equity,” encompassing variations like “equality” and “parity,” in three subjects over 5 years. The analysis revealed that in History and Government (HIS), “equity” appeared five times, “equality” seven times, and “parity” once. In Christian Religious Education (CRE), “equity” occurred once, “equality” five times, and in Business Studies (BS), “equity” surfaced seven times, “equality” three times, and “parity” twice (**Table 1**). The collective instances of “equality” surpassed those of “equity,” with minimal occurrences of “parity.”

“Equity” was consistently linked to “distribution” (or share, tax) across all subjects during the study period, appearing alongside words like “sharing” 12 out of 13

	Equity	Equality	Parity
HIS	5	7	1
CRE	1	5	0
BS	7	3	2
<b>Total</b>	<b>13</b>	<b>15</b>	<b>3</b>

*Note: HIS, History and Government; CRE, Christian Religious Education; BS, Business Studies.*

**Table 1.**

*The appearance of the words equity, equality, and parity in KCSE exams.*

times. Notably, in a 2019 BS question about the characteristics of a good tax system, “equitably distribution of the tax (tax) burden according to the payer’s ability to pay” was considered a model answer.

The term “equality” was employed from two main perspectives. One concerned the equality of treatment—for example, equality before God or equality before the law—which was expressed in terms of equality regardless of gender, race, and so on. The other was guaranteeing equal opportunities; for example, equal job opportunities and equal distribution of resources were mentioned more than once.

The number of appearances of “parity” was limited compared to other words. The word “parity” showed up in all of them as the word “disparity,” and in all of them, it was frequently used in association with “income.” In two of them, it was related to “distribution,” as was “equity” and “equality.” For example, the answer to the question “feature that may indicate a country’s state of underdevelopment” included “high disparity in income distribution” BS in 2019.

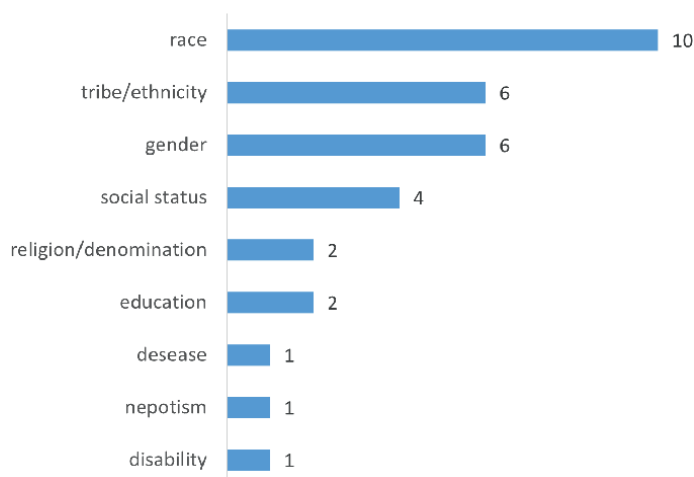
#### *4.1.2 Topics regarding “equity”*

Gender, ethnicity, religion, race, origin, and region were among the topics covered, along with various words related to equity, with gender and ethnicity appearing more frequently than other topics. As for ethnicity in CRE, the question in 2019 asked about “ways in which Christians can reduce tribalism in Kenya today,” and the model answers include “by preaching/teaching on equality/oneness of human being before God” and “by urging the government to ensure equal distribution of national resources.” However, religion, disability, and region are rarely addressed. Additionally, those were cases that appeared in questions of historical facts or when listing pluralities, such as “regardless of...,” which seemed to be treated less than other themes.

There were 22 model answers related to discrimination, 7 of which are references to discrimination from the West against Africa or discrimination based on colonial policies, apartheid, etc., all found in HIS. For example, under the theme of race, most questions were related to other countries, such as Senegal (HIS in 2018) and South Africa (HIS in 2018), and an explanation of its historical background HIS in 2021. For example, in the context of Kenya, “the desire to create a society free from inequality/oppression/racism” was a model answer to the question “give one reason for the adaptation of the African Socialism in Kenya” (HIS in 2021), which was mostly about the past and less about Kenya today. Many of the discussions on race were about past facts and policies of other countries, as mentioned in many of the HIS, but there was a high level of interest in such historical facts contrasting the West and Africa.

For the other 15 model answers related to discrimination, the denial of discrimination in business and morality was indicated in all three subjects. The most common groups associated with the term discrimination are descriptions of race, followed by gender and tribal/ethnic discrimination, with six mentions (**Figure 1**). The other three subjects mentioned were social status (four times), and religion/denomination and education (two times), while disease, nepotism, and disability were mentioned once each. The high number of references to gender and ethnicity is consistent with the points made at the beginning of this section, indicating a high level of Kenyan interest in these topics.

Difference is described as a potentially destructive factor in traditional African communities. For example, “economic factors/poverty/wealth/social status” (CRE in 2018) was a model answer to “identify six factors that have affected the kinship ties in



**Figure 1.**  
*The appearance of the topics related to discrimination. Note: created by the author.*

the traditional African communities.” “Due to tribal/ethnic barriers whereby some do not help those who belong to other communities” (CRE in 2019) was a model answer to the question “give seven reasons why some Christians find it difficult to help the needy.” Despite denying discrimination, diversity within a community may also be identified as a factor hindering communalism.

To resolve these issues, there was an emphasis on the need for distributing resources to eliminate undesirable circumstances (e.g., inequality) related to these topics, as well as a recognition of the equality of all people. In particular, content addressing economic differences was dealt with extensively in all three subjects. For example, in HIS, where “African Socialism” is studied, African socialism was positioned in the 2018 exam questions as one of Kenya’s national philosophies, alongside “Harambee” and “Nyayoism.” In the HIS in 2019, there was a question, “discuss five features of African Socialism which was adopted in Kenya after independence.” The answer includes perspectives related to equality, such as “it emphasized equal job opportunities for all regardless of one’s tribe/religion/background,” and perspectives related to welfare and redistribution, such as “narrowing the gap between the rich and the poor would be achieved through progressive taxation/mutual assistance” [19].

In connection with this, tax and distribution were mentioned frequently in HIS and BS. For instance, BS is often asked about understanding the benefits, drawbacks, and features of tax systems; however, the answers to these questions are related to equity [19]. For example, in 2018, when asked about the advantages of indirect taxes, the answer included “it promoted equality/paid by everyone who purchases the goods.” Furthermore, a model answer to the question “Explain five demerits of indirect taxes” in 2021 was “less equitable/regressive/unfair as the burden falls heavily on the poor who spend a larger proportion of their income on consumption” (BS in 2021). Conversely, in 2019, “equitably distribution of the tax (tax) burden according to the payer’s ability to pay” is an answer to the question, “characteristic of a good tax system” as noted in previous section. A view of the distinction between equity and equality in terms of the tax system may be obtained by comparing these expressions [19].

Questions dealing with “poverty” and “gap between wealth and poor” as problems to be solved were particularly common in HIS, and the value of helping the needy

and the criticism of being greedy was overwhelmingly asked in CRE. For example, in CRE, a question posed in 2018 regarding “similarities between traditional African view of evil and Biblical concept of sin,” included “greed” as the possible answer. Many questions in CRE focus on Biblical content, but they are not limited to that; for instance, in 2018, a question asked: “factors that have led to an increased role of child labour in Kenya,” with the answer being “greed for money by the child’s parent/guardian” and “gender discrimination in some communities/boys preferred/given priorities than girls.” On the other hand, generosity and sharing with others were also questioned as essential values, both from the perspective of God’s teachings in Christian and African communities.

## **4.2 CRE as moral education**

Of the three subjects, CRE prominently featured words related to “equity” accompanied by value judgment. Previous studies suggest that religious education significantly influences moral development. Manea [20], who analyzed the impact of religious education, indicates that a survey of teachers suggested that religious education in schools is likely to shape students’ moral behavior and conscience. Therefore, this section delves into CRE, examining how the concept of “equity” is taught.

### *4.2.1 CRE in Kenya*

Immediately after independence, CRE was integrated into the curriculum to help students gain spiritual, social, and moral insights into a rapidly changing society [21]. CRE is suggested not only as a subject but also as a moral/religious practice [22]. According to a 2023 syllabus, one of the general objectives of CRE is to acquire “social, spiritual and moral insights to think critically and make appropriate moral decision in a rapidly changing society.”

In Kenya, Christians make up 78% of the population, which is categorized as Protestants, who account for 45% of the population, and Roman Catholics, who comprise 33% of the population. There are also Muslims, 10% of the population. Muslims are often compelled to opt for CRE because of a lack of human resources and teaching materials in secondary school subjects, even though Kenya offers Muslim religious education as a curriculum and examination subject [23, 24]. Students study religious education as a compulsory subject until the second grade of secondary education, which consists of 4 years, and opt for an optional subject from the third grade. Nearly 80% of candidates chose CRE as an optional subject for the examination at the end of secondary education.

Regarding the characteristics of the examination, the questions are not necessarily limited to knowledge about Christianity and include environmental problems, plastic surgery, community initiation and traditions, marriage and divorce norms, and alcohol abuse. Examples require enumerative and descriptive answers. The questions and model answers frequently include words with value judgments regarding justice and fairness. For example, the word “should” has been frequently used (**Figure 2**). It appeared 197 times in 5 years of examinations and is the eighth most used word among all words involving prepositions, such as “the,” “a,” and “to.” A model answer was that “wealth should not be used to buy unnecessary materials for luxuries when others are suffering” (2018). Further, there are numerous words expressing value judgments such as “good” (35 times), “evil/evils” (25 times), and “false” (10 times).



church just as the husband is the head of the wife” (2018). “The woman became subject to man/inferior” (2019) was also a model answer to “identify the consequences of sin from the story of the fall of human beings in Genesis chapter 3.” Furthermore, one answer to the question “unity of believers as expressed in the image of the bride” is “the committed Christian will be taken to a new home/heaven just as the bride is taken by her husband” (2019). In some cases, such as these, men and women do not seem to be seen as “equal.” The disunified attitude toward the value of gender equality is visible.

Critiques of homosexuality are distinctive. It was even described as “there is permissiveness in the society/moral decadence” (2020). Furthermore, to the question of “outline seven causes of homosexuality in Kenya today,” model answers include “peer pressure/bad company” and “due to Western influence” (2020). These expressions suggest that they reject the human rights of sexual minorities and attribute blame to Western influences.

This section can be summarized as follows. CRE critiques neoliberalism, condemning traits like greed and materialism. While poverty is acknowledged, voluntary wealth distribution is emphasized. The importance of sharing and helping others is recurrent, reflecting a communal perspective that contrasts with Western individualism. Regarding gender, CRE promotes equality but occasionally depicts women as subordinate, revealing a disunified stance on gender equality. Notably, CRE exhibits a distinct rejection of homosexuality, attributing its causes to peer pressure and Western influence.

These findings provide a nuanced understanding of equity-related discourse in Kenyan secondary education, with CRE playing a pivotal role in shaping moral perspectives. The study acknowledges the complexities within Kenyan society and highlights the need for a holistic examination of educational materials and official documents to comprehend the practical implications of equity concepts.

## **5. Discussion**

### **5.1 The concept of “equity” and its coverage**

According to UNESCO, “equity” in education denotes the fair and just extent to which children and adults have access to opportunities, striving to reduce disparities related to gender, poverty, residence, ethnicity, language, and other characteristics [25]. Confirming the occurrences of equity-related terms in the examined subjects aligns closely with UNESCO’s definition, emphasizing the necessity for equitable resource distribution irrespective of gender, race, or origin. However, the differential groups noted around the world were skewed in their concern for the issues, with a particular focus on issues that are particularly acute in the Kenyan context (e.g., race, gender, and ethnicity). In other words, it is influenced by the conditions and history of the country or society.

### **5.2 African curriculum’s “colonized” nature and distinctiveness in Kenya**

Previous studies that have analyzed moral education that includes the concept of equity as it relates to justice and fairness have shown differences in the way it is accepted between Africa and the West, as indicated at the beginning of this chapter. This is explained by the historical background of the relationship between individuals

and ethnic groups in Africa [5] and colonial policies [3]. Communalism in Africa, in contrast to Western individualism [4], shapes the concept of citizenship.

Additionally, moral education in Africa tends to draw value content exclusively from imported religions (e.g., Christianity and Islam) and excludes African-specific practices, cultures, experiences, challenges, and needs [4]. Therefore, studies on moral education have been criticized for the “colonization” of the African curriculum. However, it is also said that there is an uncritical assumption that what exists in Western countries is good for Africa [3]. Criticized for its “colonization” of the African curriculum, moral education could benefit from a more context-driven approach, incorporating indigenous knowledge [4].

In Kenya, despite practicing capitalism, the emphasis on communal redistribution is evident, differing from neighboring socialist models [26]. However, several concepts emblematic of the West (such as individualism, materialism, and the human rights of sexual minorities) were not acknowledged in the Kenyan examinations. Other subjects, such as HIS and BS, also strongly emphasize African socialism. From the analysis of examination papers, it appears that communal redistribution is preferable in Kenya. Stambach [27] also noted differences between Kenyan and Western attitudes toward Christianity. Stambach [27] states that America views Kenyans’ tendency to distribute funds to needy members from church resources as a form of mismanagement and even nepotism, but in Kenya, it is viewed as an expression of Christian concern and a form of service to the underprivileged.

The above shows that Kenyan notions of fairness and justice are not necessarily uncritical of those in the West but rather present values specific to Africa (e.g., communalism as in Nyayoism and Harambee) and a sense of justice at odds with the West (e.g., discourses that suggest gender inequality and negative views of sexual minorities). Moral education in Kenya, conducted within the Western-derived subject of CRE, tended to portray the African community positively, while some phenomena symbolic of the West were critically discussed. However, this does not necessarily imply only an antagonistic relationship between the West and Africa, as Bhola [6] claimed the importance of collaboration of indigenous and modern knowledge and ensure they be mutually enriching. Thus, when different values clash in a country or society, it is expected that they will influence each other and create other values. This will show the third way for the fusion and further development of a set of Western and African values, rather than the mere acceptance of Western copies in Africa or the perpetual confrontation between the West and Africa.

To add one last thing, as challenges of moral education through religious education, it can be noted that while acknowledging the diversity of religions, an emphasis on the primacy of Christianity was unavoidable. Some countries in Africa apply pluralist approaches to religious education but treat marginalized non-normative religions as add-on knowledge [3]. In Kenya, even Muslims are forced to choose CRE [23, 24]. This is a limitation faced by CRE, which is primarily responsible for moral education in Kenya.

### **5.3 Policy implication**

To examine the policy and practice implications of the study, first, it is important to note that even if common international goals are established, their acceptance depends to a large extent on the historical and social context. In Kenya, ethnicity and gender were topics of particular interest, and there was a strong depiction of Africa against the West. This is not necessarily consistent with the “equity” contents envisioned by the common global goals.

Another characteristic of Kenya is the negative attitude toward economic differences itself and the emphasis on mutual assistance at the citizen level, as well as social security systems *via* the government, as a means of remedying this difference. Even within the Western-derived subject of Christianity, Kenya's communalist mindset was prominent.

The policy implication of these findings is that it is important to consider policy goals from a bottom-up perspective, seeking to understand how these values and goals are interpreted in Kenya, rather than from a top-down perspective, where Western-derived values and goals are applied to Kenyan policy.

## **6. Conclusion**

The study aims to elucidate diverse perspectives on equity by analyzing humanities subjects in Kenyan secondary education. Results indicated positive assessments of equity and equality, coupled with negative evaluations of disparity and discrimination. Notably, while topics related to gender and ethnicity were relatively common, economic differences dominated discussions. Redress measures included a notable aversion to capitalism and individualism, alongside an emphasis on national and individual mutual assistance. This suggests that Kenya's understanding of equity varies from Western perspectives, reflecting a unique moral standpoint.

However, the study's reliance on exam questions and answers from the last 5 years imposes limitations. It is also hard to say that the arbitrariness of the author has been completely eliminated in the categorization of topics and the counting of frequently used terms. Further, while various expressions akin to equity were considered, such as equality, parity, fairness, and justice, the study could not fully capture how each term is defined and interpreted by the Kenyan government. Future research should extend beyond exam materials, encompassing official government documents and investigations into how these value concepts are taught in school settings for a more comprehensive understanding of equity.

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## **Conflict of interest**

The author declares no conflict of interest.




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Section 2

Economic and Technological  
Dimensions of Inequality

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# Perspective Chapter: Examining the Intersecting Connections between Intersectionality and Socioeconomic Inequality

*Monument Thulani Bongani Makhanya*

## Abstract

In today's society, social inequality is a deeply ingrained issue that affects people on multiple levels of identification. Traditional approaches to resolving inequality, on the other hand, frequently fail to take into consideration the intricate ways in which different identities intersect. "Intersectionality," highlights race, gender, class, and sexual orientation—interact and influence how a person is privileged or marginalised. This approach offers a crucial perspective for appreciating the multifaceted character of socioeconomic inequality. Gaining a greater knowledge of the specific issues faced by individuals at the intersections of several marginalised groups allows us to better grasp how diverse identities interact. A multifaceted strategy is needed to effectively address the intersectional nature of social injustice. This paper proposes that policymakers should make sure that marginalised communities' perspectives are heard and are actively involved in the decision-making process. Additionally, it is critical to raise awareness and knowledge of intersectionality among a range of stakeholders, such as the public, educators, and legislators. This paper used secondary sources as its technique, and text content analysis was used to derive pertinent insights from the data that were gathered. This paper has four recommendations directed to policymakers on how socioeconomic inequality could be addressed

**Keywords:** socioeconomic injustice, intersectionality, marginalisation, identities, policymakers

## 1. Introduction

Social scientists and the general public have long been concerned with socio-economic inequality and how it affects different marginalised groups. Nonetheless, a more in-depth analysis that takes intersectionality into account is necessary to comprehend and resolve these differences. The notion of intersectionality recognises that an individual's experiences and opportunities are shaped by the intersections and interactions of several social identities. Intersectionality aids in our understanding of the intricate processes leading to socioeconomic disparity by taking into account the

interconnectedness of gender, race, class, and other social categories [1]. According to Yuval-Davis [2], the late 1980s and early 1990s saw the emergence of intersectionality theory, largely because of the contributions of academics such as Patricia Hill Collins and Kimberlé Crenshaw. The word “intersectionality” was created by Crenshaw [3] to draw attention to the ways in which Black women’s experiences differ from those of Black men or White women because of the dual oppression they endure on the basis of their race and gender. Collins [4] expanded on the idea by highlighting the ways in which privilege and oppression interact to affect how people are positioned in society.

Intersectionality appears to play a substantial impact in worsening socioeconomic inequities, according to evidence. According to Williams and Collins [5], African American women frequently endure “double jeopardy” since they face both racism and sexism, resulting in cumulative disadvantages in employment, income, and other economic prospects. Examining the gender wage gap demonstrates that overlapping identities, such as race, ethnicity, and disability, also contribute to the discrepancies [6]. In several ways, the topic of socioeconomic disparity connects with intersectionality theory. Unlike previous approaches to inequality study, intersectionality broadens the scope to encompass other social categories and their relationships. Due to the compounding impacts of gender and class, women from low-income families face economic problems differently than men from similar origins. Intersectionality emphasises the linked nature of social identities and acknowledges that people experience privilege and oppression at the same time [7].

It is also vital to note that socioeconomic disparity, as Dabla-Norris [8] asserts, is a complicated issue that extends beyond questions of gender, ethnicity, and class. International inequality encompasses the disparity in resources, living standards, and economic progress among different countries and regions. Due to the unequal access that these cross-border inequalities give people and groups to opportunities, money, and power, socioeconomic inequality is exacerbated.

To effectively address these concerns and design policies and solutions, it is imperative to comprehend the linkages between intersectionality and socioeconomic inequality. This paper seeks to evaluate how intersectionality affects and is affected by socioeconomic disparity by examining the ways in which economic systems, social structures, and policy frameworks interact with and are influenced by variables such as race, gender, and other social identities.

## **2. Methodology**

This paper used the secondary sources methodology to gather data. Scholars use primary and secondary materials extensively when doing research. Primary sources offer original data and firsthand information directly, while secondary sources evaluate, explain, and analyse primary sources. Because they provide a deeper grasp of a subject than what can be found in primary sources alone, they are essential to research methods [9]. According to Wickham [10], choosing good secondary sources is an important stage in research. Scholars frequently begin by locating credible journals, publications, or databases that specialise in the field or topic of interest. Researchers can assure the dependability and authenticity of the material they obtain by using credible sources.

After identifying relevant secondary sources, the researcher must assess their quality. Scholars use particular criteria to assess the reliability of a secondary source, such as the author’s knowledge, reputation, and the publication’s peer-review

procedure. Furthermore, it is critical to determine whether a source delivers an objective perspective or reflects any biases. A researcher should assess if the author's ideas are supported by evidence or whether their interpretation is influenced by personal or ideological opinions. The capacity to distinguish between competent secondary sources and biased or untrustworthy ones is critical in assuring the accuracy and validity of a research effort [11].

Jilcha Sileyew [12] brings another interesting addition by stating that another crucial component of the secondary source technique is the synthesis of data from many secondary sources. To get a thorough grasp of their subject, researchers must weigh and contrast diverse viewpoints and arguments from multiple sources. Scholars can find trends, inconsistencies, and knowledge gaps by synthesising the data, which can help them with their own analysis and discussion. The research topic or project thesis statement can then be developed using these combined findings.

Finally, one of the main tenets of conducting research is the methodology of using secondary sources. A precise and thorough study depends on carefully choosing reliable sources, assessing their calibre, and combining data from several sources. Researchers can improve the validity and reliability of their work by adhering to these recommendations. The foundation of academic discourse and scholarship is comprised of secondary sources, which enable researchers to advance the area and add to the body of current knowledge. Therefore, it is imperative for any researcher to comprehend the approach underlying secondary sources [13]. To that effect, conduct a thorough examination of secondary sources that investigate the overlapping relationships between intersectionality and socioeconomic disparity. The researcher read academic articles, books, reports, and other scholarly works to better comprehend the theoretical frameworks, empirical evidence, and important arguments surrounding this complex relationship. The analysis sought to uncover common patterns, trends, and perspectives in the available literature, as well as any gaps or conflicts.

### **3. The concept of intersectionality**

The term "intersectionality," coined by legal scholar Kimberlé Crenshaw in 1989, refers to the connection of many social identities and experiences, as well as how these intersections influence how an individual feels privilege and oppression [3]. Essentially, intersectionality recognises that individuals are more likely to encounter social phenomena and discrimination as a result of the complex relationships between several aspects of their identities than from a single component of their identity, such as their gender or ethnicity. These criteria include, but are not limited to, race, gender, class, sexual orientation, ability, and religion. The concept of intersectionality challenges traditional analyses of social inequality, which often focus on individual aspects of identity without considering the multiple, overlapping power structures that shape an individual's experiences. Rather, it centres on the ways in which disparate forms of oppression and privilege intersect, link, and intensify each other to produce unique experiences for individuals who belong to several marginalised identities [4].

Kumashiro [14] suggests that since intersectionality highlights how women's experiences of discrimination are influenced by other facets of their identities in addition to their gender, it has its roots in the feminist movement. For example, gender discrimination may be experienced by white women, while women of colour may have additional difficulties such as racism and cultural prejudices. According to



intersectionality, there are different ways to solve inequality because of these different experiences. Gender and race have been used to analyse and understand a variety of social identities and experiences; intersectionality has also been used to do so. This also applies to sexuality, since certain sexual minorities may experience prejudice based on their race or gender identity in addition to their sexual orientation. The idea of intersectionality has been crucial in explaining how different social identities intersect and combine to create unique experiences of privilege and oppression.

Through the examination of the interplay between different facets of identity, intersectionality offers a more sophisticated comprehension of social injustice and expedites the development of more efficacious and comprehensive social justice policies. Intersectionality's detractors claim that it is unduly complicated and provides no useful solutions for addressing societal inequities. On the other hand, advocates of intersectionality argue that it provides a framework for developing more all-encompassing and inclusive approaches to social justice and is necessary to understand the complex interplay between privilege and oppression [15]. Moreover, Cho et al. [15] add that the notion of intersectionality recognises the intricate interplay of many social identities and encounters with privilege and subjugation. By studying the connections and interplay between different types of prejudice, it casts doubt on widely held beliefs about social inequity. Intersectionality creates a more nuanced understanding of social injustice and lays the foundation for the development of more inclusive and successful social justice policies by recognising and comprehending these intersections.

#### **4. Inequality in socioeconomic status**

Manstead [16] asserts that socioeconomic status and inequality are two inter-related ideas that have a big impact on how societies function all around the world. The term "socioeconomic status" describes a person's or a group's standing in a social hierarchy according to their financial situation, level of education, type of work, and other economic and social characteristics. In contrast, inequality refers to the gaps in power, resources, and opportunities that exist within a society and are frequently brought about by variations in socioeconomic status.

The unequal distribution of money among individuals or groups is known as income inequality, and it is one of the basic components of inequality. In many nations, there has been a chronic problem of income disparity, with some people earning much more than others. Unequal access to basic resources such as good healthcare, education, and housing is frequently caused by this income disparity. High wealth disparity can also lead to social unrest, higher crime rates, and poverty traps, all of which feed the cycle of inequality [8]. According to Gobena [17], another important area where socioeconomic position and inequality collide is education. Socioeconomic factors, such as the educational attainment of parents and the finances of the family, frequently impact the availability of high-quality education. Köhler [18] adds that in lower socioeconomic backgrounds, children may have fewer possibilities to attend well-funded schools or obtain the academic support they require. Their lack of education may have a serious negative effect on their chances for the future, perpetuating the cycle of poverty and inequality that spans generations. Moreover, Festin et al. [19] assert that a strong correlation exists between occupational disparity and socioeconomic position. Certain jobs typically offer better social benefits and higher pay, giving people the opportunity for financial stability and upward mobility. All people do not, however, have equal access

to these chances [20]. According to Blau and Kahn [21], economic downturns, prejudice, a lack of education, and other factors can make it more difficult for someone to obtain high-paying jobs. Because of this, income disparities and occupational segregation continue, disproportionately affecting women and racial or ethnic minorities.

The formation of socioeconomic status and the reinforcement of inequality are significantly influenced by wealth inequality. The acquisition of property, finances, and assets is referred to as wealth. When a tiny percentage of the population owns a sizable chunk of the country's wealth, wealth disparity results [22]. Due to the increased influence of the wealthy on policymakers and social outcomes, this concentration of wealth has the potential to create inequality in both economic and political power. Furthermore, because people from underprivileged origins have difficulty accumulating income or assets, wealth disparity can impede upward mobility and prolong social stratification [20].

According to Riley [23], health and well-being are also impacted by socioeconomic status and inequality. Greater health disparities, such as higher prevalence of chronic diseases, shorter life expectancies, and restricted access to healthcare services, are frequently experienced by people from lower socioeconomic backgrounds. Burgard and Lin [24] assert that because poor health outcomes make it more difficult for people to keep stable employment, increase their earning potential, and fully engage in the workforce, these health disparities have the potential to further perpetuate inequality. Improving socioeconomic status and addressing inequality call for an all-encompassing strategy that takes into account many facets of society's development [25]. Governments are critical in implementing policies and initiatives that reduce income and wealth gaps, expand access to high-quality healthcare and education, and promote equal employment opportunities. Intergenerational poverty and inequality can also be broken by policies that assist people from low-income families and promote social mobility [26]. However, Rugg [27] asserts that tackling socioeconomic status and inequality calls for coordinated efforts in addition to government action. Individuals and civil society organisations can make contributions through donations, community development initiatives, and campaigning. In a similar vein, companies and employers may make a significant contribution by implementing equitable hiring procedures, encouraging diversity and inclusivity, and funding initiatives that facilitate economic mobility [28].

## **5. Relationships between socioeconomic inequality and intersectionality**

Crenshaw [3] suggests that a person's identity is entwined with features of intersectionality. The concept of intersectionality acknowledges how social categories—race, gender, and class—interact to shape opportunities and experiences as well as an individual's socioeconomic standing. The intricacy of socioeconomic inequality is highlighted by this dynamic relationship. The sections below discuss this relationship in detail.

## **6. Socioeconomic inequality and gender**

For ages, cultures all over the world have struggled with the interwoven and ubiquitous problems of gender and socioeconomic inequality, which have a variety of negative effects on people's lives and restrict their ability to grow both socially

and economically. These types of inequality are largely caused by bias, discrimination, and traditional gender roles. They also result in differences between men's and women's access to resources, money, income, and education [29]. The difference in income between men and women or the gender wage gap is a significant component of both socioeconomic and gender inequality. The Global Gender Gap Report 2020 from the World Economic Forum states that women make roughly 63% of what men do worldwide [30]. Numerous factors, such as gender stereotypes, occupational segregation, and workplace discrimination, all have an impact on this pay disparity. Women are underrepresented in higher-paying industries and frequently restricted to low-paying occupations. Furthermore, women are disproportionately employed in flexible and part-time work, which typically pays less than full-time employment, due to societal expectations and responsibilities surrounding childcare and domestic chores [31].

The financial security and economic independence of women are significantly impacted by this salary disparity. Women are more likely to live in poverty since they make less money overall and have less disposable cash [32]. In fact, according to new global poverty forecasts from UN Women, UNDP, and the Pardee Centre for International Futures, 388 million women and girls were projected to be living in extreme poverty by 2022 (compared to 372 million men and boys) [33]. Women's access to adequate healthcare, education, and other necessities is impeded by their insufficient financial resources, which feeds the cycle of poverty [34]. Furthermore, additional layers of disadvantage are created when socioeconomic disparity and gender interact with other social characteristics including race, class, and ethnicity. Women who are members of marginalised groups—such as ethnic minorities—often encounter even greater obstacles in their quest for socioeconomic success. They are more likely to encounter prejudice on the basis of both gender and ethnicity, which creates a number of obstacles to getting access to jobs, healthcare, and education [35]. As a result, Dabla-Norris [8] adds, there is more disparity overall, with women from disadvantaged origins seeing larger gaps than those from more affluent backgrounds.

Understanding gender and social disparity also requires an understanding of education. Disparities still remain even if girls' access to education has improved significantly on a worldwide scale. Cultural traditions and financial limitations prevent females from accessing high-quality education in many developing nations, which lowers literacy rates and limits their possibilities for economic empowerment [36]. According to Funk and Parker [37], women are frequently underrepresented in STEM disciplines—science, technology, engineering, and mathematics—even in industrialised nations, despite these fields being linked to higher-paying occupations. Because of this occupational segregation, women's opportunities for higher salaries and leadership roles are restricted, and gender-based wage discrepancies are maintained.

Women's health outcomes are also impacted by socioeconomic disparity. Poor nutrition and limited access to high-quality healthcare, particularly in underdeveloped countries, are major causes of maternal death and worsen overall health outcomes for women [38]. Furthermore, the impediment to women's social and economic growth is gender-based violence, which disproportionately affects them and includes sexual assault and domestic abuse. Furthermore, women's reproductive rights are restricted by insufficient access to family planning alternatives and reproductive healthcare, which can result in unplanned pregnancies and greater financial burden [39].

## **7. Socioeconomic inequality and race**

According to Williams et al. [40] throughout history, racial and socioeconomic inequality have been widespread problems with deep roots in societal systems and power disparities. It is challenging to ignore the significant impact that socioeconomic status and race have on a range of facets of people's lives. It is essential to recognise the historical background in order to comprehend the relationship between socioeconomic disparity and race. The institutional racism, slavery, and colonialism all had a major influence in creating the current social divides. Due to these historical legacies, marginalised racial groups continue to experience hardship and are unable to access opportunities such as housing, work, education, and capital accumulation [41].

The educational system is home to one of the clearest examples of racial and socioeconomic disparity. Minority groups frequently attend schools with inadequate resources, dilapidated infrastructure, and underqualified teachers, especially those from low-income families. Students from these neighbourhoods thus have a difficult time getting a good education, which lowers their chances of finding employment and raising their earning potential in the future [42].

Socioeconomic disparity is further compounded by racial inequities in healthcare. Minority groups frequently lack access to dependable insurance coverage, high-quality medical treatment, and healthcare services, particularly African Americans, Hispanics, and some Blacks in African countries [23]. Higher rates of chronic illnesses, insufficient care, and worse health outcomes are the results of these inequities. Consequently, the cycle of socioeconomic disadvantage is further perpetuated for members of marginalised racial groups by their disproportionate medical expenditures, lower productivity, and higher mortality rates [35].

Furthermore, racial and socioeconomic inequality is blatantly evident in the labour market. Research continuously demonstrates that, in comparison to their White counterparts, people of colour are more likely to be unemployed, underemployed, or employed in low-paying jobs. This issue is made worse by recruiting practises and job discrimination, as well as restricted access to higher education. These obstacles keep people from marginalised racial backgrounds from moving up the economic ladder and keep them stuck in poverty cycles that last across generations [43]. Another example of the relationship between socioeconomic disparity and race is housing discrimination. Redlining, the practise of restricting or refusing housing possibilities based on race, frequently affects minority groups. Because of this discriminatory practise, there are segregated neighbourhoods with fewer resources, more crimes, and worse living conditions. In addition, as home ownership is one of the main ways to generate wealth and pass it between generations, a lack of housing options exacerbates racial inequities in wealth accumulation [44].

## **8. Socioeconomic inequality and class**

Socioeconomic inequality and class are intricately linked because they profoundly affect both people and societies. The separation of society into discrete groups according to economic variables such as wealth, income, occupation, and social position is referred to as class. Conversely, socioeconomic inequality refers to the uneven allocation of resources, opportunity, and power among various social classes [45]. There are longstanding historical roots to class-based socioeconomic disparity, which is still present in many global societies. Many factors,

including education, occupation, and resource accessibility, impact an individual's and a family's socioeconomic standing. People from lower socioeconomic classes, however, find it difficult to escape the cycle of disadvantage because these elements are frequently dictated or influenced by their experience in class [16]. One of the main domains in which class-based socioeconomic inequality is evident is education. The distribution of educational resources and access to high-quality education is often unequal among socioeconomic strata. Richer families frequently provide their children with access to higher educational possibilities through better schools, well-equipped classrooms, and extracurricular activities. Children from lower socioeconomic situations, on the other hand, can attend underfunded schools with little resources and support networks, which would be detrimental to their scholastic growth and opportunities in the future [42].

According to Cingano [20], income disparity and employment prospects are also impacted by class-based socioeconomic inequality. Professional networks, specialised talents, and advanced degrees of education are frequently necessary for higher-paying positions. People from wealthy backgrounds are more likely to get well-paying professions because they have access to greater social and educational chances. On the other hand, those from lower socioeconomic strata frequently find it difficult to take advantage of these chances and are more likely to work in low-paying positions with few perks and little room for growth. Cingano [20] adds, the growth of money and the ownership of assets are major factors in the socioeconomic inequality based on class. Higher socioeconomic class families typically have greater access to money, which allows them to invest in assets such as stocks, real estate, and companies. Their wealth grows as a result of these assets' appreciation over time, starting a generational advantage cycle. The wealth gap between different social classes is further widened by the fact that families from lower socioeconomic origins frequently lack the financial wherewithal to invest in such assets.

Another area where socioeconomic inequality based on class is visible is health-care. According to Ndugga and Artiga [46], higher socioeconomic strata typically have more access to preventive care, health insurance, and high-quality healthcare services. People of lower socioeconomic status are more likely to encounter obstacles while trying to obtain healthcare, which can lead to a greater incidence of avoidable illnesses, longer wait times for treatment, and worse health results. Thus, class-based socioeconomic inequality feeds the cycle of hardship and poor health for marginalised communities by exacerbating already-existing health disparities. In addition, socioeconomic disparity based on class affects more than just the individual. Social and economic instability are common in societies with high levels of inequality. Unfair power and resource distribution can impede social mobility, raise crime rates, and cause social conflicts. Furthermore, social cohesiveness and trust are undermined in an unequal society, which restricts the prospects for group development [8].

## **9. Socioeconomic inequality and intersectionality: Global view**

Dabla-Norris [8] suggests that the problem of socioeconomic disparity is complex and goes beyond issues of gender, race, and class. It also includes international inequality, which is the difference in resources, living standards, and economic growth between various nations and areas. These differences across borders worsen socioeconomic inequality by giving people and groups around the world unequal access to opportunities, resources, and power.

The global wealth gap is one of the most noticeable features of international socioeconomic disparity. A disproportionate amount of the world's wealth is held by developed countries, while many developing nations face poverty and resource scarcity [47]. According to Emeh [48], many historical circumstances that have left many nations in a condition of dependency and underdevelopment, such as colonisation and exploitative trade practises, are to blame for this economic imbalance. The ability of poorer nations to handle their own socioeconomic difficulties is hampered by the concentration of wealth in a small number of countries, which also feeds the cycle of inequality. Unequal access to resources such as food, water, and healthcare is another way that this global income divide is expressed [49]. Developed countries typically have greater standards of life for their populations because they have superior social safety nets, healthcare systems, and infrastructure. On the other hand, because of a lack of infrastructure, political unpredictability, and restricted financial resources, many emerging nations struggle to provide for their citizens' basic needs. As a result, people in these nations frequently do not have access to enough food, clean water, or necessary medical care, which exacerbates the cycle of poverty and inequality [50].

The phenomenon of brain drain is a significant component of global socioeconomic disparity. Those with advanced degrees from poor nations frequently relocate to wealthy nations in quest of better employment prospects, greater pay, and better living conditions [51]. Although these migrations help people and families who are looking for better lifestyles, they can also be detrimental to the development of their home nations since they take away the talent, skills, and knowledge necessary for sustained economic success. This brain drain feeds the cycle of underdevelopment in less developed areas and widens the socioeconomic divide between developed and developing countries [52].

International socioeconomic inequality is also a result of debt and economic policies. A significant amount of debt is owed by many developing countries to industrialised countries and international financial organisations such as the International Monetary Fund and the World Bank. These debt loads frequently have restrictive terms attached to them, making it difficult for debtor countries to make investments in infrastructure, social welfare initiatives, and education. Therefore, resources that may be used to lower socioeconomic inequality and alleviate poverty are diverted towards debt repayment, exacerbating the problems already faced by marginalised populations [53]. Furthermore, international socioeconomic inequality is also largely sustained by trade policy and globalisation. Globalisation can lead to an uneven distribution of benefits even if it has the potential to boost economic growth and lower poverty. Trade policies that benefit rich countries have the potential to marginalise developing country sectors, which will increase economic disparities and cause job losses. Furthermore, multinational firms frequently take advantage of the cheap labour and loose laws in developing nations, which exacerbates income disparities and feeds the cycle of poverty [54].

## **10. Limitations**

This article lacks longitudinal analysis that takes into account the dynamic nature of intersectionality and socioeconomic disparity over time because it was merely a secondary analysis. These relationships can be significantly impacted by variables such as shifts in legislation, shifts in the economy, or social movements, which may not be captured by a static analysis.

## **11. Recommendations**

This paper makes the following recommendations for policymakers to eradicate socioeconomic injustices. It takes broad and multidimensional solutions to overcome socioeconomic disparity and gender inequality. These tactics ought to centre on encouraging equal pay for equal labour, dismantling gender norms and stereotypes, increasing understanding of the causes and consequences of these disparities, and supporting women's training and education. Achieving gender parity also requires legislative frameworks and policy actions that forbid discrimination and guarantee equal chances for men and women in the workplace, in school, and in positions of decision-making.

Intersectional and comprehensive strategies are needed to address racial and socioeconomic inequalities. Promoting economic and social mobility requires public policies including affirmative action programmes, equal opportunity employment regulations, and funding for high-quality education for underserved populations. Dismantling systemic barriers also requires encouraging inclusive housing regulations, supporting community development projects, and overhauling healthcare systems to promote fair access to services for everyone. Furthermore, it is also critical to promote discussion and understanding regarding socioeconomic and racial inequalities. It can be beneficial to have open discussions regarding privilege, systemic racism, and implicit biases in order to confront deeply rooted prejudices and ideas that support these discrepancies. Society may work together to create more equitable and inclusive institutions that benefit all people, regardless of their socioeconomic or racial origin, by realising and appreciating the complex and linked nature of race and socioeconomic inequality.

Socioeconomic disparity based on class must be addressed through both structural and individual strategies. Policies that strive to promote equitable economic opportunities, equalise access to high-quality healthcare and education, and lessen income disparities are critical at the systemic level. Policies that promote living wages, wealth redistribution, and progressive taxation can help close the wealth gap and give those at the lowest end of the socioeconomic spectrum a safety net. Additionally, funding for job training, affordable housing projects, and public education can help level the playing field and encourage upward mobility. In addition, it is critical that people personally challenge prejudices and stereotypes, advocate for equitable opportunities for all people regardless of socioeconomic background, and raise awareness of class-based discrepancies. People may help create a more equitable society by encouraging empathy, understanding, and a desire to address the structural issues that underlie socioeconomic inequality based on class.

International socioeconomic inequality must be addressed with a comprehensive and cooperative strategy. It is the duty of developed nations to support sustainable development programmes, aid poor nations, and advance fair trade practises. Countries that are deeply indebted may receive much-needed assistance through debt relief programmes and the re-evaluation of loan terms, which will allow them to better direct their resources towards social development and the fight against poverty. Targeted expenditures in infrastructure, healthcare, and education can also enable developing countries to escape the vicious cycle of underdevelopment and reliance. Addressing global socioeconomic inequality can be facilitated on an individual basis by encouraging social responsibility and a sense of global citizenship. Encouraging ethical business practises, demanding governmental reforms that give social welfare and environmental sustainability first priority, and supporting fair trade products can all contribute to the development of a more equitable global economy.

## 12. Conclusion

Our society is complex, with socioeconomic position and inequality influencing people's prospects, resources, and general well-being. Occupational segregation, wealth concentration, income disparity, and educational gaps are some of the main causes of inequality's continued existence. A multifaceted strategy combining societal initiatives, individual actions, and government regulations is needed to address these concerns. In the end, lowering inequality and raising socioeconomic standing can lead to more inclusive, egalitarian communities where everyone has an equal chance to prosper and realise their full potential. Both gender and socioeconomic inequality are pervasive problems with broad ramifications for people and civilizations. These disparities show themselves in a number of ways, such as the gender pay gap, fewer opportunities for healthcare and education, and several levels of adversity for marginalised women. Systematic adjustments and intersectional strategies that question discriminatory practises, grant equal opportunities, and encourage social and economic empowerment for all people, irrespective of gender or socioeconomic status, are needed to address gender and socioeconomic inequality. We can only work towards creating a society that is more equal and inclusive for coming generations if we make these efforts.

The issues of racism and socioeconomic inequality are intricately linked and continue to affect many facets of people's lives. Structural impediments for marginalised racial groups have been created by historical injustices such as slavery and systemic racism, which has perpetuated intergenerational cycles of deprivation. Racial and socioeconomic inequality persists due in part to differences in healthcare, education, employment opportunities, and housing segregation. Achieving a more just and equitable society for all requires acknowledging these problems and actively working to remove structural barriers through inclusive practises, policy changes, and awareness-raising.

Socioeconomic disparity and class are widespread problems that have an array of effects on people and societies. One's socioeconomic standing affects their ability to accumulate wealth, find good work, receive healthcare, and access high-quality education. A multifaceted strategy that takes into account both individual and institutional changes is needed to address class-based socioeconomic disparity. Societies can aim for a more inclusive and equitable future by addressing the underlying causes of inequality and advancing fair opportunities for all.

The larger problem of socioeconomic disparities includes international socioeconomic disparity as a crucial component. The disparities in wealth, resources, and opportunities between industrialised and developing nations contribute to the global persistence of poverty and inequality cycles. A combination of systemic reforms, such as more equitable trade laws and debt relief initiatives, and individual acts, such as endorsing moral corporate conduct and promoting a feeling of global citizenship, are needed to address these global imbalances. We may work towards a more just and equitable world for all people, regardless of their nationality, by cooperating to reduce global socioeconomic disparities.

Finally, economic systems are important in maintaining or reducing the socioeconomic inequalities that people with diverse social identities must deal with. Undercapitalization and discriminatory lending practises, for instance, might disproportionately impact marginalised populations' access to opportunities and resources. Recognising and removing these structural hurdles is made easier by an understanding of the intersections of race, gender, and socioeconomic class. Intersectionality



both shapes and is shaped by social institutions. Socioeconomic gaps can be sustained by preventing people from accessing higher-paying employment, educational opportunities, and social networks due to prejudices and stereotypes associated with particular social identities. It is essential to understand how social systems uphold and perpetuate these disparities in order to successfully solve them. In addition, policy frameworks have a significant influence on socioeconomic inequality and intersectionality. Policies that disregard the dynamics of different social identities run the risk of unintentionally perpetuating inequality. Affirmative action is one example of a cross-sectional policy that takes into consideration intersecting identities and may help reduce inequities by addressing historical disadvantages and guaranteeing equitable access to opportunities.


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# Perspective Chapter: The Concept of Diversity Management as an Approach to Redressing Social Inequalities

*Elwira Gross-Gołącka, Androniki Kavoura, Sofia Asonitou and Eleni Martini*

## Abstract

This chapter explores diversity management as a strategic approach to address social inequalities in the context of globalization and demographic change. It focuses on the complexity of the concept of diversity, taking into account various aspects such as gender, race, age, nationality, sexual orientation, physical and mental abilities, cultural background, education, and life and work experience. The chapter explores the impact of diversity management in creating more equitable societies, promoting a broad understanding and acceptance of differences. It also analyses the challenges and barriers to implementing effective diversity management in organizations, highlighting its role in shaping equitable and inclusive work environments. The aim of the chapter is to inspire further research on diversity management as a tool to reduce social inequalities.

**Keywords:** inclusion, diversity management, diversity, inequalities, organizational culture

## 1. Introduction

Social inequality is one of the most pressing issues in today's societies. Historical divisions of class, race, gender, and other forms of social segregation have affected the socioeconomic structure of nations around the world for centuries [1, 2]. With the growing challenges of social inequality, diversity management is becoming an important approach for organizations and societies around the world. This article focuses on an exploration of the concept of diversity management, considering it as a strategic response to the social disparities and inequalities that characterize contemporary work environments in a variety of professions such as marketing, accounting as well as graphic design, in terms of disseminating and promoting these values. In the context of globalization and dynamic demographic change, diversity management is becoming not only a moral imperative but also a critical factor in achieving higher

organizational performance and increasing innovation [3]. Thus, contemporary approaches to diversity management respond to these long-standing inequalities by attempting to address them through the integration and promotion of diversity in the workplace and communities.

This chapter focuses on defining the concept of diversity in a management context. Diversity is often seen only through the prism of gender, race, age, and nationality, but in reality, it is a much more complex phenomenon, also including aspects such as sexual orientation, physical and mental abilities, cultural background, education, religion, and life and work experience. Understanding this complexity is key to managing it effectively. Diversity and human resources aspects are connected to every scientific area such as religion and minorities which is an area of discussion that may bring up issues of inclusion in a society. Particular attention will be paid to how diversity management can contribute to creating more just and equal societies by promoting a broader understanding and acceptance of differences. In academic fields such as marketing, visual communication design, and accounting, academics should take into consideration issues of diversity and inclusion, using a range of learning processes and techniques to promote inclusive education and a sense of belonging among students and future adult citizens. Social campaigns and visual communication are effective practices with a potential impact on society, promoting inclusive policies and ideas such as awareness, acceptance, and respect for cultural diversity. This chapter aims not only to provide the reader with an in-depth understanding of the concept of diversity management but also to inspire further research and reflection on the role that diversity management can play in shaping more just and inclusive societies. And also to show how, through diversity management, one can contribute to reducing social inequalities, by promoting a more inclusive and equitable working environment. The chapter will attempt to answer the following research questions:

1. How can diversity management theories be applied to redress social inequalities?
2. How does diversity management affect organizational culture and its ability to reduce social inequalities?
3. What are the main challenges and barriers to implementing effective diversity management in organizations?

The chapter concludes with a discussion of future research directions in diversity management and implications for practitioners, academics, and policy makers. Through its comprehensive approach, the study aims to provide valuable guidance and insights for all stakeholders facing the challenge of creating more equal and just societies. This study conducts a literature review on workforce diversity and inclusion, analyzing secondary data from academic journals, review articles, and online resources. The review aims to assess developments and insights within the field, emphasizing the importance and impact of diversity and inclusion in the workplace.

## **2. Social inequalities and diversity: historical and theoretical background**

Social inequalities have been a constant in human history. From ancient civilizations to modern societies, differences in access to resources, power, status, and opportunities between different social groups have been and continue to be apparent.

However, with social and economic development, as well as under the influence of globalization, there has been a new awareness and understanding of inequalities and a growing demand to redress them [4–6].

Social inequalities can be traced all the way back to the origins of organized societies. Ancient civilizations, such as Egypt and Rome, for example, clearly divided their societies into classes—from rulers to slaves. In the Middle Ages, the feudal system maintained strong class divisions that determined social status, access to education and resources [7]. The Industrial Revolution brought with it further challenges, such as urbanization and the development of capitalism, which contributed to new forms of inequality, especially between the working class and the bourgeoisie. Economic inequalities became more visible, with rich factory owners and poor workers. This disparity led to numerous social conflicts, including workers' movements and trade unions that fought for workers' rights [8, 9]. In the twentieth and twenty-first centuries, social inequalities took on new forms. Contemporary social inequalities are much more complex and multidimensional. On the one hand, global growth in prosperity and economic development has brought enormous benefits, but on the other hand, the same processes have led to a widening disparity between the richest and poorest strata of society. Contemporary inequalities manifest themselves not only in economics but also in access to education, healthcare, and political and social representation [10–12]. Globalization and international migration have created new forms of inequality, as well as an increased awareness of cultural, ethnic, or religious diversity. These differences are becoming visible in workplaces, schools, and other public institutions, triggering discussions about equality, inclusion, and coexistence between different social groups. Inequalities related to gender, race, sexual orientation, and disability have become the subject of public debate and political action. The fight for women's rights, minority equality, movements for disability rights, and racial discrimination are just some examples of efforts to combat social inequalities [13, 14]. In general, discussions of gender, racial, and socioeconomic inequalities occupy an important place in politics and the media.

## **2.1 Diversity management**

The concept of diversity management began to gain prominence in the second half of the twentieth century, largely as a response to social and civil rights movements, especially in the United States. Initial approaches mainly focused on preventing racial and gender discrimination in the workplace. This was a reflection of the changing social and political landscape, where equal treatment and opportunity became important topics of public debate [15–17]. In the 1980s and 1990s, the concept evolved to encompass a wider spectrum of diversity, including issues related to age, sexual orientation, religion, and disability [18, 19]. It began to be understood that diversity management not only prevents discrimination but also contributes to more creative and innovative work environments that better reflect a diverse society. It not only promotes legal and ethical compliance but also contributes to the competitiveness of organizations. Organizations that effectively manage diversity often report improved productivity, higher employee engagement, and better customer relations [3, 20–23]. Over time, the concept has evolved to encompass a broader spectrum of diversity and focus on creating work environments that are not only free from discrimination but also actively promote diversity and inclusivity.

According to a study conducted by M.E. Mor Barak [17] in some countries, diversity is mainly seen from the perspective of racial/ethnic differences (USA), religious



differences (Ireland), or social categories (India). Unequal treatment based on gender is the oldest and most widespread form of discrimination in the world, but people in India and the Middle East, for example, are also divided by issues of religious belief and ethnicity, and in China, on the other hand, a distinction is also made between household status (*hukou*), which further differentiates migrants from rural areas from urban residents. Chinese living in cities permanently “look down” on rural migrants, who are not treated very well by society and employers. Multiculturalism has always been the most important aspect of diversity in Western European countries, Australia, New Zealand, where there are large numbers of migrants from all over the world, with diverse cultural backgrounds. Racial equality seems to be a dominant issue in the United States and South Africa, where there is a long history of systematic discrimination based on skin color or ethnicity [17, 24].

According to P. Drucker [25], diversity encompasses many demographic and socio-economic aspects of society, including an aging population, an increase in the competence and knowledge of employees, an increase in immigration, the changing role of women in the labor market or increasing cultural differences and gender roles in organizations [26]. Whatever the reason for its presence and an organization’s interest in the concept, it is important to better understand what diversity is for organizations and how to deal with it [3]. The literature provides many descriptions of the dimensions of diversity [17, 21, 27, 28]. It is accepted that there can be up to dozens of dimensions of diversity that can change over the course of an individual’s life, which only illustrates the multidimensionality of the issue [17, 29]. The scholarly discourse reveals an extensive exploration of diversity’s dimensions [30, 31]. Scholars hypothesize that diversity can encompass an array of dimensions, potentially in the dozens, which may evolve over an individual’s lifetime, underscoring the concept’s inherent complexity [3]. The breadth and interconnectivity of these dimensions render the query “What is diversity?” a subject of considerable depth. A primary obstacle in defining diversity is the variance in language and terminology used by those discussing it. Nevertheless, a conventional and simplified viewpoint bifurcates diversity into two categories: primary and secondary dimensions. The primary dimension, often ingrained and impactful from birth, significantly influences early socialization and life-long functioning. It shapes one’s self-image and worldview. This dimension predominantly considers biological traits, typically visible and inherent, enduring throughout life. The core aspects of primary diversity include age, ethnicity, gender, physical ability or disability, race, and sexual orientation.

Conversely, secondary dimensions of diversity are usually less apparent or even invisible, may hold less significance in life, and are subject to change. These encompass education, language, physical appearance, marital status, lifestyle, value systems, perspectives, attitudes, and ethics, focusing more on psychosocial factors [17, 19, 32]. In the academic field, students’ engagement in training courses such as creation of social campaigns, raises awareness of younger generations, improves their research abilities and communication skills, enhances bonds between local communities, and affects their influence on social media. V.R. Hayles [33] simplifies the definition of diversity to “all the elements by which we differ,” emphasizing that diversity extends beyond commonly perceived categories of race, gender, and disability. For instance, in an organizational context, employee diversity pertains to variances among employees (or potential employees) concerning their group affiliations (race, gender, age, etc.). Scholars such as S.E. Jackson, K.E. May, K. Whitney [34], and R.R. Thomas [18] proposed a broader interpretation of diversity, encompassing all conceivable aspects in which individuals differ and/or share similarities. In a workplace context, Griffin

and Moorhead's [35] definition of diversity as encompassing both similarities and differences among organization members offers a relevant perspective. The unique novelties offered by information technology (IT) are so distant from the agriculture-based economy that humans developed up to the nineteenth century. When an industry-based economy was developed, the accounting profession supported and stimulated the creation of multinational industrial businesses. In the last decades, we have entered into a post-industrial, information-oriented economy where "knowledge" is the driving force of the world. This evolution is dividing people into those who have the appropriate knowledge, skills, and competencies and those who remain situated at the lower professional levels due to skills shortages. Technological innovations adopted by companies constitute a new challenge for a range of professionals such as accountants and communication experts who struggle to adapt and keep pace with evolving technologies. Accountants and other professionals need new skills and competencies to survive and offer valuable services to businesses and society. These skills include apart from accounting and marketing technical expertise, a range of soft skills such as agility, communication skills, interpersonal abilities, and certainly strong digital skills. In the new business society, people may be divided and excluded from the work field according to their high and low skill abilities.

## **2.2 The phenomenon of inclusion**

Managing diversity in an organization is not just about recruiting and retaining a diverse workforce. A key aspect is to ensure that these diverse employees are fully integrated into the internal structure of the organization. Diversity is a collection of many independent characteristics and elements, whereas inclusion enables these elements to work effectively together, complementing each other. Inclusion refers to a sense of belonging within the cultural and environmental context of the organization [3, 17]. It is defined by the extent to which employees are involved in key organizational processes, including influencing decisions, participating in important working groups, and accessing information and resources. A sense of inclusion and acceptance within a group is associated with a number of positive outcomes, such as increased loyalty, cooperation, and trust. Inclusive cultures make employees feel respected and valued for their individuality or group membership [36]. Employees experience a positive supportive atmosphere from their colleagues, which results in greater work motivation and satisfaction. Efforts to create an inclusive workplace must take into account the individual differences of employees and create an environment where everyone feels valued and treated fairly [37].

In summary, diversity and inclusivity in an organization is about a set of unique individuals who learn and integrate together, while respecting their individuality and the specific benefits each person brings. This approach celebrates and values the dimensions of diversity in each employee, attributing a positive value to diversity in the community and work environment. Research also shows that workplaces that prioritize diversity and inclusion are characterized by greater safety, happiness, and productivity [37–40].

In practice, diversity management encompasses a range of activities. These include recruitment policies that promote equality of opportunity, training programs that raise awareness of diversity and inclusion, and career development strategies that ensure equal access to promotion opportunities for all employees. One key aspect is building an organizational culture that respects and values diversity. This means creating a working environment where diversity is visible and valued, and where

employees feel comfortable expressing their individuality. This approach can include initiatives such as minority support networks, mentoring programs, and training on unconscious bias. In addition, an increasing number of organizations are engaging in dialog with various stakeholder groups, including NGOs, to better understand and address diversity issues in the wider social context [3].

### **3. Challenges and perspectives of diversity management**

Despite the growing awareness and importance of diversity management, organizations still face challenges in its effective implementation. One of the biggest challenges is overcoming unconscious biases that may exist even in organizations most committed to promoting diversity. Another challenge is striking a balance between global consistency and local diversity, especially in large multinational corporations. This requires understanding and respecting local cultural contexts while maintaining consistent values and standards across the globe.

The future of diversity management is likely to include further integration into an organization's overall business strategy and an increased focus on creating work environments that are not only diverse but also fully inclusive and equitable. This will require ongoing engagement, training, and development, as well as openness to change and adaptation [2, 3, 16, 17, 41].

#### **3.1 The role of diversity management in redressing social inequalities**

Diversity management plays a key role in redressing social inequalities by promoting equality of opportunity and acceptance of differences. In workplaces where diversity is valued and promoted, employees from different social groups are more likely to succeed and thrive [2, 16, 17, 20, 33]. This, in turn, can contribute to reducing social inequalities on a wider scale, as organizations and their employees play an important role in society. Organizations can also have a positive impact on the community through their diversity-related activities, such as working with local organizations, supporting community and educational initiatives, and engaging in dialog about inequality and anti-discrimination. An elaboration of the links between the concept of diversity management and inclusive policy can be presented in tabular form, as shown below (**Table 1**).

The table above presents the main differences and similarities between the concept of diversity management and inclusive policies, showing how the two approaches can complement each other in the quest to create more equitable and inclusive working and social environments. Diversity management often focuses on an organization's internal practices, whereas inclusive policies have a broader scope, dealing with public and social policies [2, 15, 23, 42].

Despite progress, diversity management still faces challenges. These include unconscious biases, resistance to change, and the need to balance global homogeneity with local diversity. It is also important to understand that diversity management is not a one-off action, but an ongoing process that requires commitment and adaptation [3]. Diversity management has a key role to play in bridging social inequalities. By promoting equality of opportunity, acceptance, and respect for differences, diversity management can contribute to building more equitable and inclusive societies. This is particularly relevant in a global context, where organizations and corporations can exert influence through their policies and practices.

<b>Aspect</b>	<b>Inclusive policy</b>	<b>Diversity management</b>
Definition	Policies that promote equal opportunities and participation for all members of society, regardless of their differences, in order to create a more inclusive and equitable environment.	A focus on recognizing, respecting and including diverse groups in society, including on the basis of gender, race, age, disability, sexual orientation, nationality, and cultural background.
Objectives	Ensuring equal representation and access to resources and opportunities for all members of society.	Strengthening teams by harnessing a diversity of perspectives, skills, and experiences.
Implementation strategies	Creating policies and regulations that promote equality, access to education, employment, and other spheres of social life for all groups.	Implement diversity-sensitive HR practices, cultural awareness training, and building diverse teams.
Performance measurement	Assessment by means of indicators of equal representation in different sectors (e.g., education, employment), and statistical analysis of social and economic inequalities.	Evaluation by analyzing the diversity of team composition, employee satisfaction, innovation, and financial performance of the organization.
Challenges	Ensure effective implementation and monitoring of policies, overcoming systemic and institutional barriers to promoting equality.	Managing conflicts arising from differences, breaking down cultural barriers and stereotypes, providing equal opportunities for development and promotion.
Examples of regulations	Gender Equality Act, antidiscrimination policies, equal access to education and employment programs.	Diversity programs in companies, gender equality initiatives, mentoring programs for minorities.
Potential impact on society	Increasing social justice, reducing social and economic inequalities, and promoting social engagement and inclusion.	Improving intercultural relations in the workplace, promoting innovation and creativity, and increasing employee satisfaction and engagement.

*Source: own analysis.*

**Table 1.**  
*Links between the concept of diversity management and inclusive policy.*

#### **4. The impact of diversity management on organizational culture and its ability to reduce social inequalities**

Organizational culture, understood as a set of shared values, norms, beliefs, and practices within an organization, is strongly influenced by a diversity management approach. Integrating diversity into organizational strategy can lead to a more open, accepting, and innovative working environment. The impact of diversity management on organizational culture is multifaceted [43]. Firstly, it creates an environment in which every employee feels respected and valued. An inclusive culture in an organization translates into greater employee engagement, which is crucial for efficiency and innovation. Companies that actively promote diversity often experience higher employee loyalty and satisfaction, which translates into lower staff turnover and better financial performance. Another aspect is the development of communication and cooperation among employees. Diversity management requires employees to develop cross-cultural communication skills, which leads to better understanding and more effective collaboration. In an environment where different perspectives are valued and

utilized, greater creativity and innovation emerge. This, in turn, allows for more holistic and effective business solutions that are resilient to different market challenges [44].

Inclusive cultures also create a space where employees feel comfortable expressing their opinions and ideas. This in turn fosters openness to new ideas and approaches, which is essential in a rapidly changing business world [16, 44, 45].

Diversity management also has a direct impact on an organization's ability to reduce social inequalities. By promoting equality of opportunity in the recruitment, development, and promotion of employees, companies can actively contribute to eradicating discrimination and prejudice in the workplace. This, in turn, influences greater representation of different social groups at all levels of the organization, from line workers to managers. Training and development of employees on diversity and inclusivity is also an important aspect. Training programs help to break down stereotypes and unconscious biases, which is key to building a culture of mutual respect and understanding. As a result, employees learn how to collaborate and communicate effectively in a diverse environment, which translates into better team relationships and greater productivity (**Table 2**) [3, 11, 14]. Various research has proven communication skills to be the most required and important competence among a range of abilities, despite the impediments that university educators may face to include these skills in study programs.

In conclusion, diversity management can have a significant impact on organizational culture and its ability to reduce social inequalities. By promoting openness, respect, and acceptance of diversity, organizations can create a more inclusive work environment that contributes to increased employee engagement, innovation, and reduced social inequalities. This is an ongoing process that requires commitment and openness to change, but its benefits are significant for both organizations and society (**Table 3**).

However, managing diversity is not only about benefits. There are also challenges, such as the need to overcome communication and cultural and social barriers. This requires an ongoing commitment and willingness to learn and adapt from both employees and management [3, 17, 46]. When discussing the barriers associated with the concept of diversity management as an approach to redressing social inequalities, the following key obstacles can be identified [3, 46, 47]:

#### 1. Unconscious biases and stereotypes

- The existence of unconscious biases in employers and employees can result in discrimination in recruitment, promotion, and job evaluation processes.
- Cultural and social stereotypes can lead to the marginalization of certain groups, limiting their participation in key organizational processes.

#### 2. Resistance to change in organizational culture

- Traditional management models and existing corporate norms are often resistant to the integration of diversity practices.
- Lack of commitment on the part of management to promote diversity and inclusivity.

#### 3. Inadequate training and awareness

<b>Aspect impact</b>	<b>Diversity management</b>	<b>Impact on organizational culture and the reduction of social inequalities</b>
Inclusion	It promotes a culture of welcome and respect for different perspectives and experiences.	It increases the representation of minorities and marginalized groups, bridging social disparities.
Cultural awareness	Diversity management raises cultural awareness among employees.	It improves communication and mutual understanding, which contributes to building a more integrated working environment.
Acceptance and respect	Promotes acceptance and respect for individual differences.	It creates a more inclusive working environment where everyone feels valued and respected.
Inclusion in decisions	It ensures that diverse voices are heard and taken into account in the decision-making process.	Increases employee participation and involvement, leading to fairer and more balanced decisions.
Human resources development	It enables the identification and development of talents from different social groups.	It increases opportunities for promotion and development for all, which contributes to reducing inequalities in the workplace.
Prevention of discrimination	It focuses on eliminating discrimination and prejudice.	It creates a working environment free of prejudice, where every employee has an equal chance of success.
Innovation and creativity	The diversity of perspectives and experiences fosters innovation and creativity.	It leads to better, more innovative solutions that can serve the wider community.
External image	Improves the perception of the organization as socially responsible.	It attracts talent and clients from different backgrounds, which contribute to greater diversity and social equality.
Education and training	Introduces diversity and inclusion training.	Raises staff awareness and competence in diversity management, resulting in a better understanding and acceptance of differences.
Representation and inclusion	Creates a more representative organizational culture that reflects a diverse society.	It increases the participation and inclusion of minorities and marginalized groups, which reduces social inequalities.
Satisfaction and commitment	Improves employee satisfaction and engagement by creating a working environment based on respect and valuing diversity.	It reinforces a sense of fairness and equality within the organization, which translates into a reduction in social inequalities.
Policies and practices	Introduces policies and practices that promote diversity and inclusion, which are key to shaping a positive organizational culture.	It promotes equality of treatment and access to resources, which directly contributes to reducing social inequalities.
Recruitment and employment	Diversity management results in more objective and fairer recruitment processes, seeking to eliminate prejudice and discrimination.	Fair recruitment and promotion processes contribute to reducing social inequalities through equal access to employment opportunities.

*Source: own analysis.*

**Table 2.**  
*Arguments on the impact of diversity management on organizational culture and its ability to reduce social inequalities.*

<b>Impact on organizational culture</b>	<b>Impact on the reduction of social inequalities</b>
Promoting inclusion—Diversity management leads to an organizational culture in which all employees feel valued and accepted. This in turn fosters openness, cooperation, and respect in the workplace.	Increasing equality of opportunity—Organizations that manage diversity effectively are more likely to implement policies and practices that ensure equality of opportunity, which helps to redress social inequalities, both within the company and in wider society.
Improving communication—Cultural and linguistic diversity within a team can lead to the development of better communication practices, increasing efficiency and understanding between employees.	Education and awareness—Diversity management often includes training and education on diversity and inclusion, which increases public awareness and helps to break down stereotypes and prejudices.
Enhancing creativity and innovation—A diverse working environment can inspire innovative thinking and creative solutions, as employees bring different perspectives and experiences.	Promoting social inclusion—Inclusion in the workplace translates into a better understanding and acceptance of diversity in society, which promotes social inclusion and reduces segregation.
Building market position—Companies that actively manage diversity are often perceived as more ethical and socially responsible, which strengthens their position in the market.	Increased social mobility—With equal opportunities for career advancement and development, diversity management can contribute to increased social mobility among employees from different backgrounds.
Increase employee engagement—Employees who feel respected and valued in their diversity often show greater commitment to their work and loyalty to the organization.	Reducing discrimination and pay inequalities—Effective diversity management can contribute to reducing workplace discrimination and balancing pay, regardless of gender, race, or ethnicity.

*Source: own analysis.*

**Table 3.**  
*The impact of diversity measures on organizational culture and on tackling social inequalities.*

- Lack of adequate training on diversity and inclusivity for employees at all levels of the organization.
  - Insufficient understanding of the benefits of diversity management and how to implement it effectively.
4. Complexity and multidimensionality of diversity
- Difficulties in understanding and addressing a wide range of diversity dimensions, including differences in culture, ethnicity, gender, sexual orientation, age, and ability.
  - The challenge of adapting organizational policies and practices to the diverse needs and expectations of employees.
5. Legal and regulatory constraints
- Legal and regulatory barriers can limit the scope of an organization’s efforts to promote diversity.
  - Differences in diversity laws and regulations in different markets and jurisdictions.

## 6. Communication challenges and cross-cultural conflicts

- Communication problems arise from language and cultural differences among employees.
- Risk of intercultural conflicts and misunderstandings in a diverse work environment.

## 7. Lack of measurable goals and strategies

- Difficulties in setting and monitoring specific, measurable objectives related to diversity management.
- Lack or insufficient implementation of long-term diversity management strategies.

Addressing these barriers requires a comprehensive approach, including education, change in organizational culture, board-level commitment, and continuous monitoring and adaptation of diversity management strategies [48].

## 5. Summary

This analysis based on an in-depth literature review, has provided an exploration of both the theoretical foundations and practical aspects of diversity management. Diversity management, understood as the process of integrating diverse individuals and groups into organizational structures and harnessing their unique characteristics and experiences, has been identified as a key factor in promoting inclusion, equality, and equity in the workplace. It was highlighted that effective diversity management transcends the traditional approach of focusing solely on the demographic characteristics of diversity to encompass a broader range of cognitive, experiential, and perspective diversity. The analyses conducted allowed to provide answers to the research questions posed. First, diversity management theories can be applied to address social inequalities by fostering inclusive practices that recognize and value differences among employees. This involves creating policies and programs that aim to eliminate biases and promote equity across all levels of an organization. Designing training courses that may consider related issues of diversity in their program is a significant process that has been understated and needs to be further addressed. Academics and students from marketing, management, accounting education, and visual communication fields, and also related agents and stakeholders associated with different professions – such as religious tourism – need to enhance their competencies for better integration and management of these issues [49]. Second, diversity management positively influences organizational culture by promoting inclusiveness and respect for diversity. This can lead to a more equitable workplace, enhancing collaboration, innovation, and reducing social inequalities within the organization. Research shows a new perspective on examining soft skills acquisition as not only they have evolved into a “cultural capital” in themselves but also “they represent a pathway to social inclusion,” indispensable for migrants who wish to assimilate into big firms [49, 50]. Third, the main challenges to implementing effective diversity



management include resistance to change, unconscious biases, lack of commitment from leadership, and inadequate resources. Academics face serious challenges in their efforts to upskill their students in the new globalized business environment with the use of new teaching techniques and best practices. Resistance to pressures for reforms that will allow for inclusive and modern educational practices may originate from a lack of connection to workplace requirements or from inside fear of shaking the “status quo” [51–53]. Overcoming these barriers requires strategic planning, education, and ongoing efforts to cultivate an inclusive culture.

It was noted that these days, when globalization and technological advances are transforming the world at an unprecedented pace, diversity management is becoming increasingly relevant in social and organizational contexts. The concept of diversity management can be used as an effective tool to bridge the social inequalities that are still evident in many societies around the world. Diversity management has a key role to play in bridging social inequalities. By promoting equality of opportunity, acceptance, and respect for differences, diversity management can contribute to building more just and inclusive societies. This is particularly relevant in a global context, where organizations and corporations can exert influence through their policies and practices.

By examining the historical context of social inequality and the development and practice of diversity management, it is possible to see how deeply interconnected they are. Diversity management, as a dynamic and evolving field, has the potential not only to change the way organizations operate but also to bring about social change that can contribute to reducing social inequalities. It is a process that requires ongoing engagement, reflection, and adaptation, but its importance cannot be overstated in the quest for a more just and sustainable world.

Institutionalizing diversity management in organizational practices is fundamental to shaping an organizational culture that is both reactive and proactive in the face of rapidly changing demographics and societal values. It has been pointed out that these strategies contribute to building a work environment based on mutual respect, acceptance, and appreciation of each employee’s unique contributions, which is conducive to strengthening employee engagement, satisfaction, and loyalty.

It should be emphasized that a commitment to diversity management also has an important social relevance, contributing to reducing social inequalities by promoting equality of opportunity, access to resources, and representation in the workplace. It was also raised that diversity management is an ongoing process, requiring constant monitoring, evaluation, and adaptation of strategies in response to evolving employee needs and expectations and changes in the socioeconomic environment.

In conclusion, it was argued that diversity management, as a strategic and holistic approach, plays a key role in shaping an organizational culture that fosters inclusion, innovation, and collaboration, while contributing to the reduction of social inequalities in the wider context. It was also pointed out that continued research in this area is necessary to deepen our understanding of the dynamics of diversity management and its impact on the socioeconomic aspects of organizational performance.

The limitations of this research may include a potential bias in selecting literature that supports the effectiveness of diversity management, the challenge of generalizing findings across different organizational contexts, and the difficulty in measuring the direct impact of diversity management on reducing social inequalities. Additionally, the dynamic and evolving nature of social inequalities might not be fully captured at a single point in time, making it challenging to assess the long-term effects of diversity management practices comprehensively.

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# Reducing Social Inequalities through the Implementation of Effective Right to Employment: The Case of French Experiment “TZCLD”

*Julien Reysz*

## Abstract

The “Territoire Zéro Chômeur de Longue Durée” (TZCLD) project—*Zero Long-Term Unemployed Territory (ZLTUT)*—is an experimental initiative that has been running in France since 2016. Its aim is to fight long-term unemployment on a territorial scale by reintegrating into the labor market people who have been out of work for a long time. TZCLD (*ZLTUT*) is a public policy measure based on an original conception of employment and work, and on innovative tools and methods for reintegrating long-term unemployed into the labor market. This project is based on three key ideas. Firstly, “no one is unemployable.” Secondly, “there is no shortage of work.” Thirdly, “there is no shortage of money.” Respecting and articulating these three precepts make effective the right to employment. We show that this original “job guarantee” experiment helps to reduce social inequalities.

**Keywords:** social inequalities, long-term unemployed, labor market, public policy experiment, effective right, job guarantee, territory, France

## 1. Introduction

France has been strongly marked by mass unemployment since the 1980s. From less than 2% in the 1960s, the unemployment rate has quadrupled in around 20 years. It exceeded 10% in the 1990s and reached 7.4% at the end of 2023. To eradicate this phenomenon, numerous measures have been put in place by the public authorities. The fight against unemployment essentially involves labor market policies which take two forms. On the one hand, passive labor market policies consist of maintaining the income of people temporarily or permanently deprived of employment (social treatment of unemployment through the payment of social benefits). On the other hand, active labor market policies aim to help the unemployed find work (economic treatment of unemployment *via* vocational training schemes, aid for hiring and business creation, measures in favor of young people and people with disabilities, support for

the unemployed, creation of subsidized jobs, etc.). The first ones allow the beneficiary to cope financially with a period of unemployment (unemployment compensation) and they support early cessations of activity (measures in favor of early retirement for employees who have had a long career). The second one encourages the beneficiary to return to professional activity.

To a certain extent, these measures have made it possible to reduce unemployment or, at least, to contain it. However, they seem much less efficient on long-term unemployment which, for its part, has continued to grow since the beginning of the 2000s and has remained at relatively high levels over the last 15 years. The unemployment rate of people unemployed for more than 1 year has never fallen below 3% since the mid-2000s and has fluctuated between 3.5% and 4.5% on average for a decade. The long-term unemployed represent a quarter of the total unemployed people and their number has doubled since the end of the 2000s (they were 500,000 in 2008 and nearly 1 million in 2016). This observation led certain professionals of inclusion to question the merits of traditional employment policies and to think about alternative solutions to the classical recipes for labor market policies. This is how the project “Territoire Zéro Chômeur de Longue Durée (TZCLD)” (*Zero Long-Term Unemployed Territory (ZLTUT)*) was born in the early 2010s. ZLTUT is an active labor market policy in favor of people far from jobs, which provides an undifferentiated response to a heterogeneous public [1].

Resulting from the reflections of the social entrepreneur Patrick Valentin in the mid-1990s, “TZCLD” was taken up and developed by the association “ATD Quart Monde”<sup>1</sup> in 2011. This project was recognized and then institutionalized by the public authorities in 2016 with the creation of the “association TZCLD” and the parliamentary vote on the experimentation law. This experiment, which has now entered its second phase after the first experimental stage which lasted 5 years (2016–2021), aims to fight against long-term unemployment at the territorial level [2]. ZLTUT operates a reversal of the perspective of employment policies’ philosophy since it postulates that it is possible to offer permanent employment with chosen work time to all people permanently deprived of job and to develop useful activities for the territory, without significant additional cost for the community. By offering professional stability and security as well as an improvement in daily life through access to lasting employment, this experiment makes it possible to act on socioeconomic inequalities.

Our research question concerns the effects of a job guarantee on the ability of people far from labor market to take up employment. Our hypothesis is twofold: on the one hand, we seek to show that ZLTUT is an *original project to fight long-term unemployment and improve inclusion* of people out of work for a long time (2); on the other hand, we wish to show that this *experiment maintains the employability* of the long-term unemployed and facilitate their *integration into the labor market* by making effective the *right to employment* (3). This hypothesis thus indicates that *the implementation of this right leads to reduce socioeconomic inequalities*. To prove it, we use the method of literature review. This one is based on three categories of documents. Firstly, books written by socio-professionals involved in the field of ZLTUT, which

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<sup>1</sup> “ATD Quart Monde” (Agir Tous pour la Dignité Quart Monde / *All Acting for Dignity Fourth World*) is a French association founded in 1957 by Joseph Wresinski and the inhabitants of a shanty town in Noisy-le-Grand. It is an international nongovernmental movement with no religious or political affiliations, now present in more than 30 countries, whose aim is to eradicate extreme poverty and enable everyone to live in equal dignity.

retrace the genesis and implementation of this experiment since its beginning. Secondly, the publication of studies by official statistical organizations that provide quantified data on the effectiveness and evolution of the project for the territories and beneficiaries. And thirdly, academic articles and monographs that describe and evaluate the interest, scope, and impact of the experimentation.

## 2. An original project to fight long-term unemployment and to improve the inclusion of people out of work for a long time

The originality of ZLTUT lies in the original considerations and observations of the project (Section 2.1) as well as in its philosophy and working (Section 2.2).

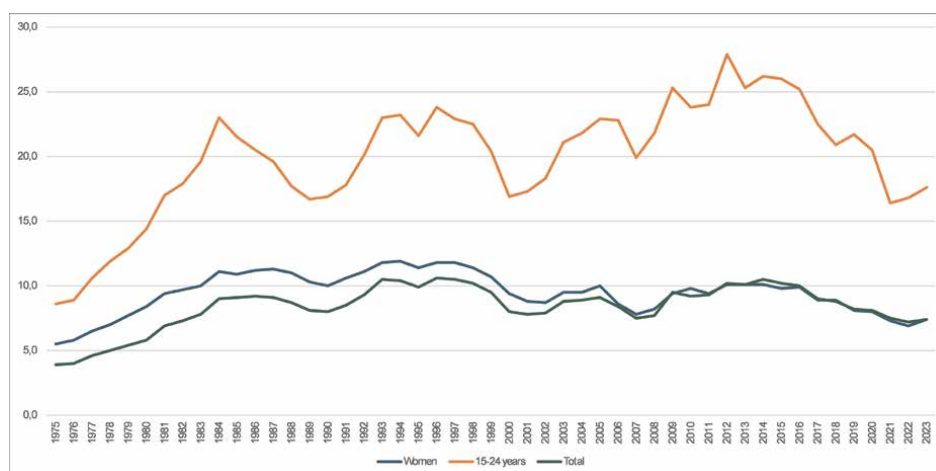
### 2.1 The original considerations and observations of ZLTUT

ZLTUT was born of two observations. On the one hand, France is characterized by a tense job market excluding the most vulnerable people (Section 2.1.1). On the other hand, public spending for employment and labor market is relatively costly and inefficient (Section 2.1.2).

#### 2.1.1 A tense job market excluding the most vulnerable people

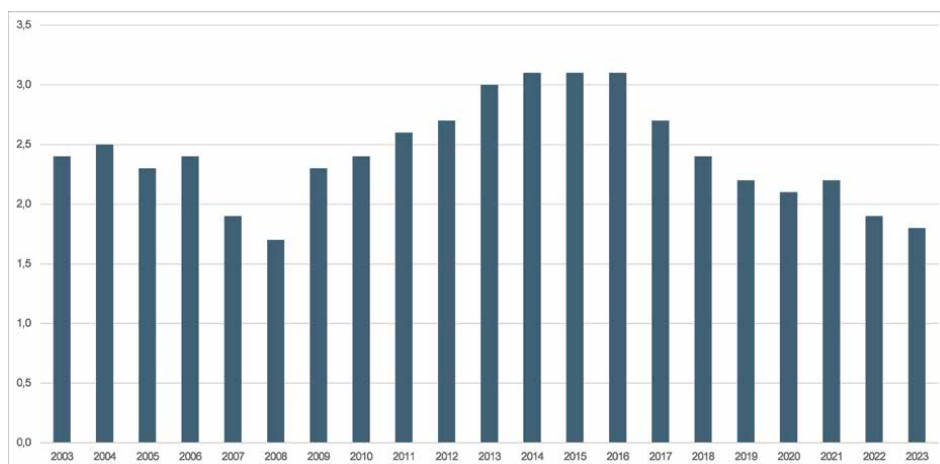
The French labor market is characterized by strong inequalities in access to employment which result in the exclusion of the most disadvantaged categories of the population. Thus, young people, women, immigrants, and the least educated are the first affected by unemployment.

The unemployment rate has multiplied by more than two and a half in 20 years (from 4% in 1976 to 10.6% in 1996) and has never been lower than 7% since the beginning of the 2000s (from 8% in 2000 to 10.5% in 2014 and 7.4% at the end of 2023) (**Figure 1**). Over the period 1975–2023, the unemployment rate of women has



**Figure 1.** Evolution of the unemployment rate (%) in France from 1975 to 2023 (women, young people 15–24, total). Source: Author, based on INSEE data series 1975–2023. Institut National de la Statistique et des Etudes Economiques (National Institute of Statistics and Economic Studies).





**Figure 2.** Evolution of the long-term unemployment rate (%) in France from 2003 to 2023. Source: Author, based on INSEE data series 2003–2023.

always been higher than that of men and of the overall unemployment rate (except in the recent period, since 2016); at the same time, that of young people aged 15 at 24 was on average two to three times higher than the total unemployment rate (from 8.6% in 1975 to 23% in 1984 and even 27.9% in 2012, 17.6% at the end of 2023) (**Figure 1**).

For its part, long-term unemployment (that of people without work for more than 1 year) is relatively high. Certainly, it is on average three to four times lower than the total unemployment rate, but it has very rarely fallen below 2% over the period 2003–2023. It generally oscillates between 2 and 3%; it reached its lowest point in 2008 (1.7%) and its highest point in 2016 (3.1%); and it is 1.8% in 2023 (**Figure 2**).

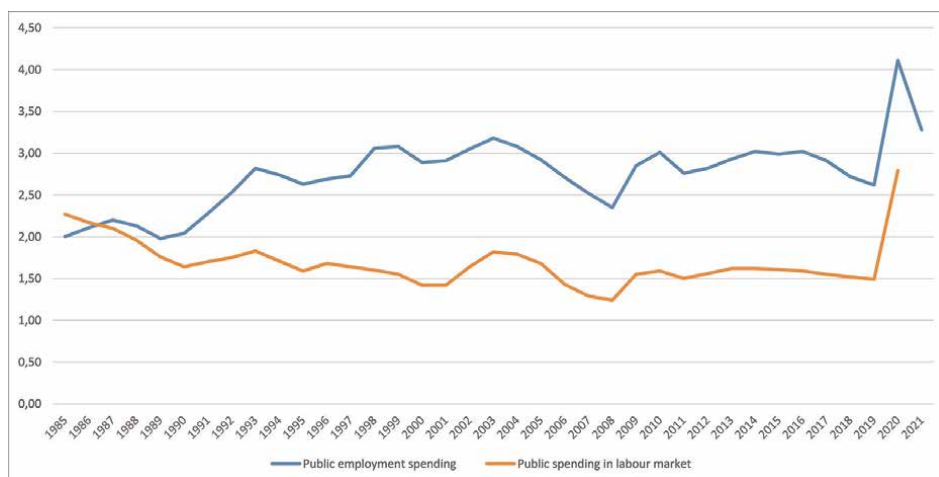
Beyond economic difficulties, deprivation of lasting employment also causes social difficulties for the people concerned, for their families, and more broadly, for the territory in which they reside. Long-term unemployment generates disorder and tension. In addition to the lack of economic resources (income), there is also the lack of social resources (social relationships and social ties). This is why public authorities are trying to act through employment spending to limit this scourge.

### *2.1.2 Costly and inefficient employment and labor market spending*

To provide solutions to the problem of unemployment, public authorities implement employment policies financed by public funds. Employment and labor market spending has never stopped increasing in France since the end 1990s; they are costly and insufficient [3].

For example, public employment spending<sup>2</sup> (PES) has almost never been less than 2% of Gross Domestic Product (GDP) since the mid-1980s. It varies between 1.9 and 3.2%

<sup>2</sup> Expenditure on cash benefits for people to compensate for unemployment, including redundancy payments from public funds, as well as the payment of pensions to beneficiaries before they reach the standard pensionable age (if these payments are made because the beneficiaries are out of work or for other labor market policy reasons).



**Figure 3.** Evolution of PES and PSLM (% of GDP) in France from 1985 to 2020/2021. Source: Author, based on OECD data series 1985–2021. Organization for Economic Co-operation and Development.

over the entire period 1985–2019 (1.98% in 1989, 3.18% in 2003, and 2.62% in 2019) and it reached its highest level in 2020 at 4.11% (**Figure 3**). In the same period, public spending for labor market<sup>3</sup> (PSLM) evolved between 1.3 and 2.3% between 1985 and 2008 (2.27% in 1985 and 1.24% in 2008). It remained almost stable from 2008 to 2019 (oscillating between 1.24% and 1.49%) and reached its peak at 2.79% in 2020 (**Figure 3**).

It is very difficult to know the real cost of long-term unemployment in France because there is no specific statistical category to identify and calculate the amount of employment expenditure devoted to long-term unemployment in the nomenclatures of the main institutions responsible for studies on the labor market (mainly INSEE and DARES<sup>4</sup>). However, we can affirm that long-term unemployment remains important and relatively costly. Even if it has tended to decline since 2016, long-term unemployment is still high and represents a significant cost. According to “ATD Quart Monde” and the Senate, the minimum average annual cost of a long-term unemployed person would indeed be around €15,400. Of the order of 580,000 people in 2022, the number of long-term unemployed therefore leads to public spending for long-term unemployment of nearly €9 billion per year.

Despite the relatively large sums devoted to it, labor market policy expenditure fails to solve the problem of unemployment, especially long-term unemployment. Employment policy is thus relatively costly for results that do not meet the objectives set. This ineffectiveness of spending for employment to fight long-term

<sup>3</sup> This includes “public employment services” (placement and related services; benefit administration and other expenditure), “training” (institutional, workplace and alternate/integrated training; special support for apprenticeship), “hiring subsidies” (employment incentives, including recruitment incentives, employment maintenance incentives and job rotation and job sharing), “direct job creations in the public sector” and finally “unemployment benefits” (out-of-work income maintenance and support, including full unemployment benefits, unemployment insurance, unemployment assistance, partial unemployment benefits, part-time unemployment benefits, redundancy, and bankruptcy compensation).

<sup>4</sup> The “Direction de l’Animation de la Recherche, des Etudes et des Statistiques” (Department of Research Animation, Studies and Statistics) is the main French research organization about the labor market and employment policies, attached to the Ministry of Labor.

unemployment calls for a new way of thinking about employment, work, and the labor market. It justifies the use of innovative solutions such as ZLTUT to promote the inclusion of people removed from work for a long time.

## **2.2 The ZLTUT philosophy and working**

ZLTUT is based on several fundamental principles which are founded on deep-seated convictions shared by the actors behind the project (Section 2.2.1). These convictions and principles enable us to understand the specific way in which this experiment works (Section 2.2.2).

### *2.2.1 The project's convictions and fundamental principles*

ZLTUT is a project relaunched by the French association “ATD Quart Monde” in 2011 and whose approach should be fully sustainable by 2026 (**Box 1**). It is based on three main ideas, three key principles defining the job guarantee. Firstly, “*no one is unemployable.*” Secondly, “*there is no shortage of work.*” And finally, “*there is no shortage of money.*” The first principle means that everyone is employable, provided that the offered job is suited to the person’s skills and abilities. The second principle suggests that there is no shortage of jobs because many useful activities are not being done; according to this idea, we need to go beyond the criterion of market profitability to be able to create activities and therefore jobs. The last principle states that job creation is no more costly to society than long-term joblessness.

Compliance with these three principles enshrines the idea that employment is a fundamental right. In this sense, ZLTUT is simply implementing Article 5 of the Preamble to the French Constitution of 1946, which recognizes the “right to obtain employment.”<sup>5</sup> The central objective of this project is to make employment an effective right for all people who are permanently deprived of work in any territory that so wish. The promoters of this experiment indeed believe that it is possible to put an end to long-term joblessness on a territorial scale. They also think that the right to job has social and environmental benefits and that the long-term deprivation of employment on territories cannot respond to the ecological and democratic challenges.

What makes ZLTUT special is that it seeks to create jobs from work that is useful to the community. These useful activities must complement the economy of territory and must not compete with local businesses or replace existing jobs. The jobs to be created cannot be the same from one territory to another, as the specific local features of each experimental territory must be considered. The list of jobs is therefore not a national one, and it is up to the project leaders to work with all the local actors and with the long-term unemployed to define the jobs best suited to the needs of the territory and of the long-term unemployed. In-depth knowledge of the territory and the involvement of local actors enable to identify activities that are unfulfilled but useful to the territory. These additional activities are created with people who are permanently unemployed, taking into account their wishes and skills. They help to

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<sup>5</sup> “Art. 5. Chacun a le devoir de travailler et le droit d’obtenir un emploi. Nul ne peut être lésé, dans son travail ou son emploi, en raison de ses origines, de ses opinions ou de ses croyances” (Préambule de la Constitution du 27 octobre 1946) / “Art. 5. Everyone has the duty to work and the right to obtain employment. No one may be prejudiced in his work or employment on account of his origins, opinions or beliefs” (Preamble to the Constitution of October 27th, 1946).

broaden the range of services available to the local population and diversify the type of jobs carried out in the territory.

2011:	“ATD Quart Monde” relaunches the project initiated in 1993 by the social entrepreneur Patrick Valentin.
2014:	Laurent Grandguillaume to set up a group of MPs to evaluate and promote the project.
February 2016:	First law passed unanimously by National Assembly and Senate.
June 2016:	Establishment of the “Fonds d’expérimentation territoriale contre le chômage de longue durée” ( <i>Territorial experimentation fund against long-term unemployment</i> ), chaired by Louis Gallois.
October 2016:	Creation of the “association TZCLD” ( <i>ZLTUT association</i> ), chaired by Laurent Grandguillaume.
November 2016:	Approval of the first 10 experimental territories.
January 2017:	Opening of the first “Entreprises à But d’Emploi” ( <i>Employment-based enterprises</i> ).
November 2020:	Second law passed unanimously by National Assembly and Senate.
2021–2024:	Approval of at least 50 new territories over time.
2026:	End of the second experimental phase with the aim of making permanent the approach.

**Box 1.**

*The main dates of “TZCLD” (ZLTUT).*

### 2.2.2 How ZLTUT works in practice

In practice, ZLTUT uses an experimental approach that is applied throughout the three main phases of the project (**Box 2**), and which must comply with three rules.

The first rule is that the *project is developed from and with the long-term unemployed*. ZLTUT is a local project based on the voluntary participation of people who are permanently unemployed and of the local actors involved (enterprises, associations, local authorities, etc.). Every actor in the territory is expected to contribute to the project. To achieve this, the “Comité local pour l’emploi”<sup>6</sup> (*Local Employment Committee*) brings together all the actors and leads the process at the local level. In addition, the governance of the project and the management of the “Entreprise à but d’emploi”<sup>7</sup> (*Employment-based enterprise*) in which the long-term unemployed are recruited must take into consideration the wishes, skills, and abilities of people who are far from the labor market.

The second rule is that *territorial cooperation must lead to exhaustivity*. Exhaustiveness is based on proactive approaches to identify and reach out to people who, for a variety of reasons, do not have recourse to employment but who aspire to work. This

<sup>6</sup> The “Comité local pour l’emploi” (*Local Employment Committee*) is a group of local actors who steer the project in the territory. It is chaired by the local councilor in charge (mayor, president of the community of municipalities, etc.) and brings together all the local actors who have volunteered to implement the right to get a job.

<sup>7</sup> The “Entreprise à but d’emploi” (*Employment-based enterprise, EBE*) is a social economy enterprise, under agreement with the local authority in which it is based and with the “Fonds d’expérimentation” (*Experimental fund*). The enterprise’s primary function is to create additional jobs that are lacking in the territory and that are suitable for residents who have been out of work for a long time. The enterprise hires these people on the recommendation of the “Comité local pour l’emploi” (*Local Employment Committee*). The EBE are companies governed by ordinary law that apply labor law and they practice inclusive management. These structures are collective frameworks for learning and initiatives that enable people trained within the enterprise to seize opportunities offered by other activities.

exhaustiveness requires constant monitoring by the local employment committee (LEC) and is only possible if the local actors brought together within the LEC, have the collective will and capacity to mobilize their respective tools to offer decent and accessible employment to any voluntary person who is permanently deprived of it.

The third rule is that the *additional jobs created must be necessary for the territory*. The additional jobs created must complement existing jobs in the territory and not compete with or replace them. They must also be necessary for the population and be financed in line with the territory's needs. These jobs are supported by the employment-based enterprise (EBE) based on the identification of useful works in the territory that can subsequently be transformed into concrete jobs.<sup>8</sup> EBE does not select people who have been out of work for a long time: it hires all long-term unemployed people who have been recognized as such by the LEC, on permanent contracts, on a voluntary basis, and for a monthly salary equivalent to the legal minimum wage. It also has a duty to take account of the skills, abilities, and wishes of these people to develop activities that are useful to the territory and complement the existing offer.

At the national scale, ZLTUT is an experimental project which is structured in three steps.

1. The first one has been implemented between 2016 and 2021. Following the adoption of the first experimentation law in 2016, first 10 experimental territories from different French departments were authorized during this period.<sup>9</sup>
2. The second one began in 2021 and will continue until 2026. The aim of this stage is to reach at least 60 experimental territories by the end of the 5-year period.<sup>10</sup> The project is extended to 50 new territories and the expansion of the experimental panel should lead to the results and lessons of the first stage can be learned for the third stage.
3. The last one has no date and no specific period. This stage is designed to ensure the long-term future of the approach. It consists of considering the experience of the territories engaged in the project in order to make effective the right to employment for all on each candidate territory.

**Box 2.**

*The three steps of ZLTUT.*

For its part, the experimental approach involves *observing and evaluating the impact of the experiment on the local territory*, as well as the human, social, and economic benefits obtained.<sup>11</sup> This approach has two main objectives. On the one hand, it should

<sup>8</sup> The feasibility of these useful works is assessed on three main criteria: (1) the existence of a real need of the population or the companies in the territory; (2) the potential risks of competition with existing jobs; (3) the constraints (regulatory, physical, etc.) associated with each activity.

<sup>9</sup> Colombelles, Colombey-les-Belles, Jouques, Mauléon, Métropole de Lille, Nièvre et Forêt, Paris 13<sup>ème</sup>, Pipriac, Thiers, Villeurbanne quartier Saint-Jean.

<sup>10</sup> This objective has already been achieved: 60 territories were accredited by November 27th, 2023.

<sup>11</sup> These objectives are at the heart of the two laws of experimentation passed by Parliament in 2016 and 2020 and are the subject of the "Observatoire TZCLD" (*ZLTUT Observatory*). The objectives of the first experimental stage were to demonstrate the need for the project and highlight its benefits, to confirm the initial assumptions, and finally to measure the need for funding for a ZLTUT. This experiment has been extended to 2021 under the second law of experimentation passed in December 2020.

demonstrate that it is possible, in each territory, to offer a job to any long-term unemployed person living in this territory and who wishes to work, at no significant additional cost to the community. On the other hand, it should make it possible to verify the long-term economic viability of the companies involved in the project and to evaluate the experiment to determine whether it can be extended and under what conditions.

As we have seen, ZLTUT is an original project based on three key principles defining the job guarantee. This job guarantee is in line with the “right to employment,” whose aim is to maintain the employability of the long-term unemployed and facilitate their integration into the labor market.

### **3. An effective right to employment maintaining the employability of the long-term unemployed and facilitating their integration into the labor market**

According to ZLTUT’s promoters, the employability of the long-term unemployed and their integration into the labor market is only possible if the right to employment is made effective (Section 3.1). The results of the first evaluations seem to prove this idea: ZLTUT does indeed have positive effects on reducing social inequalities (Section 3.2).

#### **3.1 Making effective the right to employment**

Founded on an employment guarantee to ensure the social inclusion of people who have been excluded from the workforce for a long time (Section 3.1.1), the “right to employment” is a reversal of the logic of activation by offering decent jobs without forcing people to return to work (Section 3.1.2).

##### *3.1.1 An employment guarantee to ensure the social inclusion of people who have been excluded from the workforce for a long time*

The job guarantee results in an effective right to employment, which leads to offering different jobs. It refers more especially to job creation programs that meet environmental and social needs [4]. People who are permanently unemployed can work in various sectors of economic activity, provided that these jobs are additional activities. These activities can be production activities (organic market gardening, solidarity garages, manufacture of washable nappies, sale of wood, etc.) or service activities, whether they be services to businesses, shopkeepers, and farmers (itinerant groceries, maintenance, cleaning, company concierge services, agricultural work, maintenance, administrative assistance, etc.) or services to associations (administrative support, solidarity groceries, animation, etc.) and local authorities (maintenance of green spaces, canteen and after-school care, mediation, etc.). In particular, the EBE aims to develop activities linked to the ecological transition (eco-mobility, sale of market garden produce in a short circuit, resource centers, recycling centers, energy diagnostics, etc.) as well as local concierge services (homework help, transport of people, sewing, delivery of small packages, support for the elderly, disabled or isolated, etc.). Beyond EBE, the idea is to make work sustainable and accessible for everyone and everywhere [5].

Moreover, this job guarantee provided through the fact of hiring people far from the labor market has positive effects, beyond simply reducing unemployment. It also helps to stimulate employment by creating jobs within the EBE (through support functions as transport, childcare, administration, training ...). This double positive consequence (decrease in unemployment and increase in employment) nevertheless becomes effective if original solutions to manage the structure and think to optimize its organization has been considered since the start of the experiment. Taking into account these two constraints is essential and imperative to succeed in removing the obstacles to hiring employees (mobility, training, etc.) and secure their return to work. This employment security is not only a manner to ensure social inclusion of people who have been excluded from the workforce for a long time; it also is a new way to think about “activation” and recognize that return to work should not lay in forcing them to accept any job but must correspond to the proposal of decent work.

### *3.1.2 Offering decent jobs without forcing people to return to work: A reversal of the logic of activation*

The specificity of ZLTUT is that the financing of the experiment is based on the logic of activation. This project is financed by activating the passive costs associated with long-term joblessness. The aim of this experimentation is to use public budgets to subsidize jobs related to ZLTUT rather than to pay for unemployment benefits. The main and original idea is to redirect the costs of social assistance and unemployment insurance toward financing the jobs that are lacking in the concerned territory. This principle is in line with the logic of activation but is also a reversal of this logic. It is a kind of activation in the sense of tightening the relationship between social system and labor market. Activation can indeed be defined as the introduction of “an explicit link (often, regulatory) between social protection and employment and labor market policies” [6].

At the same time, it is a new approach to activation because the reinforcement of the link between the social system and labor market is no longer understood as a mean to force people without jobs to return to work but as an opportunity to offer them decent jobs. Long-term unemployed have no duty to work to get their welfare benefits. It is not up for the individual to adapt to the expectations of the job market, but for jobs to adapt to the characteristics of the person. The focus is not on labor supply but on labor demand and the right to employment replaces the duty to work. In a way, this mindset reflects the aspirations of the promoters of transitional labor markets [7] whose aim is not equipping people for the market but equipping the market for people [8]. In addition, according to the defenders of ZLTUT, labor market must provide a decent job (i.e., a lasting and quality job) which must correspond to the desires and capacities of the permanently unemployed people.

Activation in this experiment is thus thought and designed with the willingness to implement concretely the right to employment. Another special feature of ZLTUT is in the logic of financing this “right to employment.” This one is made of two principal components. On the one hand, the first source comes from the reallocation of costs and loss of earnings due to long-term unemployment. On the other hand, the second source is based on the revenues generated by the enterprise through the invoicing of its products or services. The second component of the experimentation’s financing is truly a special feature of the project, insofar as the funding does not come entirely from public funds but is also based on the resources generated by the activity of the EBE. For its part, the first financing component shows that the cost of joblessness

averages 43 billion € a year, due to the amount of social expenditure (active solidarity income,<sup>12</sup> disabled adult allowance, housing benefit ... ) and employment expenditure (specific solidarity allowance,<sup>13</sup> social support ... ), but also due to the loss of revenue (in taxes and social security contributions) and induced costs (expenses linked to the social consequences of unemployment in the fields of housing, health, security, child protection, etc.) [9].

### **3.2 Initial evaluations indicate ZLTUT's positive impact on reducing social inequalities**

The evaluations about the first stage of experimentation indicate that ZLTUT had positive effects as well in terms of employment (Section 3.2.1) as in the reduction of socioeconomic inequalities (Section 3.2.2).

#### *3.2.1 The evaluations of the first stage of experimentation show positive effects of the experiment in terms of employment*

The first evaluations of ZLTUT were carried out in 2019, approximately 3 years after the implementation of the first experimental phase (2016–2021). The evaluations made in 2019 therefore constitute, in a way, mid-term reviews of the project over the 5 years of this first stage of the project. The first findings are, overall, positive [3]. The main remarks that emerge from the various studies carried out indicate several important facts, relatively similar whatever the territory concerned.

In the field of employment, by offering a permanent contract to people without work for more than a year, ZLTUT gives economic security and stability to its beneficiaries without however falling within the “career path” logic that characterizes most of the active labor market policies whose aim is a return of the unemployed people to unsubsidized job in the ordinary labor market [1].<sup>14</sup> A large majority of employees recruited in EBE indeed declare that they find meaning in their work and that they highlight an improvement in their professional situation.<sup>15</sup> ZLTUT provides them with a certain socio-professional security to the extent that their chance of returning to lasting employment is three times greater than if they had not been beneficiaries integrated into the project [10]. Without the existence of this project, the labor market

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<sup>12</sup> Active Solidarity Income (RSA, *Revenu de Solidarité Active*) is the main social assistance benefit in France. It is paid to anyone over 25 years old (as well as young workers aged 18–24 if they are single parents or have a certain length of professional activity) residing in France in a stable and effective manner and without resources or whose resources do not exceed a certain ceiling. Its maximum rate is currently €607.75 per month for a single person, €911.63 for a couple without children and €1276.29 for a couple with two children.

<sup>13</sup> Specific Solidarity Allowance (ASS, *Allocation de Solidarité Spécifique*) is an unemployment assistance benefit for unemployed people at the end of their rights who have exhausted their rights to unemployment insurance, who are actively looking for a job, who have been employed for at least 5 years during the 10 years preceding the end of the last employment contract and whose monthly resources must not exceed a certain ceiling (€1271.90 for a single person and €1998.70 for a couple).

<sup>14</sup> The ZLTUT project made it possible to create 11 EBE which hired 712 people previously long-term unemployed; and each EBE hired up to 100 people and developed on average 10 different activities.

<sup>15</sup> 91% of ZLTUT beneficiaries hired in an EBE are in employment (94% on permanent contract and three quarters in full-time job).



situation of beneficiaries recruited in 2019 would have been worse than that of EBE's employees present at the end of 2018 [11]. The participation of beneficiaries in the experiment thus enabled them to be part of a dynamic of real future prospects, particularly on a professional level<sup>16</sup> [12].

These overall results at the national level for the 10 territories of the first phase of experimentation are confirmed at the local scale. For the four specific studies that we have on the territories of Lille Métropole<sup>17</sup> [13], Jouques<sup>18</sup> [14], Prémery<sup>19</sup> [15], and Colombelles<sup>20</sup> [16], we can notice the same observations almost everywhere. Whether in urban or rural territories, we can see that the experimentation contributes to relative economic stabilization, and it allows employees to increase their skills as well as their engagement in new professional projects [14]. In addition to the professional stability it offers, the permanent contract signed with the EBE constitutes an economic resource that allows the improvement of daily life through access to consumption [13]. This situation can in part explain the reason why employees recruited in the EBE feel professional fulfillment [16].

### *3.2.2 ... as well as in fighting against socioeconomic inequalities*

In addition to stimulating job creation and allowing people far from employment to reenter the labor market, ZLTUT also contributes to reduce socioeconomic inequalities. Whatever the territory, we can remark that the experimentation has positive effects on employees in terms of breaking isolation and resuming a rhythm of life [14]. Employees recruited into EBE get an improvement in quality of life compared to previous stages of their career [16]. Participation in the experiment has thus a positive impact on the living conditions of EBE's employees and increases their ability to project oneself and renew social ties [10]. According to them, hiring in EBE has resulted in a clear improvement in their living conditions which materializes, at the social level, through a remobilization of their ability to create social connections, both at work and outside.

Another positive aspect of the consequences of being part of this experiment is that the beneficiaries invest more of themselves into social life. For example, the permanent contract offered by the EBE can be seen as a social resource that leads, among other things, to a more important political and trade union commitment [13]. Moreover, most of the beneficiaries regain self-confidence and estimate the experience as an ambitious and positive project [15]. They also consider that the activities developed by the project respond to the satisfaction of existing needs on the territory [12].

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<sup>16</sup> Hiring in EBE has resulted, for all employees, in a clear improvement in their economic situation, thanks to the financial security provided by the permanent work contract.

<sup>17</sup> Lille Métropole Communauté Urbaine (renamed "La Métropole européenne de Lille" since 2015) is a French intercommunality around the cities of Lille, Roubaix and Tourcoing, comprising 95 municipalities and made up of nearly 1.2 million inhabitants. This metropolis is located in the department of "Nord," in the region "Hauts-de-France."

<sup>18</sup> Jouques is a small town of less than 4500 inhabitants, located in the department "Bouches-du-Rhône", in the region "Provence-Alpes-Côte d'Azur."

<sup>19</sup> Prémery is a village of 1800 inhabitants, located in the department of "Nièvre," in the region "Bourgogne-Franche-Comté."

<sup>20</sup> Colombelles is a small town of around 7000 inhabitants, located in the department of "Calvados," in the region "Normandy."

#### 4. Conclusion and discussion

The main findings and their relation to the research question. To sum up the main positive effects of ZLTUT, we can notice that participation in the experiment helps improve the quality of life and material conditions of beneficiaries. It allows them to secure their socioeconomic situation as well as their professional situation; employment security combines with financial security. In addition to allowing the development of new professional skills, guaranteeing certain stability in the professional trajectory, and offering prospects for career development, ZLTUT also contributes to rebuilding social bonds and breaking isolation and loneliness. The project promotes social inclusion through an increase in social and family relationships but also by generating greater interest in union and political engagement. In other words, the implementation of a job guarantee in the ZLTUT project contributes to *reduce socioeconomic inequalities by making effective the right to employment*. This one indeed increases the employability of people far from labor market and improves the social inclusion of those out of work for a long time.

These good results should not make forget that ZLTUT is a project that encounters limits, and which can also have negative effects. For example, although the permanent contract guarantees the professional security of the beneficiaries, their longer-term professional integration remains difficult to assess and, moreover, the employees recruited in the EBEs mainly remain in the structures and do not always occupy jobs in line with their qualifications<sup>21</sup> [12]. Furthermore, EBE tends to recruit more disadvantaged employees (women, young people, less qualified), beneficiaries who are increasingly distant from the labor market [11] whose great diversity of profiles and professional paths can explain very varied prospects for exits outside EBE depending on the case [16]. Finally, the experiment requires significant financial support [1] and its *effects on the socioeconomic situation of the beneficiaries take a long time to occur* [11].

The end of the first stage of the experiment demonstrated the need to implement the project and measure the financing requirements for a territory with zero long-term unemployment. The good results indeed convinced the public authorities to continue the project and begin the second phase of experimentation. The results of the studies about the first step of the ZLTUT experiment have nevertheless to be confirmed by the evaluations which will be led during the second stage of this experiment. For the moment, no study has been carried out about this second phase and we then cannot indicate if these positive effects will continue in the new configuration of the experiment with 50 new territories.

But a scientific committee in charge of evaluating the extension of the experimentation was established in 2020 for this purpose. It must submit a report no later than 2025 focusing more specifically on the cost of the experiment for public finances, on the positive externalities observed, and on the results compared to those of the sector of insertion through economic activity (IEA). Concerning this last point, the first evaluations show that the operationalization of the ZLTUT experiment produces forms of convergence of this project with the structures of the IEA [17]. One thing we can say is that, despite the limits that ZLTUT encounters, the experiment has been very successful, so much so that, beyond the 60 territories already authorized, many emerging projects are mobilizing to enter the experiment.<sup>22</sup>

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<sup>21</sup> 71% of beneficiaries consider that they do not carry out an activity linked to their diplomas or their skills and 61% consider that their qualifications have little connection with their professional activity.

<sup>22</sup> Currently, 88 emerging projects have already been validated by the board of directors of the ZLTUT association.

The limitations of the study. Despite its contributions, our study suffers from a major flaw. It is in fact solely based on a review of the literature. It is therefore dependent on the observations produced by other researchers and actors committed on the ground. To confirm the results of studies already carried out, it seems important to continue our work by developing our own qualitative survey. This should seek to highlight the direct role of the job guarantee in reducing social inequalities in each territory concerned by the ZLTUT project. To do this, one of the possible methodological options could be to investigate among the beneficiaries of the experiment combining both field observations and semi-structured interviews, supplemented, if necessary, by a questionnaire.

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# Comparative Analysis of Microfinance Governance: Implications for Impact of Social Inequality and Poverty Reduction

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## Abstract

The chapter looks at the challenges of microfinance governance, namely how to balance the interests of the poor with neoliberal governmentality, poverty rates, and Bangladesh's unique challenges. The study closes the information gap regarding the impact of microfinance governance systems on poverty alleviation, financial performance, sustainability, and social effects. The literature evaluation covers the Impact of COVID-19 and climatic shocks on rural welfare, MFI financial sustainability, and microfinance empowerment. A qualitative and quantitative analysis of secondary data from MFI annual reports, publications from the Microcredit Regulatory Authority, and relevant literature is done using Porter's Competitive Strategy Theory. The research found that MFIs need inclusive governance with stakeholder viewpoints to fight poverty and improve social responsibility. It reveals Bangladeshi MFIs have decreased poverty and increased financial inclusion, but more strategic governance improvements are required for optimum benefit. MFIs should reduce borrowing and budget deficits, combine Qardhasan and Zakat, and prioritize income-generating activities before lending. This study shows how governance affects MFI performance and emphasizes the necessity for strategic adjustments to eliminate poverty and social inequity. The research found that Bangladeshi MFIs must balance poverty alleviation and financial viability. Future laws should protect microfinance's goals from profit maximization.

**Keywords:** governance, microfinance, inequality, banking, rural development, social responsibility, poverty alleviation

## 1. Introduction

Bangladesh's varied and quickly expanding microfinance industry provides a rare opportunity to contrast different approaches. This research analyses the governance and operational frameworks of three important models, the Microfinance Bank (MFB), Microcredit Program (MCP), and Rural Development Scheme, to comprehend their implications on social effect, poverty reduction, and financial performance (RDS).

This study examines the governance and operational frameworks of MFB, MCP, and RDS in Bangladesh, emphasizing financial performance, social effect, management systems, and poverty reduction. This research investigates the impact of several models' governance structures on financial performance variations and contributing factors, operational sustainability, outreach, and the impact of social inequality and poverty reduction in Bangladesh.

What is the impact of microfinance program intensity on the lowering of income inequality, and how does this impact differ among countries? What is the interplay between environmental disasters, microfinance, women's self-sustainability, and the effectiveness of microfinance in promoting self-reliance? These subjects investigate the impact of microfinance on income disparity, the decrease of inequality, and the self-sufficiency of women in the face of natural disasters.

This research investigates the hazy connection between Bangladesh's microfinance institution (MFI) performance and governance frameworks. Through 655 MFIs, microfinance provides services to 77% of the population; the Microcredit Regulatory Authority (MRA) is the Bangladesh government's MFIs regulatory institution. However, little is known about how governance systems impact sustainability and performance. This division is emphasized by the unique characteristics of Islamic microfinance and the balancing of social goals with financial sustainability.

Being a global pioneer in microfinance, this study offers insightful information on the effectiveness of the models. Comprehending the impact of these strategies on financial success and poverty reduction might help shape policy, enhance MFI efficacy, and progress microfinance research.

There are several advantages to this research. To illustrate the distinctions and implications of MFB, MCP, and RDS on the impact of social inequality and poverty alleviation, the article first contrasts them. Secondly, it examines how governance structures impact MFI sustainability and performance, exposing useful management strategies. Third, the research evaluates the capital structure, gender diversity in management, and CEO duality of various models regarding their financial feasibility. Finally, based on our study, policy initiatives and wise donor contributions may enhance the reduction of poverty and poor access to financing.

Secondary data from three MFI annual reports, publications from the Microcredit Regulatory Authority, and relevant literature are analyzed qualitatively and quantitatively for this research. This data is subjected to Porter's Competitive Strategy Theory, which posits that five criteria determine market competitiveness and attractiveness.

The study methodology describes data collection and analysis; the analytical part discusses how governance arrangements influence MFI performance, including the impact of social inequality and financial sustainability; and the conclusion highlights significant results and policy implications. Bangladeshi MFI governance literature is reviewed.

## **2. Literature review**

Microfinance reduces rural Bangladeshi women's poverty. Akhter and Kun [1] pioneered an econometric analysis of microfinance empowerment while examining the Bangladesh Rural Advancement Committee's program (BRAC). Parvin et al. [2] evaluated Bangladeshi MFI capital structure, financial performance, and sustainability. According to research on Bangladeshi microfinance and COVID-19, the business has improved [3].

Nawaz et al. [4] also underlined the importance of microfinance in women's business success. The researchers explored how social capital mediates microfinance and women's entrepreneurial performance. Research on the impact of climatic shocks on rural Bangladeshi households has shown that climate affects family well-being, particularly in rural areas [5]. Microfinance enterprises' financial sustainability-environmental performance trade-off has been studied. 2022 research on this trade-off in South and Southeast Asia and microfinance companies' financial and environmental dynamics supports this claim [6]. These studies demonstrate how the COVID-19 pandemic and natural catastrophes affect Bangladeshi microfinance, family welfare, financial performance, and sustainability.

## **2.1 Prominent microfinance models**

Bangladesh has reduced poverty and financial isolation using microfinance. The SHG and MFB Grameen Model have given the poor additional financial services. These versions are well-known both in Bangladesh and elsewhere. Selling Islamic commodities, the Islamic Bank Bangladesh Limited (IBBL) Rural Development Scheme (RDS) is another Grameen Model-based, Shariah-compliant microfinance initiative.

Group financing enables Grameen Model borrowers to get modest loans for income-generating businesses without providing collateral [7]. This perspective empowers women financially [8]. Bangladeshi microcredit research shows SHGs empower women. These types are popular worldwide, including in Bangladesh. The Islamic Bank Bangladesh Limited (IBBL) Rural Development Scheme (RDS) sells Islamic items and is another Grameen Model-based microfinance venture [9]. The impact of microfinance on rural families shows its worth [10].

Bangladesh benefited from IBBL RDS microfinance. Indian microfinance companies like IBBL encourage sustainable development [11]. An analysis of the Rural Development Scheme's Islamic performance shows its compliance and efficacy [12]. Bangladeshi microfinance enterprises reduce poverty and increase financial inclusion. These projects have helped low-income Bangladeshi women achieve rural welfare and sustainable development.

## **2.2 Microfinance banking (MFB) model**

MFB fights poverty and promotes financial inclusion by lending to people experiencing poverty. By collecting 99% of debts with 87% female involvement via severe punishment and mutual support, the MFB enables Bangladeshi women to gain agency [13]. The absence of a legal agreement between MFB and its borrowers burdens poverty reduction, trust-based financial inclusion, and social capital [14].

Muhammad Yunus established MFB and advocated for philanthropic financial services and impact assessments for organizations dedicated to poverty reduction and development. With a 93.15% repayment record, the MFB's 2568 outlets and 9 million borrowers illustrate its commitment to reducing poverty and promoting financial inclusion [15]. Aiding the poor to escape poverty with Microcredit is consistent with the microcredit summit campaign's focus on poverty reduction [16].

With the 2006 Nobel Peace Prize awarded to Professor Yunus, microfinance, and MFBs in particular, became acknowledged internationally for combating multidimensional poverty. Inspiring business among the disadvantaged and decreasing poverty via a distinctive methodology has put creditworthiness and financial inclusion



regulations to the test [17]. Microfinance reduces Global poverty, according to the UN Millennium Project [18].

An exhaustive examination of the MFB model and its effects on financial inclusion and the elimination of poverty demonstrates the intricacy and significance of microfinance in empowering people experiencing poverty. Through global development goals, MFB transforms financial inclusion and poverty reduction by capitalizing on the under privilege's social capital, trust, and entrepreneurial potential.

### **2.3 Micro credit programme model**

Economic empowerment and poverty reduction influence Bangladesh's microfinance ecosystem. The 1974-founded Micro Credit Programme (MCP) is a substantial loan coverage and customer participation MFI. Like other Bangladeshi MFIs, the MCP has decreased illiteracy, bad health, and squalor. Large rural populations and agrarian economies cause underemployment.

MFIs' "credit plus" initiatives provide borrowers high-quality inputs, assistance, and training to fight poverty. \$100–\$1000 "Microloans" (Dabi) have enabled rural poultry, fishing, and handicraft companies to grow, supporting grassroots economic growth [10]. The "Progoti loan" reduces poverty by lending small business loans to men and women who cannot access commercial bank loans. Healthcare, skill development, and asset transfers empower the poor and chronically destitute while advancing society [19].

The Rural Development Scheme (RDS) of Islamic Bank Bangladesh Limited (IBBL) provides Shariah-compliant services to people experiencing poverty, developing Islamic microfinance models. RDS mirrors the MFB model while giving Islamic microfinance solutions tailored to the target population's financial requirements [20, 21]. Research like the Amanah Ikhtiar Malaysia Microcredit Scheme shows that microfinance reduces poverty by improving disadvantaged people's income [22, 23].

Bangladesh has shifted to digital Microcredit to reduce poverty and boost economic growth. Islamic microfinance has grown due to fintech, meeting low-income people's social and financial demands [24]. Studies on how interest rate limits affect microfinance organizations' sustainability have also shown the challenges of controlling interest rates to ensure their financial viability [25, 26]. Bangladesh's microfinance business includes traditional, online, and Islamic firms. MFIs and NGOs' poverty reduction, empowerment, and financial aid have affected Bangladesh's socio-economic structure.

### **2.4 Rural Development Scheme (RDS)**

Bangladesh's main microfinance program, the Rural Development Scheme (RDS), promotes rural and agricultural investment to reduce poverty and promote economic independence. RDS financial services have helped and employed rural people since 1995, largely in agriculture and non-agriculture [27]. Rural employment, justice, and equality demonstrate the program's poverty reduction and economic empowerment goals [28, 29].

RDS microfinance has increased rural financial inclusion. Banking services with flexible lending lengths and low rates provide rural populations with greater financial independence [30]. Through microinsurance and savings initiatives, the RDS has protected its members from accidents and natural calamities [31].

Most RDS financing is Islamic (bai-muajjal). Bai-salam, Mutharabah, and Ijarah provide Sharia-compliant financing [32]. The RDS's group-based financing and

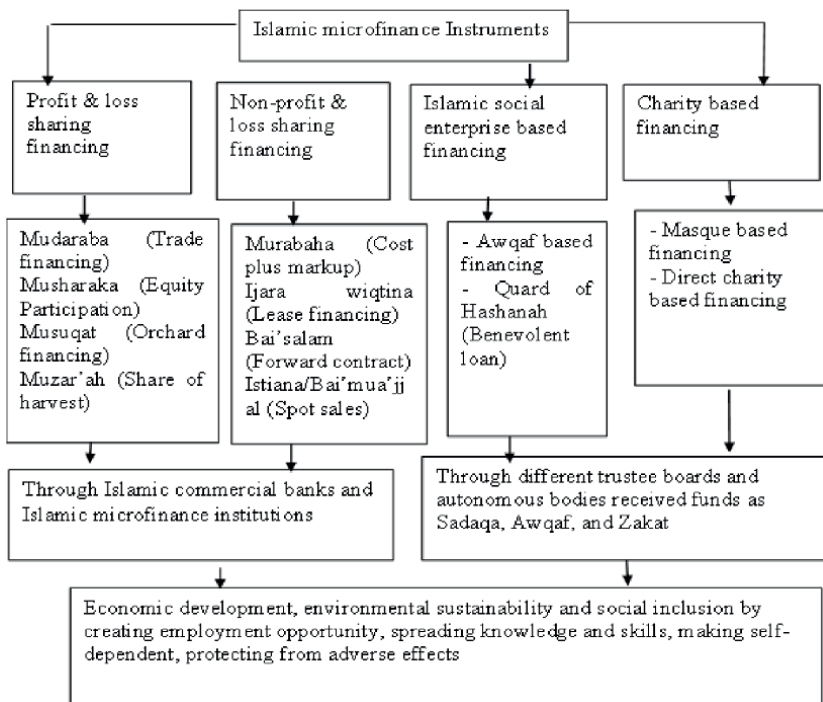
repayment structure has helped rural enterprises get microenterprise and agricultural loans, boosting local economies [12, 33].

RDS members support holistic and ethical financial development via social and religious education, spirituality, and collective morality [34]. The program's emphasis on social and religious beliefs, honesty, autonomy, and knowledge has benefitted women financially [35]. According to research, Islamic microfinance via rural development and poverty reduction (RDS) empowers, earns, and builds social capital for women [36]. Rural communities benefit financially from the program's microfinance and socio-economic benefits [37]. Bangladesh's unique Islamic microfinance Rural Development Scheme (RDS) promotes rural development, poverty reduction, and financial inclusion—Bangladesh's microfinance ecosystem benefits from ethical and Islamic banking (**Figure 1**).

Numerous studies have compared microfinance governance with poverty and social injustice reduction. More study is required to understand the complicated linkages between social inequality, microfinance governance, and poverty alleviation.

The MFI's performance depends on its qualities, financial sources, organizational structure, and external environment. However, little is known about how these attributes affect MFIs' social and financial success under different governance and regulatory systems. Further research is required to understand governance processes that substantially impact MFI performance, social inequality, and poverty alleviation.

A few thorough quantitative studies on government-run microfinance program governance have combined provider and recipient views using primary data. This demonstrates a research vacuum concerning women's self-sufficiency, microfinance, and environmental disasters. More empirical research is needed to close gaps in the



**Figure 1.** Islamic micro-finance conceptual model to achieve sustainable development goals (SDGs). Source: Uddin et al. [38].

literature and ascertain if microfinance encourages self-reliance among environmentally sensitive women.

Economic inequality and poverty are decreased via microfinance, although the exact mechanism by which this happens is yet unknown. By examining the relationship between board structure and performance, the report draws attention to the need for further research on the governance mechanisms that underpin MFIs' social and financial success and their impacts on reducing poverty and inequality.

### **3. Research methods**

Corporate governance and social effect depend on performance and structure. This research uses Porter's competitive strategy theory [39] to examine this intricate relationship. The approach promotes employee performance-based pay and incentive programs to increase company performance. When comprehensive, cost-free contracts for succeeding periods are unachievable, alternative corporate governance and social effect evaluation methodologies are crucial [40].

This research follows Bhimani [41], emphasizing extensive conceptualization, trustworthy data collection, and rigorous analysis. The causal research study reveals how effective governance may reduce industry and poverty's social effects. This technique is beneficial for evaluating microfinance firms since governance structures influence the performance and social effects of microfinance institutions (MFIs).

The Grameen Bank, MCP, and RDS microfinance divisions supplied secondary data for this research. Information accessibility and availability impact secondary data utilization, suggest Maione and Barbosa [42]. Although beneficial, this method has data comprehensiveness and institution homogeneity issues.

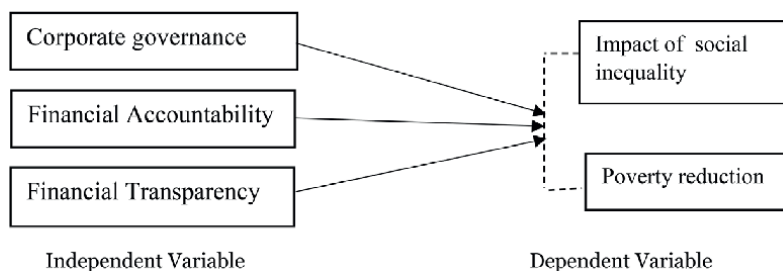
The research analyses data using descriptive and inferential statistics. This sophisticated approach explains MFI governance processes such as information disclosure, board makeup, auditing requirements, and CEO and director remuneration. Most non-profit institutions include commercial banks, cooperatives, credit unions, nonbank financial institutions, and rural banks. Their social effect is studied beyond financial evaluations. This variation in organizational forms highlights the difficulty of responsible donors and recipients in microfinance governance [40].

Bangladeshi MFI governance affects profitability, customer service, and attractiveness. A preliminary study suggests strict transparency and auditing norms may boost financial performance, whereas remuneration may hurt it. Studies suggest that gender diversity in management, corporate governance, and social responsibility are desirable.

This study contributes to the academic discussion around corporate governance and performance in microfinance and offers useful guidance to practitioners and policymakers. Within the ever-changing realm of microfinance, the intricate but significant relationship between financial performance, the impact of social inequality, and governance frameworks is made clear by both theoretical perspectives and actual data.

#### **3.1 Conceptual framework**

See **Figure 2**.



**Figure 2.**  
*Conceptual framework. Source: Author's self compilation.*

#### 4. Data analysis and interpretation

Bangladeshi microcredit sector analysis utilizing June 2022 Microcredit Regulatory Authority (MRA) data. Membership, borrowers, loan disbursement, and outstanding amounts are examined to assess the sector's status and trends. MRA data provides a complete picture of Bangladesh's microcredit sector. As of June 2022, the sector has 39.48 million members and 34.76 million active borrowers. This high penetration shows Microcredit's relevance in Bangladesh's financial ecosystem. The astonishing Tk. 771.80 billion loans outstanding shows the massive financial activity microcredit institutions facilitate. Also notable is the Tk—426.68 billion in outstanding deposits. Loan disbursement was also strong, total Tk. 1313.67 billion.

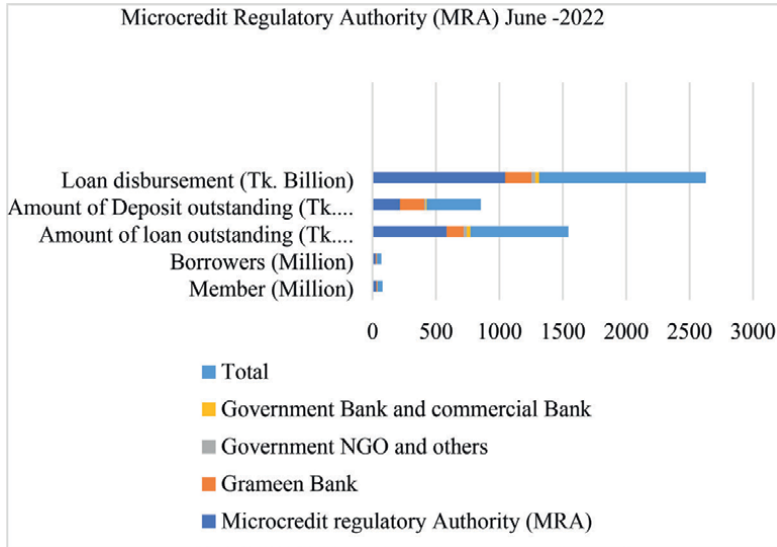
Detailed analysis of the data gives intriguing insights into microcredit provider distribution. This industry is dominated by the Grameen Bank, a pioneer with 7.14 million members and borrowers. Grameen Bank has 134.58 billion in loans and 191.02 billion in deposits. Government NGOs and other organizations service a smaller but considerable market share. They have 1.52 million members and 1.12 million debtors with Tk—24.20 billion in loans. With 0.92 million members and 0.52 million debtors, government and commercial banks are smaller (**Figure 3**).

Bangladesh's microcredit sector is vibrant and diverse, with many firms contributing to its growth. Established microcredit providers like Grameen Bank demonstrate their efficacy. Government NGOs and commercial banks suggest a multifaceted strategy for microfinance in the country. Due to Bangladesh's socio-economic situation, microcredit services are in high demand, as seen by loan disbursements and outstanding amounts. Microcredit empowers underprivileged communities, especially women, and reduces poverty.

The MRA data shows that microfinance has helped financial inclusion and development in Bangladesh. The sector's expansion and diversification show its adaptation to Bangladeshi demands. As the sector evolves, it will boost economic growth and social empowerment.

Microfinance in Bangladesh is approached differently through MFB, MFIs, and RDS in IBBL. MFBs and microfinance institutions MFIs differ from RDS in funding sources and training but share loan types and group meeting procedures. IBBL charity foundation funds RDS, unlike MFB and MFIs, which rely on self-funding and NGO contributors. RDS does not offer skill-based training like its competitors.

The research shows that RDS outperforms MFBs and MFIs. Due to better governance, the company's yearly growth rate has grown from 7% to 12.57%. This shows how effective and appealing RDS is to Islamic borrowers. Success has come from its unique microfinance strategy, which matches its target demographic's religious



**Figure 3.** Microcredit regulatory authority (MRA) June-2022. Source: Author's self compilation.

views. This alignment may boost payback and operational efficiency via trust and community.

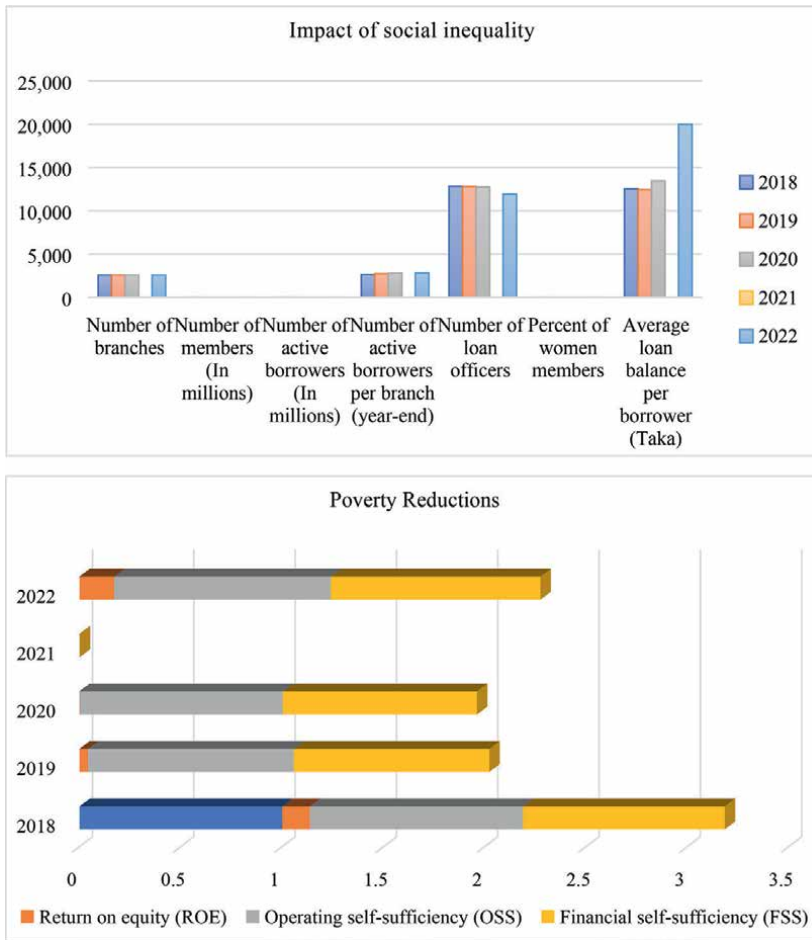
RDS accountability and openness boost borrower trust. The IBBL charitable foundation might offer an innovative fundraising method to stabilize and maintain the financial model. Despite being microfinance pioneers, MFBs and institutions (MFIs) can not reach their full potential due to operational model restrictions.

RDS enhanced growth, repayment rates, and operational efficiency, suggesting that future microfinance programs in Islamic-majority areas should follow suit. The success of microfinance schemes depends on cultural and religious alignment, as shown by RDS's popularity among Islamic borrowers. Therefore, microfinance organizations should adjust their programs to their target demography's cultural and religious backgrounds to improve efficacy, growth, and sustainability. The relative success of RDS in Bangladeshi microfinance supports this decision. However, these models must be monitored and adjusted to meet beneficiaries' changing requirements and the changing economy.

#### 4.1 Microfinance banking model

*Grameen Bank:* with 2568 branches, Grameen Bank employs a unique microfinance method. Membership is 8.93 million, including 7.23 million active borrowers. The bank's capital structure, funded by member savings, staff deposits, and other sources, distinguishes it in microfinance. 11,922 loan officers, mostly women (96.65%), managed an average loan sum of BDT 19977 per borrower in 2022 (**Figure 4**).

Grameen Bank has grown and stabilized with a stable number of branches and a minor increase in members and borrowers. The average loan balance per borrower rose from BDT 12522 in 2018 to BDT 19977 in 2022, suggesting a growing credit portfolio and financial inclusion. The high ratio of female members and loan officers supports research showing that microfinance institutions empower women by providing financial resources, which can boost home welfare and community development.



**Figure 4.** Comparative sheet of Grameen Bank. Source: Author's self compilation.

ROE, OSS, and FSS show the bank's financial soundness. 2022 ROE rose to 17.09% from 0.22% in 2020, indicating recovery and profitability. OSS and FSS percentages over 100% indicate that the bank is operationally and financially self-sufficient, supporting sustained microfinance models.

Grameen Bank should continue its existing path based on evidence. Continue to increase its influence, especially among women, and maintain financial health. Diversity has been found to improve microfinance institutions' stability and reach. Therefore, the bank may consider expanding its financial products. Grameen Bank's microfinance program balances social benefits and financial viability. Its focus on empowering women and strong financial indicators set it for microfinance success and growth.

*Commercial Banks:* This research examines several banks, each with a unique position in the financial world. State-owned banks, including Sonali, Agrani, Janata, and Rupali Banks, are part of the formal banking system. Six specialized banks, many private banks, and foreign commercial banks diversify the banking structure. The success of Grameen Bank changed things. This move comprised four NCBs and two agricultural banks adopting Microcredit. Grameen Bank pioneered group-based management, which these institutions adopted. Their business went beyond modest

agricultural and other credit services. Microcredit refers to modest loans to individuals or groups without collateral or credit history that traditional banks require.

However, huge loan defaults, especially in group programs, posed problems. Operational and repayment concerns caused these bank-supervised schemes to fail. Thus, NCBs have restricted or stopped lending to group-based small loan programs. However, they continue lending. State-owned and private commercial banks provide ‘wholesale loans’ to MFIs (MFIs). These loans allow MFIs to lend to microcredit consumers at 10–15% interest rates.

Banking includes state-owned, commercial, and foreign banks with different operations and clientele. Grameen Bank’s success inspired major NCBs and agricultural banks to offer Microcredit, indicating a shift toward inclusive finance. Though promising, group-based microcredit schemes struggled and had high loan default rates. NCBs’ microcredit expansion has suffered a major setback. To address the issues, NCBs have switched from group loans to individual loans, signaling a strategic realignment centered on operational efficiency and risk management. MFIs receive wholesale loans from state-owned and private commercial banks, demonstrating their collaboration in financial inclusion. The risk management strategies of NCBs and other banks in microcredit operations will reveal how financial institutions handle sector difficulties. Longitudinal studies on the long-term durability and efficacy of group-based and individual microcredit services would advance financial inclusion and poverty reduction.

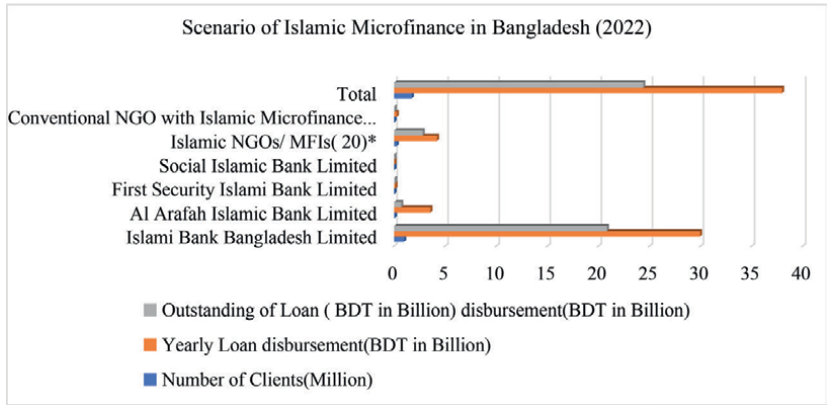
## **4.2 Rural development scheme (RDS) in Bangladesh**

According to the text, Bangladesh’s Rural Development Scheme (RDS) is vital to microfinance, especially Islamic microfinance. Bangladesh accounts for almost half of Islamic Microfinance’s global clients. This approach relies on Islamic banks, tiny Islamic MFIs, and a conventional MFI with an Islamic microfinance program. These groups promote rural development and financial inclusion.

Islami Bank Bangladesh Limited (IBBL) stands out. It dominates Bangladesh’s Islamic microfinance industry with 78.84%. This large number shows IBBL’s sector dominance. Other Islamic banks, including Al Arafah Islamic Bank Limited, First Security Islami Bank Limited, and Islamic NGOs and MFIs, play important roles but less than IBBL. These institutions serve many clients, demonstrating a strong demand for Islamic microfinance.

**Figure 5**, “Scenario of Islamic Microfinance in Bangladesh (2022),” shows the current situation of Islamic microfinance in Bangladesh. This figure shows the number of clients served, annual loan disbursements, and outstanding loans for IBBL, other Islamic banks, Islamic NGOs/MFIs, and a conventional NGO with an Islamic microfinance program. The numbers show the extent of these services and the financial resources raised for rural development through Islamic microfinance.

This data analysis yields several noteworthy insights. First, Islamic microfinance dominates rural development in Bangladesh. These services are crucial to the financial ecosystem since many rural people use them. Second, the data shows IBBL’s sector domination. As the leading supplier, IBBL is crucial to Islamic microfinance. Its strategies may instruct the industry. Third, the range of providers—including smaller Islamic banks and NGOs/MFIs—makes Islamic microfinance competitive. Customers may benefit from the variety of goods and services. These findings affect future research and decision-making in many ways. Understanding Islamic microfinance clients’ needs and preferences is crucial. This data may be used to create financial solutions and enhance services. An extensive analysis of IBBL’s strategy



**Figure 5.** Scenario of Islamic microfinance in Bangladesh (2022). Source: Author's self compilation.

and operations may provide other Islamic microfinance organizations with industry best practices. The long-term effects of Islamic microfinance on rural development and poverty reduction in Bangladesh must also be assessed. This would help evaluate the projects' financial effect and efficacy. One must investigate the role and impact of smaller firms in the ecosystem to fully appreciate its difficulties, dynamics, and relevance. In conclusion, comparing conventional and Islamic microfinance may help operators and policymakers evaluate their pros and cons.

### 4.3 The impact of social inequality on rural development scheme

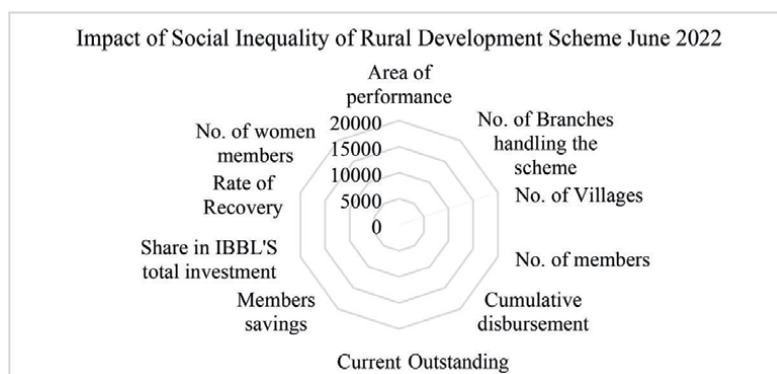
The 1995 Islami Bank Bangladesh Limited Rural Development Scheme (RDS) has grown and produced notable results. About 350 bank branches have executed the campaign, reaching 18,615 communities since June 2022. This huge outreach effort has had an impact on 947,305 people. Additionally, the idea is highly profitable monetarily. A debt of BDT 20,798.82 million remains over the total disbursed funds of BDT 130,445.12 million. Members have exhibited commendable financial participation and maintenance of savings, amounting to BDT 6890 million. The program's investment share of 3.64% is significant in light of the proportional scale of IBBL's portfolio. The RDS exhibits an outstanding recovery rate of 99.59%. The fact that 85% of the program's participants are female further emphasizes the program's criticality in empowering rural women (**Figure 6**).

Data supports several significant findings. Many communities and a large membership base show that the RDS is well-established in rural areas. The scheme's broad appeal suggests its accessibility and acceptance. Second, the financial data indicate a strong scheme. The system's large disbursements and deposits show active engagement and trust. The nearly 100% recovery rate is impressive, demonstrating good management and borrower reliability. The scheme's high female membership shows its inclusion and ability to promote gender equality in rural financial access. Last, the scheme's investment share shows its importance to IBBL's strategy.

### 4.4 Microfinance model

From 2017 to 2022, Bangladesh's microfinance sector grew and survived. This report examines the sector's growth based on licensed NGO-MFIs, branches, workers,





**Figure 6.** Impact of social inequality in rural development scheme June 2022. Source: Author's self compilation.

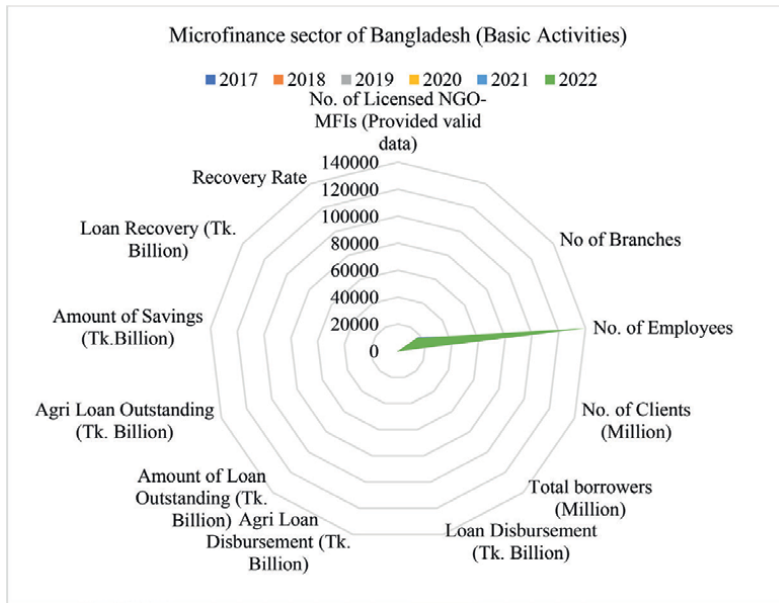
clients, borrowers, loan disbursement, outstanding loans, savings, and loan recovery rates. The number of licensed NGO-MFIs increased from 590 in 2017 to 758 in 2021, then declined to 655 in 2022. This pattern shows strong sector expansion followed by consolidation or regulatory reforms. The number of branches fluctuated from 17,977 in 2017 to 14,674 in 2018, then rose to 17,120 by 2022. These swings may indicate operational realignments or market movements that required branch operations strategy changes.

The sector's workforce rose from 108,654 in 2017 to 139,526 in 2022. This increase in employment reflects industry growth and perhaps operational size. This expansion was matched by steady client growth. Over the same period, clients increased from 24.64 million to 29.9 million and borrowers from 19.31 million to 24.85 million. This increase in clients and borrowers shows a wider market and rising microfinance demand. Financial operations, especially loan disbursements, grew. Total loan disbursements rose from 456.02 billion Tk in 2017 to 1045.78 billion Tk in 2022, with agricultural loans rising significantly. Despite the rise in loan disbursements, the recovery rate remained constant at 96–97%. This consistency indicates good sector risk management and collection (Figure 7).

Based on these findings, Bangladesh's microfinance sector should make many strategic decisions. First, as clients and loan disbursements grow, MFIs should deliberately expand, especially in underserved areas. Second, with agricultural loans rising, MFIs should continue or expand their focus on this profitable and important segment. Third, the continual increase in personnel highlights the necessity to invest in human resources to sustain growth and service quality. Fourth, digital loan processing, risk management, and customer service technologies are needed to handle scale. Finally, the fall in licensed NGOs in 2022 requires continuous regulatory monitoring and strategy adaptation. Data shows a lively and rising Bangladeshi microfinance sector. Expansion and innovation, especially in digital finance and inclusive banking policies, could boost the sector's economic development and impact on poverty reduction.

#### 4.5 Empirical studies on MFB, MFI, RDS

Badan Kredit Kecamatan (BKK), Kredit Usaha Rakyat Kecil (KURK), Bank Rakyat Indonesia (BRI), Grameen Bank, BRAC, TRDEP, PTCCS, and Regional Rural Banks in India are crucial to financial inclusion and poverty reduction. These institutions



**Figure 7.** Microfinance sector of Bangladesh (basic activities). Source: Author's self compilation.

provide loans and other financial services to underserved borrowers to enhance income, especially in rural and economically challenged regions. Nahar and Uddin [43] found that landholding size, education, loan size, and family labour affect the success and reach of MFIs and RDSs.

Empirical research on this topic is varied and substantial. Families with fewer landholdings and less formal education are more likely to engage in microfinance programs, which reduce severe poverty more than moderate poverty. Even non-participating families gain from program spillovers. Bangladeshi studies demonstrate that borrower income substantially connects with land holding size, total yearly employment, loan amount, and family labour. Interestingly, family labour, days worked per year, and landholding size increase NGO recipients' income, whereas illness decreases it. Another important conclusion is that land assets, employment, and family labour impact family income more than NGO membership terms and loan quantity. This raises doubts regarding MFIs' poverty alleviation and economic development roles.

The research shows varied results on MFIs and RDSs' poverty reduction. Grameen Bank lends to agricultural and non-agricultural businesses, increasing income and consumption. Different repayment systems provide BRAC members greater freedom than Grameen Bank members. Ahmed's [44] report also critiques GB's operating restrictions, such as not lending to the landless or severely poor, and its large profit margin compared to other sectors. RDS programs provide reduced interest rates and incentives for prompt payback. RDS's microfinance methodology is more sympathetic and sustainable, particularly its treatment of natural catastrophe borrowers. The studies also note that excessive borrowing might put customers in debt, emphasizing MFIs' need to manage fund deficits.

These results should inform a substantial portion of the strategic decisions made by RDSs and MFIs. Before consumers spend their money, prioritize actions that generate income to maximize the utilization of loans. Prioritizing credit-use education

activities, loan availability, and installment payment duration are essential components of this. Second, Bangladesh could better battle poverty by including Qardhasan and Zakat in their frameworks. Thirdly, excessive borrowing and fund shortfalls must be addressed. Educating borrowers on the risks associated with overborrowing and establishing appropriate lending procedures is critical. In order to enhance their impact, these organizations can benefit from discerning the socio-economic attributes of their borrowers and adapting their services accordingly.

Although empirical evidence suggests that MFI and RDS effects are influenced by factors such as family work and landholding size, they have nonetheless contributed to reducing poverty. The success of these financial institutions is contingent upon their capacity to adapt to fluctuating market conditions, prioritize sustainable lending, and tailor services to individual borrowers. They may be able to continue fostering economic growth and reducing poverty.

#### **4.6 The impact of social inequality and poverty reduction of the microfinance program**

The empirical study examines poverty alleviation and the impact of social inequality in microfinance institutions (MFIs). In this field, researchers have uncovered a variety of findings. Methodological Inconsistencies May Account for Variations in Research Design and Implementation. Comprehensive statistical analysis and appropriate research methods are important for the evaluation of MFI efficacy, as stated by Cull and Morduch [13]. This variety in results illustrates the significance of geography, period, research design, and other variables when analyzing the effects of MFIs.

Bangladeshi studies demonstrate how microfinance may boost family earnings and assets. Examples include improved profits, fixed assets, net working capital, food and medical expenses, and children's education. These studies have frequently missed the program's overall effectiveness. Some studies have shown that MFIs improve physical and economic wellness by enabling access to healthcare and higher education. MFIs also boost members' dignity and self-confidence, improving loan payback and income sustainability.

MFIs seem crucial to poverty reduction, particularly in countries with scarce NGO loans. Low-interest loans have reduced poverty. An estimated 5% of MFB and MFI-NGO participants reduce poverty yearly. Grameen Bank members are at least 42% poor. MFB, MFIs-NGO, and RD studies show that these activities aid the severely disadvantaged. Uddin et al. [45, 46] study shows that borrowers' incomes, healthcare, nutrition, empowerment, and education are improving.

The report advises including interest rates, loan amounts, and use in MFI outreach and sustainability assessments for more complete insights. Rural Development Schemes are more accessible and valuable when group members and field personnel preserve moral and spiritual principles (RDS). According to the research, MFIs may help boost agriculture, which is vital to rural communities. Microfinance has the potential to provide excellent business possibilities since people experiencing poverty can thrive in small enterprises even with higher interest rates.

MFIs' poverty reduction and impact on social inequality are balanced in the study. Despite improving long-term borrowers' household wages and spending, MFIs have had little influence on savings and housing. This comprehensive approach highlights MFIs' multifaceted role and the need for continued research to optimize poverty alleviation. Report: MFI policies and strategies must be customized to communities' needs and conditions.

Many studies have been conducted on the effects of the intensity of microfinance programs on income inequality and how these effects vary throughout countries. According to studies, more intense microfinance reduces the income gap between the rich and the poor—empirical research links microfinance intensity to income disparity reduction. Varying nations have different impacts from microfinance on income disparity, underlining the need for a more sophisticated understanding of program intensity and income inequality.

Women's self-sufficiency, microfinance, natural catastrophes, and economic inequalities have been studied. Research suggests that microfinance may help women become more autonomous in the face of environmental calamities. Research shows that microfinance helps women financially, but how environmental vulnerability impacts them is unknown. Female asset ownership and monthly savings have grown thanks to microfinance initiatives. More research is needed to understand how natural catastrophes, microfinance, and women's self-sufficiency are linked.

Microfinance is linked to income inequality, inequality reduction, and women's resistance to natural catastrophes. Microfinance program intensity reduces income disparity and empowers women, according to research. More study is needed to understand how microfinance and natural catastrophes affect women's self-sufficiency internationally.

## **5. Conclusion**

Comparative microfinance governance analysis and its effects on poverty and social injustice demand further empirical and theoretical investigation. Filling these gaps can help us understand MFI performance, environmental catastrophes, women's self-sustainability, and how microfinance reduces poverty and income inequality.

Many research have studied how microfinance governance reduces poverty and inequality. However, many questions remain concerning this topic. Thus, further study is required to understand the intricate linkages between social inequality, poverty alleviation, and microfinance governance. Performance, MFI features, financing sources, organizational governance, and external contextual variables have been thoroughly investigated. However, little is known about how these attributes affect MFIs' social and financial success under different governance and regulatory systems. Further research is required to understand governance processes that substantially impact MFI performance, social inequality, and poverty alleviation.

There is little quantitative research utilizing primary data sources to assess government-run microfinance programs from providers' and customers' perspectives. The study gap on women's self-sufficiency, microfinance, and environmental calamities is clear. Microfinance may improve self-reliance among environmentally sensitive women, but more empirical study is required to fill gaps in the literature.

Our understanding of MFI performance, environmental disasters, microfinance, women's self-sustainability, and how microfinance lowers poverty and income inequality would improve if these research gaps were filled. Further empirical and theoretical study is required to fully comprehend the intricate dynamics of microfinance governance and how it affects social inequality and poverty reduction.

This analysis of Bangladesh's microcredit industry utilizes June 2022 MRA data to depict this essential financial ecosystem—a strong industry with 34.76 million active borrowers and 39.48 million members. Loan and disbursement statistics of Tk 771.80 billion and Tk 1313.67 billion demonstrate the sector's financial significance.

A successful microlender, Grameen Bank has 7.14 million borrowers and members. Government NGOs and commercial banks give, demonstrating Bangladesh's micro-finance diversity. Bangladesh's socio-economic realities make microcredit services popular, according to statistics. These programs empower people with low incomes, especially women. The sector's expansion and diversity demonstrate its ability to meet regional requirements, empowering people and boosting the economy.

Microfinance in Bangladesh takes a complex approach to business goals and poverty alleviation, as seen in this research [47]. The study highlighted the goals and operations of Microfinance Institutions (MFIs), Rural Development Schemes (RDs), and Microfinance Banks (MFBs), which serve different financial ecosystem functions.

The chapter shows how commercial profit pressures affect most MFBs' and MFIs' poverty alleviation goals. The commercialization of microfinance has led many organizations to emphasize the disadvantaged. This tendency may be due to a growing emphasis on financial sustainability and the rising costs of serving poorer clients. This tendency contradicts microfinance's goals of poverty reduction and social welfare.

RDs prioritize social transformation and poverty eradication in this market above private interests. Because regulation is less strict, MFIs may adapt their financial strategies to serve low-income clientele profitably. They may have failed to reduce poverty in their adoption. Different policy frameworks that control these groups also affect their strategies. These organizations make operational and strategic decisions by balancing financial and social goals. According to the report, some MFIs no longer lend to new businesses, while others encourage early returns or use gold as collateral. Replacing standard non-collateralized microfinance techniques might restrict access to these services for low-income people.

Zero-interest emphasizes social empowerment and poverty elimination above profit. This strategy looks less subject to commercial forces, but its financial sector sustainability and scalability are unknown.

According to the research, Bangladesh's microfinance business is at a crucial point. The business environment and financial sustainability may alter, but poverty must be eliminated. Managing competing duties is difficult. To remain profitable while serving low-income people, institutions must change their strategies. This balance determines how much microfinance reduces poverty and empowers the economy. Future regulations and initiatives in this industry must incorporate these dynamics to avoid profit maximization overshadowing microfinance's primary goals.

## **5.1 Limitations**

Quantitative MRA data dominate the analysis. Although this gives a general industry perspective, it does not address poverty, operating efficiency, or borrower happiness. This study's findings on Bangladesh's microcredit business may not apply to other cultures or economies. Trends and patterns in the microfinance sector change quickly, making June 2022 numbers less important.

## **5.2 Future study**

Future research should include qualitative methods like interviews and case studies further to understand Microcredit's Impact on borrowers and communities. Compare microcredit sectors in different nations to find best practices for Bangladesh. A longitudinal study will show Microcredit's long-term impact on poverty and economic empowerment. In the changing financial landscape, digital technology may increase

microcredit firms' productivity, outreach, and customer service. How legislative and regulatory changes influence microcredit should be studied to improve governance and support. The June 2022 Bangladesh microcredit sector study stresses financial inclusion and poverty reduction. The study reveals microfinance's growth and effectiveness, but future research should address its flaws and adapt to its changing nature.

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Section 3

# Environmental Dimensions of Inequality

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# Demographic Dividend in Sub-Saharan Africa – Toward Mitigating Social Inequality? A Critical Analysis of the Enabling Environment

*Zacharie Tsala Dimbuene and Severin Mabanza Matondo*

## Abstract

In spite of young populations, sub-Saharan Africa (SSA) is lagging behind on several development indicators. Yet, previous research introduced the concept of “demographic dividend” to showcase how a country can capitalize on its population age structure to boost its economic growth, which could ultimately mitigate social inequality. To reap the demographic dividend, a country should implement major and drastic policies, including those necessary to shift its population age structure. Indeed, demographic studies showed that change in population age structure is the prerequisite to reap the demographic dividend. The proximal factors mediating its effects built upon the “enabling environment,” including policies in health, education and economics, and governance. Of course, enablers are all important; however, this chapter answers the following question: What should be the gradient among all factors in the enabling environment? The main argument is that governance, referred to as strong leadership and an enlightened vision, is the most important factor in the enabling environment. Without a significant shift in leadership in sub-Saharan Africa, no miracles could be expected and, likely, most SSA countries will not reap demographic dividend.

**Keywords:** demographic dividend, governance and public policy, social inequality, sustainable development goals, sub-Saharan Africa

## 1. Introduction

Millennium Development Goals (MDGs) now belong to the past. Since September 2015, Sustainable Development Goals (SDGs) succeeded to MDGs and will be the driving development framework for the planet in the next 15 years. Despite the observed positive economic growth (3.5% and above), many sub-Saharan Africa (SSA) countries are still lagging behind on many health and socioeconomic indicators after the end of the MDGs and the adoption of the SDGs. The majority of countries

listed at the bottom of the Human Development Index (HDI), World Governance Indicators, and Global Peace Index (GPI) rankings are located in the SSA region [1]. According to previous research, demographic burden or unfavorable demographic conditions explain the delay in achieving economic benefits and improving population well-being in SSA countries. Indeed, birth rates remain high in many SSA countries, whereas child survival has significantly improved. As a consequence, most SSA countries experienced rapid population growth. On the opposite, a young population's age structure requires more resources in social services (education, housing, health, etc.) and would result in low economic growth [2–4]. Therefore, the demographic dividend (DD) could be used as a unified framework to define a research agenda, advocate for more effective policies, and mobilize resources for accelerated economic growth within and across countries [5–7]. Particularly, the economic growth in the region is weakening, falling to 3.5% in 2015 compared with an average of 5–7% in the last decade [2]. In between, the demographic dividend has jumped into the economic debate as a promising avenue for SSA countries to transform youth bulge into economic growth to improve population well-being. The overarching goal for MDGs, SDGs, and the demographic dividend is to improve the population well-being within a country, a region, and ultimately the whole planet through a set of well-oriented policies. If this trend continues, the relative gain of the last decade will be lost, threatening the lives of many million in the region.

This chapter builds on the existing literature on MDGs, SDGs, and the DD in sub-Saharan Africa to draw a thorough landscape and predict whether SSA countries would reap DD contingent on the actual state of development indicators in the region.

## **2. Demographic dividend: foundations and ongoing debate**

### **2.1 Foundations of demographic dividend**

The concept of demographic dividend (DD) has received increasing attention over the last three decades in both scientific and policymaking fora. DD refers to economic benefits that a country could gain contingent on a decline in fertility and mortality rates (see for more details: [3–7]) that demographers consider key factors for a change in population structure [8, 9]. Therefore, a thorough understanding of the demographic dividend might address the secular debate about the proximate determinants of fertility. Specifically, DD refers to the potential economic benefits as a result of significant shifts in population age structure, when the working-age group (15–64 years) is larger than dependents (0–14 years old and 65 years and above) [10–12].

The state-of-art of the demographic dividend, on our point of view, has focused until now on the outcome (economic growth) rather than the processes (e.g., conditions to be met to reap demographic dividend). In other words, is demographic dividend guaranteed, and under which conditions? Although both outcomes and processes are of chief importance, this chapter argues that processes are more important because a mismanagement of, or ignoring processes will lead to poor results. Lessons learned from MDGs showed that most SSA countries did not achieve MDGs. Yet, there is almost no open debate to understand the rationales behind these failures. Are financial, human, and material resources allocated or invested in MDG domains sufficient to achieve the goals that were set in MDGs? If SSA countries do repeat their MDG experiences, is there a guarantee that they will achieve SDGs?

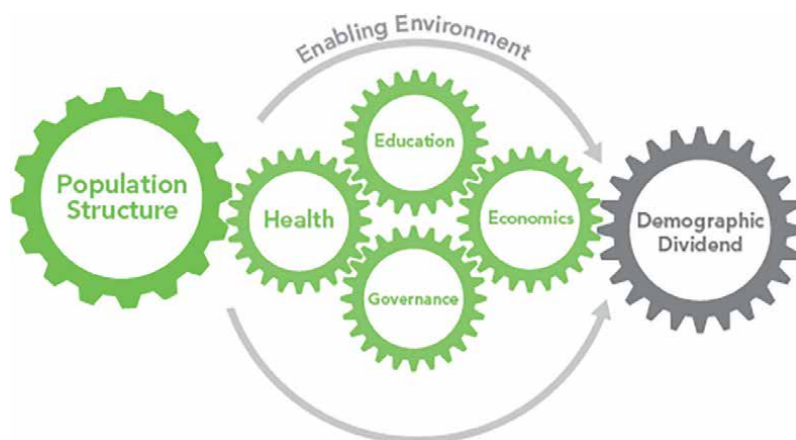
To achieve a demographic dividend, many ingredients are required including investments in health and education, the implementation of a conducive economic environment (e.g., good economic policies), and good governance. There have many attempts to explain the conditions under which and/or provide frameworks for sub-Saharan Africa to reap demographic dividend [13–18]. These works provide a thorough understanding of the requirements for sub-Saharan Africa to reap demographic dividend [19, 20]. However, they almost all fail to address the issue of “prioritization” because governing is most and foremost about planning and prioritization.

The current literature on demographic dividend showed that the linkages between population age structure with demographic dividend as the outcome is mediated by a set of processes or policies (see **Figure 1**, [21]). This relationship is mediated by a set of policies called “*enabling environment*” in four main areas: health, economics, education, and governance (for more details, see also [3]). The unanswered key question in the context of SSA is therefore “What should be the gradient (or ranking) of all these policies” while we admit that all the components are important to trigger demographic dividend?

## 2.2 The ongoing debate on the demographic dividend

To answer the questions above, we emphasize that the current debate is silent about what should practically be of top priority within the enabling environment to ensure that SSA countries reap demographic dividend. Demographic dividend is neither automatic nor guaranteed; there are important political and pragmatic actions to be taken at higher levels in a country to reap the demographic dividend [13, 18, 22–24].

According to Cobb-Douglas production model [25] in its simplest form, capital and labor are important inputs required to get the expected production [16]; these inputs will determine the expected outputs. In this model, decisions about the quality of the labor force and quantity of capital invested in a firm will determine the products (quality and quantity). In the same vein, the policies implemented in education, health, economics, and the quality of governance will likely determine whether a country would reap demographic dividend.



**Figure 1.**  
*Policy interventions facilitating demographic dividend (source: [21]).*



Lessons learned from the past indicate that SSA is experiencing the highest population growth. The region has been struggling since the 1970s, when the first Knowledge, Attitudes and Practices Surveys (KAPs) were launched to assess knowledge, attitudes, and practices of contraception among women, to take specific actions to leverage population growth. Otherwise, how could we explain that Thailand's population structure was comparable with most SSA countries [18, 26]. Thirty-five years later, Thailand's population age structure has radically changed, while SSA countries still have many economic dependents due to young population age structures. With young population age structures, tremendous investments are required in education, economics, health, and other social services; therefore, straining the fragile economies to invest in production sectors. To reap the demographic dividend, a country needs to evaluate its current situation (demography and economy) and consequently invest in what is required to change population structure, and thereafter, it takes specific actions for economic policies that are aligned to better achieve demographic dividend. For instance, Nigeria should wait until 2050 to exhibit a population age structure comparable to Thailand in 2000. It also means 50 years of loss in terms of demographic dividend.

The enabling environment is critical for a country to achieve the demographic dividend. Yet, there aren't substantial debates regarding the linkages between the "enabling environment" and DD. A few exceptions do exist [3, 4, 27]. For instance, Groth et al. examined public policies to be implemented to reap DD in SSA [3]. They distinguished policies fulfilling *necessary conditions* (e.g., set of policies to improve the demographic dependency ratio—DDR) and those required to produce *sufficient conditions* (e.g., set of policies to improve the employment dependency ratio—EDR and the socioeconomic dependency ratio—SDR). Within this exercise however, they did not establish a gradient in terms of prioritization of policies given that economies in SSA are dependent upon international organizations such as the World Bank (WB) and the International Monetary Fund (IMF).

The programmatic implications of this reasoning are to identify the "magic button" within the enabling environment to increase the chances of a country or region to reap DD. We assume that policies in education, health, economics, and governance are relevant. That said, the underlying question could be thought of in terms of prioritization of policies within the enabling environment, especially in the context of resource scarcity. Back to Thailand's illustration, what was done to drastically shift from a young population age structure to that where working-age share was more important? Also, what was done to efficiently utilize the working-age population to create national richness? How long did it take to reap the demographic dividend?

These questions are simple at a glance; however, they are complex and complementary. Let's take a look at the education systems in SSA countries. Most policies in education in SSA countries address access to and quality of education to ensure that youth are well-trained and thereafter, competent in the job market. Previous research showed that the number of children and youth enrolled in education systems in SSA countries increased substantially in the last two decades [28], even though policies implemented in many SSA countries are questionable in terms of outcomes obtained so far [29]. Another issue regarding education systems in SSA is the mismatch between education curricula and job markets [30, 31]. This is even more important in the context of high unemployment rates and its interconnections with human development [32] and economic growth [33] in which national governments should

be more proactive and create jobs to absorb trained youth, what Groth et al. refer to as “labor market absorptive capacity”, they share the labor market is able to utilize to sustain economic growth in countries and the region.

This chapter seeks to understand the opportunities and challenges SSA countries are facing compared to what is called the “Asian miracle” in Thailand and Asian Tigers which reaped DD in the early 1960s to the 1990s [34, 35]. There are certainly many paths that can be explored to further our understanding of the “Asian miracle.” Here, we assume that the differences between Asian Tigers and the struggles of SSA countries could partially be explained by the “leadership” styles. In fact, how could you explain that SSA countries are not able to shift their population age structures in more than 50 years since the first International Population Conference in Bucharest (19–30 August 1974) with a focus on population issues and development. While clear population policies were implemented in Asian Tigers (e.g., access to contraception and safe abortion), women in SSA countries still experience unsafe abortion and limited access to contraception, with significant urban-rural differences [36]. Commendable efforts have been observed in SSA countries to devise and implement family planning programs and policies [4, 5, 37]; however, overall modest progress in the implementation of family planning programs and policies has been observed [37]. As a consequence, the necessary shift in population age structures in SSA countries is still lacking; therefore, postponing the real demographic dividend due likely to poor leadership and questionable governance [38–41]. Indeed, governance is crucial to create the necessary shift in population age structures [41] and finally to reap DD in SSA countries [42–45].

Meanwhile, it is important to unpack, among scientists and policymakers, the black box *enabling environment* (EE). Within the EE, the chapter assumes that “governance” is most important. This concept, however, has been referred to as “democracy” or “change of regime”. Since the 1990s, SSA countries have organized at least one electoral cycle. Not to add that elections ended up with violence in many countries; however, discussions regarding transparency in elections are beyond the scope of this chapter. Could we infer that elections mean “governance” or “good governance”? While this chapter admits that *democracy* and *change of regime* are ingredients to governance, transformational leadership to drive countries on the right path toward economic growth and poverty reduction and to responsibly address the barriers impeding economic growth which could ultimately improve population well-being is lacking. At the microeconomic level, SSA has experienced substantial growth in gross domestic product (GDP), averaging 3.3% before the COVID-19 pandemic [46, 47]. The Human Development Index (HDI) report showed that most SSA countries have low HDI. This also means the persistence of socioeconomic inequalities in most SSA countries. Again, one might ask why SSA countries are unable to create more equitable conditions in terms of access to education, health, employment, and so forth, to ensure that countries can reap DD in spite of favorable conditions (e.g., minerals, weather, lands) compared with other regions in the world. This chapter used different indicators (governance, democracy, and economy) between 2006 and 2022 to show how SSA countries have progressed. Overall, progress is very minimal, and prognostics for better in SSA countries are still very far; therefore, persistent inequalities are easily observable in the region.

SSA is full of harmful socioeconomic experiences, including slavery over centuries, structural adjustment programs in the 1980s, democratization in the early 1990s, political instability, and so on. The region should learn from these



**Figure 2.** Unemployment rates in sub-Saharan Africa 1991–2023 (source: [48]).

experiences and build socioeconomic resilience to better path the future. Overall, the same recipes will always produce likely same results. It is therefore important that SSA countries think of radical political shifts to get better and different socio-economic outcomes, including demographic dividend. It is clear from the examples above regarding HDI, democracy, and economy that SSA countries are suffering from poor leadership. It is not surprising that these countries did not achieve MDGs, and likely will not achieve SDGs. Likewise, it is unpredictable what these countries will achieve in the next decades. A clear roadmap toward sustainable development is a prerequisite to demographic dividend and socioeconomic development. Indeed, previous studies showed that strategic planning leads to successful socioeconomic development [45, 46]. Definitely, SSA countries have the potential to reap demographic dividend; however, a radical political shift is compulsory toward strong leadership and effective policies benefiting the countries. For example, SSA countries currently have important working-age population shares worldwide. However, high unemployment rates create unfavorable conditions for economic growth in SSA countries [48, 49]. **Figure 2** [48] shows that unemployment rates have steadily increased since 2015 despite solid economic growth between 2016 and 2020. Under these conditions, highly educated youth will not positively contribute to economic growth.

High unemployment rates also imply that informal employment is still prevalent in SSA countries; yet, decent jobs are crucial to generating sustainable income on the one hand, and on the other hand, creating pathways to poverty reduction [50]. There are other dimensions to incorporate to better fight social inequalities, including gender [49, 50] and rural-urban differences [51]. In sum, while a shift in population age structures is important, effective and efficient policies on health, economics, and education are equally important.

### 2.3 Digging into governance in sub-Saharan Africa: empirical evidence

This sub-section provides empirical evidence of the progress made so far in SSA countries to showcase whether sub-Saharan African countries could reach demographic dividend under actual conditions, using a dataset from the Bertelsmann Stiftung's Transformation Index (BTI) project [52] on three dimensions: political, economic, and governance.<sup>1</sup>

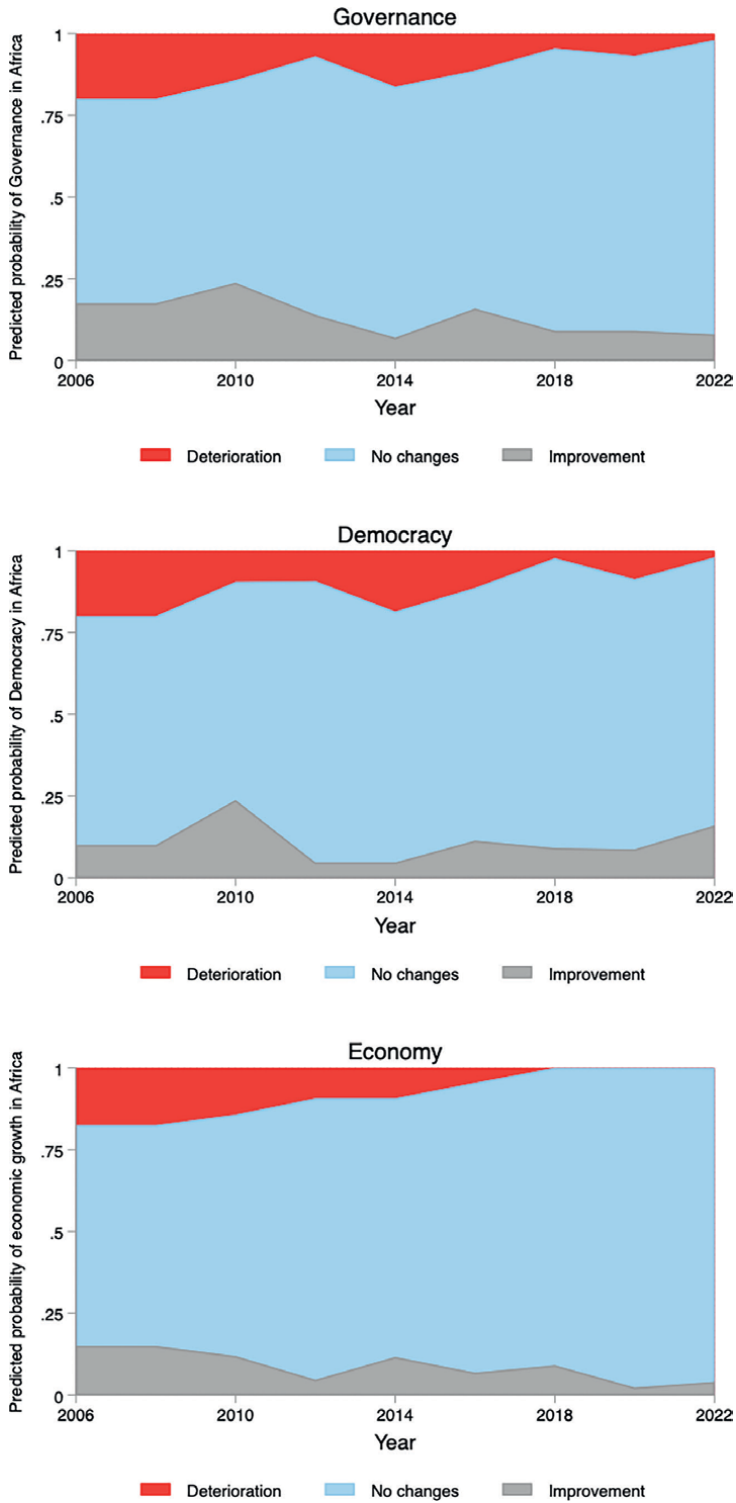
**Figure 3** displays the progress made in Africa toward governance, democracy, and economy between 2006 and 2022. Countries were classified into three categories: deterioration, no changes, and improvement. From **Figure 3**, it is clear that most SSA countries in Africa were in the “no changes” category between 2006 and 2022. This is alarming because, over sixteen years, countries did not make significant progress in terms of governance, democracy, and economy. Therefore, how can these countries reap demographic dividends without a significant shift in how public affairs are ruled? Yet, scholars and practitioners contend that good governance is key to achieve positive social and economic outcomes. Some countries have achieved in the last two decades interesting results in their economies; however, the social landscapes still are marked by inequalities and inequities with increasing share of people living in poverty, and those who cannot access decent healthcare.

**Figure 4** displays the ranking of countries in Africa based on four indicators in 2006 (baseline) and 2022 (endline): status index; democracy status; economy status; and governance index. Again, findings indicated that, between 2006 and 2022, the progress as measured by the status index, democracy status, economy status, and governance index is not significant. Most countries in Africa are located at the bottom of the charts. This means that these countries are not well ruled out on one hand, and on the other hand, they are lacking strong leadership. A closer look at **Figure 4** showed that the difference in rankings for each country between 2006 and 2022 is very small. More importantly, **Figure 4** shows that many SSA countries shifted from left to right, meaning that the indicators have worsened between 2006 and 2022. In doing so, the chapter addressed the underlying question about the progress of socioeconomic development in SSA countries and how likely these countries could not achieve demographic dividend under such socioeconomic conditions.

From **Figure 1**, the chapter argues that governance is the most important building block of the “enabling environment”. Evidence showed that SSA countries are not well ruled according to the indicators on governance, democracy, and economy. As such, these countries would not likely achieve DD. Therefore, the actual portrait of SSA countries could jeopardize Sustainable Development Goals (SDGs) in the region. Yet, SDGs could eliminate or significantly reduce social inequality within and across countries if more effective interventions are implemented in SSA countries.

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<sup>1</sup> Readers might consult the documentation to better understand the construction of the indicators, which is beyond the scope of the chapter. The Bertelsmann Stiftung's Transformation Index (BTI) project collects and publishes every two years, information on developing countries and countries in transition the progress toward democracy and a market of economy. Overall, BTI classifies countries according to two main dimensions: (i) status index measures the state of political (based on five criteria) and economic (based on three criteria), while (ii) governance Index measures political leadership (based on five criteria) toward democracy and a market of economy. Details can be found here [53].



**Figure 3.** Evolution of three indicators of leadership between 2006 and 2022. Panel A: governance; panel B: democracy; panel C: economy (source: [52]).



**Figure 4.** Ranking of countries in Africa concerning Status Index (panel A), democracy status (panel B), economy status (panel C), and governance index (panel D) between 2006 (baseline) and 2022 (endline) (source: [52]).

### **3. A call for action for effective policies and social inequality reduction**

Demographic dividend is a politico-driven economic benefit of a country due to fertility and mortality declines, and well-oriented economic policies to boost economic growth by effectively and efficiently utilizing its working-age population. Demographic dividend is not a miracle that the scientific community will bring to on table by its tons of presentations and debates. This chapter argues that while all components in the enabling environment are necessary, there is a need to establish a gradient to better feed up the debate on demographic dividend: some components are more important than others even though they are all intertwined. In this short viewpoint, we posit that governance through strong leadership and vision is of paramount importance if SSA countries want to reap demographic dividends and if they want to be on track with SDGs.

Strong leadership and a clear vision highly impact institutional quality within a country, which in turn plays an important role in attracting foreign capital. An excellent example of institutional quality in attracting foreign capital can be found in Costa Rica [54] and Central America [53]. These studies analyzed the final decision of Intel to relocate to Costa Rica in 1996. Mexico and Costa Rica were shortlisted in the final stage of the decision process. Both countries share similarities; for instance, they had a GDP per capita of \$US 3000.00 at that time; however, Costa Rica's stability and lower corruption tilted the balance in favor of the country.

One of the key issues impeding the realization of the demographic dividend is the lack of clear understanding of the fuzzy phrase of "enabling environment." In many instances, the phrase is vaguely equated with governance, which itself, also lacks a precise and clear definition. In many circles, governance is equated with electoral democracy. However, the return and proliferation of electoral democracies in many SSA countries in the last decade have not led to "good governance." While electoral democracy is key to good governance, it is not a sufficient condition for realizing the DD. The key to the realization of the DD is a sustained transformational visionary national leadership, which is lacking in the region. By transformational visionary national leadership, we mean consistent and nationalistic governments with a well-thought and dynamic blueprint for national development and population health and wellbeing. While most SSA countries have experienced rapid growth in their gross domestic product (GDP), they rank very low on the Human Development Index (HDI). This is one major difference between the Asian Tigers and SSA countries. In Asian Tigers, the DD was realized by a sustained political handiwork of visionary, focused, strong, and committed national leaderships, who for a long time, pursued and remained committed to a clear agenda of national development and growth. For the most part, this involved a sustained stay in power of a truly nationalistic and forward-looking political class and leadership with clear development policies and agendas as well as unreserved commitment to the development of human resources to generate new and appropriate locally relevant knowledge, operationalize and transfer of existing technologies, promote and accelerate industrialization, institutionalize infrastructural development, and revolutionize social systems to deliver efficient, accessible, and people-oriented services to prevent and control diseases, misery, suffering, and reduce threats.

SSA has plenty of interesting historical experiences to guide current efforts to harness the DD with the ultimate objective of reducing social inequality in the region: slavery, structural adjustment programs, democratization, political instability, and imperialism. From these critical socio-economic events, sub-Saharan Africa (SSA) has

learned about its friends, enemies, challenges, weaknesses, and strengths. SSA also learned how to make progress. Prudent, strong, and committed political leadership should have avoided many of the mistakes, pains, and troubles from the past. With a visionary, focused, conscious, and truly nationalistic leaderships, SSA would avoid repeating the recipes that have produced very poor development outcomes in the past. Key to the realization of the DD is political leadership that does not merely assert but unquestionably demonstrates its commitment to sustainable development and progress through well-thought-out plans and policies to improve lives and ensure well-being. Such leadership must be experienced enough to be able to contradistinguish between political ends and economic realities and how to truly work for the citizenry, not for foreign and personal political and economic interests. The core of the DD miracle is a conscientious political leadership that clearly thinks of countries' social inequality reduction, and develops, and implements a meticulous and dynamic development path and program. Put differently, SSA countries have the potential to realize the demographic dividend. But this is conditional upon an immediate shift toward a strong dedicated political leadership with a commitment to long-term national development. For example, SSA countries currently have some of the most desirable working-age populations worldwide. In most developed countries, the working-age population is declining. It will take visionary leadership to take advantage of such a population structure and ensure that it is fully harnessed to the benefit of Africa.

Without a significant shift in governance, the demographic dividend in SSA will be a vain vow because “there will be no miracles.” SSA countries have made a lot of economic progress during the last decades garnering an impressive economic growth of close to two digits. However, nothing has changed for the “normal” populations: poverty still is rampant; life expectancy is the lowest in SSA compared to the rest of the world, and TFRs still are the highest in SSA countries. With the understanding of the root problems regarding economic challenges in the region, the remaining question is “What does it take to move a step ahead with the right decisions which could drive a sustainable socio-economic development?” We are optimistic that SSA countries' governments will seize the potential opportunities to place their countries on the right track to reap demographic dividend in this twenty-first century.

#### **4. Summary and concluding remarks**

Human capital, measured by the working-age group in most SSA countries, is incontestably the greatest and cheapest resource countries can capitalize on to reap demographic dividend (DD). Definitively, DD could mitigate social inequality in SSA countries if sound and effective policies are implemented. However, statistics clearly indicate that SSA countries will not reap DD under current circumstances. In fact, socioeconomic indicators showed that most SSA countries are lagging very behind with persisting poverty and increasing shares of vulnerable populations. Therefore, this chapter addressed the crucial question of the “gradient” in the enabling environment to ensure that sound and effective policies are implemented with the ultimate goal to reap DD on the one hand, and on the other hand, that the resulting economic growth from DD to mitigate social inequality and improve population wellbeing in SSA countries. A critical analysis of the enabling environment referred to as the mediating factors between population age structure and the expected economic growth, showed that governance should be the first pillar to ensure that SSA countries could reap DD. Governance is a complex and interdisciplinary bridging concept; however,



its most interesting feature is “leadership,” which can really make a difference, especially in the context of SSA. Enlightened and visionary leaders create and maintain cultures of integrity, competence, and service. Great leaders anticipate emerging challenges and opportunities to provide local solutions to global issues. Rampant poverty, social inequalities, and inequities in healthcare, high unemployment rates, and weird school outcomes could only be tackled with enlightened leadership with a clear vision to solve local issues by implementing adapted solutions.

The evidence reported in this chapter has strengths and limitations. Among the strengths, conclusions are based on a situational analysis of development indicators in SSA countries and reliable databases including The World Bank and BTI. A major limitation is that the chapter did not report within countries disparities; this is partly due to the lack of reliable data to dig deeper into social inequalities within countries. Programmatically, national governments should work to improve data governance to provide a thorough landscape of social inequalities in their countries based on reliable data.

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## **Conflict of interest**

The authors declare no conflict of interest.

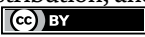
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## Chapter 9

# Regional Disparities of Immigration-Related Conflict Risks: The Case of Estonia

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### Abstract

Regional disparities are one of the sources of social inequality. The empirical study is based on theoretical concept of components of immigration-related ethnic conflicts. The chapter analyses immigration-related conflict risks sources. These conflicts manifest as tensions arising from the interaction between newcomers, often hailing from diverse cultural and ethnic backgrounds, and the established population. This study provides insights into immigration-related ethnic conflict risk levels across 75 Estonian municipalities, offering an understanding of regional risk factors and regional distribution of risks. Using the risk components, we quantify immigration-related conflict risk and use hierarchical cluster analysis to categorize municipalities into distinct types by interaction of conflict components. The empirical analyses reveal segregation of immigration-related ethnic conflict risk; however, this risk varies significantly among different municipality groups and is to a certain extent related with immigration. Three different groups of municipalities can be distinguished in Estonia. A total of 30% of all municipalities have elevated risk levels. In these municipalities, the readiness for conflict is higher than linear interaction with migration rates would predict. We conclude that immigration-related ethnic conflicts are dynamic phenomena shaped by the interplay of immigration processes and pre-existing ethnic divisions within societies.

**Keywords:** immigration, conflict, risk, regional disparities, inequality

### 1. Introduction

Previous research has shown that intensive immigration can be associated with an increased risk of conflict in society [1–3]. Estonia is a country with a complex immigration history and rapidly changing demographic landscape and is therefore a good case for the analysis of migration and potential conflicts.

The main migration trends and the current migration situation are closely related to the country's history, the most influential of which has been the intensive immigration from the territories of the Soviet Union after the Second World War, mainly to towns [4]. Most of the current immigrant population arrived during the Soviet period

from Russia, Ukraine, and Belorussia. The restoration of Estonia's independence in 1991 and subsequent events caused the essential outflow of the foreign-born population, but accession to the European Union in 2004, new opportunities and challenges, have been related to influx of new waves of immigrants since 2015.

Unlike some other post-communist regions, the attack on the parliament building in the spring 1990 and the autonomy referendum in Russian-speaking enclaves in 1993 did not escalate into large-scale violence or prolonged conflicts. The most recent violent episode involving a Russian minority group in Estonia occurred in 2007, known as the 'Bronze Nights' riots. It was classified as a hybrid conflict with roots of ethnic elements and Russia-initiated cyber-attacks [5]. Since 2014 Russia has tried to influence the legislative processes of Estonia, and interethnic relations between Estonians and Russians, using Russian media channels. Russian speaking population is open to Russian media influence due to the high prevalence of consumption of Russian media channels [6].

Due to the rapidly aging population, Estonia will, however, need immigrants in the future [7], and immigration flows will probably increase. It is a challenge for society, because for historical reasons attitudes toward immigrants are less friendly in Estonia than in many other European countries, although improving [8] and the country has had a rather conservative immigration policy during the past 25 years.

Another aspect witnessed in Estonia is its ethnic segregation. The nation is divided into 79 municipalities. Almost half of the Russophone population in Estonia lives in a linguistically homogenous (Russian-speaking) region in northeast of Estonia [9]. In the capital, Tallinn, approximately 53% of the population is of ethnic Estonian descent [10]. Ethnic segregation within the capital has increased notably, with the dissimilarity index rising from 31 in 1989 to 44 in 2019 (on the scale from 0 to 100 total segregation [11]).

The main purpose of this chapter is to analyze if and how the intensity of immigration is related to the risks of social conflicts, which factors favor it, and give an overview about the situation in Estonia. In this chapter, we analyze sources of potential risks and their regional distribution by small units—75 municipalities of Estonia. We use an innovative approach for analyses of the regional distribution of risk components by immigration intensity and calculate immigration-related GINI index scores. The municipalities are classified into groups according to the distribution of risk components and the relationship of risk level and immigration by these groups is analyzed.

The chapter begins with a theoretical overview about sources of immigration-related ethnic conflicts and some previous studies. The method section presents the main information about measurements of risk components and methods for Estonia used in this chapter. Results present the distribution of regional disparities according to GINI coefficient, groups of municipalities according to composition of risk scores and migration, and risk components analyses.

## **2. Migration, regional differences and conflicts**

Migration is seen as a tool for intermediating regional differences and determinants in economic, urban and social processes, but on the other side migration is a source of regional diversity. The topic of this chapter is potential immigration-related conflict, and although societies try to avoid conflict, intensive immigration can facilitate it. The tendency of immigrants to concentrate in certain regions is a well-known

phenomenon [12]. Intensive immigration and social conditions related conditions create potential conflict risk. To avoid this, several countries use immigrant distribution policies [13, 14]. The risk of conflict is higher when there are at least two influential ethnic groups in the society [15, 16]. The two major ethnic groups in Estonia are Estonians and Russians or Russian-speaking community.

Our summary of international studies shows that migration can increase the risks of conflict due to the following components: immigrant's elevated perception of discrimination, injustice, perception of inequality, distrust, social exclusion, different understanding of norms and values, lack of positive communication, feeling of fret, unequal access to resources [17–21]. We will analyze systematically these immigration-related conflict risk factors next and give an overview about previous studies related to these factors.

According to several studies [22, 23], the negative attitude towards immigrants is influenced by the recent change in the number of immigrants. According to self-categorization and social identity theory, people perceive the (ethnic) inner group members more positive and members of the external group more negative and stronger ethnic group consciousness can increase the risk of conflict [24, 25].

Following the classical conflict theory, increasing immigration and growing ethnic diversity weaken trust in society [26], if the immigrant group differs from the local population, mistrust increases because it is a group of 'others'. Trust can especially suffer if there are no previous positive encounters with the new group.

Both sides of trust—lack of generalized trust as well as lack of trust of institutions can elevate potential conflict in societies, although their mechanisms of influence are different. Additionally, persons who do not trust other people and do not trust state institutions tend to be less tolerant of immigrants [27, 28].

Also, trust and values are linked because the same values in the community tend to generate trust and solidarity with co-members of that community [29]. A conflict of values is a problem when the values of immigrants and local people have different understandings of some important issues. Immigrants often retain place of origin values under the influence of their families even if they have arrived in a new country as children [30]. Therefore, the values, norms and religious beliefs of immigrant groups may differ from the ones of the dominant culture.

Low-norm obedience is a risk factor for conflict because it increases resistance to societal norms and order regardless of migration status. Additionally, natives expect that others respect their normative standards, entitlements, and it is expected that the minority groups will follow the normative rules of the host community, especially related to human rights and religion-related issues [31, 32].

Many theories associate conflict readiness in society with the perception of threat to economic, territorial, employment, social benefits or other resources such as identity, culture, power and security or perception of discrimination [33, 34]. Studies in Estonia [35] reveal that for ethnic Russians, the main grievances are related to perceived social inequality, perceived discrimination, low level of trust towards government institutions and unequal participation in public life and recognition. According to the Estonian Integration Monitoring Report 2020 [36], about 29% of ethnic minorities in Estonia felt that they are not welcomed in the country and 38% that they are second-class citizens. More than two-thirds (73%) believed that it is easier for Estonians to get a good job, and more than half (57%) thought that Estonians have better opportunities for education. A total of 73% of ethnic minorities felt that the preservation of their ethnic culture is endangered in 2027 [37].



Dissatisfaction with life increases social conflict risk as well. There are numerous sources of dissatisfaction, but the feeling of unfair treatment, associated often with immigrant status, reduces life satisfaction as well [38–40]. Gurr [41] emphasizes the importance of subjective perception of deprivation, not only the objective situation. In our analyses, we therefore look at all these different components together.

Several studies have shown that positive contacts between different groups reduce negative attitudes towards another group [42, 43]. It is hindered due to high regional ethnic segregation in Estonia. Ethnic Estonians and Russians live linguistically and occupationally in separate systems [6, 44]. Since the 1990s segregation has continued and Russians have concentrated more around their own areas [45] and this segregation might influence on turn ethnic relations. Only 36% of ethnic minorities and 38% of Estonians had engaged in conversations with individuals from different nationalities several times a month in the preceding 6 months [46]. Intensive recent immigration to already segregated regions can increase the risk of conflict between locals and newcomers.

Competition for the same resources is seen by many scholars as a source of conflict, for example, low and declining incomes, unemployment, economic inequality [47, 48] are risk factors for conflict. Conflict is particularly likely in situations of deficit of resources [49, 50]. As unemployment rises, opinions about the impact of immigrants on the economy may become more negative. In 2019, 25 percent of minorities and 18% of Estonians belonged to the lowest income quintile and in 2020, only 34% of the minorities considered their income fair, compared to 48% of Estonians [51].

Vetik with colleagues [52] summarize previous studies of the sources of conflict situation in Estonia as a combination of political-legal (a great number of Russian-speaking population), socio-economic (lower incomes, higher unemployment rate of the ethnic minorities) and regional (less developed North-East region with concentration of Russian speaking minority) forces. In this chapter, we analyze regional differences in social tensions and their relationship to migration with the most recent data and with help of more detailed list of social tension risk components based on a literature review and developed by authors [53]. Based on previous literature, we expect to see a positive relationship between migration and social conflict risk level, however, the components of the conflict may be different by region.

### **3. Method**

In this chapter, we examine the relationship between immigration intensity and the risk of potential conflict sources regionally. Immigration is measured by the international immigration rate to the municipality. We assume that the immigration does not have an immediate effect on the attitudes, but the effect is cumulative. For measurement of immigration, we use therefore an average value of the last 4 years.

We analyze the distribution of 16 immigration-related conflict components and calculate the distribution of GINI index scores for different municipalities. Traditionally Gini index measures the distribution of resources in income groups and the extent the situation deviates from a perfectly equal distribution. A Gini value 0 reflects perfectly equal distribution, while an index with values 1 reflects absolute inequality. In this chapter, we apply it to local governments in the context of immigration. We rank the local governments according to the rate of immigration. Next, we analyze the distribution of the components of risk in these ten GINI immigration groups. We use a special web page to calculate the Gini [54].

Thirteen out of the total 16 risk indicators reflect subjective perceptions and three are objective indicators by character. The subjective 'feelings' are particularly valuable in understanding potential sources of conflict. For data of perceptions and attitudes, we use information from the European Social Survey (ESS). ESS data is suitable for the analysis because it includes data about attitudes, beliefs and personal behavior of 15 and older population. Our research team has an access to the regional-level data of ESS for Estonia. We use pooled data from rounds 2014, 2016, 2018 into one database, in order to analysis the data at the municipality level. Additionally, we used data about immigration and unemployment rate from official statistics. All the components of the index are measured for 75 of the 79 Estonian municipalities. Four small municipalities were left out of the sample, as there was not enough information about them.

The choice of the components of conflict risk is based on an extensive literature review [53]. Information about 16 conflict risk components in municipalities was derived with methods as follows:

Diversity of ethnic and religious identities is measured by the share of groups with strong ethnic and religious identity, respectively. Elevated ethnic identity risk was coded if the titular ethnic group (Estonians) formed between 15 and 85 presents of population. For the religious groups, we use 5% threshold of two different religious groups in the municipality. For both indicators, higher conflict risk situation is marked with value '1'.

Distrust is represented by two subjective indicators. First, distrust of other people or generalized trust is measured with the ESS question 'Overall, do you think most people can be trusted?', where 0 means 'you can't be too careful' and 10 'most people can be trusted'. Distrust of state institutions is measured with the ESS questions 'How much you personally trust the following institutions: (1) parliament, (2) legal system, (3) police, (4) politicians, and (5) political parties?', where 0 means 'you do not trust an institution at all' and 10 'you have complete trust'. The share of individuals responding with '0-4' scores to these questions is used as an indicator of distrust to state institutions.

Values measures involve information about three types of attitudes—negative attitudes towards immigrants, negative stereotypes towards immigrants and conflicting values. For a measurement of negative attitudes towards immigrants, we use question 'To what extent do you think Estonia should allow (1) people of the same race or ethnic group as most Estonia's people; (2) people of different race or ethnic group as most Estonia's people; (3) immigrants from poorer countries outside Europe to come and live here?'. Mean of shares of responses 'Allow few or none' for these three questions were used for calculations of immigrant attitude indicator. Negative stereotypes towards immigrant's indicator is based on ESS question asking whether Estonia is made a worse or a better place to live by people coming to live here from other countries? Score 0 meant 'Worse place to live' and score 10 'Better place to live'. Share of '0-4' responses indicate negative stereotypes. Also, conflicting values indicator is based on the ESS question. It measures differences of local-born and immigrant populations with an agreement. This question was used for value gap measurement because recognized value studies had found position of LGBT among the three most prominent immigration-related value gaps in Europe [55, 56].

Feelings of cultural, economic and physical threat are measured each by one subjective indicator from ESS. For measurement of cultural threat, we use question 'Would you say that Estonia's cultural life is generally undermined or enriched by people coming to live here from other countries?', where 0 means 'cultural life

undermined' and 10 'cultural life enriched'. Threat to economic resources is derived from a question 'Would you say it is generally bad or good for Estonia's economy that people come to live here from other countries?', where 0 means 'bad for the economy' and 10 'good for the economy'. For both those questions percentage of people who answered '0–4' serve as an indicator of threat. An indicator of feelings of threat to physical security is based on the ESS question as well 'How safe do you—or would you—feel walking alone in this area after dark?'. Percent of people who feel unsafe or very unsafe was used as the indicator of feelings of threat to physical security.

Inequality and injustice is measured with perception of discrimination. The question asks if person would describe him/her as being a member of a group that is discriminated against in this country. Percent of people reporting this feeling is used as an indicator.

Dissatisfaction is measured with a question 'How satisfied are you with your life as a whole nowadays?', where 0 means 'extremely dissatisfied' and 10 'extremely satisfied'. Percent of people who answered '0–4' is used as the dissatisfaction indicator.

Measurement of communication skills uses question 'It is important to her/him to listen to people who are different from her/him. Even when she/he disagrees with them, she/he still wants to understand them', where 1 means 'Very much like me'; 2 'Like me'; 3 'Somewhat like me'; 4 'A little like me'; 5 'Not like me'; 6 'Not like me at all'. Percentage of people who responds that not like me or not like me at all is used as the poor communication skills indicator.

Low norm/rule obedience indicator is based on mean values of two ESS questions 'How much each person is or is not like you? (1) She/he believes that people should do what they're told. She/he thinks people should follow rules at all times, even when no-one is watching. (2) It is important to her/him always to behave properly. She/he wants to avoid doing anything people would say is wrong'. Arithmetic mean percentage of people answering 'a little, not or not like me at all' to these two questions is used as the low norm/rule obedience indicator.

Under limited economic resources, we measure economic coping and unemployment. Income question results come from ESS. A question asks 'Which of the descriptions comes closest to how you feel about your household's income nowadays?', where 1 means 'Living comfortably on present income'; 2 'Coping on present income'; 3 'Difficult on present income'; 4 'Very difficult on present income'. Percent of people answering 'difficult' or 'very difficult' is used as the poverty indicator. Second, arithmetic mean registered unemployment rate from 2015 to 2018 based on national statistics is used as an unemployment indicator.

To profile better the position of different local municipalities from the point of view of immigration-related conflict risk, we use also hierarchical cluster analysis. The method groups municipalities according to their similarity using 16 risk indicators. The municipalities most like each other remain in the same group.

#### **4. Results: conflict risk levels and typologies of Estonian municipalities**

We assess the immigration-related conflict risk levels in 75 Estonian municipalities and their regional distribution and division into different groups. These calculations considered the different immigration burdens of municipalities.

On average immigration intensity varies from 0.5 to 2.4 immigrants per by 1000 inhabitants. The variability of immigration-related potential conflict source characteristics across deciles of local governments is shown by the GINI index.

For the most potential conflict indicators, the GINI index is close to 0.5, which indicates an average concentration. This means that on a scale from 0 to 1, where 0 is equal distribution and 1 is concentration in only one unit, these risks are distributed on average. Demographic indicators (segregation by ethnic groups and religious groups) have the highest GINI. This demonstrated once again strong ethnic and religious segregation in Estonia. Perception on injustice and value gap between the local and immigrant populations are the next important features with high segregation (**Table 1**).

Correlation analyses showed that immigration rate had the strongest correlation with share of ethnic groups (0.473,  $p > 0.000$ ) and religious background (0.424,  $p > 0.000$ ). Also, feelings of dissatisfaction with life (0.434,  $p > 0.000$ ), perception of injustice (0.318\*\*,  $p = 0.005$ ), feelings of threat to physical security (0.242,  $p = 0.036$ ) are associated with higher immigration flows. The other variables did not have a direct correlation with immigration rate.

Three groups of local governments can be distinguished on the basis 16 conflict risk indicators (**Table 2**) in hierarchical cluster analysis. Mostly the risk indicators are lower in Type 1 and Type 2 municipalities and highest in Type 3. Only 5 municipalities belong to the type 3 group, 20 to group 2 and 50 to group 1.

Indicator	GINI
Identity: Ethnic groups (15 to 85 percent of inhabitants identify themselves as titular ethnic group; 1 = yes; 0 = no)	0.71
Identity: Religious groups (at last two form 5% of population) (1 = yes; 0 = no)	0.69
Trust: Generalized trust (% of people who do not trust other people)	0.54
Trust: Institutional trust (Mean of % of people having low (< 5) trust in country's parliament, legal system; police; political parties; politicians)	0.52
Values: Negative immigration attitudes (Mean % of people allowing few or no immigrants of (1) same race/ethnic group as majority; (2) different race/ethnic group from majority; (3) from poorer countries outside Europe)	0.52
Values: Negative stereotypes (% of people who think that immigrants make country worse place to live)	0.53
Values: Value gap (Difference between % of local people and immigrants who disagree that gay men and lesbians should be free to live their own life as they wish)	0.60
Threat: Cultural threat (% who think that cultural life is undermined by immigrants)	0.54
Threat: Economic threat (% who think that immigration is bad for economy)	0.53
Threat: Physical threat (% who feel unsafe walking alone in local area after dark)	0.58
Perception on injustice (% who think that they belong to a group discriminated in a country/100) *10	0.64
Dissatisfaction (% who are dissatisfied with life as a whole)	0.56
Poor communication skills (% who think that it is little, not or not at all important to them to understand different people)	0.56
Low norm obedience (Mean % of people who say that it is not important to them to (1) do what is told and follow rules, and (2) behave properly /100)	0.52
Resources: Poverty (% who think that it is difficult or very difficult on present income)	0.55
Resources: Average registered unemployment rate during last 4 years	0.53

**Table 1.** GINI index for components of the potential immigration related conflict sources (municipality deciles are calculated according to distribution of immigration, for calculations of GINI we use distribution of conflict features in those immigration deciles groups).

Type 3 municipalities have high scores in many risk factors—distrust, negative attitudes towards immigrants, low physical security, dissatisfaction, poverty, feeling of injustice, unemployment (**Table 2**). Luckily, norm obedience is relatively high, compared to other groups in this group. Municipalities belonging to this group can be characterized as religiously homogeneous, but ethnically diverse. All of them are cities, located in the northern and north-eastern regions of Estonia. Many of these cities can be characterized as (former) industrial cities, which host a substantial immigrant population. Economic well-being indicators in these municipalities lag behind other areas, with an average monthly gross salary of around 1100 euros in 2021 (data of 2021 Statistics Estonia).

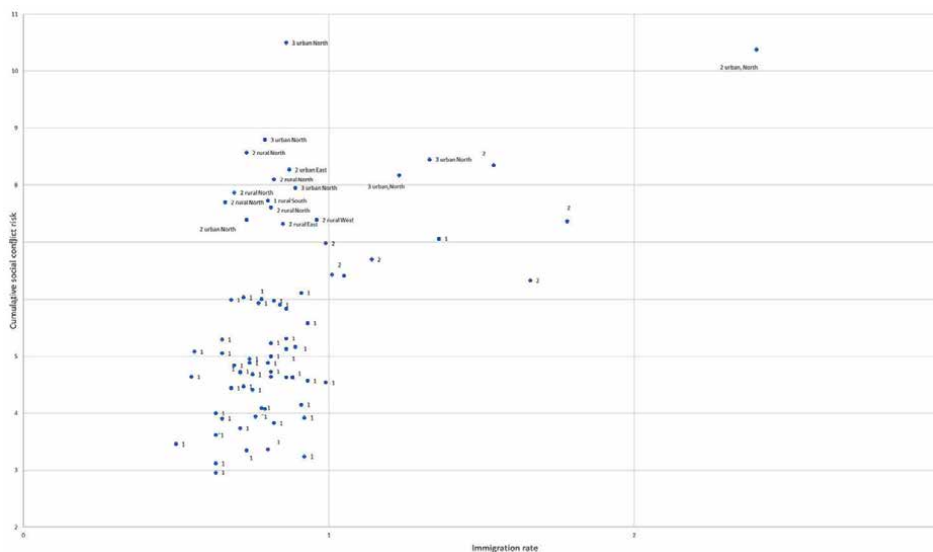
Type 2 municipalities are multi-ethnic and multi-religious municipalities with some elevated perceptions of immigration-related frets, perception of injustice and dissatisfaction. Out of 20 municipalities, 6 in this group are towns. This includes a large part of the municipalities in Northern Estonia, which make up 50% of the municipalities of this group. However, we can also find here municipalities from Southern Estonia and other places.

Type 1 municipalities are ethnically and religiously quite homogeneous with lowest risk factors (**Table 2**). Only the lower-level low norm obedience and lower communication level is noteworthy in this group. It is also the most dominant group in the country, 71% of Estonian municipalities belong to this type.

**Figure 1** shows how migration intensity and cumulative index for potential conflict risk interact with different profiles of municipalities. In the figure, we use the cumulative index developed by Maasing et al. [53] to measure social tension but

	Average	Type 1	Type 2	Type 3
Groups with different ethnic identity	0.31	0.00	1.00	0.60
Groups with different religious identity	0.37	0.16	1.00	0.00
Distrust of other people	0.23	0.22	0.24	0.30
Distrust of state institutions	0.49	0.48	0.50	0.57
Negative attitudes toward immigrants	0.52	0.51	0.53	0.63
Negative stereotypes toward immigrants	0.46	0.46	0.47	0.40
Conflicting values (value gap)	0.23	0.23	0.24	0.19
Feelings of cultural threat	0.35	0.33	0.39	0.35
Feelings of economic threat	0.43	0.43	0.42	0.46
Feelings of threat to physical security	0.15	0.11	0.18	0.38
Perception of injustice	0.48	0.25	0.56	2.43
Feelings of dissatisfaction	0.59	0.50	0.70	1.01
Poor communication	0.15	0.16	0.11	0.12
Low norm/rule obedience	0.34	0.36	0.30	0.28
Poverty	0.27	0.25	0.25	0.50
Unemployment	0.31	0.28	0.31	0.54
Number of municipalities belonging to this group	75	50	20	5

**Table 2.** *Components on immigration related conflict risks by municipality types.*



**Figure 1.**  
*Immigration intensity and cumulative index for potential conflict risk.*

omit the migration component from it in order to analyze it separately. We can expect that migration and the risk factors are related. From **Figure 1**, we can see that there is indeed a link between migration and cumulative social risk level.

In most cases, even a small increase in the intensity of migration is associated with an elevated level of social conflict risk. Mostly municipalities with low migration intensity belong to group 1 and have low level of social risk.

Types 2 and 3 municipalities have highest cumulative risk levels. Particularly interesting group are those local governments whose level of risk of social conflict is disproportionately high compared to immigration (upper section on the left on **Figure 1**). The labels in the **Figure 1** indicates also the geographical position and type of settlement for those settlements.

They are mostly Types 2 and 3 urban settlements, which are located in Northern Estonia. In this special group, the main source of risk is not immigration, but already developed social fears and perceptions which generally also characterize Types 3 and 2 municipalities.

## 5. Conclusions

Estonia has managed to avoid major ethnicity-based clashes since 2007, but this stability is not guaranteed. There are still factors in Estonian society that could lead to tensions, including increasing immigration pressure, ethnic segregation, communication gaps of different groups, language issues, historical interpretations, distrust, discrimination and socio-economic disparities. All these factors were also considered in the social risk analysis in this chapter.

This chapter focused on the potential sources of social conflict related to immigration, and how do these risks vary across regions in the 75 municipalities of Estonia. We use components of an immigration-related conflict index developed by authors [53] for grouping of local municipalities and the analysis of migration and social risk

connections. We used 16 variables representing eight potential sources of conflicts: identity (ethnic and religious), distrust (to other groups and institutions), value difference (negative attitudes, stereotypes), perceived threat (to culture, economy, physical safety), perceived inequality, dissatisfaction, poor communication between groups, low-norm obedience, availability of resources (poverty and unemployment rate).

Analysis of risk by migration deciles showed segregation by ethnic groups and religious groups as these risk components had the highest GINI. Perception on injustice and value gap between local and immigrant population were also important features of segregation. For the rest of indicators, the index was close to 0.5, which indicates an average concentration.

Recent immigration intensity was quite strongly correlated on municipality level with a diversity of ethnic and religious groups and feelings of dissatisfaction with life, perception of injustice, feelings of threat to physical security. Result shows that the intensity of migration is positively related to the social tensions regionally, i.e. those regions with higher immigration rate are the ones with a higher cumulative social tension result. In most cases, even a small increase in the intensity of migration is associated with an elevated level of social conflict risk.

Somehow exceptional was a large number of municipalities with a high risk of conflict in the Northern region, where the tension was higher than immigration would have been expected from immigration intensity. Since these regions are the ones with a higher level of historical immigration already, this may be an indication that the process of immigrant integration has not been successful enough and needs more attention.

Regionally three types of municipalities can be distinguished in Estonia. About 70% of the municipalities belong to the Type 1 municipalities which have low immigration rate and low social risk level, 30% (Type 2 and 3) have some elements of elevated social risk level, but this risk is less correlated with recent immigration activity. Elevated risk level may be influenced by historical migration processes in these municipalities. The risk was highest in Type 3 municipalities. They had high scores in many risk factors—distrust, negative attitudes towards immigrants, low-physical security, dissatisfaction, poverty, feeling of injustice, unemployment. Surprisingly norm obedience was relatively high in this group, despite of all other risk factors. This element may prevent open conflicts. Type 2 municipalities had average risk scores.

The results of our research help better understand the relationship between migration and social risks and plan risk prevention. They also contribute to a deeper understanding of the complex relationship between migration and social risks. This allows policymakers to facilitate risk prevention planning, which should include migration, integration and social policy aspects. This is particularly valuable because, although it shows that migration of conflict factors is related, there are certain areas where the sum of potential conflict factors is greater than one would expect from immigration flows.

Our analysis also gave an explanation that the conflict has increased in these areas due to distrust, negative attitudes towards immigrants, low-physical security, dissatisfaction, poverty, feeling of injustice, unemployment.

Therefore, in the context of Estonia, these factors are the ones that should be dealt with as a matter of priority in society and in the field of integration. This type of analysis also allows for a more precise geographical delimitation of policy priority areas, where problems should be tackled as a matter of priority.

Nevertheless, this study has certain limitations. We would like highlight that the conflict risk level is designed to measure conflicts readiness, and the result may not

therefore represent real-world conflicts. Also, due to the lack of empirical data on municipality level, some few risk components have been left out of the analysis, like the role of media and role of individual instigators of conflict.

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# Perspective Chapter: Racial Equity and Community Reintegration and Support in Pennsylvania

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## Abstract

The Racial Equity and Policy Framework provides theoretical guidance on understanding the impact of race on the experiences of individuals with substance use disorder, former incarceration, and mental health needs community integration and several key resources available to support them in the state of Pennsylvania. This work is part of a broader project and commitment to study of racial equity and community integration to understand the availability of resources and needs of constituents in the state. The Racial Equity and Policy Framework helps to contribute to discussions on the integration of race and equity, and the lack thereof, in the service of constituents, and to identify where there is a need to raise questions. The chapter concludes with recommendations for policy and practice.

**Keywords:** racial equity, community integration, community development, community involvement, public health, health equity, government

## 1. Introduction

This book chapter focuses on perspectives about the role of racial equity and community support and reintegration in Pennsylvania. A health-focused racial equity based framework [1] provides theoretical guidance on observations of current literature and published reports on issues that impact policies and practices on the experiences of individuals with substance use disorder, former incarceration experiences, and mental health needs. These perspectives are supported by my professional reflections of work in community reintegration programs and as a resident of the state of Pennsylvania in review of publications about the need for racial equity. In this chapter community reintegration is identified as an intervention and solution to providing support in local communities for Pennsylvania residents with substance use disorder, former incarceration, and mental health needs. Community reintegration involves governmental infrastructure to provide resources to help constituents access a variety of services and navigate systems of support at the federal, state and local levels. Publications about state and local resources provide important knowledge on the characteristics of racial equity and community reintegration. This includes state and local level reports and action plans that currently influence the daily lives of constituents.

A significant issue in community support is the viability of racial equity of community support reintegration of individuals who experience trauma related to: drug addiction and abuse, a former incarcerated status, and a history of mental health issues and institutionalization in the state of Pennsylvania. This project will focus on increasing awareness of racial equity in their leadership in community development in Pennsylvania within these three main topic areas and discuss best practices in their work that improve the circumstances of individuals within their communities.

The goal of this theoretical work is two-fold: to contribute to discussions on the importance of racial equity and community support and reintegration within the state, thereby increasing awareness of racial equity within the Department of Human Services. Additionally this work serves to increase awareness about the importance of racial equity in leadership specific to community support and reintegration programs and efforts within Pennsylvania.

The questions guiding this study include: In what ways has the Pennsylvania Department of Human Services advanced racial equity in the leadership of community development? In what ways is racial equity evident in community reintegration and support efforts in the state of Pennsylvania? This chapter addresses work within the Department of Human Services currently focused on the advancement of racial equity through collaboration and supportive dialogue, research, and resources on the importance of increasing awareness and representation of voices and experiences from various racial and cultural backgrounds. Furthermore, the specific focus on racial equity in the leadership of community support and integration allows for participation in this discussion from leaders of various programs and efforts within the state. This work serves to raise awareness about the vital importance of community support and integration for individuals faced with drug addiction, the challenges associated with the former status of incarceration, and the effects of institutionalization for those experiencing mental health crises. In addition to pool publications, this work intends to discuss community support and reintegration programs throughout the state, in both urban and rural areas in an effort to partner in collaboration with other practitioners, scholars, advocates, and activists within the state to identify best practices for community development.

## **2. Racial equity and policy [REAP] as a theoretical framework**

In choosing a theoretical framework to examine the topics for this chapter it is important to consider the broader context of influence on racial equity and leadership. Several states have enacted legislation to ban the study of race and use critical race theory in education. While Pennsylvania has been involved in discussions on racial equity and leadership, to include a report referenced in this chapter, consideration of legislative bans on the use of race is necessary as an act of advocacy to ensure active use of racial equity principles. The Racial Equity and Policy Framework, REAP [1], is a tool for facilitating engagement with insights of policy processes to understand ideas, events, networks, and contexts shaped by institutions and actors. As a health-equity based framework, REAP is wide-reaching in scope and appropriate for the topics in this chapter as each one is relevant to issues of health and wellness and many others issues disproportionately affecting socially, culturally, and economically diverse communities [1]. Thus, for the purpose of this chapter select issues addressed in the framework help to inform what is known about drug addiction, incarceration, and mental health disparities in Pennsylvania.

For instance, in the discussion on drug addiction the impact of the open air drug market on the community is widely debated with particular emphasis on activities in the Kensington area of Philadelphia. To further understand the need for racial equity I ask readers to consider: *In what ways is racial equity considered for the purpose of community support and reintegration?* Additionally, for those in the community that are formerly incarcerated, *how is racial equity considered in community support and reintegration initiatives?* In consideration of the mental health issues associated with drug addiction and incarceration, *in what ways is racial equity considered in the advocacy for those seeking treatment in Pennsylvania?* Though there are a myriad of programs and initiatives that focus on these issues throughout the state, the goal of this chapter is not meant to be an exhaustive study, rather a chance to highlight some of these issues to contribute to the broader discussions on racial equity and community support. Perspectives in this chapter can be considered in broader discussions on racial equity and community integration.

REAP [1] informs on how, where and when to raise critical questions about the challenge to facilitate racial equity as it relates to the disproportionality, decentralization, and voice of the community. For the issues discussed in this chapter there is an emphasis on identifying resources where there are perspectives on structural racism and behavioral responses by individuals who can benefit from improvements in racial equity. The use of major research reports, peer-reviewed articles, and publications from the State of Pennsylvania offer critical insights for understanding the implementation of racial equity strategies.

## 2.1 Racial and health equity and positionality statement

The Covid 19 Pandemic “exposed a depth of racial injustice entrenched in American social, economic, and political life.” [2]. It also highlighted significant health inequities due to structural racism [3]. For the last two decades, and beyond, at the center of community support and reintegration efforts for individuals with substance use disorder, experience with incarceration, and mental health needs are institutions and actors working within structurally racist systems. Interrogating systems of structural racism is critical to facilitating racial and health equity. For example, reports like *Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare* [3] raise questions about the importance of the availability of support strategies within these systems that facilitate community integration by a healthcare industry that is representative of the constituents it serves. It asserts the importance of an increase in racial equity through the hiring, and retention, of a racially and ethnically diverse workforce. It also suggests the importance of interventions that ensure individuals who are in need of community reintegration support are able to navigate systems that are designed to support them. This involves collaboration across multi-levels of actors that includes health systems where individuals in need of care seek treatment.

This work identifies where racial equity is considered in community reintegration interventions in literature focused on Pennsylvania and efforts to support individuals with substance use disorders, former incarceration experience, and those with mental health needs. This work, *Racial Equity and Community Reintegration and Support in Pennsylvania*, builds on findings from the *Pennsylvania Department of Human Services Racial Equity Report: Leading the Fight for Justice, Equity and Opportunity for All People Report* [4] that identifies diversity equity and inclusion, and economic justice as priorities in community development work. According to the report, the



Department of Human Services is a large employer in The Commonwealth employing more than 16,000 employees and provides a knowledgeable base for understanding the complexities of public-facing work in these topic areas within communities across the state of Pennsylvania. The report calls for an increase in representation in racial equity to improve service and support of the demands from constituents that represent a wide variety of ethnicities and experiences in the state of Pennsylvania.

## **2.2 Positionality statement**

As a resident of Pennsylvania, I have a particular interest in studying the issue of community reintegration and support. I have witnessed the role of support for community reintegration in substance use disorder and recovery and have seen the importance of interventions and the need for racial equity. For example, in Philadelphia, there are observable situations of disproportionality, decentralization with substance use disorder in what is considered an “open air drug market” [5] where an increase in racial equity in the voices that are heard on this topic has been addressed. Furthermore, understanding the resources available to support the study of the topic of racial equity is critically important to any long term commitment to community reintegration as an intervention.

## **3. Literature on REAP and community support and reintegration in Pennsylvania**

The literature specific to the concept of community support and reintegration in Pennsylvania on the constituents highlighted is sparse. A review of literature on this topic yielded various reports on statistical portraits on substance use disorder, former incarceration, and mental health needs. Additionally, articles on health equity underscore the importance for additional study to understand the experiences of constituents and their need for support. To address the limitations of the book chapter, observations of literature are included on each topic. Additionally, while reports indicate that long-term strategies of care are a priority, more information on the role of community integration is needed.

### **3.1 Support for substance use disorder in Pennsylvania**

Substance use disorder is a priority in racial equity efforts in the state of Pennsylvania Department of Human Services and is addressed in its health equity and economic justice initiatives [4]. A major focus of facilitating these initiatives is access to data on individuals in need of support and identifying efficient community development strategies to administer services. The American Psychological Association defines Substance Use Disorder, also known as SUD as:

*“excessive use of a substance, including: alcohol; tobacco; opioids; caffeine; cannabis; hallucinogens; inhalants; sedative, hypnotics, or anxiolytics; stimulants (e.g., amphetamine, cocaine); and more. Various mental health conditions, such as depression, may co-occur along with substance use disorder.” [6]*

The Department of Human Services has advanced racial equity through the development of a report focused on the topic of racial equity. The declaration of a

commitment is a crucial first step in the advancement of racial equity. The report informs readers on the practices of community development by identifying ways DHS has implemented strategies to improve social services like housing, job readiness and support for childcare. The report acknowledges more work needs to be done to serve the most vulnerable constituents in Pennsylvania and identified the development of racial equity as a priority. According to the Pennsylvania DHS, racial equity in SUC is considered in factors contributing to long-term physical, behavioral, and social determinants across multi-levels of services, supports, and programs with a focus on trends in racial gaps. The Substance Use and Mental Health Services Administration, also known as SAMHSA [7], reports from a national 2021 survey the percentage of individuals aged 12 and older with substance use disorder was highest among young adults aged 18–25 (25.6% or 8.6 million people), followed by adult aged 26 or older (16.1% or 35.5 million people), then by adolescents aged 12–17 (8.5% or 2.2 million people).

In applying the REAP [2] Framework to the issue of disproportionality in substance use disorder in Pennsylvania there are several priorities for increasing racial equity and community integration support. First and foremost, there is a need for racial equity within the leadership of DHS. Disproportionality typically refers to the way resources are allocated thus it is important to note that when there is a lack of racially equitable leadership this influences the decision-making about resources. While the report indicates there is ongoing work to consider how to improve and increase racial equity in leadership, in future work, there should be consideration for the ways strategies for community reintegration are included in the development of leadership. Second, disproportionality affects Black and Brown communities who are in need of support for substance use disorder more than their white counterparts. In response to this disparity, there is a commitment to infrastructure to support activities that can facilitate community integration. This includes initiatives that focus on health equity. These initiatives do not specifically address substance use disorder, though issues like increasing employment and training/skills development programs, and legal aid that helps individuals stay in their homes, thus, helping them to remain in the community.

In terms of decentralization, the case example of Kensington where there is a specific strategy to implement policies specific to substance use disorder, particularly in open-air drug markets as noted in the 2021 Executive Order 1–24 Declaring a Public Safety Emergency and Action Plan [8]. There have been commitments to support racial equity leadership to facilitate these initiatives that involve community feedback and welcomes the voice of the community. Pennsylvania DHS is committed to facilitating discussions with constituencies across the state to support a commitment to diversity, equity, inclusion and anti-racism. Open and honest dialogue about the experiences of individuals with substance use disorder must include activities that foster community integration.

### **3.2 Support for the incarcerated and formerly incarcerated**

The Pennsylvania Department of Human Services advances racial equity by addressing several community integration activities that support individuals who have been formerly incarcerated. In particular, its focus on economic justice addresses food and housing insecurities and is supportive of the needs of individuals who have been formerly incarcerated. The PA DHS report does not specifically address formerly incarcerated populations, though its work to identify the needs of the homeless, those

in need of housing aid and access to social services, and education are areas where individuals participating in state/city-wide reentry programs could be most vulnerable and this work continues to both inform and represent practices of community development. More research is needed to fully understand how the work of economic justice contributes to efforts of community reintegration.

The disproportionality of formerly incarcerated persons reveals glaring inequities in needs for employment and challenges with joblessness. The Prison Policy Initiative [9] citing data by the Bureau of Justice Statistics, reports that in 2010, nationwide, more than 50,000 people were released from prison. Yet, from this number:

*“a staggering 33% found no employment at all over four years post-release, and at any given time, no more than 40% of the cohort was employed. People who did find jobs struggled, too: Formerly incarcerated people in the sample had an average of 3.4 jobs throughout the four-year study period, suggesting that they were landing jobs that didn’t offer security or upward mobility.” [9]*

The work of economic justice in Pennsylvania considers the roles of multiple programs doing work to support the needs of this population. Identifying the ways to collect data on the impact of the programs continues to be a huge challenge. It is important to note the work of community integration as a way to help formerly incarcerated persons navigate access to services is vital to their overall success. Work to support the formerly incarcerated in Pennsylvania remains a concern with efforts to address the challenges this population faces on several levels. First, there is a state-wide acknowledgment of racial inequity and the racial violence that ensues as a result. PA DHS acknowledges “historically undervalued and underserved communities” [4] as a priority and is committed to broadening discussions about their needs and the resources available to help them. Second, there is a similar focus available in local city government in the state. Included in the 100 Day Action Plan [5] Initiatives for The City of Philadelphia, an intergovernmental task force serves to decentralize power to work collaboratively on issues affecting the formerly incarcerated within the community. For formerly incarcerated communities to thrive, a plan for community reintegration can make a positive impact on long-term success for increasing racial equity.

Both at the state and local levels the opportunity to include the voices of the community is an active strategy within the commitment for racial equity. The PA DHS report weighs heavily on this work as it is touted as the largest employer in the state with responsibilities that touch the daily lives of constituents. The report asserts the role of empowerment as an important practice in collaboration with the community. The work of this chapter asserts that practices and policies must also prioritize specific actions for community integration for long-term support of racial equity initiatives.

### **3.3 Support for individuals with mental health needs**

The Department of Human Services in Pennsylvania has advanced Racial equity work in community support and reintegration of individuals with mental health needs as a key priority. Specifically, there is a health equity focus on the racial disparities of newborns in addition to the mortality rates of women giving birth with Black women dying in childbirth at rates three times higher than white women. And, Black newborns being 13 less likely to receive vital well-child medical

care as noted in the PA DHS report. The mental health needs and trauma involved with the experiences are far-reaching with serious implications for ongoing racial equity work.

This disproportionality warrants a strong focus on policies and practices that facilitate the implementation of community integration strategies. Decentralization of the mental health needs for the constituents of the state are specifically addressed both at the state and local level in consideration of long-term racial equity needs. In Philadelphia, an intragovernmental seeks options for funding sources that can help to provide services for the most vulnerable citizens in need of mental health care. As this work continues it will be important to see how community integration is considered and implemented as a long-term priority of racial equity.

The voices of the community are priorities at the state and local levels in terms of resources reviewed on individuals with mental health needs. In reviewing this information more knowledge about the ways both the state and local governments will work together will serve to help amplify racial and cultural perspectives to understand the priorities and nuances of racial equity in the state.

#### **4. Discussion**

First and foremost it is important to note that community support and reintegration efforts are a work of progress in the State of Pennsylvania. A limitation of this chapter is its emphasis on the City of Philadelphia as a major contributor to The State and its economy. The City of Philadelphia 100-day Action Plan and Executive Order presented in this chapter illustrate examples of confronting challenges to racial equity and providing solutions to improve economic justice for its constituents. The intergovernmental approach to these efforts underscores Philadelphia as a major contributor to the state-level work on racial equity. Observations on services that facilitate community support and reintegration should be considered as guidance and not generalized to other cities and municipalities within The State. There are a few highlights to consider related to perspectives on racial equity and community support and reintegration as addressed in the resources considered thus far. First, the Pennsylvania Department of Human Services is a major contributor in the development of racial equity within The State.

While there is a focus on actions that align with REAP [2] collection of data remains a huge challenge in identifying the needs of constituents and priorities for racial equity and community support. Identifying opportunities that facilitate consistent data collection can help to streamline efforts. This includes collaborative use of data between state and local governments. Second, the concept of community integration may have not been fully actualized at the state and local levels, yet characteristics might exist. It is important to identify where progress is being made to build towards more complete and sustainable community reintegration plans. This involves explicit discussion of community integration strategies and implementation plans. Third, funding sources are needed to fully make racial equity and community integration a commitment to governmental infrastructure. Community integration needs to be included in any long-term racial equity plans.

The REAP [2] Framework helped to identify where racial equity and community integration existed and opportunities for further development. This framework can also be helpful in determining the needs for evaluation of ongoing racial equity and community integration efforts. For example, disproportionality, decentralization,

and voice can be considered in how strategies for racial equity can be considered in defining community reintegration within an intragovernmental framework where discussion of community integration focuses on key principles across a variety of communities and contexts across the state. The process of how to include the voices of the community and when and where those voices are heard is vitally important to the success of racial equity and community integration. First-hand accounts and testimonials of experiences where racial and cultural perspectives highlight nuances of progress can help to identify where there is need for additional support.

## **5. Conclusion**

The Pennsylvania Department of Human Services continues to make significant strides in the development racial equity work yet there continues to be more work to do to actualize concepts within the REAP Framework. There is evidence of community support and reintegration in Pennsylvania through efforts of economic justice, yet more work must be achieved to broaden this work within The State and in the application of initiatives with the most vulnerable constituents. As suggested in *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care* [10], an example like The City of Philadelphia is where challenges to economic justice are being confronted and new changes and perspectives can contribute to long-term positive effects of racial equity and economic justice.

Racial equity is a priority in communities where there are significant racial disparities and initiatives designed to improve experiences for constituents that are often most vulnerable [11]. The brief discussion in this chapter is focused on highlighting a few key areas where racial equity and community and community integration converge. There is more work that is needed to actualize racial equity. Racial equity is a practice/policy that needs to be prioritized within governmental infrastructure and this may involve highlighting the important work that has been, and is currently being done that may not be reported. Future work should consider ways to identify practitioners, scholars, advocates, and activists who are leaders in racial equity in a variety of disciplines and communities of practice to advance knowledge on its impact in community support and reintegration within The State.

Future work should emphasize the role relationship-building with key leadership within DHS along with identifying racial equity leaders. In addition, in collaboration with DHS, I will identify practitioners, scholars, advocates and activists who are leaders in community support reintegration programs and efforts within Pennsylvania with a focus on both urban and rural areas. There will be an emphasis on collaboration with leaders to address racial equity in counties where there is a lack of diverse leadership. As a resident of Philadelphia, I will continue to study the issue of community support and reintegration. I have personally witnessed the role of programmatic support of community support and reintegration in the process of drug addiction and recovery and look to increase knowledge in this area. I will work with identified leadership to develop a draft report that identifies their work priorities and initiatives focused on racial equity and key resources used. I intend to review this report with key leadership and constituents and to review the feedback to be informed for a series of focus groups and site visits to community support reintegration programs. There will be preparation for the discussion of best practices in the next phase of the project to include a series of podcast interviews with racial equity leaders of community support and reintegration programs and efforts.


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# Perspective Chapter: The Fallacy of Colorblind Constitutionalism as Evidenced through the Prison Industrial Complex and School-to-Prison Pipeline in the United States

*Edad Mercier*

## Abstract

The American prison industrial complex and school-to-prison pipeline expose the fallacy of colorblind constitutionalism. Colorblind constitutionalists, including originalists and textualists, suppose that in a meritocratic society, race and ethnicity should not factor into legislative and judicial decision making—and that courts should promote an impartial application of legal rules. Nevertheless, racial discrimination and its quantifiable effects on housing, jobs, carceral status, health, and education in the United States, show the fallacy of attempts to pass or interpret colorblind laws in a mythical merit-based society.

**Keywords:** prison industrial complex, discrimination, race and education, colorblind politics, social inequality

## 1. Introduction

The main question that this research explores is whether the idea of colorblind constitutionalism is salient within the American context? On the contrary, the American prison industrial complex and school-to-prison pipeline expose the fallacy of colorblind constitutionalism. Colorblind constitutionalists, including originalists and textualists, suppose that in a meritocratic society, race and ethnicity should not factor into legislative and judicial decision making—and that courts should promote an impartial application of legal rules. In *Grutter v. Bollinger*, Justice Scalia, a textualist and originalist, argued that the equal protection clause should be interpreted as



colorblind.<sup>1</sup> Nevertheless, racial discrimination and its quantifiable effects on housing, jobs, carceral status, health, and education in the United States, show the fallacy of attempts to pass or interpret colorblind laws in a mythical merit-based society.

Moreover, there is growing evidence of a civil justice gap, where vulnerable individuals, including immigrants, and low-income people of color, are unable to connect with legal services professionals, because of misallocated resources, discrimination, and inadequately trained personnel [1]. These inequalities simultaneously reproduce economic and educational inequalities in impoverished communities, while monopolies of social and financial capital accumulate in wealthier neighborhoods. Research on social inequalities increasingly includes studies on carceral status, asset poverty, racism, and education. For instance, the areas where there is a growing need for legal assistance are consumer finance (37%), health (41%), rental housing (29%), children/child custody (27%), education (26%), disability (23%), and income maintenance (22%).<sup>2</sup> English language ability, racial and/or ethnic origin, carceral status, and gender all impact how and when individuals receive legal assistance, and the quality of that legal assistance.

During the Civil Rights Movement, *Brown v. Board of Education* (1954), which led to the desegregation of public schools, the Civil Rights Act of 1964, and consumer protection legislation like the 1971 D.C. Consumer Credit Protection Act, emerged from antipoverty and antiracism activism, alongside social welfare reforms. By the 1990s, a national policy shift geared towards meeting the basic needs of all citizens through social policy reforms like affordable housing provisions in inner cities, revised minimum wage laws, and school nutrition programs ushered in a new wave of scholarly research on how to measure poverty, discrimination, and inequality in the United States.

Yet, research on the overlap between poverty and social inequality as it pertains to class, education, carceral status, racism, and economic opportunity, remains limited. Some of this can be attributed to narrow definitions of social equity that do not consider the effects of systemic racialization, intergroup bias, and negative stereotyping within international civil society organizations, public and private institutions. A definition of equity that might include disentangling the impact of discriminatory customary laws rooted in historical and cultural norms could lead to more equitable long-term outcomes.

In some cases, when studying sociological-historical trends, such as patterns of policing, racial discrimination, and state violence, it also becomes essential to deconstruct the “colonial gaze.” The “colonial gaze” refers to the idea that colonial era systems of power, including slavocracies, controlled modes of production and narratives on space, place, and race. There are international legal frameworks such as the Durban Declaration and Programme of Action (DDPA), which proposes culturally

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<sup>1</sup> In *Grutter*, the petitioner argued that her law school application was rejected because of the Law School’s decision to use “race” as a factor in admissions, which gives students “from disfavored racial groups” a significantly greater chance of admission over white applicants with similar “credentials.” *Id.* at 308. Although the majority determined that race could be used as one factor among others as part of a “holistic” (*Id.* at 322) review of an applicant; Justices Scalia, Thomas, and others have continued to denounce such holdings as discriminatory. As Justice Scalia and Justice Thomas concluded (opinion concurring in part and dissenting in part), the equal protection clause of “the Constitution proscribes government discrimination on the basis of race, and state-provided education is no exception.” *Id.* at 349. *Grutter v. Bollinger*, 539 U.S. 306, 349, 123 S. Ct. 2325, 2350 (2003).

<sup>2</sup> The Justice Gap, 33.

responsive education on people of African descent, research on colonialism and the impact of Transatlantic Slavery, and studies on law enforcement to combat racism and marginalization [2, 3]. Still, there is limited evidence on the progress and international outcomes of the DDPA among UN Member State Parties, and nearly thirty years after the end of apartheid in South Africa [4, 5]. Rather, the United States, United Kingdom, Canada, and other former colonial powers have repeatedly avoided implementation meetings about the DDPA at the associated World Conferences on Racism.

This chapter aims to provide a more historically rooted study of the legacies of slavery, colonialism, and segregation in the United States tied to the formation of the modern prison industrial complex. The work also employs a variety of methods, including data and archival summaries, literature reviews, and Critical Race Theory concepts. There are some research limitations that could be further explored, such as the nexus between gender and policing, or the link between rates of capital punishment sentencing and neighborhood poverty. Consequently, other areas for additional research might include studies on global abolition movements, indigent legal services, the concept of ‘carceral feminism’ and increasing state violence in the Global North and South, digital privacy rights and bio surveillance systems. This chapter does not include ethnographic studies or interviews; however, additional fieldwork will offer long-term insights into the present-day grassroots activism and community stakeholders needed to dismantle the school-to-prison pipeline and prison industrial complex.

## 2. Louisiana state prison industrial complex: a microcosm

The Louisiana Territory is a microcosm of the effects of plantation slavery and bondage on the development of the American penal system. In the 1790s, slavery and the production of cash crops like cotton and sugar dominated Louisiana economy and society. Anticolonial history text *The Black Jacobins* describes the prosperity, alongside the brutality of life and forced labor on plantations in the Americas, including the Louisiana Territory and Caribbean islands. “The colonies sent to France 218 millions of sugar, coffee, cocoa, wood, indigo and hides...The total value of the colonies represented 3,000 millions.” [6].

On the laws governing labor and punishments, the *Code Noir* (Black Code) was in full effect. The *Code Noir* stratified Louisiana society along color lines with white males enjoying full legal rights and privileges, *les gens de couleurs libres* (free people of color) holding limited legal rights, and enslaved Blacks regarded as movable property [7]. As the Civil War approached, nearly half of Louisianians were enslaved Black people. “By 1810 the sugar-producing regions of eight parishes had an enumerated population of 7,704 whites and 4,662 slaves, and ten years later over 17,000 whites and nearly 11,000 slaves. Of the 1860 population in Concordia and Madison parishes, slaves accounted for approximately 90 per cent.” [8]. Slave labor transformed Louisiana into the top exporter of sugar, while one-third of all the cotton produced by the United States was grown in Louisiana. Alongside slavery, enslaved Black people could also be jailed in local prisons.

Daily reports from a New Orleans jail between 1820 and 1851 detail how jail wardens were responsible for maintaining registers of slaves who were imprisoned and directed into public works activities [9]. Prison records also indicate how and in what conditions enslaved people were brought to jail (i.e., runaway); and the numbers of

males and females “employed in the public works” in prison [9]. There are also notations concerning imprisoned slaves assigned to “chain gangs.” [9]. Some researchers refer to the management of slavery and prison labor between 1835 and 1862 as “double bondage,” which created “antebellum convicts of color.” [10].

The convict leasing system, where prisoners could be leased out to plantations and private companies (i.e., rail and mine companies), even after the Civil War, was also the product of plantation slavery and prison labor that developed in the 1820s. Angola state prison, a Louisiana petitionary, was built on the lands—nearly 8000 acres—of a former plantation. Using the convict leasing system, former Confederate soldier Samuel James used his 1870 lease to the Louisiana State Penitentiary system to sublease Black prisoners into public works activities, such as construction and masonry [11]. Since then, the Angola state prison facilities have expanded to 18,000 acres [11].

Angola remains the largest penitentiary system in the United States. The state of Louisiana has the highest incarceration rate in the world [12]. Nearly 4377 people are serving life sentences without the possibility of parole; while the total number of incarcerated individuals in both prison and jail is 62,534 [13]. Black people also comprise the largest ethnic/racial group of the total incarcerated population in the state of Louisiana [13]. In 2019, the Black imprisonment rate, per 100,000, was 1411; in comparison with the Hispanic imprisonment rate which was 28; and the White imprisonment rate which was 381 [13].

Following the passage of the Thirteenth Amendment, the convict leasing system remained intact because technically involuntary servitude for the purposes of punishment was not illegal.<sup>3</sup> The clause “except as a punishment for crime” is the legitimizing basis for the continuation of involuntary servitude as a form of punishment in the American criminal law system. The consequences of slavery and racial discrimination are still evident in the Louisiana state prison industrial complex. The Angola Three concerned the incarceration and subsequent solitary confinement of three African American men, Robert King, Herman Wallace, and Albert Woodfox for nearly three decades [14]. In a report detailing the human rights violations surrounding the case, including lack of due process, evidence, and meaningful review, Amnesty International called solitary confinement of the Angola Three “cruel and unusual punishment.” [15]. In several lawsuits against the United States government, while confined at Angola, Woodfox and Wallace argued that they were unjustly locked up because of their activism with the Black Panther Party (BPP).<sup>4</sup>

Woodfox and Wallace were eventually released from prison but died soon after their release from health complications. In 2001, King was released on appeal after 29 years of solitary confinement. International calls for sanctions against the United States government grew, with several organizations maintaining that as a party to the *International Covenant on Civil and Political Rights*, and the *UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment*, the United States government has an obligation to respect the human rights of all citizens, including abolishing “prolonged solitary confinement.”<sup>5</sup> Yet, inhumane treatment in prisons has continued with some arguing that the root cause of such maltreatment

<sup>3</sup> U.S. CONST. amend. XIII. The text of the Thirteenth Amendment reads “Neither slavery nor involuntary servitude, except as a punishment for crime whereof the party shall have been duly convicted, shall exist within the United States, or any place subject to their jurisdiction.”

<sup>4</sup> USA: 100 Years in Solitary, 8.

<sup>5</sup> USA: 100 Years in Solitary, 11.

begins in the education system where race, poverty, and class lead to unequal outcomes and disparate treatment, especially for Black and Brown children.

### 3. School-to-prison pipeline and social inequality

The contradictions of American foreign policy abroad, which has long avowed the importance of universal human rights and the realities of institutional racism and discrimination in national and international affairs have caused significant opposition to American state building policies and programs. British charity War Child<sup>6</sup> has invoked the *UN Convention on the Rights of the Child (CRC)*, adopted in 1989, and based on the *Universal Declaration of Human Rights*, to raise awareness about the fundamental rights of children to be free from oppression and discrimination. Article 14 of the CRC articulates the rights of the child to “freedom of thought, conscience and religion.”<sup>7</sup> Like Article 5 of the *Universal Declaration of Human Rights*, Article 37 of the CRC further specifies that States must not subject children to “cruel, inhuman or degrading treatment or punishment” including capital punishment and life imprisonment without the possibility of parole.<sup>8</sup> Nevertheless, many American schools and the juvenile justice system well into the twenty-first century still reflect the effects of overcriminalization, stigmatization, oppression, and discrimination on Black and Brown children.

Stark data trends show the correlation between disciplinary policies in schools and increasing prison rates in some American locales. These trends emphasize the multiple effects of race, violence, and disability in school systems culminating in what researchers have termed, the school-to-prison pipeline.

Research from the NAACP Legal Defense Fund explains that the school-to-prison pipeline is the sum result of zero tolerance policing that has extended to schools, where those who are “problem children” are majority Black: “...In 2003, African-American youths made up 16% of the nation’s overall juvenile population but accounted for 45% of juvenile arrests.” [16]. Suspensions typically land children in juvenile facilities or alternative schools.<sup>9</sup> Excessive disciplinary punishments in schools are associated with zero tolerance policies and one strike rules in the criminal justice system [17].

Zero tolerance policing developed from former President Clinton’s 1996 tough-on-crime stance. The *Housing Opportunity Program Extension Act of 1996* signed into law by President Clinton instituted a one-strike policy in public and Section 8 housing. One strike rules are a form of zero tolerance policing. 24 CFR § 982.310 (2021), as applied to public and Section 8 housing allows owners to terminate a lease by a tenant who interferes with other residents’ right to peaceful enjoyment of the property.<sup>10</sup> The measure was designed to serve as a preventive form of law that would create the framework for tougher public housing admissions screens and give landlords more direct control over tenants and their households.

<sup>6</sup> The mission of War Child is “to improve the psychosocial wellbeing of children affected by conflict.” See [Warchild.org.uk](http://Warchild.org.uk)

<sup>7</sup> CRC. art. 14.

<sup>8</sup> CRC. art. 37(a).

<sup>9</sup> Dismantling the school-to-prison pipeline, 6–7.

<sup>10</sup> 24 CFR &#x00A7; 982.310 (2021).

Similarly, one strike rules in schools have led to increased rates of suspensions. The New York City Department of Education employs School Safety Agents (SSAs), who are also New York Police Department (NYPD) employees. SSAs receive NYPD employee benefits, such as paid leave, medical and dental benefits. Additionally, SSAs enforce one strike/zero tolerance disciplinary policies which often lead to juvenile detention and arrests.

Resistance to zero tolerance policing in schools has surfaced with student walkouts and protests challenging the legitimacy and purported role of SSAs. SSAs are accused of working in consort with the NYPD to enforce excessive one strike policing tactics in schools. Bio surveillance systems such as metal detectors, disproportionately directed to Black and Brown students, have also increased scrutiny over policing tactics and spending. “High schools with permanent metal detectors issued 48 percent more suspensions than schools without metal detectors.” [18]. The effects of bio surveillance systems and one strike policies in schools have multiplied the impacts of the prison industrial complex on Black and Brown communities.

A Critical Race Theory (CRT) framework may help assess the disparate impact of zero tolerance policing and overcriminalization of Black and Brown students on student academic achievement, juvenile, and adult incarceration rates. CRT scholars have long argued that racial stereotypes are embedded within the legal system, evident in prosecutorial bias during *voir dire* and jury selection to disproportionate sentencing of African American youth in juvenile facilities [19]. In “Race, Reform, and Retrenchment: Transformation and Legitimation in Antidiscrimination Law,” Crenshaw argued that racist ideologies have created a hierarchical social and moral order, wherein Blacks are associated with the least desirable characteristics as shown in the chart “Historical Oppositional Dualities.” [20, 21]. The result is that Black children are presumed ‘guilty’ in certain school settings that are increasingly, administratively, managed as youth detention facilities.

Overall, the prison industrial complex and school-to-prison pipeline represent the multiplier effects of discrimination in the prison and schooling systems. The powers of law enforcement agencies to make arrests, conduct broad searches, and install surveillance systems have expanded significantly over the past two decades. While some of this can be attributed to the Clinton era tough-on-crime policies, such as one strike rules, colorblind politics also impede efforts to mitigate the consequences of biased policing through remedial policy making using race as a factor. Nonetheless, efforts to mitigate the effects of the prison industrial complex and school-to-prison pipeline have evolved over the past decade to include health law reforms and initiatives for those formerly incarcerated.

#### **4. Efforts to mitigate the effects of the prison industrial complex and school-to-prison pipeline**

Incarcerated populations face significant challenges re-entering mainstream society, because of chronic illnesses, sometimes contracted within prison, resulting from abuse, and/or social stigma associated with having a criminal record. The health and socioeconomic disparities resulting from policing on schools, families, and communities, have compelled states to adapt measures to mitigate the effects of racism and discrimination specifically through public policy measures. Mental Health Courts (MHCs) permit individuals with mental illnesses to opt for outpatient treatment

instead of incarceration, which has been shown to reduce rates of prisoner recidivism. Clients must be clinically and legally eligible for outpatient treatment (certain clinics will only accept patients facing serious offenses versus misdemeanors). Reentry education programs also support former inmates with job counseling and financial literacy courses.

Other significant interventions to reduce prisoner recidivism include the First Step Act of 2018 (S.756). The First Step Act stipulates modified eligibility measures for early release of elderly prisoners (Sec. 603); reforms of good time credit (Sec. 102); and preplanning for release services, such as housing, social security, and wellness programs (Sec. 604). The bill also prohibits discrimination against any prisoner reentry support programs based on religion and race (Sec. 106), while making allocations for youth mentorship programs (Sec. 608) [22]. The U.S. Department of Justice reported that the Bureau of Prisons (BOP) created several reentry programs and community-based partnerships to support skills development, such as the Bureau Rehabilitation and Values Enhancement (BRAVE). In 2022, the Department of Labor (DOL) also announced community reintegration programs, such as vocational training and apprenticeship programs for ex-offenders [23].

However, there are some problematic elements of the First Step Act, such as the PATTERN risk and needs assessment tool, which may include an algorithmic bias that “overpredicts” recidivism rates for Black and Hispanic individuals [24]. Under, “18 U.S.C. §§ 3631(b)(4)(D)-(E) [PATTERN] is assessed annually for (1) predictive validity, (2) dynamic validity, and (3) racial and ethnic neutrality.” [25]. It would seem contradictory that a risk and needs assessment tool within prisons is assessed for “racial and ethnic neutrality” when data show the impact of race conscious policing in schools and communities on incarceration rates. The risk and needs assessment tool should follow a more inclusive model that is adaptive, incorporates race equity impact assessment models, while accounting for the role of racial privilege in perpetuating historically rooted institutionalized forms of oppression, especially in prisons. Beyond assessment instruments, the First Step Act should also outline the social services, affiliate agencies, public accountability and reporting partners that will be engaged in prison reform efforts over the long term under this legislation.

## 5. Conclusion

Colorblind politics are ahistorical and misguided in the American context. The school-to-prison pipeline and American prison industrial complex reveal how policing laws, incarceration rates and education systems are deeply rooted in histories of racial discrimination and state violence. Process-oriented measures that rebut the flawed logic of zero tolerance policies in schools; and vocational education resources that counter the value-laden assumptions about offenders, ex-offenders, and victims, can help institute transformative changes within the education and court systems. Revisions to school board policies might be a good starting point. For instance, legislators and administrators might add express terms specifying that disciplinary punishments in schools will be processed by school faculty with the involvement of student unions and Parent-teacher associations to ensure fairness, without the need for law enforcement. Other debiasing strategies might include greater inclusion of community-based organizations and culturally responsive interventions to reduce stigma and advance long term and equitable access to justice.


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Section 4

Political, Ethical, and Legal  
Dimensions of Inequality

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# Perspective Chapter: Harnessing the Potential of Equity, Diversity, and Inclusion (EDI) in Health – The Need for an Intersectional Approach

*Gemma Hunting and Olena Hankivsky*

## Abstract

In the wake of COVID-19 and other global crises, where inequities have been reinforced or are widening, organizations and institutions in the health field have increasingly taken up equity, diversity, and inclusion (EDI) policies. At the same time, the actual impact of EDI on inequities—particularly for those who experience intersecting forms of marginalization—is debated. This chapter provides an overview of how EDI has been defined and taken up in relation to the health field and identifies the strengths and limitations of these initiatives in working toward health equity, diversity, and inclusion. It then discusses the value-added of an intersectionality-informed approach in helping address these limitations to harness the socially transformative potential of EDI. We illustrate this through a case example that looks at ways to strengthen EDI in medical education, highlighting how intersectionality brings to the fore what is often overlooked, namely, critical reflection on power, explicit attention to systems and structures, and the prioritization of meaningful engagement with those most impacted by inequities. We aim to show the necessity and timeliness of bringing an intersectionality-informed approach to EDI in the health field in beyond, particularly amid growing debate and backlash on the importance of EDI.

**Keywords:** health policy, intersectionality, health equity, equity, diversity, and inclusion (EDI), medical education

## 1. Introduction

In the wake of COVID-19 and other global crises, where inequities have been reinforced or widening, organizations and institutions have increasingly committed to stronger action to promote health and social equity. In this context, equity, diversity, and inclusion (EDI) policies have gained significant attention,

particularly in the field of health [1–4].<sup>1</sup> Health organizations and institutions have positioned EDI as central to their work, resulting in the development of EDI-supporting initiatives including revised mandates, protocols, diversity and EDI officers and committees, public calls to action, and new research and training initiatives [5–16].

Despite the proliferation of EDI initiatives particularly in last few years, the extent of the actual impact EDI on inequitable structures, relations, and experiences is debated. Critical research for example has argued that EDI work has tended to be taken up in a performative or superficial manner, without attending to the more systemic causes of inequity and exclusion within and beyond organizational structures [17–19]. More companies and organizations have publicly committed to EDI goals, yet many are deemed ill-equipped to reach them [20, 21]. In the context of growing public backlash and controversy as to the value added of EDI for society [21–24], the transformative potential of EDI is not being fulfilled.

This chapter provides an overview of how EDI has been defined and taken up in relation to the health field and health policy, identifying the strengths and limitations of these initiatives in relation to achieving their goals of health equity, diversity, and inclusion. It then discusses the value-added of an intersectionality-informed approach to help address these limitations and, in so doing, harness the transformative potential of EDI. We illustrate this through a case example of EDI in medical education, demonstrating how intersectionality can help capture what has often been overlooked, namely, critical reflection on power, explicit attention to interacting systems and structures, and the prioritization of meaningful engagement with those most impacted by inequities.

Informed predominantly by critical research, policy and practice focused on advancing EDI in ways that promote social justice for diverse communities, and this chapter aims to show the necessity and timeliness of an intersectionality-informed approach to EDI, within and beyond the health field and beyond. The literature reviewed here is a part of a broader program of research that includes a scoping review of equity-oriented and intersectionality-informed frameworks, tools, and strategies.<sup>2</sup> Of note, our scoping review findings show a common disconnect between rhetoric around the need to better promote equity and concrete direction on how to operationalize this in ways that address the social and structural complexities of inequity. This disconnect particularly exists within the EDI and health landscape. Importantly, this chapter is the first of its kind to demonstrate the application and

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<sup>1</sup> Other dominant variations of the acronym EDI are Equality, Diversity and Inclusion, and Diversity, Equity and Inclusion (DEI) with most websites and articles not providing a rationale for using either variation. Some organizations and EDI practitioners explicitly justify using EDI vs. DEI as a way to place more attention on equity [1–3]. A recent scoping review found EDI to be the most prevalent term used in academic literature [4]. Some initiatives use D&I specifically. Other versions of EDI highlight additional dimensions to consider, including Equity, Diversity, Inclusion and Accessibility (EDIA), Equity, Diversity, Inclusion and Decolonization (EDID), EDIB (which adds “belonging”), justice, equity, diversity, and inclusion, etc. In this chapter, we use the acronym EDI and focus on overall trends across the EDI landscape.

<sup>2</sup> Canadian Institute of Health Research Project Grant (PJT-180461, 2022–2026) on which Co-Author Hankivsky is the Primary Applicant. The scoping review component of the project draws upon a methodological approach [25, 26] which is rigorous and well suited to capture a comprehensive range of peer reviewed and gray literature in research and policy [27, 28]. We also drew upon current expert-informed protocol and a criteria checklist for conducting scoping reviews [29, 30].

value added of an intersectionality-informed approach to EDI-related initiatives and strategies relevant to medical education.

## **2. Equity, diversity, and inclusion (EDI) in the health field**

EDI encompasses policy and program initiatives that aim to address the exclusion of underrepresented groups within institutional contexts including employment, health care, and education [31]. EDI developed out of the Civil Rights movement in the US to respond to entrenched forms of racial discrimination and placed large focus on improving representation in the workplace for groups who experience disadvantage [32]. The concept has been linked to the creation of the Equal Employment Opportunity Commission in 1965 which enabled individuals to report workplace discrimination on the basis of factors including gender, race, and age. EDI has continued to develop in the US and other jurisdictions, largely replacing policies within businesses and institutions focused on terms including affirmative action, and employment equity. One of the key strengths of EDI is that it has moved beyond a narrow focus on numerical representation as a measure of achieving equality and diversity toward fostering meaningful inclusion and change within and beyond institutional contexts [31]. A great deal of the focus of EDI efforts to date have been on workplaces and within academic settings.

Most recently, EDI has started to be taken up in the field of health [33]. Specifically, it has been increasingly taken up in contexts including health workforce recruitment and employment policies [5], research processes, funding and publication [34–36], and education and training requirements [37, 38]. Many health organizations for example have made efforts to hire diverse employees, medical schools are working to recruit a diverse student body, health research funders and publishers have EDI agendas, and EDI task forces and expert staff have been created. Though the interpretation of what EDI entails and its objectives can differ across institutional and jurisdictional contexts, the majority of the focus to date has been on ensuring diversity across health workforces, and addressing bias and discrimination in training and education [39–42]. Investing in EDI is considered to be an investment in health care systems as it can improve productivity, efficiency and outcomes [43].

At the same time, and from its very origins, EDI has been critiqued on a number of grounds. First, efforts can sometimes be focused on singular identities or two identity categories with little attention to how they interface [4, 33]. Second, a commitment to diversity, often firmly entrenched in EDI policies and approaches, can focus on accommodating differences within structures without tackling the root causes of inequity including the very institutions structures and processes that shape and sustain inequities [44]. Third, the premise and goals of EDI such as inclusion have been challenged as based on Eurocentric assumptions and world-views, disconnected from historical and continuing processes of oppression like colonialism [45]. As a result of such shortcomings, EDI has only led to modest advancements.

Arguably, both within the health field and beyond, there is often a clear disconnect between the rhetoric and discourse of EDI and transformative strategies and actions that target and reduce systemic inequities. MacKenzie and colleagues et al. effectively summarize this disconnect in their examination of EDI&I (equity, diversity, inclusion, and Indigenization) within institutions of higher education:

*The literature converges on the conclusion that institutions have not only under-delivered, if not outright failed, to live up to their professed EDI&I commitments but have also persistently resisted efforts to prioritize structural changes that would advance these initiatives. This creates a paradox whereby institutions display a high level of discursive commitment to EDI&I yet underperform on most meaningful EDI&I initiatives and actively resist change to the everyday practices of the institution and related efforts to address inequity, combat racism, and enhance diversity [44].*

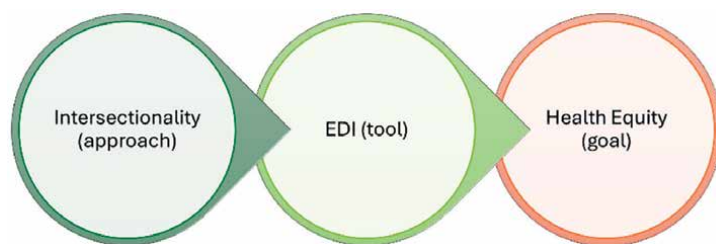
Given the fairly nascent stage at which EDI is permeating the health sector, it is important to ensure that it considers the critiques that have emerged in health applications and more broadly. These include that taking up EDI must be more than a symbolic gesture to avoid approaching the work in a performative rather than substantive way [46, 47]. For example, EDI can be subsumed into a ‘box checking’ exercise, where having a EDI consultant or committee, holding a bias training for staff, or reaching a quota of staff reflecting diverse categories mean EDI is being achieved. The problem with these efforts is a failure to attend to or challenge systemic and structural forces creating inequity and exclusion within and beyond institutions and organizations [17, 18]. In this, EDI efforts often have limited impact on day-to-day experiences of inequity and disadvantage—particularly for multiply marginalized groups.

As part of the discussions of EDI, call has been made for a more critical lens for the conceptualization and operationalization of EDI [48–50]. Others yet have gone further in specifically calling for an intersectionality-informed intervention that could illuminate and challenge the complexities of disadvantage and oppression and engrained power structures including those within institutions [4, 51–53]. Persuasive arguments have been made that intersectionality is necessary for the progressive development of EDI, bringing a critical but complementary approach that expands and strengthens EDI’s focus on measuring institutional progress and metrics related to equity, diversity, and inclusion [31].

### **3. Intersectionality as a critical approach to EDI**

Intersectionality provides a critical analytical framework for revealing how individual experiences of privilege and disadvantage are influenced by multi-level and interacting factors. The term ‘intersectionality’ was first coined in 1989 by Kimberlé Crenshaw—a Black feminist, lawyer, and civil rights advocate in the United States who sought to explain the multiple oppressions that African American women face from the converging effects of racism and sexism [54]. She argued that the dominant approach to discrimination focuses on exclusions occurring along a single categorical axis, overlooking how categories interact to shape experience. Notably, the central ideas of intersectionality have long historic roots within and beyond the United States. Black activists and feminists, as well as Latinx, post-colonial, working class, queer and Indigenous activists, and scholars have all produced work that reveals the complex factors and processes that shape human lives [55–61].

Intersectionality is unique in that it moves beyond single axis or additive approaches to show how structures and processes of power cannot be teased apart but are rather mutually constitutive. In brief, it promotes understanding of human beings *as shaped by the interaction of different social locations* (e.g., ‘race’/ethnicity, Indigeneity, gender, class, sexuality, geography, age, disability/ability, migration status, religion). These interactions are *situated within systems and structures of power*



**Figure 1.**  
*The links between intersectionality, EDI, and health equity.*

(e.g., policies, institutions, media, colonialism, racism, patriarchy), creating interdependent forms of privilege and oppression [62].

In the field of health, intersectionality is well established as an essential approach to understanding and responding to health inequities. A central underlying principle of intersectionality is a commitment to social justice—substantive social and structural change—by recognizing and challenging the status quo of oppressive systems and processes. Bringing intersectionality as a critical analytical approach and praxis to promote EDI and health equity thus cannot be done at the level of lip service but rather integrated throughout EDI development, implementation, and evaluation.

It is important to note, however, that where intersectionality has started to gain traction within EDI efforts, observations have been made that it is being applied in a way that misrepresents what it is, or pays lip service to this approach, failing to apply intersectionality systematically and in accordance with its core principles in a way that would create meaningful change [33]. This makes it imperative to start with clear and accurate definitions of intersectionality.

Recently, Kelly et al. [31] have underscored the conceptual confusion between intersectionality, health inequities, and EDI. In response, they focus their efforts on distinguishing important differences between the three concepts in the context of health research, emphasizing how intersectionality is a methodological approach and EDI as an organizational tool to assessing and implementing change that fosters equitable, diverse, and inclusive environments. This sets an important foundation from which to better understand the value and distinct features of intersectionality.

In sum, intersectionality can be considered as the foundation or roots on which progress toward health equity can be achieved. As **Figure 1** illustrates, intersectionality helps do the critical work of identifying what needs changed and working toward this change, in ways that inform and promote the objectives of EDI while moving toward health equity and social justice.

Below, we provide a case example of how intersectionality can inform and strengthen EDI initiatives in the area of medical education and the training of medical professionals in ways that promote health equity.

#### **4. An intersectional approach to EDI: a case example of medical education**

The field of medical education and training has been a dominant focus of EDI efforts in recent years, particularly as the global call to better address health inequities has gotten louder. There is now greater attention to of how, in Western settings, medical education has been shaped by patriarchal and colonial histories and values which has led to institutional cultures and educational content that confers privilege



on certain people and certain kinds of knowledge [48]. For example, sexism and other forms of discrimination persist within medicine, with medical curricula often assuming a ‘standard patient’ norm that underrepresents the experiences of diverse groups such as racial and ethnic minorities and people with disabilities [63].

Promisingly, medical schools are making increasing commitments to EDI which include: mandating implicit bias training, offering courses focused on the social and structural determinants of health, and better engaging with underrepresented groups within community practice. Below we describe how intersectionality can inform such initiatives in ways that better promote equity, diversity, and inclusion for all. For each initiative, we provide sample guiding questions that facilitate an intersectionality informed approach.

#### **4.1 Intersectionality requires critical self-reflection**

Examining potential biases within health professional education and development *via* unconscious (or implicit) bias training has gained popularity as a fundamental component of EDI in the medical field, essential to informing equity-promoting health institutions and practices [64]. Unconscious bias (UB) refers to associations or attitudes that unknowingly shape a person’s perceptions, affecting their behavior, interactions, and decision making [65]. Addressing these biases *via* targeted training has increasingly been on the agenda in the medical field over the last decade, largely pushed by a greater awareness of issues including persistent discrimination of diverse groups in health care settings, biases in selection processes for medical programs and internships, and the underestimation of qualified groups including ethnic minorities, women, and internationally trained applicants [63, 65, 66]. UB training can help a person become aware of and confront how they may unintentionally perpetuate discrimination as well as unacknowledged advantages they enjoy based on group membership. It can also help an individual to learn strategies aimed at countering existing discriminatory thoughts or behaviors [66].

UB training has been deemed a critical step for health care professionals to move toward greater awareness of how discrimination and inequities are reproduced. However, such trainings tend to promote a superficial awareness of individually-held beliefs or stereotypes, rather than explore the relationships between one’s biases and broader power dynamics [65, 66]. In this, both the problem of focus (an individual’s lack of awareness) and the solution (improving awareness) remain at the individual level, rather than on the systems and structures that perpetuate biases and inequities. Not surprisingly then, although UB training has shown some success in changing the beliefs and actions of individuals [67–69], it has also been shown to potentially reinforce discriminatory or othering perceptions [70], and there is a lack of evidence linking it to a reduction of inequities within organizations and systems—both for health care workers and the patient populations they serve [66, 71–73].

Given the acknowledged limits of UB training, greater focus has been paid to enhancing its attention to power dynamics with critical approaches including cultural humility, cultural safety, decolonization, and structural competence. Within these discussions, more attention has been paid to intersectionality, particularly its central tenet of reflexivity which entails critical reflection on how one is situated within power dynamics and how this influences their beliefs and practices. Assessing how individuals and organizations are implicated in broader processes of oppression is particularly important in the field of medical education, where dynamics of historical and institutional power including colonization, racism, and ableism receive insufficient attention [74–76].

Reflexivity is essential at the outset and throughout any intersectionality-informed process, prompting exploration of how one's identity and experiences of advantage and disadvantage have shaped how they think and behave, including their potential biases. Integrating reflexivity into unconscious bias training can help contextualize bias within a broader analysis of power, as seen in these reflexive questions for health care providers:

- How do my experiences of advantage or disadvantage related to social and structural locations and processes (e.g., age, race, religion, ethnicity, gender, colonialism, capitalism) influence how I see or do my work?
- How has my education, training, and work experience, including access to professional networks and leadership opportunities, relate to or account for privilege?
- Which kinds of evidence, tools, and analyses have I prioritized and engaged with? Do these reflect the perspectives, knowledge, and health-relevant needs of diverse groups?
- Who is on my work team? Do they share the knowledge or lived experiences of the communities we serve? Are power relationships within the team or between me and my patients recognized?
- What is the mission and related priorities of my organization? (e.g., target issues, populations, interventions) What values and assumptions have underpinned these priorities? What broader level factors (e.g., systems, sociopolitical conditions, and institutions) underpin these priorities?

(Questions adapted from guiding questions in Hankivsky and colleague's *Intersectionality-Based Policy Analysis (IBPA) Framework* [77]).

Reflexivity can help broaden the scope and impact of unconscious bias trainings, particularly when it becomes integrated into ongoing professional development processes rather than a one-off event that may only skim the surface of power concerns. Importantly, it can foster critical consciousness among health professionals as to how their positionalities are inextricable from how they do their work, and most importantly, allows for potentially harmful and exclusionary views and practices to be better recognized, understood, and challenged [74, 78]. It can also prompt learners to appreciate the limits of their knowledge while contributing to a more comprehensive sense of professional identity for themselves, as well as gain insight into the complex identities of the individuals they serve [52, 79]. On the whole, reflexivity is considered an essential precursor to understanding and gaining insights from education focused on the social and structural determinants of health [80].

## **4.2 Intersectionality makes structural forces visible**

Beyond supporting critical reflection, intersectionality pays explicit attention to the structural contexts of health and health outcomes. Medical education has long been critiqued as insufficiently attending to the social, structural, and historical contexts of population health, which can inadvertently teach that certain health issues and illnesses are problems of particular populations rather than produced within

complex socio-structural contexts [63]. These reductive understandings can lead to reductive limited understandings of and approaches to addressing patient diversity in medical practice. Intersectionality is deemed essential to widen the scope of dominant medical education models to reposition the causes and remedies for ill health as including but not limited to health systems [52, 81].

EDI initiatives in the health field often emphasize the importance of better engaging with and meeting the needs of marginalized and underserved communities such as Black, Indigenous, and LGBTQI populations [82, 83]. An intersectional approach in medical education can facilitate this, by broadening the common focus on the health needs or risks of assumedly homogenous categories of people toward illuminating the interconnections between the biological and structural. In the US, for example, Black populations disproportionately experience poorer health than white populations, and are regularly treated differently than white people in ways that are less attentive, respectful, effective, prompt, or thorough [84, 85]. A 2020 survey showed that seven in ten Black Americans said the health care system treats patients unfairly based on their race or ethnicity and medical mistrust is persistent barrier to care [86]. This inequitable treatment and mistrust is particularly prevalent for racialized groups who experience intersecting forms of marginalization [87, 88].

Yet despite these trends, many initiatives that have sought to reduce barriers to health care and foster trust in medicine among Black people and other marginalized communities have been narrow in scope, perpetuating a commonly conceived stereotype of mistrust as a ‘cultural’ characteristic of particular populations [85, 89]. Promisingly, the focus in medical education has begun to move beyond individual-level factors, toward a more multilevel look at population health with critical attention to structural issues, including discriminatory policies, and the historical harms perpetuated by the medical system [85, 90]. Intersectionality-informed medical education and training can aid in this shift, helping students and providers better reframe health differences as not a problem of individuals but a symptom of multi-level interacting factors.

Integrating critical consideration of the intersecting drivers of health in medical education can allow for current and future health care providers to better understand, communicate with, and meet the needs of their patients. Examples of questions that promote such reflection within educational content for medical students can include:

- Does the learning material and guidance account for the experiences of diverse groups? For example, are factors including gender, race, disability, Indigeneity, or sexuality and their relationship to health and health care reflected in the materials? Which factors aren’t discussed and what blind spots can this create? Are these factors discussed in relation to each other, and to systemic forms of oppression and advantage?
- What health-relevant problems/topics does the curriculum tackle? How have representations of these ‘problems’ come about? Who has defined the problem? Whose perspectives have been overlooked and why? How might diverse populations be differently affected by this problem? Does the curriculum account for these differences or the structures that influence them?
- Has there been acknowledgement or space to reflect on the limits or tensions inherent in medical education in relation to historical power dynamics? For example, has the exclusion of Indigenous knowledge systems from Western

medical models been identified as a problem to be addressed? Has the role of the medical system in perpetuating processes of exclusion and discrimination for diverse groups been discussed?

- Are diverse perspectives and geographies (esp. from countries and populations that are the subject of study) reflected in the learning content (e.g., reading list and guest speakers)? Are other forms of expertise—including ‘embodied expertise’ derived from lived experiences of oppressions—acknowledged or utilized?

(Adapted from Hankivsky et al.’s *IBPA Framework* [77] and Kapilashrami’s *Intersectionality informed framework for tackling racism and embedding inclusion and diversity in teaching and learning: A conceptual framework* [91]).

Critical attention to the structural intersections of health in medical education is necessary, particularly when the experiences and perspectives of groups who disproportionately experience mistrust, discrimination, and health inequity continue to be overlooked in medical contexts [88, 92, 93]. When the health issues and affected groups continue to be looked at in uncritical or reductive ways, the unique needs of patients will be insufficiently understood, potentially reinforcing relations of discrimination, particularly for those experiencing multiple forms of disadvantage.

### **4.3 Intersectionality prioritizes engagement of those most affected**

In order to truly attend to the needs of diverse populations, EDI planning and related policies need to be informed by members of groups that are often under-represented in health policy processes and decision making [31]. Within the field of medical education, there has been a push toward greater inclusion of diverse groups, as patients, as medical students, and within the medical workforce. Some medical schools, for example, are introducing community-based learning experiences to expose students to diverse patient populations and improve understanding of the unique needs of underserved communities [94, 95].

An intersectional approach prioritizes community engagement and the inclusion of diverse forms of knowledge, particularly in relation to those most affected by any particular policy issue or process. Specifically, this approach highlights how the voices of people experiencing interacting forms of oppression and disadvantage have been the least heard and considered, including within medical research, education and decision making. Groups who experience discrimination, such as sexism, racism, colonialism, cis-normativity, heterosexism, ableism, and poverty, experience disproportionate health burdens, are often targets for health interventions, yet are under-represented in health care-relevant processes and decision making [96].

This issue has been noted in critiques of EDI initiatives that seek to better serve certain marginalized groups. For example, health professional training focused on improving care for diverse groups is often not informed or evaluated by marginalized groups, or measured for impact based on group health outcomes. Correspondingly, there is limited evidence on the effectiveness of such training on promoting quality, non-discriminatory care [97–99]. Importantly, meaningful involvement of diverse populations in evaluating the effectiveness and impact of equity promoting health education interventions is now on the increase [100, 101].

Similarly, strides have been made in expanding the purview of EDI frameworks for health equity beyond a common focus on internally driven processes in health settings toward a more explicit focus on patient and community engagement [91, 102, 103].

For example, one family health team's *Integrated Health Equity framework* integrates an externally driven social-determinants of health component to their EDI that prioritizes engagement with affected patient communities, working to promote health equity from both 'the outside in' and 'the inside out.' The intersectionality-informed guiding questions the framework offers to facilitate this 'outside in' process focuses on meaningful engagement and can be applied to medical education initiatives. Key questions include:

- Where possible, does the educational initiative specifically engage patients in local contexts that experience intersecting forms of marginalization?
- Where possible, does the educational initiative adequately consider:
  - Methods to capture and report on data related to equity and the social determinants of health.
  - Engagement with community partners and stakeholders who are also doing work to improve health, well-being, and health equity in the community.
  - Ways to inform and co-design the initiative with people with lived experience—are local needs driving this?
- Where possible, does the design of the initiative consider barriers to engagement, including precarious housing, financial difficulties, or care coordination?
- Where possible, does the initiative engage diverse patient groups including Indigenous, racialized (particularly Black), immigrant and refugee, 2SLGBTQIA+, disabled, homeless & precariously housed, and drug-using populations, inside and outside of family health team practices?

Adapted from Upadhyya-O'Brien and Janssen's *Integrated Health Equity Framework for EDI-AR and SDoH at Hamilton Family Health Team* [102].

It is important to note, that working toward EDI in medical education that is informed by engagement with diverse groups must explicitly counter the historical tendency in health research policy and practice tokenistic and often harmful engagement practices that have not prioritized the voices or needs of multiply marginalized groups. Priority must also be placed on the meaningful engagement and expertise of people who may be excluded or underrepresented in their communities. Incorporating intersectionality in engagement processes can help ensure that processes of disadvantage for those engaged are not reinforced. For example, it can help capture and contextualize community inputs and lived experiences in ways that move beyond medicalized and deficit models of marginalized patient populations requiring intervention [104, 105]. In this, intersectionality helps move the focus beyond groups or individuals considered to be targets of support or change, toward transforming institutional and organizational structures and ways of working to foster equity and inclusion.

## **5. Recommendations**

With EDI being increasingly taken up within medical education and beyond, it is now recognized as a necessary tool toward creating equitable, diverse, and inclusive environments that help improve health equity [106, 107]. Given the recognized critiques

and limitations of EDI to date, and growing misinformation and backlash around what it is and what it does, a critical intersectionality-informed approach is pressing. This work needs to ensure that both intersectionality and EDI initiatives do not become appropriated in policy processes in ways that ignore their social justice origins and imperative. More explicitly, consistent attention to the principles underpinning intersectionality as illustrated in our case example—integrating reflexivity, attending to systems and structures, and prioritizing meaningful engagement—is critical to ensure this.

Moving forward, we recommend that efforts to take up EDI are transparent from the beginning around their goals and objectives for EDI, and define why and how a critical approach such as intersectionality can help reach them. This can counter the common tendency for commitments to be made to EDI without demonstrating why it is important and what it entails [53]. It is also important for EDI initiatives to be clear about what they can and cannot accomplish, how they plan to get there, and strategies they will use to overcome possible barriers, in order to avoid watering down their potential for meaningful change [33]. These efforts can benefit from looking to promising guidance in intersectionality-informed EDI such as those presented in the case example, and taking up such guidance in ways that reflect the needs, perspectives, and contexts of the people involved and impacted. As a recent expert report underscores, EDI needs to be seen as both relevant, actionable, and grounded in the everyday to get the public buy-in it requires to make meaningful change [1].

## 6. Conclusion

Intersectionality is a promising approach to harnessing the potential of EDI toward the promotion of health equity. However, intersectionality-informed EDI policy initiatives are but one piece of a larger project toward social justice. UB trainings for health care providers for example cannot change historically engrained discriminatory structures. However, these efforts, such as those being developed in the field of medical education, can help change behaviors and mindsets of health stakeholders, impacting for example how provider related to each other and their patients in ways that foster equity. Importantly, improved understanding of how intersecting inequities manifest and possible sites of intervention can contribute to greater commitment, advocacy, and collaboration across diverse stakeholders around the promotion of health equity and social justice.


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# Perspective Chapter: Determinative Factors for Bridging Social Inequality Gaps – A South African Perspective

*Frederick Kakwata*

## Abstract

South Africa's society has been significantly impacted by its colonial past and apartheid policies, resulting in long-lasting disparities based on race, class, and gender. Historical events have shaped the social structures and organisations that maintain inequality. The country exhibits pronounced income inequality, exacerbating social inequalities by impeding individuals with limited resources from accessing necessities and opportunities for upward social mobility. This study is a literature review that uses qualitative content analysis and an inductive approach as the methodological framework. It aims to investigate the factors contributing to bridging gaps in social inequality in South Africa. The findings indicate that several key factors, such as limited access to quality education, basic services, and employment opportunities, have contributed to social inequality in South Africa. The government has implemented redistribution of wealth, affirmative action, black empowerment, subsidised education and skills training to improve employment prospects, low-cost health services, and affordable housing to reduce socio-economic inequalities. However, corruption and a lack of political will pose significant obstacles and constraints. The government needs to address these barriers and develop comprehensive policies to reduce social inequality in the country.

**Keywords:** determinative factors, social inequality, gaps, South Africa, bridging

## 1. Introduction

South Africa is located at the southernmost point of the African continent and shares borders with Namibia, Botswana, Zimbabwe, Mozambique, and Eswatini. Lesotho is surrounded by South African territory [1]. The country's coastline extends along the Atlantic and Indian Oceans, providing diverse terrains and abundant natural beauty [2]. The population is over 54 million [3].

South Africa's history is intricate and turbulent, characterised by the entrance of European colonisers in the seventeenth century and their subsequent exploitation of the native inhabitants [4]. The nation's historical narrative encompasses the profound



period of apartheid, a regime of racial segregation and prejudice that endured for almost 50 years till its eventual abolition in 1994. This apartheid era was accompanied by a significant battle for liberation, spearheaded by influential figures such as Nelson Mandela.

The San and Khoekhoe were the indigenous peoples of South Africa who inhabited Cape Point as nomadic hunters and herders before colonisation [5]. According to Thompson, Dutch settlers arrived in South Africa during the seventeenth century as part of the Dutch East India Company's initiative to establish a refreshment stop for ships heading to the East Indies [4]. He states that the region was desirable for settlement due to its favourable climatic conditions and fertile soil.

South Africa has significant cultural diversity. The region has diverse ethnic groups, such as Zulu, Xhosa, Afrikaans, and others, each with distinct traditions, languages, and customs. Cultural diversity has substantially impacted the nation's identity and added to its lively arts, music, and food.

Mpofu and Ndlovu-Gatsheni explain that equality, in legalistic terms, means that all individuals within a society should be considered equal under the law [6]. The concept of equal opportunities suggests that everyone has an equitable chance to realise their potential, cultivate their abilities, and dedicate themselves to a given task. They argue that equality of outcome can serve as a benchmark for assessing disparities in income distribution, persistent poverty, and similar circumstances.

Durrheim et al. argue that social inequality in South Africa remains deeply entrenched and persistent since the era of apartheid [7]. They maintain that although the apartheid regime was officially abolished in 1994, the lasting effects of racial segregation and economic inequalities continue to influence the country's socio-economic conditions significantly. In light of this concern and the continuing struggle of the post-apartheid government to address social inequality in the country, it becomes necessary to undertake this study on the determinants of bridging gaps in social inequality in South Africa to contribute to the existing body of literature on the subject.

This chapter is a literature review that employs qualitative content analysis and an inductive approach as the methodological framework to investigate the extent to which the determinative factors contribute to bridging gaps in social inequality in South Africa. The research question has been formulated as follows: to what extent do determinative factors contribute to bridging gaps in social inequality in South Africa?

In order to address the research question, it is crucial to consider the historical context, the legacy of colonialism in South Africa, and government policies and initiatives aimed at redressing historical injustices. It will assess the progress made in addressing social issues and call for continued efforts to address the lasting effects of colonialism on South African society. The research highlights the need for policy interventions and social changes to foster increased equality and social justice by analysing the fundamental causes and outcomes of social disparity.

The historical context, colonial legacy in South Africa, and government policies and initiatives designed to address historical injustices. The progress in addressing social issues will be assessed, and a plea will be made for sustained efforts to address the lasting effects of colonialism on South African society.

It is hypothesised that determinative factors play a significant role in bridging gaps in social inequality in South Africa. The findings from this research design contribute to the existing body of knowledge on this topic and provide valuable insights into addressing social inequality in South Africa. The following section looks at the research methodology.

## **2. Research methodology**

This study is a literature review, employing a qualitative content analysis and an inductive approach as the methodology framework. Qualitative content analysis systematically analyses and interprets textual data to uncover deeper meanings, themes, and patterns [8, 9]. According to Leavy, this approach is a text-based analysis method [10]. In the context of South Africa's legacy of colonisation, which continues to impact societal concerns such as racial inequality, land ownership, and cultural identity, this method offers valuable insights into the determinative factors for bridging gaps in social inequality in the country.

The study uses a data collection technique that combines documentary and observational methods, allowing for a detailed evaluation of published information and real-life observations. The author has observed the South African government's approach to addressing social inequality for two decades. Documentary material was analysed, including relevant publications, books, academic articles, and reports. The subject under investigation was also directly observed. Combining data collection techniques enhances comprehensiveness and improves the validity and reliability of the findings.

The data's analysability was ensured through coding and thematic analysis methods [11]. A methodological process of classifying and examining the collected data revealed distinct patterns and themes, providing a deeper understanding of the research question.

The study utilised an inductive mode of thinking, which involves drawing general conclusions from specific observations or data [12]. This study employed inductive reasoning to analyse the data and identify patterns or trends that could help to explain the extent to which determinative factors contribute to bridging gaps in social inequality in South Africa. This method facilitated a more comprehensive understanding of the factors in addressing socio-economic disparity.

## **3. Historical context of social inequality in South Africa**

This section discusses the historical context of social inequality in South Africa. Therefore, a complete understanding of the historical background is essential to fully grasp the pervasive socio-economic inequalities in South Africa today and the urgent need to acknowledge and mitigate these inequalities.

The socio-economic disparity in South Africa has its roots in the country's colonial past and the implementation of apartheid [3]. The arrival of European colonisers in the seventeenth century established a system that would persist and perpetuate socio-economic inequalities for generations to come. The colonisers, mostly of Dutch and British descent, imposed their dominance over the native African population, leading to the establishment of racial segregation and prejudice. The introduction of apartheid in 1948 worsened these inequalities by systematically oppressing the predominantly black population, denying them fundamental rights and opportunities [5].

The apartheid era in South Africa refers to the period from 1948 to 1994 when the National Party government implemented a system of institutionalised racial segregation and discrimination [5]. The programme aimed to maintain white minority dominance and control over the political, social, and economic structures of the country while deliberately suppressing and marginalising the black majority. The apartheid administration implemented legislation that enforced racial segregation

and restricted the movement and access to resources of non-white citizens. These discriminatory policies exacerbated socio-economic inequality among racial groups, such as favouring businesses owned by white individuals and limiting access to capital for non-white entrepreneurs.

These policies isolated and subjugated black Africans, Coloureds, and Indians through enforcement. Non-whites were banned from moving and denied access to quality education, health care, housing, and employment opportunities. For example, Bantu education policies aimed to provide black Africans with a separate and inferior education compared to their white counterparts [3]. Nevertheless, education plays a crucial role in perpetuating or challenging social inequalities. Access to quality education can effectively narrow cultural divides, contributing to social inequality. Access to basic services such as health care, housing, and clean water significantly impacts an individual's quality of life and can contribute to social equality. In addition, land ownership remains a highly contested issue in South Africa due to historical injustices and land dispossession that have left many black South Africans without access to land, with economic and social consequences.

The apartheid system created a distinct separation between the affluent white minority and the disadvantaged black majority, resulting in significant disparities in access to education, healthcare, housing, and employment opportunities. The lasting effects of apartheid are apparent in South Africa's current social and economic structure. Ongoing disparities perpetuate social marginalisation and hinder progress towards a more inclusive society. Additionally, the lack of employment opportunities and income inequality exacerbate social inequality by restricting upward mobility and perpetuating the cycle of poverty.

Magidimisha and Chipungu argue that educational policies have had a disproportionate impact on the labour market, resulting in marginalised black Africans being limited to low-paying jobs. The issue concerns the exploitation of non-white labour and unequal pay for equal work, perpetuating economic disparities. Discriminatory housing and land ownership policies further reinforce these disparities. For example, non-white South Africans were forced to live in remote and underdeveloped areas without access to facilities or employment opportunities. As a result, they experience higher rates of unemployment and lower wages compared to their white counterparts ([13], p. 9). Additionally, limited access to high-quality housing perpetuates disparities in living standards, intensifying housing and residential segregation. The marginalised population experienced limited access to basic services, societal benefits, and economic participation [3].

Furthermore, inequalities in healthcare infrastructure and resources existed between non-white and white communities during the apartheid. The non-white population experienced a higher incidence of health issues and shorter life expectancy due to restricted access to healthcare services [3]. The poor healthcare infrastructure and services in communities of non-white individuals have worsened health disparities. Individuals belonging to non-white racial groups encountered obstacles in obtaining high-quality healthcare services, resulting in inferior health results in comparison to their white counterparts [13].

The long-lasting effects of apartheid, including intergenerational trauma and socio-economic disadvantages, continue to contribute to health disparities among racial groups, even after the end of apartheid [14]. The inequities in healthcare outcomes serve as a singular illustration of the enduring consequences of this authoritarian system.

The role of activists and organisations in confronting apartheid cannot be overstated, as their efforts have resulted in substantial societal transformation. However, it is important to recognise that the effects of apartheid are still being felt today, and there are ongoing challenges in addressing socio-economic inequality. It is essential to continue striving for social justice and preventing the perpetuation of further injustices in South Africa in order to avoid the continuation of the negative impact of apartheid.

It should be noted that the end of apartheid alone does not guarantee the necessary improvements in the health of the nation. The government needs to address the underlying factors that contribute to poor health, which are closely linked to the inequalities associated with capitalism [14].

#### **4. Current state of social inequality in South Africa**

Although South Africa has implemented numerous progressive policies and legislation to address historical inequalities [15], the country remains one of the most socio-economically unequal countries in the world [16]. As already noted, this inequality is the result of apartheid policies such as Bantu Education and job reservation, which have a clear racial impact. Durrheim et al. assert that the discrepancy in South Africa has become more prominent. On the other hand, they contend that deracialisation has occurred since the African National Congress party was elected [7].

The most apparent manifestation of racialised inequality can be seen in data relating to income, and the higher socio-economic classes ([7], p. 16). A consistently high Gini coefficient above 0.658 indicates that the country has one of the highest levels of income inequality in the world [5]. As a result, a significant proportion of the population struggles to access basic necessities and opportunities for economic advancement. Inequalities in education persist, particularly between different racial groups, as marginalised individuals have limited opportunities to access quality education and necessary resources [3]. In addition, access to basic amenities such as drinking water, sanitation, and healthcare remains a significant challenge for some South Africans, particularly those living in informal and rural settlements. In the words of Durrheim et al., 'life in the black townships was harsh, characterised by widespread poverty and unemployment and a lack of facilities such as electricity, water, waste disposal and sanitation' [7].

#### **5. Factors contributing to social inequality**

There is an ongoing debate and no clear consensus on the factors contributing to social inequality. In South Africa, it is widely accepted that the legacy of the apartheid regime mainly influences the emergence and maintenance of inequality. Social inequality in South Africa is linked to structural factors such as the enduring effects of apartheid, land ownership, and the dynamics of the labour market.

Wabiri and Taffa state that socio-economic hierarchies were established through policies supported by the apartheid government [17]. These hierarchies have resulted in the reproduction of various injustices, particularly against the black majority who have experienced discrimination. The policies and actions of the apartheid government have left a legacy of unequal development in South African society.

Socio-economic inequality is interconnected with factors such as race, gender, and geography, creating uniquely challenging circumstances for specific demographic groups. Understanding these complex dynamics is essential if social inequality is to be addressed effectively.

Wabiri and Taffa analyse the impact of the introduction of a democratic system of government in 1994 on the hopes of the oppressed majority of citizens [17]. They are sceptical that the post-apartheid government has successfully redressed past injustices to strengthen democracy. They conclude that, given the existing structure of the post-apartheid state, achieving socio-economic justice will be difficult, if not impossible. This is because the country's problems are deeply rooted in its structure.

In order to reduce the gaps between social groups, it is essential to direct resources towards improving education, health, and infrastructure in economically disadvantaged regions. Inclusive policies can help South Africa achieve a more equitable society by providing equal opportunities for success and well-being. According to Lago, one of the goals of the 2030 Agenda for Sustainable Development is to address inequality, a central aspect of the United Nations mandate [18].

## **6. Consequences of social inequality**

Societal inequality in South Africa has far-reaching ramifications that substantially affect various populations, particularly regarding water, sanitation, and healthcare accessibility. It perpetuates a cycle of poverty and limits opportunities for upward social mobility, ultimately hindering the overall advancement of the economy. Lago agrees that inequality hinders progress by affecting economic growth, redistribution, power imbalances, democratisation, human rights, and perpetuating chronic poverty [18]. They argue that excluding specific demographic groups, such as women, youth, and marginalised communities, from equal opportunities and resources can limit their ability to contribute to the economy.

People who have faced long-standing disadvantages often experience poverty, restricted upward social mobility, and a profound sense of exclusion. For example, women are significantly impacted by social inequality. Despite the policies and legislation aimed at achieving gender equity in post-apartheid South Africa, there is still a noticeable gender disparity at all levels. Gender inequality reinforces a cycle of unfair treatment and disadvantages, which hinders women's ability to obtain education, employment opportunities, and decision-making authority. For example, women face significant obstacles in accessing equal opportunities in the labour market, resulting in lower pay and limited professional advancement [13]. This hampers their personal growth and development and has broader implications for society's progress and well-being.

Socio-economic inequality also affects young people. Limited access to quality education and employment opportunities contributes to high youth unemployment rates, leading to pessimism, dissatisfaction, and disillusionment. According to Rogan, access to employment opportunities in post-apartheid South Africa is still heavily imbalanced [19]. The study discovered that university access patterns are significantly impacted by the school system, which determines which students reach grade 12 and achieve a bachelor-level pass, the minimum requirement for admission into undergraduate degree programmes. Walker et al. found that several factors influence access, including the 12th grade, the school attended, the relative wealth in the school area, race, sex, age, and geographic location (urban, rural, and province) [20]. Access to

schooling varies significantly based on race and income. District, race, gender, age, and geography (urban/rural and provincial) are significant factors.

Walker et al. argue that this situation creates a negative cycle, limiting opportunities for progress and increasing vulnerability to poverty and social marginalisation [20]. These circumstances can lead to social unrest, higher criminal activity rates, and missed economic growth and innovation opportunities. Furthermore, the most significant impacts of social inequality are experienced by marginalised individuals, including those living in rural areas and informal settlements. Disadvantaged communities have limited access to basic services such as clean water, sanitation, and healthcare. These conditions perpetuate the cycle of poverty and poor health. As a whole, social inequality in South Africa has multi-faceted repercussions.

Socio-economic inequality has the consequence of undermining the nation's social cohesion, confidence, and political stability. This perception arises from the state's inability to deliver on its promise of improving the lives of the black majority through meaningful and noticeable changes. As previously mentioned, the unequal distribution of resources and opportunities significantly affects the health outcomes, crime rates, and social mobility of individuals and communities perceived to be marginalised. According to Wabiri and Taffa, it is disheartening that our country's failure to dismantle socio-economic power structures has led to a widespread perception of the state's ineffectiveness [17]. Consequently, addressing socio-economic inequality is crucial for creating a fairer society and ensuring the long-term stability of South Africa. In order to achieve success in addressing these issues, it is necessary to implement comprehensive and targeted policies and programmes.

## **7. Strategy for bridging the social inequality gaps**

A strategy for addressing social inequality in South Africa should be comprehensive and multi-faceted, targeting the root causes of inequality. The government has implemented various policies and programmes to address historical injustices and promote equal opportunities for all citizens.

The South African government has enacted the most comprehensive affirmative action to reduce social inequality. Affirmative action in South Africa is a significant government policy to rectify past injustices and promote social equality. It is a term that originated in the United States of America (USA) and includes a series of measures implemented by employers, university admissions offices, and government agencies to go beyond mere non-discrimination [21]. The programmes aim to address the historical inequalities caused by apartheid by providing opportunities and resources to previously disadvantaged populations.

The government has taken steps to enhance the representation of historically disadvantaged groups in different sectors, including education, employment, and business ownership, through affirmative action. These policies have provided opportunities, ensured fairness for marginalised communities, and promoted diversity in all areas of life. This is particularly true after the end of apartheid in 1994 [21]. Archibong and Adejumo state that the Employment Equity Act (EEA) 55 (1998) and the Broad-Based Black Economic Empowerment (BB-BEE) Act (2003) and subsequent amendments serve as the primary legal structures for the enforcement of affirmative action in South Africa [21]. Companies are required to adopt affirmative action measures to ensure the inclusion of previously disadvantaged groups in the workplace.

The Black Economic Empowerment (BEE) programme is a policy in South Africa aimed at enhancing the involvement of historically disadvantaged black individuals in the economy. It achieves this through preferential procurement and employment equity, creating opportunities for disadvantaged groups and addressing social inequality ([22], p. 194). Unfortunately, only a few black individuals and their companies have emerged as prominent black partners in specific deals, some of which seem connected to the ruling party [22].

In addition, the government has implemented various skills development programmes and initiatives to enhance access to high-quality education and skills development programmes [23]. These initiatives empower underprivileged individuals and equip them with the necessary resources to enhance their socio-economic status. They have disrupted the cycle of poverty and facilitated upward social mobility by implementing strategies such as providing additional financial resources to schools in disadvantaged regions and offering grants to students from economically disadvantaged backgrounds.

Thus, the government has launched the Expanded Public Works Programme (EPWP). The EPWP aims to provide job opportunities and skills training to the unemployed. The EPWP offers temporary employment in infrastructure construction, environmental protection, and social services. However, its effectiveness in creating long-term employment and sustainable economic growth is still debatable [24].

The National Student Financial Aid Scheme (NSFAS) is an effort to provide financial assistance to poor students seeking higher education. Although the NSFAS has improved access for many students, there are concerns about its long-term viability and the need for other support structures to ensure student success beyond financial aid [25].

In addition, the government has implemented various housing initiatives, such as the Reconstruction and Development Programme (RDP), to aid low-income households in finding affordable housing. While these projects have made progress in meeting the population's housing needs, issues such as insufficient infrastructure and limited access to essential services persist [26]. Overall, government programmes and efforts have made progress in addressing socio-economic inequalities. However, it is important to continuously evaluate and improve these strategies to ensure their effectiveness in reducing social inequality in South Africa.

While significant progress has been made in addressing social inequality, it is crucial to acknowledge that market dynamics and other factors may still hinder their effectiveness [23]. However, there has been ongoing debate and analysis regarding the effectiveness and outcomes of affirmative action in addressing social disparities. There are varying perspectives on its impact. Some argue that implementing affirmative action has successfully addressed inequality and improved equal opportunities for all South Africans. This has been accomplished by prioritising the recruitment and advancement of individuals from underprivileged communities. Archibong and Adejumo argue that affirmative action has improved the situation of black men and women despite criticism from opponents [21]. Lee suggests that affirmative action policies have significantly increased black enrolment and higher education attainment [23].

In contrast, others argue that affirmative action has resulted in reverse discrimination and a sense of entitlement. In their studies, Burger et al. ([27], p. 18) show that affirmative action has partially closed social inequality gaps. They posit that the earnings gap has only narrowed for high earners and remains significant despite the implementation of affirmative action legislation and that marginalised groups still face significantly higher unemployment rates. Burger et al. suggest that effective affirmative action measures alone are unlikely to eliminate economic disparity or poverty [27]. They further assert

that implementing affirmative action policies requires additional support from interventions such as ongoing improvements to access high-quality schools, on-the-job training programmes, and active labour market policies aimed at marginalised groups. Also, community development initiatives prioritising enhancing infrastructure and facilitating access to fundamental services in disadvantaged regions have significantly reduced social inequality disparities [28]. These programmes mitigate the scarcity of resources and opportunities in these communities, contributing to establishing a fairer society and enhancing the general welfare of its inhabitants.

In order to establish a more equitable and inclusive South Africa, it is essential to adopt a comprehensive strategy that addresses the various factors driving social inequality. This includes structural, governmental, cultural, and societal factors. Prioritising investments in education, healthcare, infrastructure, and job creation is crucial to ensuring equal opportunities for all residents. By implementing this approach, South Africa can reduce socio-economic inequality and cultivate a more inclusive society.

## **8. Challenges and limitations**

Despite ongoing efforts to address social inequality, South Africa faces many challenges and limitations in pursuing genuine equality. A significant obstacle lies in the enduring effects of apartheid. This historical legacy has profoundly shaped the social fabric of the country. These effects have led to ongoing racial and economic disparities, which pose challenges in addressing social inequality [29]. This is because, as Makgetla argues, the democratic state did not directly tackle the issue of overall inequality or wage disparities in the workplace [30]. Instead, the emphasis was placed on expanding labour rights for all workers, allowing them to organise, negotiate, and engage in strikes without fear of retribution from employers. Additionally, minimum employment standards were established, including minimum pay for some industries.

Furthermore, limited access to quality education and healthcare exacerbates inequalities, particularly in marginalised communities [30]. The perpetuation of social stratification is also fuelled by the lack of job opportunities, especially for disadvantaged groups. Additionally, corruption and mismanagement of resources pose significant obstacles to the successful execution of policies and programmes addressing inequality [23]. These challenges and limitations pose significant obstacles to achieving social equality in South Africa and require comprehensive and targeted interventions.

Although effective policies and programmes have been implemented, social inequality in South Africa persists due to deep-rooted systemic challenges and a lack of political will to tackle the underlying causes of inequality [31]. Furthermore, although education, skill development, and job creation are important, they may not be enough to reduce social inequality effectively. To address this issue, it is also necessary to address underlying structural concerns such as land ownership and wealth distribution.

## **9. Conclusion**

South Africa's history of colonialism and apartheid has had a profound and enduring impact on its society, resulting in entrenched inequalities in terms of race,



class, and gender. Historical factors have played a significant role in shaping the social structures and institutions that perpetuate inequality. South Africa has a highly unequal income distribution, with a minority owning a significant proportion of the nation's wealth. This economic disparity exacerbates social inequalities, as people with limited resources face challenges in accessing basic necessities and opportunities for social mobility.

Nevertheless, the post-apartheid South African government has implemented potential policy interventions to address social inequality. These include wealth redistribution, affirmative action, black empowerment, increasing funding for education and skills training programmes to improve employment opportunities, expanding access to affordable health services, and implementing affordable housing initiatives.

The exploration of government policies shows that South Africa is making a determined effort to redress past injustices. However, despite progress, significant disparities in social inequality remain to be addressed. The need for continued advocacy, policy reform, and improved support for marginalised populations are all variables that will determine whether or not these inequalities will eventually be addressed. It is of the utmost importance that ongoing efforts are sustained in order to adequately address the long-term effects of colonialism on South African society and to achieve genuine social justice and equality.

It should be emphasised that a number of critical factors have influenced social inequality in South Africa. These include access to quality education and basic services, employment opportunities, and effective government policies prioritising social justice and equality. Despite a reduction in socio-economic inequalities in South Africa, significant obstacles and constraints remain. Corruption and a lack of political will have hampered efforts. The government needs to address these barriers and develop more comprehensive policies to reduce social inequality in the country. It must analyse its current situation, promote inclusive economic growth, and address systemic barriers such as discrimination, corruption, land ownership, economic opportunity, and the empowerment of marginalised communities.

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## **Conflict of interest**

The authors declare no conflict of interest.


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## Chapter 14

# Functional Education as the Avenue for Poverty Alleviation in Uganda's Muslim Community

*Badru Musisi*

### Abstract

This Chapter focuses on functional education as the avenue for alleviating poverty and social inequalities afflicting Uganda's Muslim Community (UMC). The 2014 Uganda Population census shows that 39% of Ugandans are Roman Catholic, 32% Anglican, 11% Pentecostal Christian, 14% Muslim, and 5% traditionists. Religion is a key factor in Uganda's social, economic, and political spheres; however, Muslims, as a religious minority in a Christian-majority country, are a relatively marginalized and excluded community for whom poverty is a grim reality. Uganda's national poverty rate declined from 1992 to 2020, but the country remains one of the poorest in the world. The Covid-19 crisis reversed decades of progress in poverty reduction. Using the structural vs. cultural framework of social inequity, I synthesized the constellation of forces and how they reinforce each other to widen the socioeconomic gap in UMC. I used a literature review design to gather, critique, and summarize literature. I conclude by the role of functional education in spanning the social-economic gap between the Muslim minority and the rest of the population.

**Keywords:** functional education poverty, Muslim community, Uganda, multidimensional poverty, poverty alleviation

### 1. Introduction

Ending poverty in all its manifestations by 2030 is number one on the list of United Nations' (UN) Sustainable Development Goals (SDGs) agenda. This goal is pursued by a series of actions taken by World Bank (WB), International Monetary Fund (IMF), United Nations Development Plan (UNDP), Organization of Islamic Countries (OIC), Islamic Development Bank (IDB), etc. The actions depict global commitment to poverty reduction to enhance progress and good livelihood for humanity [1]. The UNDP [2] established that close to 1.4 billion people live in extreme poverty, 93% of whom are in East Asia, South Asia, and Sub-Saharan Africa. While a myriad of poverty eradication measures have been taken by the government in successive national development plans, poverty is still the most serious threat to national development in the country [3]. Like in all poor countries, socioeconomic inequality is a matter of the haves and the have-nots [4], which, in Uganda's case, is closely linked to educational attainment, political power, tribe, and religion.

According to the United States Department of State [5], 82% of Ugandans are Christians, 14% are Muslim, and 5% belong to other religions. This renders Uganda overwhelmingly Christian, with Islam as the second most widely professed faith. However, while the size of practicing and non-practicing Ugandans is not very clear, religion is key in the country's social, economic, and political spheres. Nsereko-Mutumba [6] reiterates that as the minority in a largely Christian country, Uganda's Muslim Community (UMC) is a relatively disadvantaged community to whom poverty and social inequality are a grim reality. Ssekamwa [7] opines that by 1962, Muslims were socially, politically, and economically disadvantaged, relying on subsistence farming, selling meat, and performing minor roles in the transport sector. Noteworthy, however, UMC is not a homogeneous entity whose only problem is lack of money. Musisi and Kiggundu [8] illuminate that UMC comprises men, women, youths, widows, clerics, orphans, Muslims with Disabilities (MWDs), and the elderly, whose common challenge is endemic marginalization and inequality dating back from colonial times.

Ssekamwa [7] and Ssengendo [9] largely attribute the social inequality of UMC to their decision to rebuff secular education in the colonial days, which education turned out as the foundation of a wholesome and prolific integration into Uganda's post-colonial social, economic, and political fabric. Alongside its secular education shortfall, Muslims were and still are perceived as rigid, extreme, and restive largely because of the clash of Western and Arabic civilizations. Among other reasons, this stereotype is further fueled by the endless feuds bedeviling the antagonistic factions of UMC. Consequently, Muslims blame the state for sidelining and persecuting them, while the state blames UMC for taking the government as a threat to their way of life. But as the blame game continues, Nsereko-Mutumba [6] affirms that UMC is enduring relegation, informality, and inaccessibility. So, while many Ugandans lack basic standards of health, nutrition, shelter, water, and sanitation [10], UMC is more deprived within the bounds of Uganda's levels of social inequality and active participation in government and society as a whole [6].

Whereas the 2021 Uganda Bureau of Statistics (UBOS) report [10] shows a decline in the national poverty rate from 56% in 1992/1993 to 21.4% in 2019/2020, Afrobarometer [11] states that Uganda remains one of the poorest countries in the world. The 2022 UBOS Multidimensional Poverty Index Report [12] shows that in 2019/2020, 30.1% of Ugandans lived below the poverty line of USD 1.77 per person per day. The number of Ugandans who are non-poor but vulnerable to poverty increased, as did that of those swinging in and out of poverty. People who are not poor but are vulnerable to poverty increased by 10%, from 33% in 1992/1993 to 43% in 2016/2017, and between 2015 and 2019, 8.4% of the households moved out of poverty, while 10.2% slipped into poverty. The report reveals that the COVID-19 pandemic reversed decades of progress in poverty reduction, leading close to 300,000 Ugandans to backslide into poverty. In this chapter, I reviewed the existing literature on multidimensional poverty and Functional Education (FE), with a focus on the structural and cultural causes of social inequality and exclusion suffered by UMC. Finally, I fronted functional education as the avenue for alleviating social-economic inequalities in UMC. Specifically, the four objectives that guided this chapter were:

- i. To highlight the poverty-driven inequalities afflicting UMC.
- ii. To examine the structural causes of poverty in UMC.

- iii. To examine the cultural causes of poverty in UMC.
- iv. To show how FE can help to alleviate poverty-driven disparities in UMC.

## 2. Methodology

In line with Gyaviira and Musisi [13], I adopted the narrative literature review design [14] that I used to gather, critique, and summarize relevant literature from peer-reviewed articles, textbooks, and other relevant literature as the main sources of data. I then considered every piece of literature I deemed relevant and analyzed the findings, opinions, and facts gathered from the various articles, but mindful of integrity and academic honesty [14] of every piece of literature used. I obtained the information I needed using the Google Scholar search engine [14], which led me to journal articles and non-journal but relevant literature such as press reports, policy papers, dissertations, textbooks, etc. Using the interpretivism paradigm and thematic analysis, I analyzed, synthesized, and organized the data collected under; multi-dimensional poverty, structural vs. cultural framework, structural causes of UMC poverty, cultural causes of UMC, and the role of functional education in poverty alleviation. Most of the literature used was in the English language, save a few that were in the Arabic language, which I had translated into English with the help of a specialist. The literature I used had no time scope, given the nature of the key study concepts. However, using the Google Scholar search engine as the primary source of data posed a limitation of missing valuable information that could not be obtained on the search engine. I addressed this constraint by following up on the key sources and links that the documents I reviewed had in their reference lists [15]. This enabled me to locate more valuable sources that I could have missed.

## 3. Poverty and its manifestations

In their report entitled *The Hidden Dimensions of Poverty* Bray et al., [16] affirm that poverty is much more than just monetary deprivations. Similarly, the World Bank [17] depicts poverty as hunger, lack of shelter, not having access to school, not having marketable skills, not having a job, fear for the future, and living 1 day at a time. In their UNDP Human Development Reports Research Paper 2010/11, Alkire and Santos [4] declare that at its worst, poverty is when one's human spirit is depressed by a sense of having no worth or say in how to manage one's life. They take poverty as a vicious circle that crops from generation to generation. Poverty is when people are excluded within society, are not functionally educated, suffer illnesses, and when society suffers negative consequences. Besides, poverty is conveyed by social traits that are historical, dynamic, and multidimensional; many of which are not captured in national poverty indices. More importantly, poverty begets disempowerment and is a prevalent experience that affects people and their struggle to survive and resist [18].

To Collins et al. [19], poverty is trauma. They clarify that although not often included in the formal definitions of trauma, poverty is a traumatic experience. Low-income families are more likely to experience higher levels of prolonged stress, which contributes to difficulties in later adjustment. Accordingly, Jiang et al. [20] established that economic hardship depressingly affects the overall well-being of a family, since the healthy development of brain circuits is dependent on good experiences.



In their report entitled *Trauma-of-Racism-Report* Lebron et al. [21] show how the negative consequences of poverty tend to intensify the longer one remains impoverished and exposed to stress factors. Hence, owing to the connection between poverty and trauma, many children and families in deprived households experience complex trauma from the cumulative adverse effects of marginalization on people's lives.

Lebron et al. [21] elaborate that the trauma of marginalization produces negative psychological, health, economic, and social impacts on generations, which ultimately overwhelms one's ability to cope. It also creates feelings of powerlessness that perpetuate a vicious cycle of trauma. In this regard, poverty begets suffering in body, mind, and soul with a powerful sense of physical, mental, and emotional misery and hopelessness. In addition, this suffering means having a reduced life since it weakens one's physical and mental health due to poor-quality feeding, housing, and all the other necessities of daily survival. The filthy and highly polluted neighborhoods the poor live in hinder them from preventive health care; yet lack of healthcare, such as deworming, dentistry, antenatal, and eye care, often increases problems. Lebron et al. conclude that poor health caused by multiple deprivations leaves people physically and emotionally disfigured.

All in all, Özpınar and Akdede [22] reiterate that poverty leads to negative thoughts and perpetual worry due to the fear of losing a life-sustaining asset or the meager resources one may have; fear of what others will say about one's condition, stress, and anxiety caused by coping with uncertainty; shame related to one's living conditions; having to beg for help and assistance; the guilt associated with one's inability to give to others; the agonizing pain of being separated from loved ones; and the anguish and hopelessness of seeing no end to one's suffering. This condition, according to Collins et al. [19], leads to frustration, anger, depression, and hopelessness, which may even lead to self-neglect or suicide. So, as poor Muslim parents suffer, their children suffer, and all household members suffer for each other, which often leads to contact avoidance for fear of being judged, humiliated, and isolated [22].

Giving the Islamic approach to poverty alleviation, Ghaffar and Alam [23] offer the objective definition of poverty classified at four levels in the economy as described in the Quran, Al-Touba: 60 as: (a) *Al-Fuquara*: Individuals living at or below the poverty line. (b) *Al-Masakin*: Individuals living very much below the poverty line. (c) *Al-Ghari "mun*: individuals overwhelmed by debt contracted in good faith including those who face natural disaster like fire, drought, epidemics, earthquake, etc. (d) *Ibn al-Sabil*: Individuals living away from home and are unable to support themselves. According to Ghaffar and Alam [23], Prophet Muhammad took poverty as a danger and threat to Muslims and society and, thus, an undesirable condition every Muslim ought to combat. Islam takes destitution as cruel, perilous, and risky, and the Prophet urged Muslims to secure themselves from the cruel jaws of poverty. Mindful of the Prophet's guidance, Muslim women, youths, PWDs, clerics, and orphans in Uganda engage in the interminable struggle to fight poverty in order to offset the effects of deprivations.

By so doing, Muslims struggle to achieve some semblance of inner balance by using their imagination and creativity to meet their basic needs. They attempt to acquire survival skills and to demonstrate faith and courage driven by hope that Allah will bestow upon them a normal life. Poor Muslims usually tap into their strong belief in Allah to seize opportunities for themselves, for their families, and for their communities. Compassion inspires care as the poor share the little they have with one another. After all, it is customary for Muslims to share food, clothes, and utensils, organize social gatherings, and fundraise for each other, regardless of one's economic

status. While sharing may drain the limited resources one may have, Muslims believe that a Muslim is the brother of another Muslim, and whoever fulfills the needs of his brother, Allah will fulfill his needs in return; and whoever relieves a Muslim from distress, Allah will relieve him from distress on the Day of Resurrection Elias [24], citing Ṣaḥīḥ al-Bukhārī 2442. Finally, Özpınar and Akdede [22] affirm that sharing is a coping mechanism that augments the feeling of shared struggle and camaraderie that helps the poor to keep their sanity.

#### **4. Structural vs. cultural causes of poverty**

To analyze poverty afflicting UMC, I used the structural vs. cultural framework that attempts to explain the causes of poverty [25]. The beliefs about the causes of poverty shape one's attitude toward the poor [26]. Those who attribute poverty to structural causes focus on the macro systems, while those who attribute it to cultural attribute it to poverty-perpetuating customs and behavior of the poor [27]. The structure perspective attributes poverty to the macro social, economic, and political order that denies the poor opportunity and resources they need to escape poverty. Structural factors include organizational and institutional forces in society that determine social position such as the prestige level of associations, roles and jobs, economic and labor market forces, technology, and laws [18]. These forces lead to a lack of equal opportunity precipitated by religious, gender, and age discrimination; lack of good education and adequate health care; loss of jobs; corruption in government, nepotism, and mismanagement. Such structural forces create a vicious cycle of poverty in which children of the poor are often fated to end up in poverty or near poverty as adults. Hence, poverty is largely a result of failings at the economic and political levels, rather than at the individual level since the basic problem lies in the shortage of viable opportunities for all [28].

On the other hand, the Cultural perspective postulates that the poor are to blame for their poverty because they develop and indulge in certain habits that cause their families/communities to remain in poverty over generations [29]. This perspective focuses on the values and cultural norms of the poor that perpetuate the state of deprivation. The poor tend to focus on their current troubles, which causes attitudes of dependency and powerlessness, leading them to make choices that perpetuate rather than choices that mitigate poverty. Cultural factors include pervasive narratives, interpretations, common understandings, and applied meanings within groups of people. While culture is shared among varying size groups, ranging from individuals, families, and communities to nations, the cultural sharing in this chapter is generally limited to UMC. Social interaction at the individual level leads to sharing of cultural values, understandings, and interpretations [26] that lock Muslims in poverty. So, in the subsequent section, the structural perspective attributes poverty in UMC to Uganda's social, political, and economic forces, while the cultural perspective attributes it to the beliefs, norms, practices, understandings, and interpretations of UMC.

#### **5. Structural causes of poverty in UMC: blaming the system**

In the first place is UMCs restrictive approach to Western secular education during the colonial days, often taken as the genesis of Muslim marginalization in Uganda.

According to Kiyimba [27], the colonial authorities were reluctant to extend financial and logistical support to Muslim education enterprises due to the cultural differences between Christianity and Islam. Besides, in his article entitled *Muslim Education in Sub-Saharan Africa*, Izama [30] reiterates that since the colonial days, Muslims have been at a disadvantage as regards access to formal schooling. But while this historical fact should not be entirely dismissed, the key education challenge for Muslims today is access to purposeful education rather than lack of access to schooling. Indeed, UMC is catching up fast on the lost time in its secular education agenda, demonstrated by three Muslim-founded universities and hundreds of Muslim-founded public and private education institutions at different levels of education [9].

This feat is, however, undermined by the dysfunctional education system that does not empower Ugandans to compete well in today's labor market. World Bank [31] report on ending learning poverty and building skills shows that Uganda's Human Capital Index is so low that children are likely to be 38% as productive when they grow up as they could be if they had quality education and health care. Furthermore, the report shows that children who begin school at 4 years are expected to complete 6.8 years of schooling by their 18th birthday, compared to the Sub-Saharan average of 8.3 years. Yet, a child's actual years of learning are 4.3, with 2.5 years wasted due to poor-quality education. This implies that Muslim graduates, a beacon of hope in their families and communities, are likely to end up unemployable, underemployed, or unemployed. In poor Muslim households, the situation, as described by Watkins [32], is much worse since children go to the most deprived schools, lack after-school support at home, are unable to read/write/socialize by age 10, suffer low confidence and low productivity, and thus, end up as low achievers in life.

Watkins [32] continues that children living with disabilities do not access education, and the few who do never get far and that children from poor households are seven times more likely than their non-poor counterparts to rank in the lowest 10% of learning achievement. Yet these are the very children to whom quality education can make a huge difference in their lives by helping them break the vicious cycle of deprivation they live in. Kiggundu et al. [33] admit that poor Muslim parents/guardians know the value of education very well, but much as they often fail to get their children functionally educated, it is not due to lack of trying. Such parents are simply let down by the dysfunctional schools their children go to. In the end, poor Muslim children start life at a huge disadvantage because they grow up in homes with no books, no toys, and no one to read to them. The paper depicts a Muslim girl who attends a tuition-free school but whose poor parents are unable to help her because they do not know what she is learning, how she is learning, what fascinates her, and what depresses her, which means that her strength and weakness remain unknown to them, thus, worsening the social disparity.

In the same vain, lack of access to quality Early Childhood Education (ECE) is a key barrier to educational equity for poor Muslim households. Barnnet & Friedman-Claus [34] portray how considerable research points to quality ECE as a very significant investment every society can make to level the education playing field for all children. However, the 2019 Uwezo Report [35] shows that children in poor families are the least likely to access quality ECE due to the untenable state of Uganda's Universal Primary Education (UPE) schools, accurately described by Prusinski et al. [36] as childcare deserts. Besides, Prusinski et al. [36] are of the view that since community wealth, maternal employment, and education levels influence supply of affordable quality childcare; supply of quality ECE and care programs is not available in schools located in Uganda's poverty-ridden neighborhoods. Unlike Christian

founded schools, the situation in Muslim-founded UPE schools is aggravated by the acute shortage of UMC-based organizations that would advocate for funding ECE and care in such schools. So, the cruel irony is that much as it is a major escape route from poverty, what passes as ECE and care in rural Muslim-founded UPE schools reinforces poverty and social inequality instead of alleviating it.

Consequently, the 2019 Uwezo Survey Report [35] established that over 50% of the estimated nine million children aged 6–14 years could not read simple words or solve simple arithmetic problems. Only 43% of the sixth graders could read a simple story, and 42% could do a simple division problem. In addition, 57% of the refugee children in Uganda were out of school, and 62% of children with disabilities did not complete the basic education level. So, Watkins [32] imagines the future of a Muslim child who cannot read at age 10, and the future of UMC with the majority of its children finishing primary school without learning basic literacy, numeracy, and life skills. Blaming such children for dropping out of secondary school, or for being delinquents, drug addicts, or extremists is dealing with symptoms of a wider structural problem in the country that widens socioeconomic inequality between the haves and the have-nots.

Secondly, Ali-Koor [37] observes that the period 1980s–90s was typified by tension arising from the *Salafist* ultraconservative version of Islam across the Muslim world that culminated in the proliferation of mosques, madrassas, and Muslim cultural centers in East Africa. He shows how the *Salafist* ideology challenged the conventional Muslim establishment's norms of tolerance and inter-faith cooperation in the region, leading to divisive religious relations and violence in the region. For instance, the Research Directorate, Immigration, and Refugee Board of Canada [38] reports that on March 22, 1991, the *Salafist* raided Old Kampala Mosque and attempted to seize Uganda Muslim Supreme Council (UMSC) headquarters. In the ensuing scuffle, four police officers were killed, and over four hundred *Salafists* were arrested. Muslims complained of extensive mistreatment by security officials in Kampala and in Western Uganda, and many Muslims suspected of collaborating with the Democratic Republic of Congo (DRC)-based Allied Democratic Forces (ADF) rebel group were reported to have died in the hands of the security forces.

Since then, most of the alleged terror activities, high-profile murders, and attempted murders in Uganda have been blamed on Muslims such as the July 2010 bombings at the 2010 FIFA World Cup Final in Kampala blamed on Al-Shabaab and the November 2021 bombings in Kampala blamed on ADF rebels CRISIS24 [39]. Security forces thwarted planned bomb attacks in Kampala, blamed on ADF cells, Hansen [40]. Between 2012 and 2016, close to 10 prominent Muslim clerics were murdered Daily Monitor [41]. The 2022 United States Department of State's International Religious Freedom Report on Uganda [5] expressed concern about UMC the inclination of security agencies to single out Muslims for arrest and detention in all anti-terror-related operations, detention without trial of Muslims with no evidence to substantiate terror allegations leveled against them, and frequent Mosque raids and arrest of clerics over their alleged links to real and imaginary terror groups. In the same report, security operatives were accused of witch-hunting Muslims who criticize the government, and some NGOs expressed concern over the torture and inhuman treatment of Muslim terror suspects by security agencies.

Sseremba [42] laments that much as the collective punishment meted on Muslims shapes, reflects, and amplifies negative, biased, and cruel intentions toward UMC, it receives little public scrutiny when it targets Muslims, compared to when it is inflicted upon other segments of Uganda's population. Sseremba avers that the voices of civil

society organizations, religious leaders, mass media commentators, and politicians, who often fervently condemn state violations of citizens' rights, have remained silent when Islamic schools are raided and Muslim suspects summarily executed. He expressed dismay over the same voices justifying extrajudicial killings of Muslim suspects, detention without trial, and inexplicable crackdown on Muslim education institutions. While this collective punishment is not captured in Uganda's poverty indices, it is clear in the way UMC is perceived and treated by state agencies, whose job it is to protect all citizens. Such treatment is tantamount to labeling Muslims the usual suspects, which makes them feel like they were born guilty simply because of their faith. This is contrary to the legal principle that ensures the presumption of innocence until proven guilty. So, many Muslim families end up in poverty because their benefactors were killed or incarcerated.

Thirdly, UMC has for a long time been plagued with disagreement and bigotry typified by feuds and intrigue fueled by tribal loyalties, differences in religious doctrine, and greed, leading to different factions to challenge, denounce, boycott, and disown one another. Leadership wrangles and turf wars have often resulted in litigations, dismissals, and counter-dismissals of top spiritual leaders over allegations of double-dealing and disloyalty. The situation suggests that UMC is chaotic; a claim, though not entirely baseless, is instigated by political forces in the country. In a keynote address on religion and democracy in Uganda, Ssentongo [43] how politics and religion in Uganda are two sides of the same coin and how politicians use courtship, arm-twisting, threats, violence, and material inducements to win the support of religious leaders. In response, some spiritual leaders find it expedient to court politicians for material benefits and protection and to secure their privileged positions.

While addressing the Eid prayer congregation at Old Kampala Mosque in May 2022, the Mufti of Uganda castigated top government officials for sponsoring the continued disunity among Muslims. He said that Muslims are ready to unite if it was not for some top government officials who stand in the way of unity by supporting those who divide the Muslim community by offering some Muslims money, gifts, and praises, which encourages them to oppose UMSC leadership. The Mufti admitted that Muslims have internal problems that UMSC is trying to address. However, this effort is jeopardized by politicians who, driven by personal, political, and economic agendas, tend to support dissenting Muslim factions by offering them official recognition, Matovu [44]. Thus, while UMC leadership may be blamed for the failure to promote harmony in UMC, the larger blame goes to top political actors for undermining the effort of UMC leadership to use the power of unity to emancipate Muslims from the debilitating forces of marginalization, dispossession, and exclusion.

Fourth, is the growing number of young Muslim scholars that, after finishing their studies in the Arab world, return home with a lot of excitement, pride, expectations, and ambitions, which turned into frustration and disappointment, due to failure to compete for the same job opportunities open to their secular education compatriots. The mismatch between theological skills acquired by the young Muslim scholars and the employability skills needed in Uganda's labor market, leaves many Muslim scholars at a considerable disadvantage. A few scholars settle with doing clerical work, translating Arabic literature, and working as part-time teachers of Arabic and Islamic studies. However, these are jobs whose demand far outstrips supply in a country whose population is 82% Christian. Some resort to vending Islamic garments, prayer rugs, fragrances, and Arabic linctus, while others end up expunging demons for a living!

The labor market failure triggers negative and disabling anxiety, despair, low self-esteem, and trauma in such energetic, ambitious, and highly educated young people. The 2021 United States Department of State's International Religious Freedom Report on Uganda [5] singles out prominent Muslims expressing concern over government's refusal to recognize Muslim seminary curricula, post Muslims teachers to public schools, and to adopt affirmative action in recruiting Muslim graduate teachers in government schools. In response, the government instituted a committee in 2022 to look into these concerns, and by the end of 2023, the report was not out yet. More often than not, jobless Muslim scholars join different dissenting factions, hoping to reap the benefits of belonging to the most promising faction. Hence, the tendency of some unemployed young scholars and their following to exhibit militancy and hostile takeover of Muslim property may be driven by the unfavorable labor market dynamics that are structured in nature.

Debates in Muslim spheres about poverty alleviation often focus on the duty and responsibility of the wealthy donating to the poor in the form of *Zakat* and *Sadaqat*, seen as the foundation of the Islamic solution to poverty Sadeq [45]. Oladosu-Uthman and Abdulsalam [46] illuminate that *Zakat* is a form of obligatory almsgiving from one's wealth based on the value of all of one's possessions; *Ushr*-a is a tax on agricultural harvests; *Sadaqat* is voluntary giving of alms without seeking a substitute in return and with the intention of pleasing Allah; *Auqaf* is assets or endowment donated, bequeathed, or purchased in perpetual trust for socially beneficial causes; and *Charity* is voluntary giving of help, typically in form of money, to those in need. However, the Islamic giving and receiving tradition may give the impression that Islam encourages begging. The grim spectacle of destitute women, orphans, PWDs, and the elderly swamping mosques for alms is often given as a case in point. In reality, however, Al-Dulaimi [47] affirms that Islam condemns begging and that Muslims are encouraged to struggle and earn a living with their own hands. Islam permits begging only in the direst of circumstances, many of which are structural.

Afrobarometer report 2020 [11] highlights the record of poverty alleviation crusades GoU has taken since the 1980s such as: Rural Farmers Scheme in the 1980s to boost agricultural productivity and farmers' livelihoods through credit; Seed Capital in 1995 to provide loans to the rural and urban poor, youth, PWDs, and women; National Agricultural Advisory Services and Plan for Modernization of Agriculture in 2001; Prosperity for all in 2006 to enable every household afford basic needs; The Social Assistance Grant for Empowerment of the elderly in 2010; Operation Wealth Creation in 2013; Youth Livelihood Program in 2013 to empower the youth to harness their social-economic potential, boost self-employment, and income levels; National Agricultural Cluster Development Program in 2017 to raise on-farm productivity, production, and marketable volumes of agricultural commodities; Presidential Initiative on Wealth and Job creation in 2019; and the Parish Development Model in 2022 to attain socioeconomic transformation based on improved productivity of households and enterprises at parish level.

Afrobarometer [11], however, shows that commendable as it may be, the decades-long poverty mitigation effort has registered dismal results mainly due to systemic corruption, political patronage, mismanagement, poor planning, red tape, inflated costs, nepotism, poor monitoring, and disempowered beneficiaries. Such structural barriers undermine attempts by the poor to fight poverty. Besides, the 2020 report [48] shows how such structural barriers exacerbate the vulnerability of the poor to natural disasters, illness, and job losses due to the absence of a pro-poor national social security system. De Conick and Drani [49] point out that the traditional

support systems that are part of UMCs social fabric have been eroded by rising economic hardships and waning social ties. Poor Muslims can hardly count on assistance from their kith and kin, which leaves them few options but to beg simply to get by. As a result, poverty is the unfortunate outcome of structural barriers that humper initiatives meant to lift poor Muslims out of their deplorable state of deprivation.

Finally, in his article on the delay in operationalizing Islamic Banking (IB) in Uganda, Kyambadde [50] clarifies how the Financial Institutions Act, 2004 barred Islamic Banking. Article 56(1) stated that notwithstanding any other written law or any contract, no financial institution should directly or indirectly (a) deal in buying or selling or bartering of goods, except in the course of conducting licensed activities under this Act or in connection with the realization of security given to or held by it; (b) engage in any trade; (c) buy, sell, or barter goods for others except in the course of conducting licensed activities under this Act. Twelve years later, the Financial Institutions Act 2016, as amended, permitted Islamic financial business, Islamic banks, and Islamic contracts, subject to any conditions specified by the Bank of Uganda (BoU). In addition, GoU repealed the Money Lenders Act, Cap. 273 and, in its place, enacted Tier 4 Microfinance Institutions and Money Lenders Act, 2016, which provided for Islamic Microfinance as per Section 105 (1), (2), and (3). The amendment, in effect legalized IB in Uganda.

Despite two decades of intense demand and advocacy for IB in Uganda, Kyambadde [51], it was not until September 2023 that BoU issued the first IB license to Salaam Bank Uganda; 14 years after Kenya, Tanzania, and Rwanda adopted IB, Namubiru [52] in the region. Kyambadde [50] attributes the delay to: intense lobbying by traditional banks out of fear that IB would make them lose customers due to its non-interest and ethical stance, excuses by BoU that it lacked the expertise required to establish a Central Sharia Law Advisory Council, much as the experts were available; the traditional banks' limited trust in their clients, given that IB depends on the clients' fidelity; and hesitancy of Uganda Bankers Association to rally its members to adopt IB. Hence, while IB is a stable banking system capable of creating employment, as demonstrated in the rapid growth of the Middle Eastern and North African regions, Namubiru [52], the structural delay in its implementation may have cost UMC and the country in general innumerable job and growth opportunities needed to alleviate poverty and social inequalities.

## **6. Cultural causes of poverty in UMC: blaming the victim**

First is the issue of Islamic Religious Education (IRE). Douglass and Shaikh [53], citing the Quran 96:1–5, state that the first duty of every Muslim is to seek knowledge of God, which is equated to the teaching-learning process. Quranic recitation and memorization, basic Islamic beliefs and practices, and the Arabic language are key elements of IRE in Uganda. However, Saeed [54] argues that IRE content and pedagogy still emphasize memorizing Arabic words and practices that reflect seventh-century Arabia context. Umar [55] cautions that this comes at the expense of transmitting knowledge through moderate and analytical interpretation of events and concepts in a way that promotes cognitive meaning and values of Islam in the contemporary world. Saeed [54] opines that IRE often depicts the Quran as a book that must be understood literally, since reason is deemed incapable of providing the proper interpretation of the Quran verses. Umar [55] adds that even where some verses seem to contradict one another, reasoning is seldom justified in interpretation,

and emphasis on rote learning and verbatim textual readings encourages learners to take the Quran as a fixed universally applicable formula in all situations.

For instance, Umar gives *Surat Tawbah* “Kill the mushrikuun (pagans, polytheists, kuffar) where ever you find them” (Quran 9:5), as one of the verses that if taken out of its historical context, would mean that Islam justifies destructive ways toward non-Muslims, and taken dogmatically, the verse may be construed as an order to kill the apostate. But while apostasy is a sin in Islam, the death penalty cannot apply because it would negate the basic Islamic principles that recognize diversity of religion and prohibition of conversion by force. Besides, Islam does not allow persecution of non-Muslims. Much as Islam does not accept beliefs derived from non-divine sources, it recognizes diversity and considers life as a testing ground with freedom to choose a belief system and a way of life. Besides, Prophet Muhammad advised followers to think independently about matters of ordinary life and human skill, and discouraged Muslims from doing things in a dogmatic imitation of his example, Saeed [55].

In addition, Saeed [54], citing Umar (2014), singles out the *jihad*—holy war, and *kafir*—non-believer, as two of the eight concepts that IRE should interpret with utmost moderation. Arifin [56] hastens to clarify that by moderation, Umar does not intend to negate the validity of the concepts in a way that undermines faith. His intention is to restore and realign Islam as a religion of peace, tolerance, and deliverance, more so in a Muslim minority society. Besides, Arifin argues that IRE tends to exaggerate the jihad narrative as one associated with warfare during and after the time of Prophet Muhammad. While the narrative is accurate, emphasis given to the wars fought by the Prophet may cast the Prophet in the image of an aggressor whose life was traversed by violence. On the contrary, however, Haidar Bagir [57] clarifies that in Prophet Muhammad's adult life of close to 23 years, equivalent to 8000 days, the Prophet spent only 10% or 800 days of his time fighting.

Arifin [56] clarifies that much as war in the way of Allah is allowed, jihad is not acts of mad and senseless brutality and that the wars aside, jihad also means acts of self-preservation and preservation of the moral order in the world. Arifin [56] warns that reducing the scope of jihad to war is inconsistent with the Quran and the Prophet's teachings and can spawn extremism in young Muslims. Douglass and Shaikh [53] reaffirm that as a rich source of inspiration to many fields of knowledge, the Quran requires IRE to encourage Muslims to glorify Allah by applying reason to the information absorbed by the senses and to get practical wisdom out of it. But unmindful of Uganda's social realities, some ultraconservative IRE educators and their learners disparage the non-Muslim majority by referring to them as infidels or Kafirs. This behavior often widens the gap between the former and the latter, something that undermines social cohesion and is construed by Muslims as exclusion and marginalization.

Second is the customary practice of able Muslims supporting the indigent through charity which often comes in handy to rescue those in dire need. Indeed, UMC receives considerable support from the Muslim world, wealth Muslims, and charity organizations. Most of this aid is in form of cash, food rations, clothing, bedding, and construction of mosques. Bradley & Cole [26] warn that praiseworthy as this assistance may be, it can also encourage deleterious and dysfunctional habits in some beneficiaries, who may be tempted to relax in their poverty, waiting for handouts. Saatçioğlu et al. [58] add that aid given by individuals seeking to purify their souls and wealth implies that donors need recipients for their divine existence, just as much as recipients need donors for their material survival, thereby relegating poverty



alleviation low on the donors' and recipients' agenda. So, while donating to the poor is divine, providing handouts and building mosques by itself is not a sustainable way of unshackling Muslims from poverty.

Thirdly, child marriage, once an accepted phenomenon, is now discouraged worldwide, much as it still exists in some countries. According to UBOS and ICF [59], 43% of the women aged 25–49 years in Uganda were married before age 18; 34% of the girls below 25 years were married before age 18; 7% were married before age 15; and 6% of the boys were married before age 18. United Nations Population Fund-UNPF [60] ranked Uganda 16th out of 25 countries with the highest global rates of child marriages. Ahaibwe et al. [61] established that in Uganda, an interrelated set of traditions, culture, and poverty expose girls to early marriages. Islamic Relief [62] observes that since pre-marital sex is taboo in Islam, parents marry off their teenage daughters before they can get into illicit sexual behavior and that those who get pregnant are often forced to marry the fathers of their unborn babies to save families from the dishonor associated with out-of-wedlock births. This indicates that poverty and lack of education are the key drivers of child marriage in Uganda, Ahaibwe [61].

Besides, Bessell & Blackburn [63] attribute child marriage in Muslim communities to a primeval and narrow interpretation of Prophet Muhammad's marriage to his third wife, Aisha bint Abu Bakr, when she was nine-year-old. However, Islamic Relief [62] based on Sahih Bukhari and Sahih Muslim hadiths clarifies that in seventh century Arabia, the age for licit sexual relations for girls was 9 years. By consummating his marriage when Aisha was nine, 3 years after their verbal marriage contract, the Prophet set a limit to acceptable behavior with respect to lawful sexual relations, proved that there is acceptable and unacceptable age for sexual relations, and revealed that consent is a pre-condition for any valid marriage. Nevertheless, some clerics and conservative elements of UMC, reason that it is not the calendar age that matters but the biological age of the girl's readiness for marriage under Islamic law. Bowden [64] considers this reasoning as dogmatic and opportunistic interpretation of Islam that ignores the difference between the Islamic faith and seventh-century Arabian culture. After all, Saudi Arabia changed the law and raised the age of marriage to 18.

Highlighting the dangers of child marriage, UBOS and ICF [59] depicts that the practice is associated with serious health problems for girls, especially those who bear children before age 18, and is harmful to their emotional, psychological, and physiological well-being, since it means having more children over a girl's lifetime. UNPF [60] adds that since most child mothers are likely to experience poverty, maternal undernutrition during pregnancy increases the risk of negative birth outcomes such as premature births, low birth weight, smaller head size, and lower brain weight. Hunger and undernutrition have a host of negative effects on child development, and children experiencing hunger are at least twice as likely to report being in poor health and are at least 1.4 times more likely to have asthma compared to food-secure children.

The government of Uganda [65] report on households and child poverty shows that 15–20% of the girls in Uganda drop out of school early due to child marriage. Low investment in education makes young mothers less productive, which leads to low income and low investment in their offsprings' education. Kiggundu et al. [33] report that children living in poverty often attend under-resourced and overcrowded schools that lack educational opportunities, books, supplies, and appropriate technology due to low funding. Poor families send children with disabilities to schools that lack special needs learning experiences and where school dropout rates are high. Since Islam tasks Muslims to protect themselves and those under their care from harm, Islamic

Relief [62], Muslims who practice child marriage may have themselves to blame for all its undesirable outcomes.

Fourthly, Islamic law allows polygamy under strict conditions, much as the practice is not recommended, Ali-Karamali [66]. However, the 2014 UBOS National Population and Housing Census [67] data shows that 8.3% of women and 7.1% of men, respectively, aged 18 years and above, were married or cohabiting in polygamous relationships. In Uganda, polygamy is suppressed and condemned in the Christian faith. However, many Muslims, rich or poor, are in polygamous relationships. As a result, Muslim men tend to have more children than their Christian counterparts, which subjects the former to a heavier dependence burden, leading their families to swing in and out of poverty, slip into poverty, or get trapped in poverty. Shaiful Bahari et al. [68] argue that whereas Islam obligates men to treat their wives fairly, with respect, and to protect their rights, women in polygynous relationships suffer a prevalence of somatization, depression, anxiety, psychoticism, psychiatric disorders, marital dissatisfaction, low self-esteem, and dysfunctional marriages.

Chen and Siti [69] attest that as collateral damage, children born in polygamous marriages often suffer poverty, neglect, poor feeding, physical and emotional abuse, higher mortality, and limited opportunity for decent education and healthcare. American Psychological Association-APA [70] shows that children in impoverished families face more challenges beyond lack of resources. They are prone to mental and physical health issues much more than children living in well-to-do families. Highlighting the effects of polygamy on children and adolescents, Al-Sharf et al. [71] opines that since the first 3 years of a child's life is a period of rapid brain development, inadequate energy, protein, and other nutrients, during this formative period, leads to lasting deficits in cognitive, social, and emotional development. Hence, school-age children who experience severe hunger are at increased risk of poor mental health, lower academic performance, and often lag behind their peers in social and emotional skills.

Elbedour et al. [72] observe that the failure of economically constrained men to invest in education and healthcare of their often-large families traps many Muslim households in a vicious circle of poverty linked to structural and functional brain development in children and adolescents in critical learning, communication, social-emotional processing, memory, language, and executive functioning. APA [70] established that nearly two out of three children born into the bottom fifth of the income distribution remain in the bottom two-fifths of the income distribution as adults. On March 29, 2005, however, over 1000 Muslims rallied against a bill that would require husbands to seek consent from their first wives before marrying another woman, Ross [73], on the grounds that Islamic teachings are non-negotiable. Ali-Karamali [57] questions this logic, for it ignores the socio-historical context of seventh-century Arabia, which required a man to marry up to four wives. He, thus, counsels that since Sharia obliges polygamous men to treat all wives equally, avoiding polygamy would be the only way to escape the debauchery of treating one's wives and children unfairly.

Fifth, the Muslim Centre for Justice and Law (MCJL) [74] cites Article 129 (i) (d) of Uganda's Constitution that Parliament may enact a law to afford the creation of Islamic courts to deal with marriage, matters concerning divorce, inheritance, and guardianship. Whereas the Islamic Law of Inheritance (ILI) is yet to be enacted, UMSC has a cleric in every Uganda's Muslim district to handle matters of inheritance in accordance with the ILI. Given that morality is very key in Islam, a child's entitlement to inherit the father's estate depends on their legitimacy. While the law does not consider legitimacy for maternity, a legitimate child is the offspring of a man and

his legally wedded wife. Children born out of wedlock, including cohabitation, are considered products of immorality and, thus, have no share in their deceased father's estate, MCJL, *ibid.* Hence, it is plausible that some impoverished, out-of-school, and scavenging children out there may be the unwitting victims of a law that penalizes children for their dear departed fathers' prehumous immoral escapades.

Relatedly, Bennett et al. [75] indicate that the ILI provides twice the share of a widower as of a widow. The former is entitled to one-fourth of his deceased wife's estate if there are children, while the latter is entitled to one-eighth of her deceased husband's estate. In a polygamous marriage, all widows share one-eighth of the late husband's estate. In case there are two widows and one child, each widow gets one-sixteenth of the estate. By contrast, a widower is entitled to one-quarter of each of his wives' estates. A son is entitled to twice the share of a daughter. In a family with one widow, a son, and a daughter, the widow and her daughter get less than half of what her son gets. According to Kafumbe [76], older children are known to throw their widowed stepmothers out of the house. Thus, the superiority given to men by the ILI leaves Muslim women with less or no property, which condemns many women and their young children to a lifetime of economic dependence and destitution.

In addition, Bennett et al. [75] and MCJL [74] state that the ILI forbids bequeathing one's entire estate to a single heir, since all eligible heirs are considered by the law. Before the estate is distributed, funeral expenses and the deceased's debts must be settled. Methodical as it may be, however, the ILI may dilute the family's hitherto consolidated wealth. Dispensing what is left to a bunch of conceivably antagonistic heirs may lead to the following poverty drivers. Heirs who choose to pick up the pieces to restore the family's business legacy may have to start from scratch, which is not easy. Heirs who choose to invest their share in get-rich-quick ventures or to spend it on luxuries are likely to lose out. Bennett et al. [75] give a graphic description of the situation in poor households, where the local Imam values and distributes land, roofing sheets, shutters, attires, and utensils, leaving nothing much to people who resided in the homes before the demise of their benefactors. This renders it hard for widows and orphans to fend for themselves in terms of food, clothing, medical care, school fees, etc.

Sixth, Joshanloo and Weijers [77] observe that in the Islamic perspective on well-being, spiritual wealth is valued more than material wealth. Being a spiritual leader is more prestigious than being a wealth creator. While Islam does not condemn wealth creation, the social clout of Muslim leaders pivots more on their spiritual charisma than on their worldly possessions. Joshanloo & Weijers [78] take worshipping and serving Allah as the function and ultimate goal of Muslims. The pursuit of abundant material wealth and positive emotions that is not sanctioned by the Quran is taken as a path that would please Satan. Consequently, some clerics attach more value to their spiritual chores than they do to chores that largely carry tangible economic value. Hackney & Sanders [79] opine that such clerics attribute their destitution to the will of Allah, as they take a lack of material wealth as a shortcut to heaven. Thus, the "love of money is the root of all evil" attitude may keep many clerics in poverty, surviving on the paltry offertories and occasional alms from members of their communities.

Seventh, Islam requires a wife to seek permission from her husband to take up employment. If the wife's intention to work is to neglect her obligations as a wife and/or a mother, working is not permissible and is prohibited. But even with the husband's permission, the woman is forbidden to be alone with men without clear and urgent need, speak in a tone, or use words that are suggestive or that contain indecent meaning, show nakedness, or body parts that should be covered in front of men, take

actions that can damage her reputation, Syuhada [80]. However, Marhamah [81] argues that it is common for husbands to prohibit their wives from going out to work by exploiting the intricacies of the law governing women who go out to work. Some men do it for cultural reasons, while some disregard the law. In line with Jamil [82], one wonders why a Ugandan man struggling to provide for his family would forbid or stop his wife from going out to work. Whereas the law does not oblige the wife to provide for the family, it is unlikely that a working mother would let her children go without proper food and medical care or dropout of school when she can lend her poor husband a hand.

In addition, Jamil [82] points out that much as Islam prefers a woman to get married and be a vital role-model in building moral values in raising the next generation, Shariah allows a woman to go out to work if they so wish. Maftuhah [83] and Marhamah [81] concur that Islam recognizes a woman's right to have a career as long as she does not neglect her responsibilities as a mother and wife. So, if a woman has the ability or is talented in a certain field, she has the right to pursue that career. Syuhada [80] observes that in Prophet Muhammad's time, many women were involved in work and trade. Syuhada, *ibid.*, gives the example of the Prophet's first wife, Khadijah, who was a prominent merchant, and his third wife, Aisha, who was an expert in hadith. But driven by jealousy or insecurity, misogyny or supremacy, some men wield their Sharia-given right upon their wives to deny them permission to go out to work. This behavior has undermined the potential to alleviate household poverty, more so, in households where husbands can hardly make ends meet.

Finally, 3 years after taking office in 2006, the Mufti of Uganda was accused of selling a prime Muslim property in Kampala city. This prompted a large section of Muslims to break away from the Old Kampala-based group. The breakaway group appointed a spiritual leader of their own—the Supreme Mufti, whose office is on Kibuli hill. The Kibuli faction accused the Old Kampala faction of selling Muslim property for its self-aggrandizement Kalyango & Ssenkabirwa [84]. Since then, the two factions have been embroiled in property wrangles across the country; each claiming legitimacy over the custodianship of UMC property; as shown in the local press thus: TMCNET News [85] “Sale of UMSC property divides Muslims”; ChimpMedia [86] “Mufti Mubaje and Basajjabalaba accused of grabbing Muslim property in Bushenyi”; WatchDog News [87] “Mufti vows to continue fighting for Muslim property”; The Independent [88] “Muslim factions in Lango fight over ownership of property”; Daily Monitor [89] “Muslim factions in fresh clash over property in Masaka city”; etc.

On November 11, 2023, UMC woke up to the shocking news of the imminent auctioning of nine Muslim properties, including Ghaddafi National Mosque, the seat of UMSC on Old Kampala hill, allegedly due to one of the Mufti's Muslim property deals gone bad. Consequently, some Muslim lawyers dragged the Mufti to court on the grounds that his deals were orchestrated through collusion, connivance, and deceit. The incident attracted headlines thus: Daily Monitor [90] “Uproar over the looming sale of prime Muslim properties”; Daily Monitor [91]; “Mufti Mubaje sued over sale of Muslim property”; The Independent [92] “Uganda Muslim Spreme Council loses bid to block sale of properties”; The Observer [93] “Mufti Mubaje ousted by his deputy and suspended for 6 months”; Daily Monitor [94] “Ignore noise from saboteurs, Mubaje urges Muslims”; New Vision [95] “Muslim leadership row, Mufti faction suspends deputy”; etc. Currently, UMSC leadership is split into two factions, one headed by the embattled Mufti and the other by his suspended deputy.

On top of putting UMC in disrepute, the endless property wrangles are keeping many Muslims in poverty. Instead of planning and implementing development projects to lift Muslims out of poverty, UMC leadership is committing valuable time, energy, and resources to fight over property. The vast array of property UMC acquired during President Idi Amin's time that should have been harnessed and augmented to create more wealth for Muslims is wasted in endless litigations, counter-litigations, and illicit enrichment of a few Muslim leaders and their cronies. One cannot help but think that with such leadership at the helm of UMC, unfettering Muslim women, youth, clerics, PWDs, and orphans from poverty will remain a distant dream. Besides, one wonders why UMC leadership does not benchmark its Christian counterparts, whose professionally managed establishments are doing much to emancipate their communities from poverty.

In light of the foregoing discourse, I posit that while a poverty-perpetuating culture would help the poor cope with the structural effects of being poor, the structural barriers reinforce a culture of poverty. Efforts to improve the lives of Muslim women, youth, clerics, PWDs, and orphans ought to involve increased structural opportunities as well as changes in some norms and cultural practices cherished by UMC. This is key because structural and cultural factors are so entangled that they reinforce each other in many complex ways. Thus, it is critical that UMC reflect on some beliefs, values, and practices. It is equally critical for policy makers and pressure groups to interrogate the systems underlying the dysfunctional socioeconomic structures that perpetuate inequality, marginalization, and exclusion, starting with education and training.

## **7. Functional education and poverty alleviation in UMC**

Ossai et al. [96] construe Functional Education (FE) as education and training that goes far beyond the limits of simple knowledge acquisition and regurgitation to prepare learners for civil, social, and economic roles. Fuandai et al. [97] take the FE process as one that fosters the acquisition of competencies one needs to improve one's living standard, productivity, participation in civic life, and understanding of the world in a way that ultimately opens the way to progress. To Nwaka [98], FE is one that actively stimulates and empowers individuals with salable skills and values to positively solve immediate problems for self and society, live an orderly and disciplined life, understand one's interests and vocation, and have the zeal to succeed against all odds. At the structural level, Asaju & Sunday [99] suppose that FE can translate into electricity, roads, health, education, water, rural development, poverty reduction, crime reduction, increase in agricultural production, positive attitude toward self-employment, patriotism, and political stability. Asaju & Sunday's supposition is consistent with a positive relationship between FE and national development, established by Fuandai et al. [97].

Furthermore, Asaju & Sunday [99] argue that since FE can equip its recipient with the action knowledge skills needed to performance productive tasks, it can as well help developing countries to meet their developmental needs. This is so because its practical application can easily enable learners to transfer what is learned into action. This is likely to promote employment, employability, self-employment, and entrepreneurial efficacy in a poor country like Uganda. Etuk and Ekpo [100] take FE as a holistic experience that gives learners competencies to identify situational problems, gather information to make decisions in a world of challenges and realities of life, and

enhance users and end users to acquire knowledge, skills, and attitudes they need to showcase new concepts as a vehicle to promote meaningful co-existence, sustainability, and development. Parziale and Scotti [101] attribute this to the propensity of FE to develop the mind to work from the wholeness of organic life in relation to practical life in the present and in the future.

In addition, FE brings about all round personal and social transformation through functional literacy, numeracy, life skills, numeracy, and vocational, esthetic, cultural, and civic competencies for the young and adults through formal, informal, and non-formal avenues Agbowuro [102]. As Marin [103] would put it, FE is what UMC needs to disentangle itself from poverty because of its cognitive, practical, and emotional appeal to the head, the hands, and the heart needed to adapt to the situation. Abdu [104] sees FE as a means of empowering Muslims to critically assess their underlying beliefs, traditions, and practices to navigate the macro environment and to bring about transformative change in individual Muslim's lives and in their communities. To Benítez [105], the empowerment role of FE lies in its power to enable people to harness their potential through the practical skills it imparts that can help graduates secure gainful self and paid employment. This would empower Muslim graduates; to become competitive labor market players, to attain their present and future goals, and to face socio-economic realities and future challenges in a positive way. Above all, it would empower UMC to function effectively and productively in ways that contribute to overall national development.

Relatedly, Fernández [106] favors FE because it empowers school children to perform more purposeful and productive tasks as opposed to tasks the current education system offers, whose aim is passing high-stakes tests and promoting ideological conformity in the name of patriotism. Marin [103] exalts FE for its ability to actively stimulate and sanction young people to think positively and attain employability skills and progressive values they need to positively solve immediate problems for self and for their communities. In keeping with Agbowuro [102], FE is likely to help members of UMC live an orderly and disciplined life, understand their interests and vocations, and have the zeal to escape poverty by discarding regressive beliefs. Dum & Nwafor [107] opine that through its various hands-on programs, FE instills key competencies young people need to live a productive, purposeful, and favorable life. Dum & Nwafor *ibid.*, singled out entrepreneurship skills, ICT, communication skills, emotional intelligence, resource mobilization, networking, and ethics and integrity. Muhammad et al. [108] suggest that skilling can be organized by individuals, groups, and government through informal, non-formal, and formal arrangements, using face-to-face, blended, and online learning.

Agbowuro [101] avers that FE can enable rural communities embrace income-generating agricultural innovation in grafting and raising nursery beds; regeneration, protection, and managing forest resources and wetlands; irrigation technology; livestock and animal farming for consumption and commercial purposes; high-yield animal and crop husbandry, and eco-friendly tourism to boost household income. Emphasis on agricultural extension services can disseminate agricultural skills, create awareness, and arouse interest in UMC to undertake agricultural enterprises. Training can be done through voluntary out-of-school initiatives that employ action learning to empower rural communities. When put into practice, the skills and knowledge acquired can boost household income. Muslims need to send their children to school, thereby breaking the vicious cycle of intergenerational poverty. This is consistent with the inverse relationship between poverty and FE established by Parziale & Scotti [109] in terms of high economic welfare, social stability, and reduced social exclusion.

As regards matters of Muslim extremism, Bakti [110] takes FE is the answer, for the bullet can only penetrate the body and not the mind. It is FE that can penetrate the mind because it is strategically positioned to shape and develop attitudes based on the valid views and values of Islam as a religion of peace. Accordingly, Rustan [102] expects IRE: to encourage humans to strive to perfect their faith, piety, and morals, to actively build civilization and harmony, and to be able to face challenges and changes that arise in community relations. Bakti [109] gives the case of Indonesia, which uses Functional Islamic Religious Education (FIRE) to resist the logic of extremism. As a result, FIRE has curtailed the radicalization agenda by promoting a moderate understanding of the key concepts in Islam in perspectives and attitudes that would otherwise lead to violence.

Uganda's version of FIRE may come in handy to help and encourage IRE students to interpret Islamic concepts and historical events in the context of contemporary Muslim minority societies. Malobisky & Moeder [111] push FE at the forefront of extremism prevention by advising countries to prioritize FE and training for children and young adults. The argument goes that without FE, adolescents and young adults with minimal resources and opportunities for growth and development, are likely to look for other alternative avenues of making a living and or employment. This is a major reason why individuals join extremist groups. Malobisky & Moeder (ibid) believe that FE can support fragile countries in building a functionally skilled and educated workforce that can establish and sustain stable societies. Fernández [106], however, prompts that social stability can only be achieved if young adults and children receive a safe, secure, and meaningful environment to attend school consistently.

Walker et al. [112], in a report titled *The Power of Education to Fight Inequality*, show how increasing the quality and equity of education provision is critical in fighting economic and gender inequality. In countries like Uganda, education would be more impactful if the education offered was potent enough to emancipate people from poverty. Indeed, Udoh & Akpan [113] attest that FE can serve as a leveler and equalizer within society because of its ability to interrupt the obstinate and rising inequality in society by augmenting decent work to raise income for the poorest. Udoh & Akpan (ibid) underscore the role of FE in promoting long-lasting, wide-ranging economic progress and social cohesion at a macro level, the same environment that would serve as a leveler and equalizer in Uganda's society. This would enable poor Muslims to break the vicious cycle of intergenerational poverty.

Liping [114] describes the situation in China, where poverty alleviation through education is guided by the political ideology of curing ignorance before curing poverty, improving willpower before alleviating poverty, and attaching utmost importance to FE. Second, the core ideology of poverty alleviation through education has shifted from pursuing fairness of accessibility to fairness of the education process. Indeed, the fairness of FE processes would be the key mechanism by which UMC can circumvent the debilitating structural marginalization, informality, and inaccessibility. Besides, fairness of FIRE processes would enable Muslims to internalize, reflect, and adapt Islamic teachings and practices to society. In addition, Douglas & Shaik [115] allude that the fairness of FIRE processes would enable Muslims to relate well at household, school, community, and societal levels. However, while the gains of FE transcend economic gains, adequate attention should be committed to income generation and functional education because the two are the key drivers of the widening socioeconomic gap between UMC and the rest of Uganda's population.

## 8. Conclusion

In conclusion, the study shows that poverty-driven socioeconomic inequalities afflicting UMC are multidimensional in nature, mainly caused by a constellation of complex and deep-rooted structural and cultural causes that reinforce each other to widen the gap between UMC and the rest of the population. The structural causes include a dysfunctional education system, treating Muslims as the usual suspects, the tendency of top government officials to undermine unity in UMC, the limited impact of government poverty alleviation initiatives coupled with the absence of a social safety net, and a delay in operationalizing IB. The cultural causes include IRE content, the way it is taught, the Islamic approach to poverty alleviation, Child marriage, Polygamy, the Islamic law of inheritance, the Islamic perspective of well-being, Women and employment, and Endless property wrangles. Finally, I concluded by underscoring the role of FE in bridging the big socioeconomic gap between UMC on the one hand and the rest of Uganda's population on the other.

## 9. Study limitation

Notwithstanding the rigorous search, classification, and synthesis of the literature exhibited when preparing this chapter, I do not claim to have addressed all the questions that begged for answers. Since this was desk research, there was a limit to the verification of some sources such as press reports and journal articles. Second, the data collection methods I used may not have provided all the data needed to answer the research question. However, I am confident that the research design used and the interpretation and synthesis of data from many trusted secondary sources provided valid and reliable information on the issue at hand.

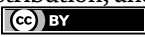
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# The UNHCR Refugee Zakat Fund: Beyond the OIC

*Olayemi Bakre and Nirmala Dorasamy*

## Abstract

This chapter ambiguously paints a picture of some of the most vulnerable among the OIC member states. It highlights their plights, rationale and the urgency of establishing the Refugee Zakat Fund as a means to alleviating the plights of these vulnerable individuals. The impact of the Refugee Zakat Fund in bridging the heightened social inequalities amongst the most vulnerable populace within the OIC is casually discoursed. Herein, the widespread and far-reaching impact of wealth redistribution is accentuated. Based on the impactful nature of the Refugee Zakat Funds within OIC, the chapter explored the feasibility of replicating such Islamic social finance mechanism or wealth distribution model (*Zakat*) amongst vulnerable populace found within selected Hindu, Catholic, Buddhist and Christian countries with a significant population of citizens living below the poverty line. The aim of this chapter is to assess the feasibility of bridging the social inequality gaps amongst a select non-OIC member state through a replicate of the *Zakat*-model. To achieve this aim, the chapter adopted a desktop analysis and qualitative content analysis stratagem. Invariably, such wealth distribution model may possibly serve as a stepping stone to begin to narrow the social inequality gaps amongst the cited people of concern.

**Keywords:** social inequality, Zakat, refugee Zakat fund, OIC, UNHCR, vulnerability, poverty

## 1. Introduction

Conflicts, climate change, poor infrastructure, inequality, poor health care system, marginalization, lack of access to clean water and sanitation, poor education; alongside other vices have subjected millions of people to vulnerability [1–3]. Vulnerability in this context will however be confined to individuals the United Nations High Commissioner for Refugees (UNHCR) classifies as ‘people of concern’, that is, the ‘internally displaced people’ (IDPs) and ‘refugees’ [4]. Estimates provided by the International Organization of Migration (IOM) allege that over 70 million individuals have been forcefully displaced globally [5]. Majority (above 60%) of who are citizens from the Organization of Islamic Corporation (OIC) countries [6]. Discourses around refugee crisis has taken centre-stage since 2015, where the influx of migrants from ‘hot spot zones’, also referred to as conflict zones, were seen migrating into Europe [7]. The plights of the refugees as well as internally displaced people are topical concerns. Their pitiable condition is ranked as one of the most severe humanitarian crisis

globally [8]. It is believed that almost half of Sovereign Muslim countries currently are reliant on other countries for humanitarian assistance. Particularly OIC countries such as Syria, Yemen, Somalia and Sudan have relied on aids for more than a decade [9]. Despite the series of interventions and humanitarian assistance offered by entities such as the UNHCR, the enormous challenges, dynamics and complexities faced by some of these countries does not seem to be ending any time soon [8]. Ironically, despite the prosperity and affluence witnessed amongst some OIC member countries such as Saudi, Bahrain and Qatar, it is stark contrast of the reality in Yemen and Syria where a majoritant of the populace are in severe poverty [10].

The critical challenges faced by some of the OIC member states resulted to the World Humanitarian Summit in 2015 [11]. The 2015 World Humanitarian Summit (WHS) which took place in Jordan convened high level stakeholders from 40 plus nations, and over 500 delegates. These delegates consisted government, civil societal groups, agencies from the United Nations, private sector, academia, donors, as well as other relevant international and regional actors [12]. The primary aim of the 2015 WHS was to initiate an operational and inclusive humanitarian response framework [13]. The zeal and optimism of the 2015 WHS laid the foundation for the 2016 edition which took place in Turkey. The 2016 edition convened over 9000 attendees whom were able to design a comprehensive road map aimed at alleviating the plights of the ‘people of concern’ [12]. The sustained momentum from 2015 to 2016 on humanitarianism eventually instigated the UNHCR to advance philanthropy to an unprecedented level [14]. Thus, in 2017, the UNHCR pilot tested an initiative referred to as the ‘Refugee Zakat Fund’. Since the piloting of this initiative, more than \$21 million has been raised from donors, benefiting an estimated 750,000 ‘people of concern’ across 17 countries [15]. Despite the positive impact, a significant number of vulnerable people still were not reached [16].

The prime objective of this chapter is to assess the feasibility of bridging the social inequality gaps amongst a select non-OIC state through a replicate of an Islamic Finance mechanism – Zakat. To achieve this aim, the chapter adopted a literature review, whilst incorporating a desktop analysis approach. Thus, a systemic online search of scholarly works from the middle-east, Malaysia, Indonesia, and Western countries were found useful. The search strategy was mainly confined to social inequalities, humanitarian aids/ relief, UNHCR, Refugee Zakat Fund, Islamic social finance, Zakat, vulnerability and poverty. The scope of the chapter was predominantly limited to contemporary studies within the last 6 years as a means to extracting the most relevant and contemporary discourses within the context of study. The identified citations of the searched articles in the preliminary round further resulted to clues of other useful and relevant scholarly works.

To ensure credibility of this chapter, only peer-reviewed articles from reputable databases such as Taylor and Francis, Emerald Insight, Google Scholar, ProQuest, Science Direct, Web Online, SpringerLink, JSTOR, IEEE online and Scopus were used. Also useful were applicable editors’ reviews; book chapters, and conference papers. In the preliminary search, a total of 591 publications were retrieved. The second round of search excluded duplicate citations found amongst the aforementioned database, which were later filtered to 93 publications. A key inclusive criterion was language, as only prior studies in English were accessed, whilst other scholarly works published in non-English languages were excluded. Furthermore, the chapter utilized the qualitative content analysis. This was considered suitable as a conceptual framework for synthesis and analysis within the scope of a systematic literature review.

Due to the extensiveness of this field (vulnerability), the current chapter is only confined to the vulnerable populace within the Organization of Islamic Cooperation (OIC); *vis a vis* the impact the Zakat donations made to the UNHCR has had on the plights of this mentioned vulnerable group. In consonance to the afore-narrative, the later segments of this work will provide a discourse in relation to how the UNHCR has utilized the Refugee Zakat Fund to bridge the social inequality gap within the OIC. Furthermore, the direct impact these Zakat funds have had on people of concern (vulnerable populace) is highlighted. A critique is also brought forward on some of the setbacks in Zakat funds not reaching its optimal potential; whilst the chapter also brings forth the possibility of replicating a financial mechanism such as the Zakat-institutionalism amongst non-Muslim states, as a means to achieving a globalist approach to bridging the social inequality gaps.

## 2. Social inequalities within OIC

Social scientists have often described social inequality from a variety of perspectives. This term is loosely defined as one “*characterized by the existence of unequal opportunities and rewards for different social positions or statuses within a group or society. It contains structured and recurrent patterns of unequal distributions of goods, wealth, opportunities, rewards, and punishments*” [17]. Discourses centred around social inequality have been a topical issue since the era of Aristotle and Plato to Rousseau; Max Weber, Karl Marx, and countless other scholars [18]. The facets of social inequality are often apparent amongst people who are often ignored; such as the immigrants, minorities, peasants, refugees, aboriginals, and the likes [18]. These categorized groups of people are often considered ‘vulnerable’ [19].

The term ‘vulnerable’ has often been used to describe (some) citizens of the Organization of Islamic Cooperation (OIC), who are at times refugees, internally displaced people (IDP), forced migrants, stateless, or individuals living in dire conditions [12, 13]. The OIC is an intergovernmental organization comprising 57 countries, spread across four continents. It is ranked as the second largest intergovernmental organization after the United Nations [20]. This organization was established in 1969 to promote solidarity amongst Muslims [21]. Though, some significant achievements have been recorded since its formation; nevertheless, some states within this intergovernmental organization still face a variety of challenges emanating from intolerance, poverty, armed conflicts, climate change and natural disaster [9]. It is believed that an estimated 80 million citizens from the OIC are either internally displaced or stateless [20]. In particular, the poverty recorded within OIC member states is ‘*lagging behind the world and developing countries averages in terms of poverty figures*’ [9]. However, some wealthy OIC member states such as the Qatar and Kuwait have made some philanthropic gesture towards other OIC member states whose situation is in a peril [10]. Despite the multiple challenges faced by (some) OIC member states (such as Syria, Yemen and Palestine), some resounding feat has been recorded over the last three decades [14]. Going by the poverty baseline of \$1.25 per day; the number of people who were living on \$1.25 per day is said to have decreased from 396 million to 322 million between 1990 and 2011 [9]. In statistical terms, the share of poor within OIC member states in 1990 was at 41.1%; by 2011, this had dropped to 22.3% [9].

A key international, intergovernmental entity which has taken a leading role in alleviating the plights of the most vulnerable citizens within OIC member states is the

United Nations High Commissioner for Refugees (UNHCR) [20]. The UNHCR has taken stringent measures to protect lives of individuals fleeing their homes due to conflict and persecution whilst providing them with basic necessities such as food and shelter [14]. In so doing, this Refugee Agency of the United Nations makes efforts in improving the welfare of the most vulnerable, such as those residing within the OIC [6]. Despite the UNHCR's progressive strides in improving the quality of life amongst this vulnerable populace, the desired result is yet to be achieved partly due to the funding gap [10].

### **3. Funding gap**

Despite the concerted efforts made by the UNHCR, alongside its partners in raising funds for humanitarian endeavors, the funding gap still persist as a reoccurring issue. In particular, the exponential growth in number of vulnerable individuals trapped in never-ending crisis has outwitted this funding gap [11]. As highlighted in a UN report, the amount of progress made since 2016 is non-corresponding to the humanitarian need [15]. Though, since 2016, funding is said to have increased by \$6.3 billion; nevertheless, the humanitarian budget has doubled since 2015. This was further heightened by the COVID-19 pandemic in early 2020. Thus, from the \$38.6 billion budget of 2020, only 48% of required funding was acquired. The raised amount was less the typical 60% funding level of prior years [22]. The increased humanitarian aid budget can be traced to the instability amongst some OIC member states. The on-going Israeli-Palestinian conflict; the Yemeni; as well as the Syrian conflict has further justified the urgent need for more funds, as a means to providing humanitarian assistance to these vulnerable individuals. According to the UNHCR [4], the number of IDP's and refugees grew persistently between 2015 and 2019, reaching a record high of 35%. By the end of 2019, an estimated 86.5 million vulnerable individuals were accounted for by the UNHCR [1].

In an attempt to close the funding gap, stakeholders have also taken decisive measures to reducing the humanitarian needs. This has come in the form of creating capacity in conflict –resolution as a means to tackling the protracted conflicts, whilst taking a step back to examine the root causes of these crises [11]. In Willitts-King and Spencer's [22] view, some headway has been established in addressing some of these conflicts; however, it is unclear if the adopted approaches can be taken to scale.

Furthermore, as an agendum to reducing this funding gap, a report by High Level Panel (HLP) in 2016 highlighted three key recommendations [23]:

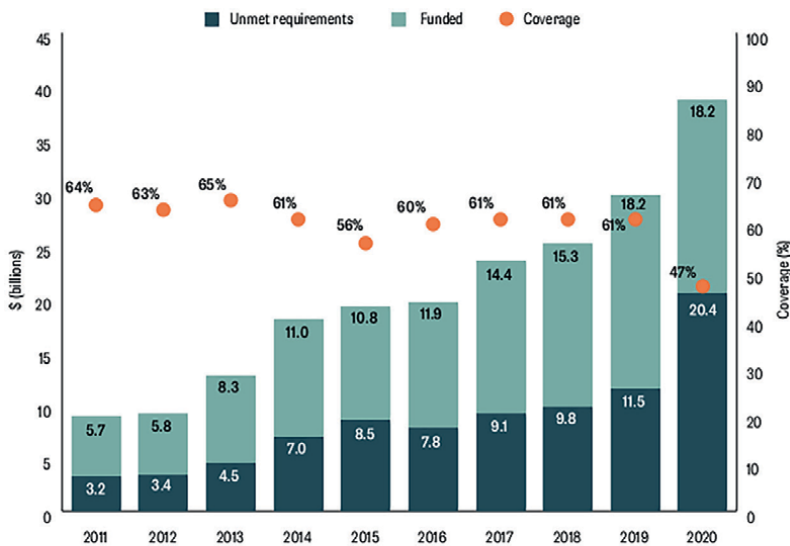
1. Shrinking needs by bringing development financing into crisis situations; it also referenced reducing conflict but did not make specific recommendations.
2. Broadening the resource base, including bringing in new donors and the private sector.
3. A Grand Bargain on efficiency in which donors would provide more and better-quality funding with a reduced reporting burden in exchange for aid agency reforms around localization, transparency, participation and needs assessment, amongst others.

Some of these measures enacted by the HLP and other key stakeholders were not as efficient as anticipated due to a variety of reasons. One of such reasons was that

raised by Bowden and Metcalfe-Hough [24] who argue that, the member states of the United Nations have failed to provide the much needed diplomatic support for the United Nations to play a role in advocacy and diplomacy amongst conflicting entities. More so, the 4 year tenure of the former United States President, Donald Trump is arguably a setback in addressing some of the international conflicts. Willitts-King and Spencer [22] notes that, these conflicts were exacerbated by Trump’s 4 year tenure, as there were tensions amongst major global powers. Furthermore, in the words of the President of International Rescue Committee (IRC) – David Miliband, “it is an age of impunity, in which power has shifted towards autocratic regimes, war crimes go unpunished and human rights are under pressure, fuelled by greater ambivalence towards them in liberal democracies” [25]. All of these issues adversely impacted on the working togetherness of intergovernmental and private donors who had been striving towards a common goal of aiding the most vulnerable people.

According to Willitts-King and Spencer [22], the UNHCR budget requirement for IDP’s and refugees was estimated at \$7.9 billion in 2019. An estimated 70 percent of this ‘people of concern’ were from the OIC. Similarly, a report by the UN Deputy Secretary-General states that, “a persistent \$2.5 trillion annual financing gap stands in the way of the Sustainable Development Goals” [14]. Many of whom were the supposedly beneficiaries were from the OIC member states. This huge amount is not expected to come from the traditional or conventional means the UNHCR has solicited for funds in the past. Hence, key stakeholders continuously searched for alternative sources of funds [6]. **Figure 1** provides an illustration of funding gaps between 2011 and 2020.

The figure highlights the total requirement, against funds obtained to attend to the humanitarian needs between 2011 and 2020. From these figures, the unmet



Source: UN OCHA FTS data (cited in Willitts-King and Spencer <sup>22</sup>)

**Figure 1.** The UN-coordinated appeals, 2011–2020. Source: UN OCHA FTS data (cited in Willitts-King and Spencer [22]).

requirements are quiet apparent. The above figure invariably highlights the UNHCR funding gap, thus necessitating the need to source funds from alternate avenues.

In the HLP search for alternative sources of funds, the Islamic social financing mechanism, such as the Zakat was seen as a ray of hope [13]. Though, the Islamic social finance mechanism had for long been playing a significant role in alleviating the plights of the vulnerable within the OIC region; however, it is believed that the full potentials of this finance tool is yet to be fully exploited [26, 27]. In emphasizing the potential of the Zakat, Kidwai and Zidani [6] state that, the inaugural report of the UNHCR in 2019 indicate that an estimated \$76 billion was paid by Muslims yearly in Zakat. This is suggestive that the humanitarian needs and philanthropic cause may be buffered by a well-managed and standardized Islamic social financial mechanism, said the CEO and Managing Director at Dinarstandard – Rafi-uddin Skikoh [22]. He further adds, ‘optimization of Zakat funds collection may be the pathway to addressing the funding gap the UNHCR had often battled with in meeting up with its humanitarian endeavors [22]. Upon such views and sentiments coming from a variety of key humanitarian stakeholders, the UNHCR established the Refugee Zakat Funds in 2019 [15].

#### **4. Refugee Zakat funds**

According to Obaidullah and Shirazi, cited in Rehman and Pickup [28], the yearly *Zakat* donated by Muslims across the globe is estimated between \$200 billion – \$1 trillion. *Zakat* is an Arabic word which implies: “blessings, purification, growth and development’ [29]. Payment of *Zakat* is obligatory upon wealthy Muslims who possess an amount referred as *Niṣāb*. *Niṣāb* is the minimum amount of wealth that a Muslim must have before being obliged to give Zakat. Thus, such wealthy Muslims are required to pay 2.5% as *Zakat* from their wealth on a yearly basis. More significantly, this form of charity (*Zakat*) in most Muslim-majority countries is mandatory, and is generally understood to be a form of worship [30]. In such countries, specific organizations are assigned for collecting, channeling and disbursing *Zakat* funds. Amongst six Muslim-majority countries, it is mandatory for the wealthy individuals to pay their annual *Zakat*, as governments’ in these countries have established a mandatory system for such payments. Similarly, in another nine Muslim-majority countries, *Zakat* donations are channeled via formal organizations; whilst, there is no government system in place in 25 Muslim-majority countries [29].

Upon realization that an estimated 60% of IDP’s and refugees originate from OIC member states; the OIC, UNHCR alongside key partners thereby propelled an initiative as a means to driving philanthropy to a new phase. Thus, the percentage of ‘people of concern’ from OIC member states served as one of the core basis the UNHCR institutionalized, standardized and launched its Refugee Zakat Funds in 2019 [13]. Since 2019, the collated funds have served as an effective means to providing the much needed humanitarian aid to the most susceptible households [31]. As highlighted in the UNHCR’s inaugural report, the collated *Zakat* funds benefitted a staggering 1,025,014 ‘people of concern’ amongst eight countries. These comprise, Malian refugees settled in Mauritania; Rohingya refugees settled in Malaysia and Bangladesh; as well as a high majority of Syrian refugees residing in Lebanon, Egypt and Jordan. To further accentuate this humanitarian endeavor, the UNHCR is beginning to solicit Zakat donations from tech-savvy Muslim youths in gulf countries such as UAE, Qatar and Saudi. Through this approach, an array of potential Zakat donors

has been reached. The UNHCR has continued to use its online platform to further appeal to the global Islamic finance industry, thus, raising surmountable donations for the Refugee Zakat Fund. More so, a key advantage of establishing the Refugee Zakat Fund has been its ability to enable institutions, individuals and high net worth donors to fulfill their Zakat commitments in an effective manner, using a global, reliable and trusted system [32]. Thus, Islamic finance, through avenues such as Refugee Zakat Fund is gradually becoming a conspicuous part of the global economy [14, 30].

Prior the launch of the Refugee Zakat fund in 2019, the piloting of this initiative in 2017 provided humanitarian support to the fleeing refugees from Syria; and served as a buffer to the overwhelmed host countries of Jordan and Lebanon [13]. Attempts are made by the UNHCR to disburse these collated funds as efficiently as possible. To enhance efficiency, the UNHCR promotes transparency, accountability, whilst also ensuring rigorous governance and oversight functions [14].

Despite some of the plausible benefits and resounding achievements recorded through the Refugee Zakat Fund, some scholars [31, 32]. of Islamic finance have argued that *Zakat* is yet to reach its optimality. These scholars further explain that, *Zakat* benefits are often underestimated, as they are seen as an ‘absolute poverty relief’, rather than a social empowerment scheme for whole communities. BAZNAS [26] further buttresses this view by stating; the prime objective of *Zakat* is in changing the lives of the poor from “*dependence to independence, and from being mentally and financially constrained to being intellectually and socially emancipated*”. Hence, the consensus amongst some of these scholars is, should the Refugee Zakat Fund have these as its basis, the social inequality gaps found across some OIC member states and elsewhere may be closed much faster.

This segment is further advanced with a discourse on the impact of the UNHCR’s Refugee Zakat Fund amongst the OIC vulnerable populace.

## 5. Impact of UNHCR refugee Zakat fund

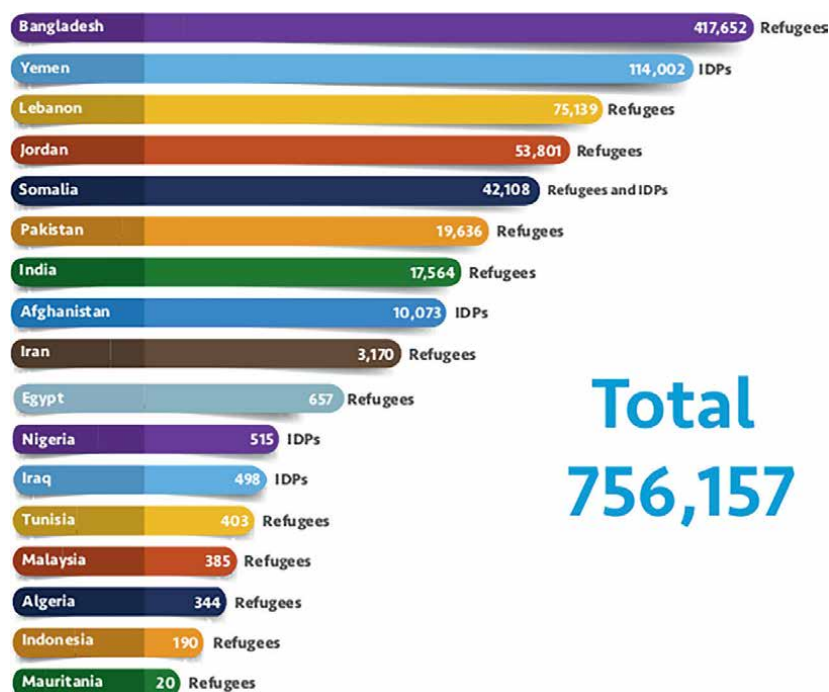
Zakat has been an empowering tool for a significant number of poor Muslims [33]. Using the 2022 UNHCR Refugee Zakat Funds as a baseline, an estimated 727,000 beneficiaries in 17 countries benefitted from the \$21.4 million received through Zakat contributions in year 2022 [14]. More significantly, since the piloting of the UNHCR’s Refugee Zakat Funds in 2017, more than 4 million Internally Displaced People (IDPs) and refugees in 18 countries have benefitted from the Zakat contributions [14].

**Figure 2** depicts 17 countries that benefitted from the Zakat contributions in 2022.

As seen in **Figure 2**, a whole total of 756,157 individuals, often referred to as “people of concern” by the UNHCR benefitted from 17 countries. Whilst some beneficiaries classified (solely) as IDP’s benefitted in four countries, those classified as Refugees benefitted in 12 countries; and while both IDP’s and Refugees benefitted in Somalia. It can be observed from **Figure 2**, that quite some significant individuals across several countries benefitted from the UNHCR’s Refugee Zakat Funds in the 2022. Such individuals may have been more vulnerable without this humanitarian aid/endeavor.

Of note, amongst these 17 countries, whilst some people of concern received ‘cash assistance’, some received ‘livelihood kits’; whilst some in countries such as Bangladesh received a combination of ‘hygiene kits’, ‘shelter kits’ and ‘medicines’. Similar donations were made in India, where people of concerns benefitted from ‘cash assistance’, ‘shelter kits’ and ‘mosquito nets’. These needs were often prioritized





**Figure 2.** Zakat beneficiaries amongst 17 countries. Source: Adopted from UNHCR [14].

based on the level of urgency [15]. The 2022 Zakat distribution modalities are illustrated in **Figure 3**.

Prior the distribution of these basic needs (highlighted in **Figure 3**); the UNHCR conducted an assessment of the most urgent needs amongst some of the vulnerable populace residing in these countries. And based on such assessment, the relief packages such as hygiene kits, shelter kits, medicines, mosquito nets and cash assistance were provided, which served as a significant relief to a select set of beneficiaries.

Furthermore, the UNHCR has used the Zakat donations to drive some well-thought off campaigns. Amongst the commonest campaigns are, the Global Ramadan Campaign, as well as the Winter Campaign. The Global Ramadan Campaign has been running for a decade [14]. This initiative commences prior the fasting month of Muslims, wherein the UNHCR mobilizes the much needed resources for the people of concern. Recently, the UNHCR was able to support an estimated 100,000 IDPs and refugees through this campaign [14]. The theme in the last campaign was “Every Gift Counts”. Through this highly publicized campaign, the UNHCR was able to solicit funds through *Zakat* from generous Muslims [32]. Thus; awareness was made on the plights of the internally displaced people and refugees mainly within the OIC. Likewise, the winter campaign has equally been feasible due to the funds raised through *Zakat*. Ever since the launch of the Winter Campaign on the 13th of November, internally displaced people and refugees have been assisted in five countries: Egypt, Iraq, Jordan, Syria and Lebanon [15]. The much needed aid came in form of cash assistance through which several vulnerable families were able to purchase winter clothing,



Source: Adapted from UNHCR <sup>14</sup>

**Figure 3.**  
*Zakat distribution modalities. Source: Adapted from UNHCR [14].*

fuel, and heat up their homes. More so, distribution of winter core reliefs and weather-proofing were also provided [31]. The UNHCR claims significant funds used for these campaigns were generated from two prominent Muslims donors who were paying off their Zakat: Mohammed Bin Rashid Al Maktoum Global Initiatives (MBRGI), as well as His Excellency, Sheikh Thani bin Abdullah bin Thani Al Thani [14].

Furthermore, the *Zakat* funds have had a direct impact on a number of Sustainable Development Goals (SDGs). Particularly, the *Zakat* contributions have contributed towards the realization of the SDG Goals 1 (No poverty); SDG Goals 2 (Zero Hunger); SDG Goal 3 (Good health and Well-Being); SDG Goal 4 (Quality Education); SDG Goal 5 (Gender Equality), and SDG Goal 6 (Clean water and sanitation) within the OIC [34].

With consideration to this impact, a more widespread and globalist disbursement of *Zakat* funds may possibly pull much further impact. This hypothesis will be further expounded upon in the latter segment.

## 6. Replication of Zakat in non-Muslim states

The refugees, vulnerable populace, and the broad group classified as ‘people of concern’ are not only found within the OIC member states [35, 36]. These classified groups of individuals are scattered across almost every region of the globe; however, in varying proportions [37, 38]. Keeping in mind, monies collected through Zakat donations can only be disbursed amongst Muslim faithful [13], which raises the concern for non-Muslims who may equally be in pitiable condition similar to that of the refugees or ‘people of concern’. However, it is worth mentioning that an Islamic finance mechanism such as *Sadaqah* (alms giving/ charity) may be disbursed to non-Muslims by Muslims [26]. However, the focus of this chapter is *Zakat*, which has been found to be a vital tool within the global Islamic finance industry. The *Zakat* in particular has impacted on lives of the poor Muslims for several centuries [26, 27, 39], which in the authors’ opinion, can possibly reach a much wider audience beyond the OIC, or Muslim devotees. This can potentially better the livelihood of non-Muslims if such scheme is replicated amongst other faith groups.

This section uses four non-Muslim faith groups as a case study. In so doing, it highlights a Hindu-majority country: Nepal; a Catholic-majority country: Equatorial Guinea; a Buddhist-majority state: Myanmar; as well as a Christian –majority state: Democratic Republic of Congo. According to available data, these religions are practiced by an above 80 percent of the citizens of respective countries [40]. More so, according to the United Nations classification, these four countries are categorized as countries with a significant proportion of populace living below the poverty line of \$1.90 per day [37, 41]. Hence, these countries serve as typified non-Muslim majority countries with high levels of poverty. This is further illustrated in **Table 1**.

In line with the advocacy of this chapter: to replicate an Islamic Finance mechanism such as the Zakat amongst non-Muslim majority countries, requires the years of experience and expertise of specific arms with the United Nations, Humanitarian organizations such as the International Federation of Red Cross and Crescent (IFRC), financial institutions, faith groups, and other pertinent stakeholders. More significantly, the available infrastructure of the United Nations in a multitude of countries globally is imperative in actualizing this humanitarian endeavor. Replicating the *Zakat* amongst non-Muslim states will require a number of pre-requisites. These pre-requisites are explained as follows:

- Firstly, the conceptualization has to be proactively driven by an intergovernmental entity such as the United Nations Office for the Coordination of Humanitarian Affairs (OCHA). This arm of the United Nations is in charge of financial, technical and operational obligations [46]. This arm of the UN will need to put forth a convincing and well-thought out proposal to prospective partnering faith groups.
- Secondly, a round of negotiations and high level panel discussions, similar to those of the World Humanitarian Summits held in Jordan (2015) and Turkey (2016) will be needful [47]. Such Summits will be used to engage faith groups, humanitarian organizations, finance institutions and other potential private donors or businesses (amongst these faith groups).

Dominant faith	Country	Estimated Country population	Estimated percentage of dominant faith	Percentage of poor citizens (living below \$1.90 per day)
Hindu-majority state	Nepal	30,030,000 (2021)	81.19% [42]	25.2%
Catholic-majority state	Equatorial Guinea	1,620,000	80.7% [43]	71%
Buddhist-majority state	Myanmar	53,800,000 (2021)	90% [44]	24.8%
Christian –majority state	Democratic Republic of Congo	63,150,000	95.7% [45]	62% (living below \$2.15 per day)

*Source: Adapted from Refs. [42–45].*

**Table 1.**  
*Vulnerable populace per faith group.*

- Thirdly, it will be imperative to collate a comprehensive data. Such data will entail details of prospective beneficiaries and benefactors amongst the four countries (Nepal, Equatorial Guinea, Myanmar and Democratic Republic of Congo) where the humanitarian effort is meant to be conducted.
- Fourthly, a piloting of this initiative should be conducted. This may possibly be test run amongst small counties within these four countries, in which case, OCHA (UN) personnel solicit funds from religious institutions, which are thereby later disbursed to the most vulnerable community members based on the prior data collated (in Phase three).
- And lastly, a comprehensive review and evaluation is conducted in order to identify flaws, potentials and oversights.

Upon realization of these pre-requisites, the OCHA (UN) may thereafter officially launch the humanitarian campaign, similar to how the Refugee Zakat Fund was established in 2019. Thus, the actual contribution and donations may thereby begin, under close monitoring and scrutiny. The modalities in this context may possibly be similar to the 2.5% annual deduction from the wealth of wealthy Hindu's, Catholics, Buddhist and Christians within these countries; and thereafter disbursed to the most poverty stricken households who are adherents of these respective faith groups.

Furthermore, a replica of the Refugee Zakat Fund disbursement strategy may be adopted whereby needs are provided to localities based on the urgency of needs. Hence, it may necessitate the giving of Core relief items to the vulnerable households or Non-food Items such as cooking utensils, Liquefied Propane Gas, for cooking, as well as shelter kits. Also, the Cash Based Interventions similar to those of the UNHCR may also be employed, where cash assistance is provided to the vulnerable to support their livelihood, health or shelter.

This will invariably require a significant amount of resources to handle these pre-requisite phases. However, with the consideration that should such initiative work; it will have a long lasting impact on the poor amongst these poor countries. More so, this will potentially be a quick avenue to address the immediate needs of some of the most the susceptible households, thereby reducing the social inequality gap amongst a wider populace beyond those of the OIC member states.

## **7. Conclusion**

We currently live in a world where wealth is increasing exponentially amongst the elite, whilst the severity of poverty amongst many also seems unbearable [6]. An estimated 800 million people do not have adequate nutrition, making them food insecure [48]. Beyond food insecurity, many of these vulnerable individuals are often without a decent shelter; or access to adequate health care facilities, nor do their family members have access to quality education [49].

The compounding causes of poverty and vulnerability seem to be fast outpacing humanitarian efforts across the globe [14], thus necessitating innovative and sustainable interventions to reduce the ever widening social inequalities [11]. Bridging social inequalities requires rigorous planning, whilst designing tailor-made and effective approaches for specific localities [27]. For such humanitarian effort to gain sufficient ground speed, key actors will need to pursue a strategic course whilst driving in the

same direction at the same pace [50]. With commitment, efficiency and consistency over time, such widened social inequality gaps may begin to reduce gradually.

Invariably, addressing social inequalities requires the redistribution of resources. One of such means to achieving such redistribution may come through the *Zakat*-model of income redistribution from the wealthy Hindu's, Catholics, Buddhists and Christians to the less privileged within the identified non-OIC countries. This stratagem may possibly present an opportunity of reaching poor remote communities which probably may have been previously neglected. Moreover, such humanitarian campaigns may potentially lead to transfer of skills from UN (OCHA) personnel to local community members. Through this, capacity could be built from within the local communities thereby, empowering the community.

While the advocated *Zakat*-model may bring some immediate relief to the poor and vulnerable, it is however a temporary relief measure in some cases [51]. The longer term impact however, may be actualized by equipping the poor and vulnerable with the right set of skills which could bring them economic opportunities [33, 52].

Despite the afore-positive narrative, *Zakat* operations by the UNHCR have equally come with a number of challenges [53]. There have been reported cases of *Zakat* funds mismanagement, fraud, or instances where donated monies were not reaching those most vulnerable [54, 55]. These raised concerns have also been cited as the reasons for 'low collection' of *Zakat* monies in specific OIC countries [6]. Due to these challenging concerns, scholars have often recommended a paradigm shift, by upgrading the *Zakat*-model from a charity initiative to an empowerment and structured scheme, which touches the lives of the most vulnerable households; in which case requires professional management, expertise and experience of humanitarian actors, good and transparent governance; adoption of Block chain technology, amongst others [54, 56].

A significant limitation of the study was the exclusion of non-English articles; as a number of scholarly works relating to the discoursed themes are available in Arabic, Kurdish, Turkish; Persian, Urdu and Hebrew. The inclusion or review of some of these non-English articles may have created further insight and robust in the chapter.


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Section 5

Variety of Perspectives  
on Bridging Social  
Inequality Gaps

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# Minimally Invasive Surgery and Inequalities in Access to Care

*Shaneeta M. Johnson, Chevar South, Larry Hobson  
and Shamir O. Cawich*

## Abstract

Minimally invasive surgery (MIS), including robotic and laparoscopic surgery, is a groundbreaking approach that has revolutionized surgical procedures. It confers an extensive list of benefits for patients, including but not limited to improved overall patient outcomes and reduced overall costs. Despite these and other well-documented advantages of MIS, there continues to be disparate access to these types of procedures locally and globally, and invariably, disparate health outcomes for distinct patient populations. This chapter thoroughly examines the advantages of minimally invasive surgery (MIS), the existing disparities in access, and proposes strategies to address and reduce these barriers, with a focus on the populations most affected by these disparities. It offers a comprehensive overview of the benefits of MIS, the challenges in accessing it, and provides solutions to promote equity in healthcare.

**Keywords:** minimally invasive surgery, health inequity, robotic surgery, access to care, social inequalities, health disparities

## 1. Introduction

The benefits of minimally invasive surgery have been documented for many years. It has profoundly changed the standard of care for a myriad of surgical pathologies while significantly reducing perioperative morbidity. These benefits include fewer complications, shorter hospital length of stays, less narcotic pain medication use, overall reduced costs, improved cosmesis, and faster recovery times. Robotic surgery, in particular, has become increasingly popular in the twenty-first century with the added benefits of improved range of motion, ease of intracorporeal suturing, enhanced surgical ambidexterity, improved safety, and decreased operator workload [1, 2]. Robotic-assisted surgery has infiltrated specialties spanning general surgery, colorectal, gynecology, thoracic, and urologic procedures.

Despite the steadily growing use and added benefits, significant disparities in access to these modalities remain [3]. The disparities in choice of surgical access exist based on several patient-related factors such as ethnicity or insurance status, among others as well as patient-independent factors, including but not limited to the treating hospital, surgeon experience, and geographical residential area. Understanding the factors contributing to inequitable access is paramount for the continued widespread implementation of MIS and open access to all patient populations.

In writing this chapter, we conducted an extensive literature review to examine the multifaceted challenges in accessing minimally invasive surgery (MIS). This methodical approach allowed for identifying and synthesizing key barriers—ranging from socioeconomic factors to geographic disparities—that hinder equitable access to minimally invasive surgery.

## **2. Health equity impact**

### **2.1 Access to care**

Access to healthcare significantly influences health equity, with disparities in the availability of minimally invasive procedures (MIS) leading to unequal health outcomes. As many minimally invasive surgical approaches have become the standard of care, the lack of equitable access to these techniques exacerbates health disparities. MIS is associated with benefits such as shorter healing times, reduced hospital stays, lower requirements for pain medication, and quicker recovery periods. These advantages hold particular importance for individuals in certain socioeconomic groups, especially those who face economic pressures to return to work quickly. The transition of minimally invasive procedures to the standard of care underlines their effectiveness and the demand for these treatments. However, when access is uneven across different populations, it directly contributes to health inequities. Individuals unable to access MIS may undergo more traditional and invasive surgeries, facing longer recovery times and higher risks of complications. This not only affects their immediate health outcomes but also has broader socioeconomic implications. For example, prolonged recovery can lead to extended work absences, financial instability, and increased stress, disproportionately impacting lower-income individuals who may already be more vulnerable due to preexisting disparities. The significance of MIS in ensuring a quicker return to daily activities and work underscores the need for policies and practices that promote equitable access to these procedures. Addressing the barriers to MIS can help bridge the gap in health outcomes, contributing to broader health equity. Efforts to enhance access include expanding insurance coverage for MIS, investing in healthcare infrastructure in underserved areas, and increasing awareness among healthcare providers and patients about the benefits of minimally invasive techniques.

### **2.2 Impact of education on diverse learners**

Educating a diverse group of learners yields significant advantages not only for the individuals involved but also for the broader community. Research indicates that when there is a correlation between the cultural or ethnic backgrounds of patients and healthcare providers, there are improved health outcomes and higher rates of preventive care [4, 5]. This phenomenon may be attributed to better communication, increased trust, and a deeper understanding of the patient's cultural and social context, which enhances the quality of care. Furthermore, educating diverse healthcare learners has profound implications for community impact. Studies have demonstrated that healthcare professionals from diverse backgrounds are more inclined to serve in communities with underrepresented minorities and individuals who are uninsured or insured by government programs [6, 7]. This trend is crucial for addressing healthcare disparities and ensuring vulnerable populations have access to quality medical care. The presence of

diverse healthcare providers in these communities improves access to culturally competent care and helps build trust between healthcare systems and the communities they serve. This trust is essential for effective patient engagement and encouraging individuals to seek care and follow through with recommended treatments.

### **2.3 Community impact**

The direct linkage between the improved health of the community and its downstream impacts, such as increased productivity and enhanced financial wealth, underscores the multifaceted benefits of advancements in healthcare. The introduction of minimally invasive surgery and improved access to care is a prime example of such advancements. These developments profoundly impact the overall viability of the communities they serve, further emphasizing the importance of health as a cornerstone for community development.

Minimally invasive surgery is characterized by smaller incisions, less pain, and quicker recovery times than traditional open surgery. This innovative approach not only enhances the patient's overall experience and outcome but also substantially decreases the recovery time. As a result, individuals can return to their daily activities and work much sooner, thereby reducing the loss of productivity associated with prolonged illness or recovery periods. The quick return to work contributes positively to the community's economy by ensuring a more consistent and efficient workforce.

Furthermore, improved access to surgical care, including minimally invasive procedures, plays a crucial role in addressing health disparities and ensuring that all community members can benefit from advanced medical treatments. By making such care more accessible, communities can effectively prevent the escalation of treatable conditions into chronic illnesses that require long-term management and substantial healthcare resources. This not only improves the quality of life for individuals but also reduces the overall healthcare costs borne by the community. Lower healthcare expenses mean more resources can be allocated to other essential services and investments, bolstering the community's economic health and resilience.

The introduction of minimally invasive surgery and enhanced access to surgical care also illustrates how medical innovations contribute to public health and, by extension, to socioeconomic development. As communities become healthier, they experience a ripple effect of benefits, including higher productivity rates, increased financial wealth, and improved social well-being. This creates a more vibrant and sustainable community capable of attracting and retaining talent, encouraging investment, and fostering innovation.

Advancements in healthcare, exemplified by minimally invasive surgery and improved surgical care access, are crucial drivers of community viability. They not only enhance the health outcomes of individuals but also contribute significantly to the economic vitality and overall well-being of the communities they serve. This synergy between health and economic development highlights the importance of continued investment in healthcare innovations and accessibility as a strategy for community empowerment and prosperity.

## **3. Inequalities in access to minimally invasive surgical care**

Multiple factors contribute to the challenges in accessing minimally invasive care. These barriers can include, but are not limited to, socioeconomic constraints, limited



availability of specialized healthcare providers, geographical limitations, lack of awareness among patients about minimally invasive options, and potentially inadequate insurance coverage. Each of these elements plays a significant role in determining whether individuals can access the benefits of minimally invasive care. They also

<b>Inequalities in access to minimally invasive surgical care</b>	<b>Impacted patient population(s)</b>	<b>Barriers</b>	<b>Solutions</b>
Geographic inequities	Rural communities Low- or Middle-income countries	Difficulty attracting subspecialists; Decreased access to advanced training; Socioeconomic limitations/Inability to allocate sufficient healthcare budget; Capital costs and equipment maintenance; Unconscious bias; Limited access to resources and advanced technology; Patient volume to maintain surgical skill level; Willingness of healthcare leadership to implement	Training and expertise acquisition; Attracting specialists; Unconscious bias training; Cultural competency training; Resource acquisition; Advocacy/Policy Effective Leadership; Surgical mentoring Research Innovation to overcome training limitations Common interest groups
Socioeconomic disparities	Lower socioeconomic status patients	Difficulty attracting subspecialists; Socioeconomic limitations/Inability to allocate sufficient healthcare budget; Unconscious Bias Limited access to resources and advanced technology; Capital costs and equipment maintenance	Training and expertise acquisition; Attracting specialists; Unconscious bias training Resource acquisition; Advocacy/Policy Effective leadership Research Common interest groups
Insurance access	Lower socioeconomic status population Under/uninsured patients	Difficulty attracting subspecialists; Unconscious bias	Attracting specialists; Resource acquisition; Advocacy/Policy Effective leadership Research
Racial/Ethnic disparities	Underrepresented ethnic communities/ patients	Difficulty attracting subspecialists; Decreased access to advanced training; Unconscious bias; Limited access to resources and advanced technology	Training and expertise acquisition; Attracting specialists; Unconscious bias training; Cultural competency training; Resource acquisition; Advocacy/Policy Effective leadership Surgical mentoring; Research Common interest groups
Age Disparities	Elderly	Unconscious bias	Training and expertise acquisition; Attracting specialists; Unconscious bias training; Cultural competency training; Advocacy/Policy; Effective Leadership Research Common Interest Groups

**Table 1.** *Inequalities, barriers, and solutions in minimally invasive surgical care.*

involve obstacles that necessitate tailored solutions and interventions for effective resolution and enhanced patient outcomes (**Table 1**).

### **3.1 Geographic inequities**

Geographic inequities in access to minimally invasive surgery (MIS) have significant implications for patient care. These include disparities in global access to MIS and rural vs. urban access inequities. A national analysis over 20 years in Switzerland found that rural residents were statistically noted to have decreased access to MIS. Rural geographical residence also correlated with lower socioeconomic status, which was also associated with reduced access to MIS [8]. These results have also been demonstrated in US studies, which show that rural residence is associated with a decreased likelihood of robotic surgery [9].

### **3.2 Socioeconomic disparities**

Lower-income and minority communities face significant barriers in accessing advanced medical technology, which may lead to a higher risk of complications, including poorer clinical outcomes, more frequent readmissions, and an increased likelihood of needing reoperations. A study of the New York Statewide Planning and Research Cooperative System database, focusing on adult patients who underwent primary open, laparoscopic, and robotic hernia repairs between 2010 and 2016, shed light on these disparities. The findings revealed that factors, such as male gender, older age, non-Hispanic ethnicity, commercial insurance, and the ability to access academic medical facilities, were significantly linked to the likelihood of undergoing robotic surgery for hernia repair [6]. Furthermore, financial status played a crucial role, with every \$10,000 increase in income increasing the chances of receiving robotic hernia repair by 6% [10].

### **3.3 Insurance access disparities**

Multiple studies have demonstrated a decreased likelihood of robotic surgery for publicly insured or uninsured patients. Price et al. demonstrated that Medicaid enrollment was associated with decreased odds of robotic hysterectomy [11]. Additional studies have shown that private insurance status is associated with an increased positive predictor of robotic use [9, 12].

### **3.4 Racial/ethnic disparities**

Systemic and structural racism significantly impacts access to healthcare, including access to minimally invasive procedures. Bodurtha Smith et al. demonstrate in their cross-sectional study of more than 725,000 women who underwent hysterectomies that the African-American race was associated with a decreased likelihood of robotic surgery [10]. Additionally, further research has demonstrated that African-American women have nearly half the odds of receiving a robotic hysterectomy and have decreased odds of robotic colorectal surgery [11, 13].

### **3.5 Age disparities**

Although some studies have shown enhanced access to minimally invasive surgery (MIS) for elderly patients, numerous others indicate a reduction in access [9, 12, 13].

This discrepancy is of particular concern, given that the inherent frailty associated with aging can lead to poorer health outcomes. Consequently, the benefits of MIS, including better health outcomes and quicker recovery times, are especially crucial for this demographic. Addressing access disparities is essential in this patient population to ensure that elderly patients can fully benefit from the advantages of MIS.

#### **4. Barriers to access**

Multiple factors contribute to the challenges faced in accessing minimally invasive care. These include difficulty attracting trained specialists, lack of a diverse trained workforce, socioeconomic factors, high capital and start-up costs, and lack of supportive health system leadership.

##### **4.1 Difficulty attracting subspecialists**

Rural institutions and those in LMICs may find it challenging to attract MIS surgeons due to combinations of their small population size or limited healthcare budgets [14]. This is compounded by the reality that subspecialty-trained surgeons may not wish to work in settings where they may de-skill due to low case volumes and those in which remuneration is not commensurate with that in high-income institutions and nations [15]. The reality, then, is that there will be fewer resident laparoscopic surgeons in these institutions and similarly in LMICs.

##### **4.2 Access to advanced training**

Access to surgical training is essential to maintaining an appropriate cadre of surgical specialists. However, particularly in LMICs, there are disproportionate numbers of training opportunities at the undergraduate level [16]. In these cases, many doctors with a primary medical degree and an interest in surgery would seek licensure as International Medical Graduates (IMGs) to pursue surgical training in HICs [16, 17]. This creates two immediate problems. First, many of the skills learned, and tools used are not transferrable to the healthcare environment in LMICs. Secondly, many IMGs are lured to high-income countries by greater remuneration and quality of life [14]. The result is that only a fraction of IMGs repatriate to the LMICs of their origin [18]. This outward migration from LMICs to HICs is so well-documented that it has been named the “brain drain” [14–19]. Reports show that 70–90% of medical graduates migrate to North America from regions, such as the Caribbean [18, 19]. This phenomenon makes it difficult to retain quality staff with MIS expertise in LMICs.

To curb this practice, many LMICs have started their own tertiary training programs in surgery. While this is commendable, many of these programs cannot attract the necessary funding, quality instructors, and modern equipment to provide an immersive MIS experience [15].

Therefore, most LMIC postgraduate universities provide general surgery training, focusing on open surgical experience [19, 20].

##### **4.3 Socioeconomic factors**

Many rural areas and LMICs have accrued sufficient debt that they can only allocate a small fraction of their GDP toward healthcare budgets [19, 21]. As recently

as 2023, the Pan American Health Organization (PAHO) reported that public health expenditure for the Latin America and Caribbean region amounted to only 4% of the average GDP for the region [21]. This is also true for larger countries where most of the healthcare budget is disproportionately allocated to the larger hospital institutions, typically in metropolitan areas. Rural and smaller hospitals are often forced to contend with smaller budgets.

When one understands that this limited budget has to be further divided to satisfy other healthcare needs (consumables, pharmaceuticals, salaries—only to name a few), then it is clear that there will be limited funding for laparoscopic or robotic equipment and consumables. This paucity of funding for MIS has been well-documented by several authors in the literature [15, 22–26]. In one publication, it was stated that many patients in these healthcare systems “underwent open operations” [because their surgeons were] “under pressure to conserve resources” [15].

#### **4.4 Access to resources and advanced technology**

With limited healthcare budgets, smaller rural institutions locally and institutions in LMICs would find it difficult to procure advanced technology. Consider that in larger institutions, particularly in high-income nations, surgical circles no longer entertain the “laparoscopy versus open surgery” debate but have now moved toward debating conventional MIS vs. robotics [27]. However, with the exorbitant cost of surgical robots, smaller rural institutions locally and LMICs would not be able to procure surgical robots. Up to the year 2024, there were no surgical robots in any LMIC in the Caribbean region [15], and this is similar in other LMIC regions. Some authors commented that surgeons in LMICs still seem to be discussing the value of MIS over open surgery despite the rest of the world having moved on to robotics [28].

Conventional MIS would be more affordable for small rural institutions locally and LMICs with limited healthcare budgets. However, even conventional MIS has high start-up costs [20]. Consequently, many institutions still do not have the hardware to support conventional MIS.

#### **4.5 Capital costs and equipment maintenance**

Capital costs and equipment maintenance fees are significant obstacles to MIS, particularly because of the associated high costs associated with hardware acquisition, equipment maintenance, and procurement of consumables [14, 28, 29]. However, with fewer hospitals having MIS equipment in lower-resourced areas, there is a paucity of distributors to offer support and maintenance services. It is simply not a service that is prioritized. Perry et al. [28] reported that 40–60% of hospital medical equipment in developing countries “was out of service.”

#### **4.6 Patient volume**

Another limitation is geographical areas that have small populations [14]. This means there will be small annual case volumes to maintain subspecialists’ skill sets. While a possible compromise would be to set up centralized centers of excellence in these regions, this is rarely achieved [30]. In some regions, inter-regional and intergovernmental cooperation is required, which has proven difficult to realize.

## **4.7 Surgical leadership**

It is well-documented that Prof Eric Muhe was victimized by the German Surgical Society when he first described laparoscopic surgery [31]. Although that was a clear failure of leadership, in the long run, MIS did progress. Unfortunately, similar lapses in leadership have been repeatedly documented, thereby limiting MIS development even in the twenty-first century [15, 24, 32, 33].

Consider the fact that MIS is a relatively new approach. This means that leaders chosen based on “seniority” would most likely have no MIS training but would still be required to encourage surgeons to perform MIS to advance the healthcare system. It takes little imagination to see the conflict of interest. Two authors wrote insightful pieces: “Instead of uniting those they lead, they may use administrative powers to erect barriers and marginalize younger surgeons, fueling their outward migration from the healthcare systems” [34, 35].

## **5. Strategies to mitigate inequalities in access**

It is critical to adopt a multifaceted strategy to effectively address the issue of limited access to minimally invasive surgery (MIS). This approach will streamline processes and ensure sustainable, impactful solutions through efficient implementation.

### **5.1 Training and expertise acquisition**

A significant obstacle to retaining experts after training is the “brain drain” phenomenon. One way to retain MIS surgeons is to improve the existing specialist training programs within LMICs. We previously pointed out that many existing medical universities had limited exposure to MIS because (1) it was not included in the curriculum, (2) they did not have knowledgeable trainers, (3) appropriate hardware/equipment was unavailable, and (4) there was a paucity of funding [15]. Each of these limitations could be individually addressed.

Once surgical leaders recognize that it is essential to facilitate training in MIS; they can advocate for its inclusion into teaching curricula. Many existing professional societies have existing training models. They may also be willing to collaborate with universities in LMICs, including the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) in North America, Caribbean Society of Endoscopic Surgeons (CaSES) in the Caribbean, Indian Association of Gastrointestinal Endosurgeons (IAGES) in India, Association of Upper Gastrointestinal Surgery of Great Britain and Ireland (AUGIS) in Britain and Ireland, among others.

### **5.2 Attracting specialists**

Researchers within LMIC healthcare systems have reported that operating room medical staff cite workplace dissatisfaction and insufficient work-related rewards as the main reasons for outward migration [15]. Surgical staff also noted that a source of workplace dissatisfaction was working in systems with outdated equipment, lack of collegial support, financial challenges, and unavailability of hardware and consumables [19, 20, 23].

To achieve workplace satisfaction, we must strive to eliminate hostile environments, poor communication, and interpersonal conflict [15, 32, 36–38]. Instead,

we should nurture a culture of freedom of expression and avoid discrimination [15, 32–34].

Herzberg et al. [38] suggested that motivation in the workplace required reward recognition and achievement/self-actualization. While small rural institutions locally and institutions in LMICs may not be able to compete financially with high-income employers, similar results may be achieved with managerial praise or award ceremonies as nonmonetary staff motivators. Of course, MIS surgeons must be given the means to work, and employers should facilitate this as much as possible.

### **5.3 Resources**

It is accepted that MIS brings significant cost benefits to the healthcare system in the long term despite high up-front costs [24, 39]. Despite this, there may simply be insufficient funding in some institutions to allow the acquisition of hardware and consumables. Therefore, surgeons in these institutions may need to take innovative approaches.

An interesting approach was reported from Jamaica [24]. The surgeons in a small community hospital collaborated with supply companies that funded trainers, donated consumables, provided equipment on consignment, and provided loaner hardware to allow their MIS service to start in a public government-funded facility. Once their program was demonstrated to be feasible, it was heavily advertised in the community. With the support of potential voters, it was easier to get funding and continued support from health administrators [24].

In another model, a government-funded public hospital possessed donated MIS hardware but had insufficient funding to maintain a supply of consumables. In this model, the surgeons offered MIS operations as long as patients independently procured any necessary consumables [23, 33].

In other models from Trinidad and Tobago, surgeons created active partnerships with colleagues in high-income countries through interpersonal relationships. These partnerships commenced to seek advice, graduating to collaboration through research and culminating in links to receive retired or decommissioned equipment [15, 35, 40].

Another model in many LMICs with government-funded public hospitals is the evolution of parallel systems with private facilities using the fee-for-service healthcare delivery model. There are societal benefits in this approach as it increases the range of available services in the nation, but it may also create disparities and inequities in healthcare access and services [41].

Finally, as surgical consumables become more commonly utilized, there is an increased demand for items such as surgical staplers, and ultrasonic dissectors. The cost of these consumables may exceed the facility's budget. Therefore, MIS surgeons may have to adapt by suturing instead of stapling, using cautery instead of ultrasonic dissectors, or reusing single-use instruments after re-sterilization [29].

### **5.4 Advocacy/policy**

We must recognize that hospital administrators answer to governments, who, in turn, answer to the population. In one model published by Wilson et al. [24], they empowered the general population through free educational campaigns on the benefits of MIS. The educated general population then began to demand this service from their local government representatives, who then acquired hardware to answer the demands. This can be a very powerful tool when harnessed skillfully.

## **5.5 Effective leadership**

Healthcare managers have the task of using institutional resources to promote population health. It requires training in healthcare leadership and management. These managers should be chosen based on managerial training, not seniority, political bias, or age.

It should be mandatory for the next generation of surgical leaders to have formal managerial training, and perhaps, regional universities should integrate management courses for future generations. Not only should leaders be trained, but they also should be required to undergo continued training, regular performance evaluations, and enforcement of accountability for persons in formal leadership roles.

An essential quality of a good leader is that they must be able to influence their staff through force of character (charisma power) [15, 42]. Leaders can only achieve this with maturity and mastery of interpersonal interaction skills. When leaders attempt to use punitive power (influencing actions through threat of punishment), it does not create the desired effect [43].

A surgical leader must accept that they will become outdated far more rapidly than their predecessors or contemporaries in other fields [32]. The MIS surgeons who trained in the early twenty-first century, for example, would have already lost ground unless they continued to learn advanced techniques such as SILS, NOTES, and robotics. On top of that, they may be required to support their juniors who, in a short time, may be able to do things that even the young leader cannot do [32]. This is a serious challenge to the psyche of even the most mature surgical leader. Therefore, humility and maturity are indispensable qualities of modern surgical leaders [34, 35], very different from the philosophies of earlier generations.

## **5.6 Surgical mentoring**

Mentoring refers to the professional relationship in which one experienced surgical mentor facilitates a surgeon at an earlier stage in their career or skillset development in the operating room. In a recent survey from LMICs, a lack of effective mentorship was shown to be a significant source of workplace dissatisfaction [44]. This is also important in the development of MIS in LMICs.

Administrators should ensure that formal mentorship programs are created in their institutions. Informal mentorship, where one seeks out mentors [45], should also be encouraged. Effective mentorship programs have been shown to facilitate the transfer of knowledge, honing of skills, and improvement in workplace satisfaction [46–48].

It is essential to choose well-trained mentors with patience, professional integrity, and emotional intelligence [43–45]. It is also important to recognize that there may be local talent to harness as mentors. Surgeons already working in under-resourced settings may be good mentors because they understand the local culture and challenges and would have already found ways to overcome existing barriers to MIS in the healthcare systems [15].

## **5.7 Research**

We have already established that the healthcare environment in small rural institutions and LMICs differs from that in larger institutions and high-income countries. Therefore, the MIS surgeon must understand the pitfalls in their environment

to devise solutions to maintain quality service in the local healthcare environment [49]. Continuous monitoring of outcome parameters is essential to substantiated quality control [50].

## **5.8 Innovative methods to overcome training limitations**

Simulation training is an attractive training tool because it immerses trainees in an environment to replicate real-life scenarios and does not expose patients to potential harm [51]. Because simulators are always available for use and can be used repeatedly, MIS surgeons in training can perform tasks repeatedly, mitigating the problem of low case volumes [52].

Although virtual reality and robotic simulators provide realistic experiences, they are expensive and impractical for resource-poor nations. Low-fidelity box trainers are more practical for LMICs. Although they are partial task trainers that only allow simple repetitive tasks, they are portable, cheap, and easily available. Some authors have even reported on homemade box trainers from inexpensive materials [53, 54]. There is published data proving that simulation trainers improve performance metrics when trainees transition to the operating room [55–57].

Simulators have been criticized because tissue handling is unrealistic, and anatomic relationships are not typical. Canine or porcine live models overcome these limitations, but many countries have existing laws against their use as surgical training models [58, 59]. In countries that allow live animal models, their use is effective and brings high trainee satisfaction levels [60, 61]. Cadaver training models have also been shown to be effective [62–65], but cadavers can be difficult to procure and store.

Distance mentoring is an innovative teaching technique that has been described to encourage MIS in LMICs [66]. In this model, a surgical mentor coaches a colleague in MIS procedures without physically being present in the operating room using readily available equipment. In summary, the mentor views the operating surgeon performing an operation using two devices to view the operative field and laparoscopic feed by live stream. They have shown that the technique could be used with 96% success and good outcomes in emergencies [67], hepatectomies [68, 69], and colectomies [70].

## **5.9 Common interest groups**

We believe it is important to identify common interest groups who share an interest in MIS and the unified desire to promote it in underserved areas [15]. By facilitating regional and international partnerships, these groups can assist with mentorship, support, and engaging members in the region who also operate in challenging environments.

Another benefit of collaboration is to organize workshops [14, 15, 71–73]. In a model from Guyana, experts were invited to perform local workshops rather than exporting patients in need. This way, the entire healthcare system improved their skill sets as a long-term investment. We have found that the industry is keen to support this, and they have actively organized and funded training workshops [71–73]. These workshops are invaluable to mentor entire surgical teams to develop MIS in their environments.

The advantage of this exercise is that a large audience can be reached in target hospitals. Therefore, the entire cadre of healthcare workers, including operating



room nurses, surgical scrub technicians, surgeons, and support staff, are exposed to surgical teaching, which results in improving the standard of care for workshop-hosting nations.

## **6. Conclusion**

The introduction and temporal implementation of minimally invasive surgery have shown tremendous benefits. Most importantly, increased access to minimally invasive surgery is associated with significant perioperative and outcome benefits. Lack of access to advanced care is associated with significant detriments in patient outcomes and also community impact. Additional implications regarding the education of a diverse workforce include that the education of a diverse workforce is crucial in achieving optimal patient outcomes. Therefore, this workforce must be afforded the opportunities to be educated in advanced surgical techniques, such as minimally invasive surgery. Access to these benefits by marginalized patient populations locally and in LMICs is imperative to reduce inequities and provide the highest quality of care.

## **Disclosures**

Dr. Shaneeta Johnson is a consultant and proctor for Intuitive Surgical. Dr. Larry Hobson is a proctor for Intuitive Surgical.

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# Perspective Chapter: Caste, Class, Race and Poverty – A Perspective from the Case of Pellagra

*Adrian C. Williams, Ellena Badenoch and Lisa J. Hill*

## Abstract

Pellagra is caused by a diet with little meat or milk and a reliance on maize. Pellagrins suffer from poor cognitive and social skills. Pellagra was cured with nicotinamide (vitamin B3) but before that pellagrins were considered inferior and dangerous degenerates and were known as the “Butterfly Caste” after the characteristic sunburn rash. Quests for meat drove the diaspora “out of Africa” with meat sharing being the social norm. After the domestication of animals “meat elites” across classes, castes, sexes and continents emerged. Nomads migrating to northern Europe created mixed pastoralist-farmer populations whose fermentation cultures and genetic innovations allowed lactose tolerance. Skin lightened as sunlight, needed to synthesise vitamin D, and sunburn was rare. Conquests encouraged their view that they were a superior race rather than that they were blessed with a superior diet. Ruling classes on a high meat diet combined forces with cereal dependant workers (with higher fertility) whilst the “lumpenproletariat” were economic vegetarians. Social contracts broke down with rebellions, but slaves, oppressed sharecroppers and refugees bore and bear the brunt of (subclinical) pellagra often in ex-colonial subjects—to whom dietary reparations could bridge international inequality gaps.

**Keywords:** pellagra, nicotinamide, TB, classes, castes, races, civil war, reparations

## 1. Introduction

Pellagra is caused by a poor diet deficient in animal products leading to inadequate intake of the micronutrient nicotinamide (Vitamin B3). Pellagrins whether as individuals, families or groups were known collectively as the “Butterfly Caste” (referring to a characteristic exaggerated sunburn rash – “Casal’s necklace”) as they had acquired many degenerative features including lost cognitive and social and economic capital that appeared hereditary [1, 2]. The best-known epidemics occurred in poverty ridden eighteenth century southern Italy and Spain (as first described by Casal) then in the early twentieth century “Cotton” southern states of the USA; and then in Egypt and colonial south Africa and called out as “starving on a full stomach” along with kwashiorkor. More recently both have been described in war zones (often in Africa). All outbreaks cast a long generational shadow and are centres of inherited



low social, economic and human capital with stunted lives, poverty, apartheid and racism.

Pellagra is a classic seasonal disorder worse in the spring when meat runs out in “the hungry season” and the sun starts to shine exacerbating the rash. A poverty trap is set as assets such as cattle or even seed corn have to be placed in distress sales (paradoxically meat prices may fall) to pay debts but later in the year all the benefit goes to rich hoarders. Many derogatory epithets and criticisms applied to those in poverty were invented at the time of the American event (that included poor blacks and “Hillbilly” whites). Groups (and even whole states) were heavily discriminated against as an early example of elites “limiting access” to society let alone incarcerating many (often for drug related offences and then making things worse on penal or psychiatric hospital diets) or subjecting such people to eugenic or extermination programmes. Once understood as a curable nutritional disease, rather than a mendelian genetic condition (but with transgenerational effects on chromatin and DNA-repair) or as infectious (although prone to TB and gut infections and succumbed to acute infections), progress was made with treatment and prevention with supplementation first in bread and cereals. These programmes are not globally always available to those most at risk and can be too expensive (compared with local cereals) and elimination is not helped by no widely used biochemical screening test (despite tryptophan levels or urine measurement of n-methyl nicotinamide being available for decades) for the many cases of “pellagra sine pellagra” as the characteristic rash is often not present or is too non-specific.

Pellagra is our specific example but there is a wide literature on diet affecting “imperial” bodies and complexions as well as to diet’s importance in maintaining superiority and success of classes and countries and of its importance to individual development and freedom sometimes needing help from welfare programmes (such as school meals) [3–25]. There is another literature on the use of famine as a goal to exterminate (often miscategorised as a side-effect of feeding one’s own soldiers). This strategy happens in warfare but also as colonial by land appropriations and forcible relocations or sieges or blockades or scorched earth policies or genocides.: The status in law of genocides or war starvation crimes is becoming established as is how they lead to destruction of cultures – such as the burning of libraries [26–34].

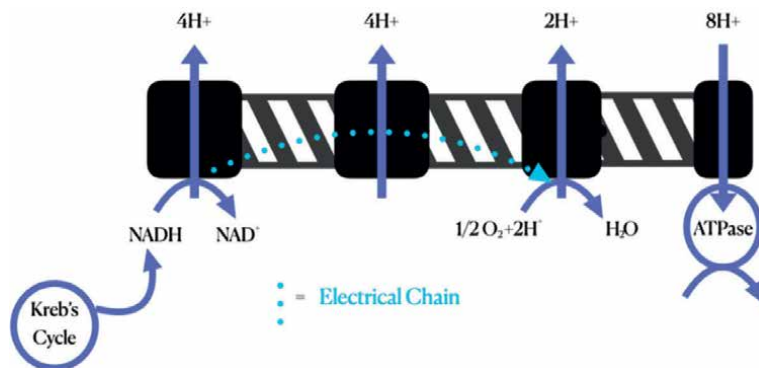
## **2. Methods**

Trans disciplinary literature review of meat and pellagra history from our early evolution to the present day and the interactions with early meat equality to meat and nicotinamide intake inequality across classes and countries and with wars, genocides and dehumanisation.

### **2.1 Mitochondria and NAD(H) metabolism**

NAD(H) supply and improved access to dietary nicotinamide or tryptophan has been important to the rise of the animal kingdom and big brains that require energy derived from oxidative phosphorylation in mitochondria (**Figure 1**) [35–37].

Speciation and phenotypic variation within species and reproductive rates may be dependent on the energy and NAD supply. Phenotypic plasticity needs and mistakes recognition systems for individuals good and bad qualities but this is open to abuse as we shall see with colour coding.



**Figure 1.** Hydrogen is carried by NAD as NADH and is extracted from macronutrients derived from diet mostly via Kreb's cycle. NADPH drives much of anabolism and biosynthesis as well as detoxification reactions. NADH enters the mitochondria with the hydrogen split in the electron chain culminating in combining with oxygen and protons that drive the production of ATP and the energy supply for body and brain. NAD consumers are metabolic master molecules controlling much of metabolism as well, DNA repair from genotoxins and defences against microbes and their toxins.

Recycling mechanisms also evolved so that little NAD is wasted and a methylation enzyme (NNMT) evolved to protect against overdosage by excreting nicotinamide's n-methylated derivative [38, 39]. NAD Consumers control much of metabolism and immunology as master-molecules that also control many detoxification processes and repair mechanisms important to ageing; and includes the DNA sunlight induced damage causing the pellagra rash) [40, 41].

In contrast to the Ancients who divided the world's peoples by climate and ecology (such as Hippocrates' (400 BCE) "Airs, Waters, Places" and "hereditarianism") there has been a modern tendency to exaggerate the role of gene mutations in health and race at the expense of dietary regimens and other environmental determinants. This is despite Brillat-Savarin's and Feurbach's gastronomic nineteenth century views on "man is what he eats" affecting state of mind and health. The effect of diet starts before the time of conception when interventions on NAD metabolism would be at their most cost-effective (viz Heckman's curves) [42–46].

## 2.2 Meat: cultural and genomic insights into origins of inequalities

Meat hospitality and the challenge of lengthening supply chains and feeding cities without disadvantaging rural communities has often been analysed (from Homer on). Good supplies make successful empires and attracts migrants and conversely famine has a key role in their decline particularly if the rich do not intervene to help [47, 48].

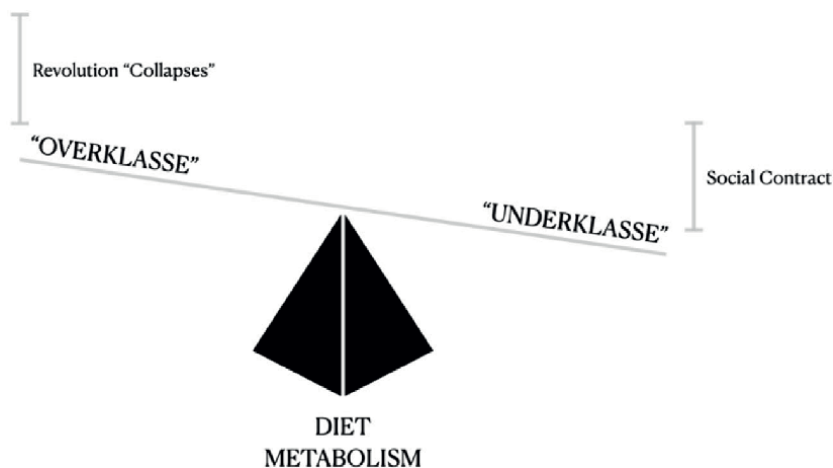
Genetic and nutrigenomic studies have added to our understanding of cultural interactions and farming and pastoralist (4–6000 year) innovations allowing for use of milk and fermentation products and cereals [49]. Research now describes the spread of meat-eaters (and Indo-European languages) from the Pontic steppe with the Yamnaya-related migration and risk of some diseases (such as multiple sclerosis) but of overall success. Interactions with pathogens from close proximity to domestic animals emerged as population densities increased influenced the pattern of HLA and other immune complexes that now act as risk factors for inflammatory disease [50, 51]. Copper and gold metallurgy may have shone bright but meat (and its preservatives like salt) was the real currency.

Loci for decreasing skin pigmentation were under strong selection in (Caucasian) groups moving north-west usually attributed to reduced ultra-violet exposure and Vitamin D deficiency. Skin would also need less protection from sunburn made worse by Vitamin B3 deficiency so is less severe on high meat diets and this may have been another enabling pressure [52].

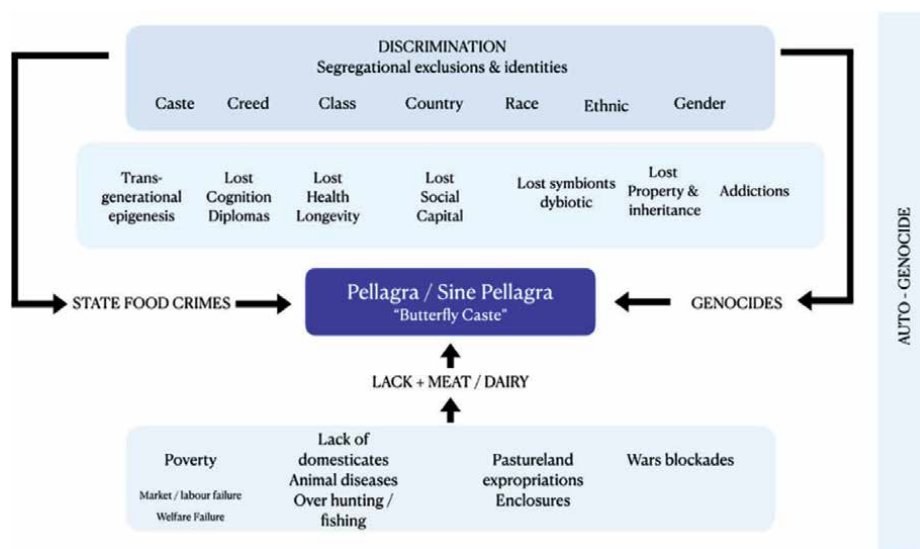
The role of farmer-pastoralist interactions and a balanced diet was later achieved by colonial livestock farming became the most wide-ranging and enduring of all extractive and exploitative industries. This contrasts with indigenous traditions that appreciate prey as feeling beings and have more sustainable practices as natural cycles, particularly the nitrogen cycle, are less disrupted in “metabolic rifts” created by not returning animal (and human) faeces to the soil and having to use imported and artificial fertilisers. Meat drives much inequality within and between societies and was the origin of material, relational and embodied wealth (food caches, shelters and territorial inheritance even happens in animal societies) [53–55]. Superior diet, height, and “cognitive flexibility” connect in this scenario with skin pigmentation – suggesting deep roots for discrimination and racism.

### 2.3 Niche construction, social contracts and hierarchies

Multi-level human evolution relied upon upgrades in both NAD genetics and the nicotinamide supply as high meat and milk and “runaway” niche construction with competition between individuals and societies. Increased variances in the supply and descending the food chain to more omnivory increased variation in cognitive abilities and fertility overcoming population bottle-necks and allowing for division of labour (**Figure 2**) [38, 56–61]. We will argue if these inequalities become too extreme there is a risk of falling in to an evolutionary trap with high population growth alongside malnutrition and much friction within and between states underlying the poly-crisis of the Anthropocene [62–67]. The social contract between classes means that a state’s primary responsibility is to provide adequate subsistence to its population with safety from external threats (whether rivals or microbes). Historical lessons tend



**Figure 2.** Our argument is that diet and metabolism are important in forming classes and that if this gets too extreme with “beef barons” and a “lumpenproletariat” or “precariats” it breaks a social contract and risks revolutions and societal collapses.



**Figure 3.** *Pellagra is our case and historical lens viewing lack of meat and its consequences from creating hierarchies within and between states.*

to concentrate on grain and calories not meat and vitamins and get diverted from “freedom from want” (Figure 3) [68–70]. Many frictions and migrations may at base be food riots emanating from ignoring the politics of provision and the rich not stepping up when needed or their philanthropic aims hiding a capitalist need for more consumers [71–78].

## 2.4 Lombroso et al.: criminality, stigmata, atavism, race and colour

Cesare Lombroso, a nineteenth century Italian pellagra-ologist, noted their feeble-mindedness and bad behaviour. He is seen as “the father of criminology” as he developed a theory of “the born criminal” and the degenerate atavistic and addiction prone “l'uomo delinquente”. Race was integrally woven in to his theory of atavism which equates white men with civilisation and black, brown and yellow peoples with “primitive” or “savage” societies [79].

Colour is not a constant marker as the Irish and Italians “whitened up” as migrants (on improved diets), at times slaves were white, and Jews who could be any colour were subject to a “hybrid hate” [80–82]. Although phrenology methods were disproven the idea of palettes and outward stigmata “epidermalization of inferiority” and “colour lines” (with the exception of Indian castes) persisted. This fits with the response to the butterfly rash of pellagra (and to lepers) encouraging segregation of degenerate “cockroach” underclasses that need cleansing aided by classificatory gazes [83–86].

Bentham even suggested “identity washing” with chemical dyes to mark the faces of paupers in his proposed panoptical workhouses. Davenport in the USA, influenced by the pellagra epidemic believed that pellagrins were a genetically determined subhuman species or “Homo Sacer” and believed in social Darwinian and eugenic views eventually corrected by Goldberger [87]. 185. Such views nevertheless persist [88] despite earlier (1680) condemnation that slaves were “Unman'd and Unsoul'd”. The basic question “Is he/she not a human being?” can be cloaked with much

pseudo- scientific gloss or referring to “the curse of Noah”. Remissions happen when alliances from self-interest aligns in solidarity, first from Bacon’s early (1676) “rainbow alliance” in Virginia and the need for a “lucrative humanity.” This easily fails as, in France where, despite a “race blind” constitution, police can state that they are at war with “vermin” with echoes in America with immigrants described as “animals” and threatened with a “bloodbath” [89–96].

## **2.5 Meat, Omnivory and reciprocal altruism in early human evolution that became unequal first in societies and progressed between nations**

If atavism can be caused by too little meat [97] then higher meat intake would be expected to have been important in our original evolution [98–101]. Our ancestral diet was rich in meat (later cooked), vegetables and fruit. We outsourced ascorbic acid and never developed stores for nicotinamide (short of autophagy) creating potential mismatches from scurvy to pellagra. It is a myth that we are natural vegetarians but plants have been important to the evolution of our minds with psychedelics and were important to inequalities through plantocracies and plantations. Medicines from quinine onward, stimulants such as tea, coffee and chocolate and addictive drugs such as rum and opium let alone tobacco and sugar have all played their part in class and other forms of warfare including ‘brain washing’ [102–107].

The neolithic agricultural revolution led to an increase in malnutrition, zoonoses and risk of pellagra a primordial disease and Achilles heel [108]. The long history (such as Lent) of meatless diets and days or plant-based or artificial meats are rarely popular compared with the desire for meat [109–111]. Meat sharing with various forms of direct, indirect and reciprocal altruism was the norm including for non-kin with feasts and potlatches. Sharing is no longer the local or global default case even if some empathy over hunger lurks underneath [112–114].

All continents and early nations had a hierarchy of meat availability with meat and metropolitan elites. Hunters and gatherers were out reproduced by farmers despite their health and height being poor and were often conquered by nomadic pastoralists [64, 115–118]. In the UK “Cheddar man” was first overtaken by farmers from Turkey and then (5000 years ago) by steppe pastoralists forming “cities of beasts” [119]: Parallels exist with the European colonisation of the Americas when tiny numbers of Spanish conquistadores with advanced guns and steel vanquished meat poor cognitively and immunologically impaired empires aided by the inadvertent introduction of decimating pandemics [120, 121].

Nutritional status and “status syndromes” and rights are documented [122–124]. The rich could hunt deer on common land and forests whereas the poor were criminalised for poaching and often not allowed to raise pigs or to fish with lost rights of pannage or gleaning. Early opposition culminated in the Magna Carta and the Charter of the Forest (1217) [125]. This meat hierarchy is a form of “elite capture” within societies and then extended to a “tyranny of (colonial) nations” but, we say, is now a developmental over-run and a planet sized market failure of “vulture capitalism” [126–129].

## **2.6 Famines: acts of god to acts of man - crime scenes**

Diet profoundly affects human phenotypes indeed studies during colonial times showed that different diets related to different tribal characteristics including height and (brain)health and the incidence of TB with food having its own cultures and sociology preceding other forms of culture and civilisation spoilt by famines [130–135].

Famines were often related to climate change and volcanic activity such as the Tomboro ash cloud (Indonesia 1816) and the “year without summer” with harvest failures said to be the last great subsistence crisis in the west. England needed to import food from the now devolved nations as well as the Baltic and China in order to avoid revolution in a food crisis. Earlier famines linked to the “little ice age” of the 1600s and the fourteenth century “Great famine” were, like others, followed by zoonotic plagues. Meat intake and pay can increase to the benefit of survivors but there must be a better than allowing another “Black Death” [136–140].

As Sen first emphasised “Starvation is the characteristic of some people not having enough to eat not of there being not enough food to eat”. “Meat transitions” are in progress but not everywhere, such as Africa. Many rulers have recognised the importance of an adequate calorific diet and, overall, the incidence of state induced famines has fallen and the degree of (childhood) malnutrition described in Victorian England is no longer often seen. However, this is often at others expense and even as want turned to plenty a “superabundance” was not for everyone even in rich countries [29, 141–145]. “Super-boosterism” contributes to less emphasis on social safety nets and adequate diets [146–148].

Upper- class beneficiaries and “parasitic” countries can be forgetful. The Peterloo massacre and the Cato- street conspiracy started as a peaceful protest over the price of bread not unlike the “Arab Spring”. Concerns over food instigated the welfare states but vested interests can cause famine elsewhere and “Victorian holocausts” [93, 149–151]. Bread riots (and hunger strikes), often instigated by mothers were important to the “tempers and terrors” recalling the spectre of 1789 asking for basic provisions and land reform [73, 152].

“The poor were thus deprived of their lands” (Plutarch on Gracchus’s (133 BC) unsuccessful attempts at land reform) was an early insight but did not stop the rise of private property and enclosures or expropriation by settler (e.g. Americas and Australasia) or non-settler farming (e.g. India) or Plantations (e.g. Caribbean) to supply the centre and the subordination of weakened then dependant colonial peoples. Dispossessed people were forcibly moved to marginal (heath)lands or to dangerous places (such as the Bengal Archipelago). Scorched earth policies have a long military history from ancient times to the seventeenth century 30-year war but using food as a “weapon of war” took off in the twentieth century as we will later catalogue [153].

## **2.7 Civilised? Diet is caste, character and competence**

Writers from Cobbett to Orwell, took a wide view of culture, not just its pinnacles, and the importance of basic economic needs for all to establish their imagination. Mirabeau (1750’s) [154] emphasised that the newly minted term civilisation was not about superficial politeness or civility but had a moral dimension and should allow all to flourish -and be judged in a local context, rather than “civilising missions” used to emphasise the superiority and justice of their own empire. Food was key to- “humanization” and should not be supplied just to avoid more revolts “bellum servile.” Cross-fertilisation on frontiers rather than cultural destruction or “melting pots” led to many inventions including on the dietary front but notably all (haute) cuisines had meat as the centrepiece and when available also for the poor even if more as stews and pies [155–158].

Starvation, by contrast, as a weapon is highly effective as “atrocities famines” but is a relatively crude “de-humanization” tool killing by caloric deficiency. We highlight the advantages (as a weapon) of the more subtle nicotinamide deficiency as pellagra’s even mild forms impair cognition alongside as social skills.

The Freudian idea of the “narcissism of minor differences” allows for such small differences to grow into homophilia and fear of others with racism and sectarian aggression and “clashes of civilisation”. Vengeance becomes inter-generational once “guns have been fired”. “Supremacists” can target a sub-population already on a low meat diet and further limit their access to meat (by various means) increasing their “inferiority” and “hidden injuries” in a self-fulfilling and demonising dehumanising process “justifying” dispossession and bigotry [159–162]. And slavery. Prejudice and ‘one stop’ legal issues obstruct mixed marriages and “Empires Children” even though miscegenation and “hybridisation” improves population vigour, avoids speciation and ultimately reduces racial conflict with mixed-race people potentially having the “best of both worlds” (already the largest single ethnic group in Brazil many descended from slaves) [163–165].

## **2.8 Chattell slavery: meat, masters and power in the old south**

Contemporaneous sources on slavery and de-or dis-humanisation include the insight that “*nowhere was the process by which slaveholders converted black hunger into white supremacy more apparent than in the processing and distribution of meat*” even though “*the general opinion was that Negroes worked much better for being supplied three or four pound of bacon a week*” (observations confirmed later in south Africa) creating an early “Meat Paradox” [166–169]. “Seasoning” was a term for acclimatising slaves on slave ships to very poor diets and a high mortality and morbidity that included features of pellagra such as dysentery to break their spirit for gang labour. Slaves were deemed, to be not human but commercial property and like animals “beasts of burden” with no souls or identity (but nevertheless feared including sexually). For many years anti-slavery laws applied at home but not on the colonies where even licences to hunt bushmen were obtainable until 1936 [170–172]. Other forms of slavery persisted as convict labour and as “coolies” and other forms of modern slavery often affecting women and children [173, 174].

Rations for slaves rarely included meat outside “command performance” feast time gifts in exchange for subservience and the means of (cotton and sugar) production (or in exchange for sex). Rarely slaves were allowed to garden and keep fowl or pigs and hunt or fish. Inland, food was imported to allow more cotton fields and arguments to retain pastureland were usually over the need for manure. Supplies were poor and fatty pork (fat contains no nicotinamide) with monophagic corn and molasses are pellagra-genic diets. Owners stole black mother’s milk even though the babies were the source of the social reproduction and a commodity that could be sold or used as collateral [175–177].

Malnutrition was well recognised in cotton and sugar economies before the officially recognised pellagra epidemics post-emancipation [178, 179]. Owners created a hierarchy with house slaves having better access to meat than field slaves and a strain of paler (often mulatto) “upper crust” slaves that seeded intra-racial hierarchies for future generations [180]. Thieving and a “black market” was common with perpetrators often suspected and severely punished because of their healthy appearance or suspicious cooking smells (a parallel with rooting out those not cooking pork by the Spanish Inquisition [180]).

The desire for meat and the formation by runaways of “maroon” and well-fed Seminole colonies are well recorded. “Negro Forts” in Florida were attacked in wars and famously won by slaves in Haiti by “Black Spartacus” (although punitive reparations to France and trade embargos by the US caused widespread poverty and current

anarchy and gang warfare) [181–184]. Runaway migrations could prosper if the food supply improved as did the mass migrations to the Americas or Australasia even though the initial quality of the migrants included convicts. When well-fed (with higher IQ than southern whites) turned in to well-connected commercially and politically white on black race “backlash” riots on “uppity” people developed famously in Wilmington (1898) [185] and Tulsa (1921) that although illegal went unpunished [186, 187].

Other telling stories include the violent repression after a rebellion in Morant Bay in 1865, that fed the abolitionist movement led by the Quakers and boycotts promoting “ethical capitalism” and “brands with a conscience” on foods made by slaves, mainly sugar. Wilberforce’s campaigns led to eventual abolition but compensated slave owners not the slaves. Poor diets and sugar going on to damage health notably now in Caribbean “amputation capitals” [188, 189]. All happened amidst a proud history of slaves introducing sustainable farming and care of the soil but due to constraints, developed their own cuisine and soul foods that spread globally as “Fast Food Genocides”. Righting dietary wrongs is a route to effective reparations and help for poor people worldwide [190–192].

## **2.9 Insult to injury**

Slave owners as plantation managers slashed and burned and wrecked irrigation destroying mixed farming locally. Enormous profits from the cotton, sugar and tobacco markets financed meat imports amongst other luxuries funding capitalism and the industrial revolution. 23. “Imperial amnesia” downplays this entropic process. Improved metabolism benefited Europe then America but exported and off-shored chaos with colonial “ghost acres” in the “scramble for Africa”. Triangular or Diamond trades and tariffs then as now favoured the already rich and exported class distinctions and differential meat intakes and related biopower across the globe [193–195].

Abolition came with compensation, of 1-200 billion given to the slave owners who continued with indentured, sharecropper and other wage slaves. The countries from which the slaves were taken continue to be the poorest in Africa, have the highest inter-ethnic conflict, continue to be exploited for their meat and fish and have well recorded outbreaks of pellagra [23]. Many forms of neo-slavery involve agri-and aqua-cultural workers [196–199]. Modern slaves (30 million or so) are offered loans to avoid starvation as debt bondage or forced labour and are cheap so there is less incentive than with chattel slavery to keep them healthy enough to reproduce making them truly disposable labour [200].

## **2.10 Politics of hunger and nutritional terrorism**

America an originally pastoralist society that, like the Luddites, resisted industrialisation for a while offers other lessons 163. Industrialisation and capitalism when they came led to the great depression and widespread hunger with little federal (or charitable support). This was overcome by the “New Deal” (that however largely excluded many minorities subject to “redlining” and other Jim Crow laws) and a return to agricultural basics. America became a paradox of plenty with many still hungry yet becoming a major exporter of food and a major component of the post WW2 Marshall plan for anti-communist friendly states. Internal policies of opposition to food aid were later described as terrorism particularly against black people as was the “War on Alcohol” (and later drugs). 50.51. Black Panthers recognised that



poor whites were also affected “Hunger knows no colour line”. Although their salutation “power to the people” was disliked their breakfast clubs were imitated and other supportive policies and food stamps and school meals introduced.

Further advances were made when the meat economy was exposed by Sinclair’s book *The Jungle* led to the passage of meat inspection law and later by Ralph Nader leading to greater safety for employees and customers but inequalities and dangers persist [201, 202].

### **2.11 Unlocking the central dilemma**

Olmsted (1850s) [203] believed that the central dilemma for the master slaveholder class was “how without quite destroying the negro for any work at all to prevent him from learning and take care of himself. Slaves were criticised for “rascality” (*dysaesthesia ethiopica*) and for their “desires”. Although the “means of production” slaves were denied the fruits of their labour and subject to “social death and natal alienation” with slaves (and their children) and livestock auctions having much in common [204, 205]. This picture had contradictions with some Westerners admiring other races and their cultures themselves recognising “talented tenths” who were not always sympathetic to their own [206].

Antislavery men and women, then and now, mock such hypocrisy arguing for a “moral economy” that allowed social mobility up “Great Gatsby curves” out of peasantry with poor diets impairing human capital (Bourdieu’s “habitus”) and educational “portable property” [207]. Rectifying “post code” diets for “Precariats” would improve luck in the lottery of life [208, 209]. Good diet, we say, provides the “special sauce” and “recipe” for success with increased height and (brain) health and social networks [210, 211]. Countries lucky with natural resources giving a comparative advantage may succumb to the “Dutch disease” or “resource commodity curse” if they do not vire windfall money back into agriculture and diet sharing the bounty and reducing inequality.: Unlucky countries may have trouble avoiding outright exploitation of their low labour costs but should learn from previous dehumanisation experiments to prioritise diet if at all possible [212–214].

### **2.12 De and dis-humanisation**

Dehumanisation by starvation is never complete, although the “law of the jungle” can take over, providing the supremacists with a social Darwinian justification for further limitations on access to society. These can validate land expropriations and exterminations or warrants for genocide by the usually Aryan, masters of “sub-humans” low on the “Great Chain of Being”, and close to animals. Pellagrins and others with low IQ were accepted as human but their dangerous behavioural edge considered them “monsters” and the “superior” perpetrators could justify killing or incarcerating them for their own good or allow the provision of poor health services and segregated asylums [215–220].

Selective breeding had a lot to do with racial thinking as hunting animals and pets were considered superior to some humans, and often fed more meat [221].

### **2.13 Degeneration of the race: pellagra as paradigm**

Worries about degeneration and metamorphosis of the race was a common nineteenth century theme alongside replacement worries from high fertility amongst

the poor [222]. Concerns that extended to humans speciating were about keeping the poor or sick alive to reproduce have dissipated but will not disappear until actions and lessons from pellagra accepted [223].

Compassion fatigue is not helped by distance with many starvation tragedies passing almost unnoticed even when children are affected (currently Sudanese and Tigrayan) and could impair “euthenic” dietary help and a civilising re-humanisation. Poor diet by affecting social capital makes it look like it is the fault of the corrupt disorganised “lazy native”. Subjects in the past were willing recruits to the army or navy, but recruitment officers realised they were poor material and needed to be fed better influencing national programs (such as after the humiliation of the Boer War). Meat rations for soldiers and sailors were generous and led to reductions in the “white man’s burden” of tropical diseases and TB and made them better fighters so these experiments have already been done.

This is a re-testable as preventing deficiency of nicotinamide by allowing access to meat and dairy on merit worldwide would be a low risk “gamble on development” but first let us discuss various forms of caste and class in relationship to the “Butterfly Caste”.

### **3. Part two: classes, castes and countries**

#### **3.1 Making classes**

During our long hunter-gather-fisher evolution Homo sapiens having increased meat intake compared with our primate forbears was strongly meat egalitarian [224, 225]. Since the agricultural neolithic slow revolution there have been “meat elites” in all civilisations [226, 227]. This has been felt to be the effect of rich people preferring meat or showing off. We argue that high meat intake aided by availability of beans (important in Meso-America and the Renaissance) allowed for “superior” ruling, high priest, officer and administrative class—whereas lower meat favoured a proletariat worker and soldier/sailor class with high fertility [226–230]. Except when extreme this increased variation (in a rather isogenic species) and neurodiversity may be of benefit with an interdependence between the classes that allows some social mobility. This social contract and “civilised civil war” can easily break down and is not meritocratic if many are nutritionally deprived. In our recent history the working classes could be enforced vegetarians compared with very high meat intakes by the rich to the level of gluttony. Such excesses may not be that good as improving brain function might lead to a “divided brain” that is too individualistic and “mad with modernism” as well as being risk factors for “diseases of affluence” some linked to high nicotinamide levels and induction of NNMT [152, 231].

Class-ridden societies can be successful although fail if the “scorpion” sting of a four Ds of disruption, deprivation, disease and death are not mitigated by redistribution [232, 233]. As a former US president said, *“hungry people are not peaceful people”* and many international conflicts and “forever wars”, have escalated from minor quarrels over pastureland and water and oil or tragedies of the commercial sea and land commons [234–238].

#### **3.2 Making castes**

The best-known example of a caste system is in India (with analogies made with African-American slaves history and slave/soul food [239]) and is diet related. At first

glance this does not fit our hypothesis given the sacred nature of cattle in religion and the reputation for the highest caste Brahmins being vegetarian. However dairy consumption with milk, butter and ghee was high amongst the higher castes and not eating meat may be a recent development [240–242]. The untouchable Dalits are excluded from society and like lower castes are restricted by educational, occupational and marriage laws that their poor diet reinforces. Brahmin diets are not that different to western flexitarian diets and as in the West “Brahmin” elite power controls, cultural, social and legal issues. Legal restrictions on Hindu castes have had little effect despite being proposed for “annihilation” by Ambedkar (1936) [243]. “Castes of mind” are holding back India’s (agricultural) developmental and democratic progress. Breaking this system may, like class, has to come from a bottom-up diet improvement and then educational approach [240, 243–245].

### **3.3 Making races: columbian to colonial times “Race and Space”**

Races became a political and taught issue from the time of the Columbian exchange and further Colonialism as food and meat became redistributed and weaponised as “Ecological Imperialism” and “Empires of Food” begun by the Ancients [246]. The Americas were, poorly off for natural animal domesticates so the indigenous peoples may have been disadvantaged cognitively; this subclinical deficit may, to this day, explain discrimination and antipathy against Mexican Hispanics and Latinos. The Americas gained from imported cattle, sheep and goats that multiplied on the new pastureland on ranches aided by horses being re-introduced. Maize travelled east and contributed to the outbreaks of pellagra in Europe as unlike central America cultural adaptations such as growing with beans and cooking with lime to increase nicotinamide content were not followed [246–248].

Hunter-gatherer Indian tribes became nomads heavily reliant on bison for meat also hunted by Europeans (more for their leather) contributing to their extinction and the now reliant tribes. Indian wars and the Cherokee’s “Trail of Tears” moved to reservations from their hunting lands all led to death, malnutrition and little meat. Doubly ungrateful as the Jamestown colony was dependant on Algonquian peoples for food symbolised in the thanksgiving dinner [249]. Similar events occurred in Australasia where Aboriginal peoples were forced to steal the livestock of the interlopers who retaliated with massacres.

Meanwhile many, mostly white, in the “Red Meat Republic” thrived and exported meat to Europe particularly after the invention of refrigeration and steam train and ships [250]. Immigrants also thrived many from hunger-prone Europe on the better diet and some such as the Irish and Italians initially discriminated against were eventually accepted by many as not inferior and “white” with the earlier bias originating from the Irish famine and pellagra outbreaks in Italy with a parallel, for blacks and whites in the Southern states.

### **3.4 Ireland and the cotton state pellagra outbreak**

The Irish famine and 1 million deaths in the mid nineteenth century when the potato dependant population was reduced to eating donkeys and dogs during “Black” 1847 drove 2 million to emigration. Although caused by the potato blight famine was exacerbated by Ireland being essentially a plantation colony for England that avoided outright slavery; (as were the Scottish “clearances”) using arable land for cattle and sheep to send to the centre. “A government backed Malthusian correction “reducing

surplus population” by not supplying (Trevelyan’s) corn began-but there was significant opposition to this policy of “coldly persisting in a policy of extermination” that eventually prevailed. This did not stop repeat attempts in in the 1944 Burmese famines that led to widespread malnutrition and three million dead complicated by scorched earth policies and confiscated fishing boats in case of Japanese invasion [251].

Returning to the southern “cotton” states slaves and sharecroppers already on poor diets suffered when the cotton market failed and caused the American outbreak of pellagra around 1900. The “butterfly caste” was born and genetics or infection blamed until Goldberger proved it was dietary and was later proven to be nicotinamide deficiency in the 1940s. Much racism was born at this time as Jim Crow and “southern and confederate” ethnocentric strategies polarised and heightened racial conflict.

Poor slave and southern diets continued after the civil war even after the exodus north and remain a health hazard and impede breaking through economic glass ceilings to this day as recognised by city mayors in the USA [252]. Such pellagra-genic diets merged some foods, such as “black rice” and maize, as “agrarian creolization” born out of poverty and limited access to poor quality fatty pork or “fried chicken” that then expanded as an emblematic fast food [253]. Other city mayors in Europe have led integrated strategies for food system change and extending access to healthy and organic foods and reducing food insecurity and pollution as have some countries such as Vietnam and Uganda.

### **3.5 Settler and plantation farmers redux: milking assets**

Settler farmer colonies drove indigenous tribes to extinction “exterminate the brutes” and denial of their property rights. This was justified by “Terra nullius” (implying they were not using) or “Tragedy of the Commons” (implying they were abusing the land by overgrazing). Settler farmers, such as in Australasia, fed themselves and exported meat and other foods back to the centre [254, 255]. Plantation colonies produced tropical goods such as sugar and tobacco (and cotton) or rubber (as in the Belgium Congo) or spices (as in the Dutch Indonesia but destroyed local farming practices and local diets [256].

Occasionally slaves were helped by imported crops but these were carbohydrates such as bread fruit and usually were fed sugary diets. The Caribbean became a “blood and sugar” war zone involving slaves, indentured classes, and distant rulers.

In India rather than the sole use of (tea)plantation tactics local industry was ruined (such as cotton garment manufacture, first by the East India Company) and taxes were high even for peasants and agricultural improvements not supported in favour of Britain who then used profits and tax income (not spent locally) to import more meat for themselves. Famines resulted book-ending the Indian Empire. To this day sugar cane labour is brutal in India to keep sugar flowing to companies like Coke and Pepsi with child labour and coerced sterilisation of working-age women suggesting we have not moved far on from earlier times and other colonial atrocities.

### **3.6 African colonies and an early genocide**

In Namibia (German south-west Africa) an early genocide took place by driving the Herero normally robust cattle herders into the desert or labour camps where they starved. (The lack of an international outcry influenced Hitler’s thinking). South Africa had first been colonised by the Dutch (east India company) who obtained

meat to continue their journey from local pastoralists often by force. Africa like the Americas was already not well off for animal domesticates and had a high count of carnivorous predators and animal infections such as trypanosomiasis in the tsetse belt (and later rinderpest imported from Europe). The Dutch and the British managed to destroy and even hunt the local Khoikhoi (Hottentots) and San bushmen and ruin grazing land (despite spirited resistance) reducing gazelle, ostrich and eland populations (used by trekboers to make biltong). Such activities caused outbreaks of starvation and pellagra exacerbated by the Boer wars and the British invention of concentration camps and reservations. This chain of expropriative events and the underlying dietary link with the dehumanising pellagra here as in the southern USA or Latinos in Mexico is not a coincidence and a trifold butterfly effect that spread widely as a racist and sexist “necro-politics” driving apartheid and haves and have-nots and much violence as homicide and femicide capitals [257, 258].

### **3.7 Diet and the patriarchy: gender health gaps**

Women as unpaid domestic labour and their children had a higher incidence of pellagra than the men who “brought home the bacon.” This phenomenon was common in history and even in the 1970s “the mistress of the house takes the smallest steaks without thinking”. This dietary constraint may well have contributed in recent centuries to perceived gender inferiority [259–261]. Hunter gatherer societies were mostly egalitarian as were some early villages and cities. Some claim early societies were either gender neutral or-even matrilineal with female goddesses such as in Catalhoyuk (7000 BC). Here the diet of men and women were equal until they mixed with nomadic and more meat eating “Aryan and Mongol” mounted invaders from the steppes. Patriarchy may have begun then with cattle owning and male meat elites with suffragette movements much later assisted by somewhat improved meat supplies in the mid-nineteenth century, at least in the west [262–264]. Extremes of misogyny including witchcraft may have had some basis in poor low meat diets with men even managing to blame women when supplies were poor [265–268]. Paradoxically war and fear of war can be good for women and babies treated as “undeserving” as it is realised that health of children is important to produce healthy soldiers although women then object as their sons are used as “cannon fodder” [269].

### **3.8 Undeserving poor: living well at others expense and rise of populism**

The idea of an “undeserving” poor” who would have had a largely vegetarian pro-pellagrous diet has been a very persistent idea instigating policies that often made their diet even worse in a self-fulfilling prophesy that became racialized [270]. Solidarity movements within countries and internationally have usually failed by “divide and conquer” strategies and collaborations by self-interested subsets with the ruling castes. Over a century ago racial solidarity as “Workers of the World Unite” was undermined in South Africa with Indian and Chinese “coolies” siding with the white British and Boers establishing their supremacy.

Populist movements where there was temporary solidarity were between British Lancashire cotton workers (who suffered badly from the interrupted supply) and American slaves in the USA by supporting the Civil war. In the UK some transracial progress was made when proposing an “undeserving rich” living and eating well at others (and the environments) expense often dated from Beatrice Webb’s minority report, or Cobbetts nineteenth century “Rural Rides.” This theme was later taken up

by Beveridge and Atlee: although diet was never a major feature of the welfare system or the NHS [271, 272]. Better education and withdrawal of child labour (even as it reduced household income) helped as did the rise of the unions and civil rights for industrial labour and democracy (decline dated in the UK from the 1980's Coal Miner strikes that broke labour's backbone 222). Good diet remains stubbornly class dependant as originally intended for the ruling classes and the "Victorian Raj" with unacceptable levels of food insecurity during cost-of-living crises and the need for food banks in leading economies [273–276]. Recognising that the "super-rich" hoarding of vast fortunes is needless and inefficient with a large "opportunity cost" let alone inhumane, uncivilised and dangerous would be a start and even the rich should heed di Lampedusa's memorable line from *the Leopard* "if we want everything to stay as it is, everything has to change".

#### **4. Conclusion**

Meat and nicotinamide intake was important to human evolution and our early egalitarian history and lack of meat, with overt pellagra at the extreme related to hierarchical extremes and dehumanisation. Pellagra can be seen as a Sherlockian "curious case of the dog in the night-time" that, although no stranger, has not barked as it has largely been forgotten. Natural variances in meat availability became exaggerated during the agricultural revolution as later did social and intercontinental inequalities. Meat intake is consistently lower in lower castes and classes and in countries with natural or now largely acquired or imposed impediments to the supply. Fights to acquire a better resourced supply has instigated many wars and land and water grabs. The singular case of pellagra shows how treatable and preventable these stresses are but as it has never been screened for one should not generalise but must accept that absence of evidence is not evidence of absence—an argument—to be continued in our companion chapter.

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#### **Conflict of interest**

The authors have no conflicts of interest.

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# A Perspective on Prevention of Wars and Pandemics with Lessons from the Case of Pellagra

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## Abstract

Pellagra is caused by nictotinamide, the precursor to NAD, dietary deficiency. Pellagrins suffer from poor cognitive and social skills and was cured with nicotinamide (vitamin B3). Before then pellagrins were considered inferior and dangerous degenerates known as the “Butterfly Caste” after the diagnostic sunburn rash—Casal’s necklace. Subclinical pellagra is an effect and a cause of poverty, social inequality gaps and friction. Dehumanising diets becomes a justification for ostracising or killing people paving the way to an even worse diet in vicious cycles that lead to war and pandemics. Livestock farming and meat for the rich has been an enduring “megatrend” over the last 6–8000 years and acquiring the necessary resources, such as pastureland, is behind colonisation and trade wars. A consequence is NAD—disadvantaged “inferior” people. This would be cost-effective to correct and create a safer world by reducing (civil) war, and migration, and by improving health and wealth reducing risk of pandemics in a more ecologically sustainable world.

**Keywords:** pellagra, nicotinamide, TB, races, civil war, world war genocide, pandemics

## 1. Introduction

In our companion chapter we have given evidence and the backstory on the role of meat and nicotinamide in human evolution and early history and the dehumanising effects of too little milk and meat in diet with overt pellagra being the “tip of the iceberg”. Here we take narrative this forward to the present day illustrating how natural variances in the availability of meat have become exaggerated and when low can be implicated in many wars whether civil or national, need for migration and risks of zoonotic pandemic much of which could be prevented whilst reducing green-house gas emissions. Here as with poverty and inequality low meat diets can be seen as both the cause and the consequence of war including trade decisions that we need to illustrate first before we can address and appreciate the urgency and cost-effectiveness of solutions that create well tested positive feed-back loops to prosperity.

## **2. Part one: wars and more genocides**

Many of not most wars in ancient times were about acquiring pastureland and water to raise livestock with some modern wars even named after foods such as the “cod or scallop and even sea cucumbers wars” or after the need for fertiliser whether guano or potash [1]. Genocide also has a long history from ancient times, as documented by Thucydides, through to “Warrior” genocides (as by the Mongols). Some wars were to obtain captives for cannibalism as in ancient meso-America and everywhere cattle rustling was common livestock being a major source of capital wealth and exchange as in marriage contracts. Trading and wars between sedentary agriculturalists and mounted Steppe Nomads were frequent on frontiers where a balanced diet would have been a common result as it was where mixed farming was possible.

20th century World Wars gives much food for thought [2]. Germany had its sights on increasing its eastern European and African empire leading up to WW1. After the starvation during WW1 and the strict restrictions of the Treaty of Versailles Hitler’s views were closely linked to *Lebensraum* (living space). Self-sufficiency (autarky) for food and expansion to the East strictly for the German people was policy. Hitler’s eugenic actions began with starvation of the disabled and feeble-minded (“wild euthanasia”) then homosexuals and political opponents before moving on to Roma, Sinti and Jews. Japan had similar *Lebensraum* policies in acquiring Manchuria and neither dissimilar to the American frontier and British colonialism. Hitler’s policy was for adequate meat intake for Germans and supported early “alchemy” with ultra-processed foods [3] but instigated extremely low meat rations for Poles and Jews (“useless eaters”). Britain in fact managed food better even at the height of the submarine war by continuing to import meat from America and the colonies alongside meat and egg extracts and vitamins (as in Bovril and Marmite) and “dig for victory” initiatives: rationing was not class related (even if with the rich could supplement in restaurants) contributing to better health for many meat and dairy in effect nationalised (and like the water supply a common good public health idea even now).

Backe’s Nazi “*Hungerplan*” was explicitly designed as a “war of annihilation” and envisaged the death of umpteen million (“*zig Millionen*”) Soviet citizens and the colonisation of vast areas of land for German agriculture until stalled by the aborted operation Barbarossa.

### **2.1 Holodomor and communist genocides in China, Cambodia and North Korea**

Not all state ideological policies attacked the poor as those on the totalitarian left targeted rich farmers and intellectuals (many Jewish) first impoverishing them and then leading to mass starvation. In post-revolutionary Soviet Union the Bolshevik Stalin singled out the kulaks (anyone having 2 or more cows) around 1930 as part of collectivisation leading to at least 10 million deaths [4–6]. Many died in the “Bloodlands” and fertile “Black Earth” of Ukraine and Kazakhstan particularly when combined with forced exiles to Siberia where farming was close to impossible. Long term dietary effects were, not helped by Lysenko’s Lamarckian theories missing out on the Green mendelian revolution. Meat became almost unobtainable with long queues outside butchers.

China’s “Great Leap Forward” (1958) did not have had faminogenic intent but managed to kill 40–50 million as it industrialised. Cases of cannibalism even of babies were described as in Russia. Declining incomes from 980 to 1850 when markets were opened up held back China’s meat transition creating a Malthusian trap with population explosions [7].

Cambodia (1975-) bombed heavily in the Vietnam war that disrupted agriculture (agent orange is a herbicide) caused chaos in the countryside allowed the rise of the autarkic (refusing international aid) Khymer Rouge. Pol Pot favoured killing directly or by starvation urbanites, “sub-people” and intellectuals but extolled peasants. His “Super Great Leap Forward” resulted in some 2 million dying in the “killing fields” and from starvation.

North Korea followed a collectivisation approach to agriculture organised ideologically from the metropolitan centre leading to ravaged harvests and very high levels of malnutrition and famine. “The Arduous March” of 1995 had large spikes in TB incidence (miscategorised as “Public Enemy Number One”) with people eating maize cobs before they were ripened and other famine foods, even grass and more reports of cannibalism emerged.

## 2.2 Holocaust

Lemkin one of the originators of Holocaust studies and a definer of genocide and “crimes against humanity” and other mass murders was a proponent of the role (somewhat downplayed compared with industrial gassing) of malnutrition. He pointed out overt differences in rationing calories between Germans and Jews and for meat it would have been extreme. Food was even confiscated from new arrivals to Auschwitz and placed in a commercial structure “Kanada” for sale or donation to Germans [8, 9].

The diagnostic butterfly rash was often present. “*We noted widespread hypersensitivity toward sunrays in the spring*” is a quote from Jewish Physicians first hand descriptions of the “Hunger Disease.”—Relative energy was noted including to TB even though TB was rife (both features of pellagra); allergic disease was not only rare but spontaneous recoveries were seen from previously established cases [10]. Primo Levi’s first-hand description of “Musselman” on the brink of death is suggestive of pellagra—“*head dropped and shoulders curved whose face and eyes not a trace of thought was to be seen*” [11, 12].

## 2.3 Interlude: a medical comment

Medicalizing issues has a racial history dating from early colonial times as those with darker skin are resistant to tropical disease such as malaria (sickle cell phenomenon) but also used as an excuse to work them harder as they supposedly felt less pain. Slaves running away (“drapetomania”) could be cured by whipping or if they protested it was because they were “psychologically unfit” for freedom” or psychotic; later their descendants supposed high incidence of schizophrenia became a metaphor for them as a group. A high incidence of TB and a low incidence of allergic disease and cancer became racialised as was their proneness to metabolic syndromes (“Blood Sugar”) and “crack babies” [13–18].

Excess infections (as seen with pellagra) encouraged doctors to consider race contagion (“human- lice”) a public health issue and Nazi racial hygiene policies included starving on purpose. Inhumane experiments were organised by other regimes on indigenous peoples or convicts or orphans [16, 19]. Some trials that were executed are remembered and affect some negative responses to benign vaccination programmes from the early smallpox vaccinations in the New World to Covid compounded by ‘vaccine apartheid’ [20–22].

Claims that racial groups are genetically prone to illnesses generally consist of delayed responses to delays in improving diet (such as TB and cancer) or are simply

incorrect as with the high threshold to pain. These category errors can lead to medical neglect and high death rates including of mothers and infants [23–25].

## **2.4 Occupied countries. Greece Holland Belgium Denmark**

Greece was hit by the Allies naval blockade aimed at stalling German advances but caused famine. Denmark had to export bacon and deny its own population. The Netherlands is of particular interest as toward the end of the war the “hunger winter” was triggered by rail strikes designed to defy the Axis and late airdrops and child evacuation programs were attempted but the hunger winter was still extreme. Derived statistics have been fertile evidence to support the “foetal origins hypothesis” with higher later risks of obesity, diabetes, dementia and hypertension [26–29]. Most of these transgenerational epigenetic mechanisms involve nicotinamide metabolism and the methylome [30].

## **2.5 Spain and the Franco regime: autarky failures on the totalitarian right**

Franco copied the Nazi view on autarky but despite Spain being pastoralist rationing had to be introduced. Pellagra and outbreaks of lathyrism were well described. The government egregious method of rationing was biased against opponents of the regime as was the black market—hence the pellagra outbreaks and new underclasses [31, 32]. “Food-fascist” attempts by Mussolini’s Italy in their use of Ethiopia as a source of food extraction also failed but not before they wrecked local farming and pastoralist practices [33].

## **2.6 Boyd-Orr and the FAO and new deals: lessons not often acted on**

Boyd-Orr learning from experiences in WW1 and from colonial studies (several repeated and controlled) in both Africa and India understood the role of diet in defining human (even tribal) variation in physical and mental health, disease and mortality [34, 35]. He made few friends when pointing out class- based malnutrition between the wars (a “yawning gap”). This was supported by research on rickets and iron deficiency, and by trials feeding expectant mothers with higher protein meals. Orr emphasised that malnutrition was a global phenomenon. Important supporters included Roosevelt’s 1941 four freedoms (one from Want) and his (copied) “New Deal” that supported farmers, jobs and redistribution of cash including welfare and minimum wages. Initially these approaches and the promise of the League of Nations looked hopeful (but got derailed by the politics of the cold war) [36].

## **2.7 Food aid and green revolution**

Cold war politics influenced who got sent aid (i.e. not communist sympathisers). American farmers were encouraged to over produce grain (as they had been after WW1) to help Europe and as lend-lease during WW2 and the post-war Marshall plan. Surpluses were either free or subsidised for non-communist countries particularly if they had tropical cash crops that could be traded in return. The green revolution included new synthetic fertilisers and pesticides as well as new hybrids and other genetically modified crops were provided to “friends”. Friction over preferential help (sometimes refused) left Russia starving (“Triumph in Space, Hunger on Earth”) may have led to the eventual Soviet collapse [37] Aid has been criticised for not developing

local farming and the use of excessive chemicals damaging the soil and adding to greenhouse gases by affecting carbon and nitrogen cycles. The emphasis on cereals rather than meat, even if some was used as animal fodder, may have stopped many from starving but also allowed Sisyphian population booms on not very balanced diets affecting quality of offspring delaying modernity and lower fertility rates [38].

## **2.8 Cold war- anti-communist twinned food politics and genocides**

During the Cold war, and fear of nuclear annihilation, proxy wars, invasions assassinations and near genocides took place as part of an anti-communist and anti-socialist agenda. Leftist governments in Chile and Guatemala stressed the importance of social and economic justice and condemned colonial attitudes, for example from the United Fruit Company with their land-grabs and neo-slavery, incurring the wrath of the USA. The USA supported right-wing military “covert” coups and a long social deep-freeze affecting indigenous Mayans, mestizos and campesinos condemned them to extreme poverty with Southern solidarity with opposed compatible with Prebisch’s “dependency theory” as they became successors to the Victorian holocausts. Failure to allow such populations to ascend Engel’s curves with a higher meat and dairy in their diet constrains both agricultural and industrial development and modernisation.

Che Guevera and others influenced by these events tried to implement socialist policies and local farmers initiatives and cooperatives to try to eliminate poverty in south America such as in Cuba, Venezuela and Chile; at the same time however some became major exporters of meat and animal fodder at the expense of deforestation supporting the Northern high meat diet.

## **2.9 Biafra, Ethiopia and Bosnia**

In 1968 audiences were shown (now classic) photographs of “Ribby” children (malnutrition is not quite so photogenic) in the secessionist then sieged republic of Biafra in the Nigerian civil war. Oxfam and Médecins Sans Frontières were crucial in responding and in developing the human rights agenda that included diet as recognised by the UNs “Responsibility to Protect” (2005) [39]. Outbreaks of pellagra were well recorded. An unfortunate echo is found with Boko Haram’s insurgency bringing widespread famine and now population explosions in Nigeria likely to cause new atrocity famines with abductions and kidnapping rackets and the current famine situation in the Gaza siege.

Ethiopia after the Italian debacle and then the fall of Haile Selassie (1974), who could not satisfy hunger even for the politically powerful urban lobby, suffered greatly from the “twin horsemen of the apocalypse” war and famine and delayed international actions to “Marxist Ethiopia” in the 1980s. Local policies were implicated alongside drought and environmental degradation that severely affected pastoralists.

Soviet agricultural failures had a lot to do with the rise of Balkan nationalism after the death of Tito (1980) unleashing “ethnic cleansing” and anti-Muslim executions, rapes and starvation. These fratricides with manufactured racial and ethnic groups were started and perpetuated by food resource stresses.

## **2.10 Recent food hotspot conflicts from Syria to the Sudan: guns versus butter**

Syrian troubles came out of the “Arab spring”, that brought down governments in four countries, with bread riots fuelled by religious, ethnic and political forces. Yemen’s recent history also involves food and farming difficulties that became a military target

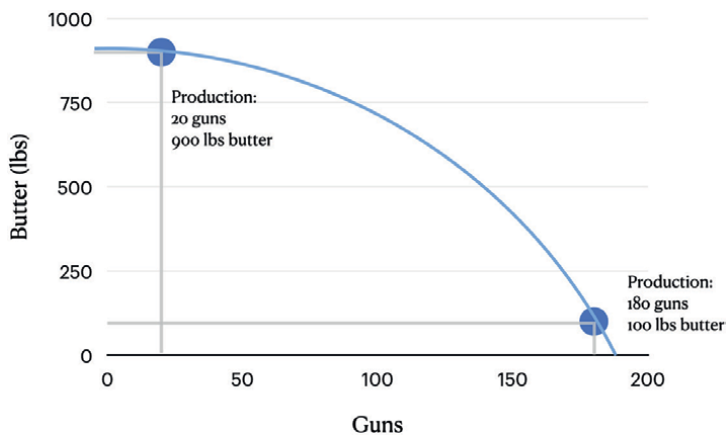


with bombing of food and water facilities. Israel, Gaza and the West Bank separates people from lands with widespread poverty and malnutrition and dehumanisation of Palestinians (“put on a diet”) but actually starved. These arenas have even been used as a laboratory for precision targeting and surveillance in order to sell arms [40].

Rwanda’s genocide, as retribution by the Tutsi on the rebellious Hutu was also based on dwindling food supplies. The wholly artificial colonial ethnic divisions between the better fed “superior” Tutsi pastoralist and Hutu agricultural tribes caused further loss of cattle and grain in a vicious cycle. In Darfur the equivalent were quarrels triggering a full-blown genocide between the “superior” Arab pastoralists (Janjaweed = devils on horse-back) and the black African farmers and like the neighbouring Sahel and Somalia or Gaza show that hope can become wishful thinking once the “genie of war” is out of the bottle” [41].

Big and small nations can have Guns versus Butter debates. Eisenhower (1953) heading a superpower military and agricultural superpower said “every gun that is made, every warship launched signifies a theft from those who hunger and are not fed”. During the Cold war both sides spent enormous amounts as a proportion of GDP on Arms particularly the Soviets who starved their own people. Swollen arsenals and imported guns bought in African and other states can take up to half the national budget as well as labour away from agriculture with hungry soldiers acting like a “horde of Locusts” **Figure 1** [42].

Although all wars have idiosyncratic back-stories common themes are contests over water, livestock and grazing land ownership and repatriation (from white settlers) as seen in Kenya (Mau Mau rebellion in 1950s). Mugabe, in Zimbabwe after achieving independence from white minority rule, even as a nationalist had disastrous food policies keeping him in power but starving the population (especially if imprisoned) whose urbanites he labelled “trash”. Myanmar, the siege and war on the Ughurs, has stories to tell of their “re-education camps” fed on “thin vegetable soups” with technological surveillance that can even monitor caloric intake [43–45]. In these disputes pellagra outbreaks are well described, and not only in refugees (often smallholder farmers), and likely to be the “tip of the iceberg” but facts are sparse as it is rarely screened for clinically or biochemically.



**Figure 1.** Societies can choose between guns or bombs and butter that may appeal short-term but is a self-inflicted injury long term. A better diet reduces risks of civil and national wars increases democracy and reduces defence and health budgets.

## **2.11 Religicide**

Anti-Religious and anti-religion “opium of the people” violence has been common but like blaming clashes of civilisation may hide the real conflict over food resources [46, 47]. Religions from pagan times with their rituals, sacrifices and taboos evolved in concert with their ecology and distribution of meat [3, 48]. Northern white protestants after the Reformation would have had the advantages of a higher meat and milk diet compared with southern Catholics. Although there is little doubt about Religicides from the Crusades to the 30 year war since then one can offer multicausal explanations with religion obscuring the real reasons over resources as “proxy wars” now including oil to deliver a balanced diet for the dominant caste whilst starving the opposition. Much has developed under the radar of the “War on Terror” post9/11 such as the situation of the Rohingya Muslims now in Bangladesh camps rife with malnutrition, disease, drug gangs and violence whilst international funding falls to 30cents a day per refugee.

## **2.12 Social breakdown: roman “divide et impera” to recent zero-sum games**

Putnam’s studies in America and the Po valley show how in severe poverty (both were pellagra zones) cooperation and mutual aid can all breakdown with associated rises in racism, populism and less democracy [49–51]. At the opposite extreme the rise of narcissism, identity politics and “boomer sociopaths” and greedy “gilded age” gourmands happens [52–55]. This combination of excess overqualified “underused” elites with immiseration of the poor and divide and rule racial or ethnic “southern” policies usually leads to disaster and revolts against illegitimate governments that cannot feed their population and allows wealth to pump away from the poor [56–60]. Behind the superficial culture wars economic rights and the ascent of Engel’s curve is ignored as the pellagra-ogenic history of the ubiquitous maize when combined with little meat or beans is largely forgotten [61–63].

## **2.13 Maize, sub-diagnosable pellagra in a “Plague of Corn”—markers of apartheid**

Maize is the common accompaniment of pellagra and is widely grown but if not cooked with lime as it is in meso-America and especially if milled has very low available niacin or tryptophan. Tryptophan can be metabolised to NAD a pathway that is an immune tolerance mechanism allowing for nutritional symbionts even TB (that excretes nicotinic acid) [64]. Biochemical screening with urine estimates of methyl-nicotinamide are rarely done but studies in South Africa at the height of Apartheid of schoolchildren showed that nicotinamide deficiency was present in around 10% of whites, 25% of Indians, 30% of coloured and 45% of blacks [65–68]. Pellagra was common in prisons especially (Zulu)prisoners of war and in psychiatric hospitals and elsewhere largely from the creation of Black reserves and highly restrictive Land acts from 1913 to the 1960s. Supplementation was partially introduced in most places by 2003 and cases have fallen but such foods are unaffordable for many and outbreaks are still recorded.

## **2.14 Pellagra and TB**

Most reports on outbreaks of pellagra in the last 10 years have been in sub-Saharan Africa, such as in Malawi, usually related to humanitarian crises of war often combined

with natural and climate related disasters usually drought. TB also is common under these circumstances. Treatment of TB with Isoniazid can unmask pellagra especially when the diet is already poor in meat or milk [69, 70]. Isoniazid is a designer drug and nicotinamide analogue as nicotinamide is a natural antibiotic against TB explain why TB “disappears” on higher meat diets in meat transitions such as the UK 1850–1900. Nicotinamide should not just be given to prevent isoniazid induced pellagra as recently recommended and could cut a Gordian knot by reducing meat injustice in the South.

### **3. Part two: toward solutions**

#### **3.1 Meat transitions (and autarky reverses)**

Engel’s law (as modified by Bennett) states that that as people get richer they eat less starch and more meat and milk [71, 72]. We have argued that higher meat intake makes societies richer by increasing human and social capital that then carries on in a virtuous cycle as educational services and institutional governance improve. In other words, meat is a biochemical need not just a want or a luxury to show off with (or trade for sex). Getting ahead on the meat curve may be because of luck with natural domesticates and a well-watered temperate climate or if riches gained from exports such as cotton or oil are used to buy in meat—or direct policies to reclaim pastureland as in 17th century Holland that remains highly successful (despite opening the dikes to keep the French Bourbons out ending their “Golden Age”). Advantages include improved height and (brain) health and longevity with lower fertility and a switch from infections such as TB even if this leads to later onset auto immune and degenerative diseases. The late 19thC UK along with much of Europe and the USA were followed by Japan and China and “Asian Tigers” with India and South America slowly making progress but with most of Africa stalled.

Innovations that engineer vitamins into plants (“orange” sweet potatoes and Vitamin A) or use of meat substitutes (even microbial proteins) may help in the future if activists, such as Greenpeace, do not obstruct GM crops [73, 74]. The low (almost biblical) yields in much of Africa would be transformed by more use of commercial seed varieties, for both cereals and vegetables (such as cassava) and fertiliser (that can now be bespoke after diagnosis in soil laboratories) and use of title deeds and market reforms to help cattle farmers (and even python farms) to gain more meat.

#### **3.2 Milk - white superfood?**

Milk contains significant nicotinamide and the potent nicotinamide riboside but has a different genetic and cultural history to meat [75, 76]. All infants with rare exceptions can drink milk but this tolerance to lactose normally wears off in adult life. However, a series of independent genetic modifications arose in herding communities particularly those in northern Europe. Cultural modifications involving the fermentation of milk to yoghurts and cheeses reduced the lactose concentration getting around this problem that otherwise causes gastrointestinal upset [13]. This has led to milk being considered a superfood for “whites” rather than non-whites compounded by less uptake of breast feeding (or in the past robbing black mothers) and access to processed milks for infants. This is an important racial aspect of differential intake of nicotinamide and the incidence of pellagra and kwashiorkor baking in inferior development curable by as little as a glass of milk a day [77, 78].

### **3.3 Opioids - white or black addictions**

Pellagrins are prone to addictions often alcohol even though it is a known cause of pellagra. Pellagrins are documented as cultivating poppies and utilising opioids to relieve their distress. Paradoxically non-whites in the recent opioid crises were somewhat spared to begin with as the belief that they suffered less pain meant they were not initially targeted by drug manufacturers and dealers [79]. Earlier on the Chinese were targeted by the British in the 19thC Opium wars doping them with opioids from Bengal but relieving Britain by reducing very high depressant alcohol intakes in favour of buying Tea from China and later the stimulants coffee and chocolate elsewhere [80, 81]. Less alcohol meant a healthier nicotinamide metabolism. Societies with healthier metabolisms have less problems with addiction including alcohol and opioids and helps prevent “underclasses” and brain-washing.

### **3.4 Crucial veterinary interventions to improve meat and milk access**

Rather unassuming veterinary projects to improve the health of cattle belonging to violently feuding herders in the Ethiopia/Sudan/Kenya/Uganda border had a greater impact on the meat supply than years of efforts by government or aid agencies. For instance, veterinarians can give advice to avoid drought and thirst or starving animals and can help avoid “pastoral dropouts” if herders give up let alone help with vaccination programmes. Budgetary and other problems frequently result in the “breakdown of state veterinary services” [82].

Widespread use of vaccination against Rinderpest, that had ravaged cattle and other domesticated and wild populations (the 1897 epidemic caused an outbreak of pellagra) as has efforts to contain Anthrax and Foot and Mouth disease, have had dramatic effects as to a lesser extent have campaigns to contain trypanosomiasis in the tsetse belt [83].

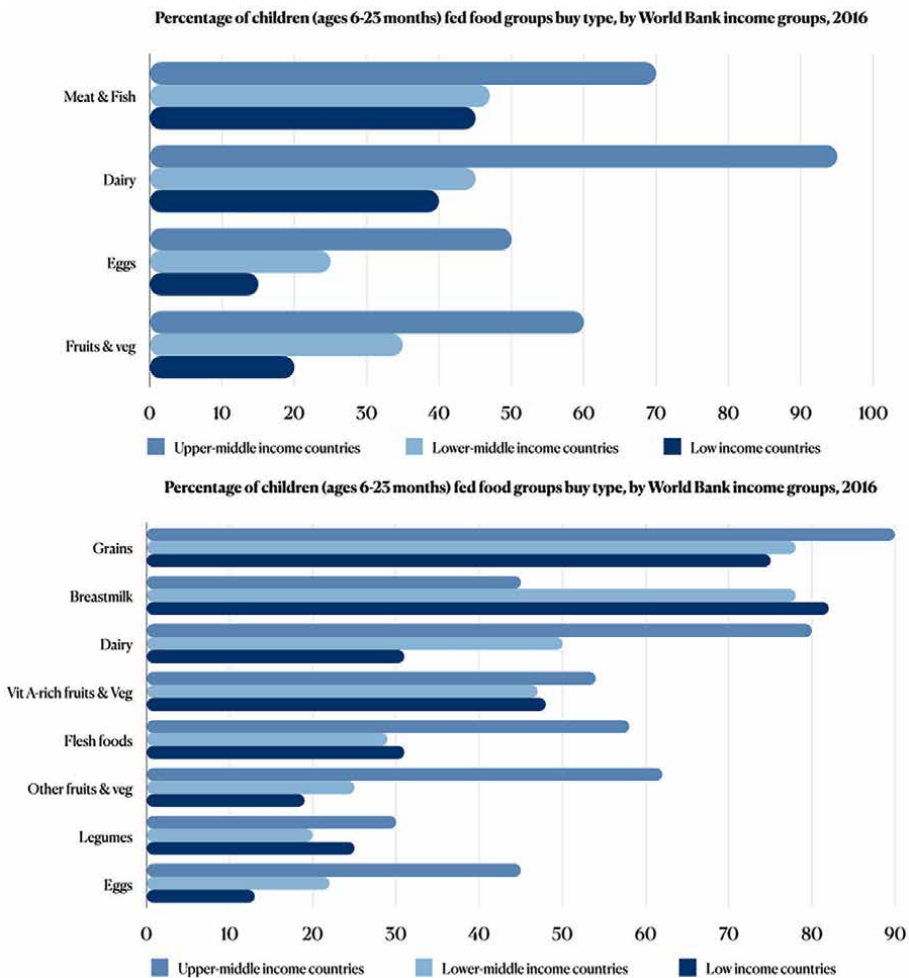
The history of Rinderpest is worth elaborating [20, 21, 84, 85]. Cattle plagues and “protein famines” date from the onset of domestication of wild aurochs with often 90–95% death rates in herds [83, 86]. Early outbreaks were contained by quarantines and culling in Europe but it exported to Africa and was a major contributor to outbreaks of pellagra. America only took an interest in vaccine development in WW2 believing that Germany might introduce it as biological weapon (as they had tried with Anthrax and Glanders in WW1).

### **3.5 Climate: volcanic in the past now a dangerous man-made multiplier**

The 1930s American dust-bowl was a lesson in how unsustainable agricultural practices can intersect with unlucky climate events and cause hunger and migration. Current examples are described in Madagascar with deforestation and loss of biological diversity and active bushmeat (including lemurs) trades [87]. Desertification sometimes blamed on pastoralists overgrazing is more related to droughts and climate change: healing can take place as in the once rich soils of the Loess plateau in China or the Tigray region in Ethiopia either from governmental initiative or farmers innovations capturing water or regularising land tenure. Rising sea levels endanger many coastal and often poor communities (who have contributed little to emissions) that are already densely populated creating new geopolitical tensions. Harsh winters can kill livestock, as in Mongolia this year. Even in rich countries “redlining” and similar policies mean that the poor live in dangerous flood prone and hotter places needing “tree and concrete equity”. Heatwaves are a “silent killer” and living in these more

polluted areas metabolically combines with dietary deficiencies to cause NAD deficient pathology [88].

Meat production gets blamed for very significant contributions to CO<sub>2</sub>, CH<sub>4</sub> and N<sub>2</sub>O emissions but much relates to industrialised farming with artificial fertilisers needed for animal feed and a breakdown of the natural nitrogen cycle [89–98]. Much can be done to mitigate particularly the potent but short lived green-house gas methane, including less use of ruminants or changing their gut microflora (and reducing methane leaks from landfill sites and mega-leaks from oil wells). We are not arguing for higher meat or milk eating overall but for less waste “a food scandal” and a fairer distribution with lower global variances—even a glass of milk a day would solve many problems for the “bottom billion **Figure 2** [99, 100]. Climate change and uncontrolled “water footprints” may however hit meat and fish production hard with land and marine die-offs and risks future supplies [101–103].



**Figure 2.** *Variances in food group intakes are too high in all age groups. Figures for the poorest in these countries would look more extreme but would still be manageable with a relatively small shift in wealth and income distribution and less guns.*

### 3.6 Migration: human tides, refugees, brain drains and wastes

Meat quests drove the original human diaspora “out of Africa” contributing, along with climate change, to many animal extinctions both on land and sea. Nomads and agriculturalists may have had frictions, and mixed farming was often difficult and where this broke down, quarrels then wars and refugees emerge driving migration [104–106].

A “nomad century” may become a reality that is not popular even although modernity has meant that fertility rates are too low in many places to support an increasingly long-lived pensioners [107]. Migrants are frequently described using animal epithets for insects (swarms) or fish (catch and release back) and their quest for survival resisted or criminalised as seen on Mexican, Panamanian and Tunisian migrant superhighways. High mortality rates (some by state facilitated murders) get sanctioned with human rights and civilisational norms ignored including the right to a respectable diet 90.88. However states that manage this well do well as even forced migrations of criminals and other “undesirables” to Australasia (back-sliders for a while with an all- white policy) and the Americas and the migration of those in poverty is evidence that an improved diet is necessary for success. Birth rates are not falling evenly across the world, nor are they falling gently and but in Africa and Asia fertility remain very high as is childhood malnutrition [108, 109]. Concerns of the “Great (white) Replacement” lobby would therefore, rather paradoxically be best met by “flexitarian” diets for all that would even fertility rates, cognition and productivity and reduce migration **Figure 3** [110, 111].



**Figure 3.** Sustainable answers are available: The rich should eat less meat and the poor particularly in the global south should eat more. Sherman's 1865 suggestion of allotting “40 acres and a mule” or “homesteading” to enable freed slaves to develop mixed farming and diets may have saved a lot of trouble if it had not been reversed after “reconstruction”. Much can be done at the same time as addressing climate change issues.

### **3.7 Intergenerational warfare**

Epigenetics has shown us how important environmental stresses are to development and both early and late onset disease becoming a life-long malady [112]. Mental trauma is now well recognised as is exposure to teratogens and carcinogens (commoner in poor neighbourhoods) but early dietary trauma and targeted advertising to children of cheap calories may predominate (with limited windows for catch-up). Later unexpected improvements in diet trigger metabolic syndromes in an intergenerational cycle of malnutrition that affects the economic growth of nations and the earning power of individuals as their learning potential is impaired and their ability to ascend the “snakes and ladders” of class and caste [113].

Extraordinary differences on longevity and reaching retirement on good health occur even in rich countries (70% chance in affluent areas but half that at the opposite end of the wealth spectrum and not due to poor adult habits as the death rate at aged 8 is 10fold higher for the poor. These can be compared to 18th C statistics on elite enslaved workers with life expectancies of 60 years working domestically (and having access to leftovers) often lighter skimmed and field workers of 40 years; disadvantages that get passed down generations [48]. Nicotinamide and methylation pathways are important epigenetic pathways and pellagra often appeared to be familial and transgenerational as well as linked to infection and relative energy [114–117]. This switch from infection to allergy and auto-immune disease was first seen in rich white well-fed communities.

### **3.8 Biological weapons of mass (self) destruction**

Poor diet is not normally thought of as a weapon of mass destruction or ‘menticide’ despite killing, stunting or maiming orders of magnitude more people often through infection. Zoonoses that emerged in the Neolithic and closer proximity to animals continue to be a major source of emergent pandemics, including Covid 19, with dangers from the poor (and very rich) driving bushmeat markets. Unsafe and unnatural farming practices contribute to the danger as seen with BSE and new version Jacob-Creutzfeldt disease as well as influenza strains derived from pigs or the poultry industry, such as H5N1. Nicotinamide deficiency allows TB to flourish and develop drug-resistance and have high death rates from many acute infections. Like a clean air and water policy it is in everyone’s interests to have clean meat or could lead to autogenocide from further pandemics that, like the 1918 flu, may not target the elderly or the poor.

### **3.9 Foreign aid and humanitarianism**

In 1755 a massive earthquake hit Lisbon inspiring a pan-European relief effort reflecting the enlightenment and a “passion for compassion”. However, it took visionaries, transnational activists and charities such as the (American) Red Cross, Oxfam. Save the Children and Médecins sans frontieres) UN agencies and democratic governments particularly the USA to action help mainly after WW2 [118, 119]. Benefit in emergencies is without doubt but longer-term impacts have been more controversial [120].

Promises of Aid have rarely been honoured or scaled up (“billions to trillions”) by the World Bank to achieve UN Sustainable Development Goals and would need a new look in a multipolar world to support higher meat intake. The land-locked Sahel’s three dissident nations largely Francophone “coup belt” relying on food imports would be a good microcosm to consider as displaced pastoralists from climate change

with both droughts and floods fight over grazing, water and mineral rights. Stresses including high birth rates leading to extreme levels of poverty, civil unrest, jihadi insurgencies and migration particularly of farmers in a “perfect storm” but currently only receiving 26 cents a day toward the basics of keeping alive and are not helped by a “hyper-presidential” military junta and “boot and gun” responses [121].

On a philosophical point humanitarianism even if it should not be relied upon could highlight unnecessary dietary deaths “ghosts” (there is no memorial to the Bengal famine) pledging the living to honour their memory. As in Lincoln’s address “these dead shall not have died in vain ....and government of the people by the people for the people shall not perish from the earth” this would encourage proper feeding of now and future generations legitimising accountable governments rather than autocratic “strongmen” less likely to promote peace [122].

### **3.10 Global food systems, diets, nutrition and ultra-processed junk foods**

There is a welcome move away from blaming the individual for eating a poor diet to improving food environments as “Sitopias” and inclusion of the consumer in urban agriculture. A systems approach that is biophysically and technologically possible for the food supply and nutrition with an adequate family income could support otherwise unachievable dietary recommendations **Figure 3** [123, 124]. The lure of cheap calories in sugars and oils in ultra-processed food (not dissimilar to the pellagra-genic slave and shareholder diet of cornbread and molasses) is increasingly recognised as a risk for disease now and for generations to come [117, 125]. The benefits of vegetarian diets are overblown at least when they are monophagic in the developing world [126].

Animal source foods are produced in a wide range of farming systems that include grazing systems, concentrated animal feeding operations, fishing and aquaculture requiring  $\frac{3}{4}$  of agricultural land and some 20% of greenhouse gas emissions (methane in particular) [127]. The aim should be to mitigate the emissions and deforestation by meatpackers companies in rainforests and savannahs (such as Brazil’s Cerrado) helped by “Green Beef Stamps” alongside a “soy moratorium.” Farmer’s revolts, and “Nitrogen wars” could be avoided without wrecking the dairy industry even if taxation on synthetic fertilisers is needed favouring manure and friction over “rewilding” can be negotiated.

Local sustainable farming should reduce the variances of meat/milk and fish intake globally and reduce wastage [128]. International trade must not make things worse by extracting meat and fish from populations who then cannot afford to eat their own food [129]. Globally 60% of children do not eat animal source produce daily with twice as much in high income compared with middle income families with the hierarchy of meat being worse in low income countries but this can be corrected if the will is there [130]. Poor countries should not be exposed to food dumping such as high fat “mutton flaps” let alone the “double jeopardy” of bushmeat with risks of local food poisoning and a “cauldron” for global zoonotic pandemics.

### **3.11 Coda: hoover’s FBI’s war on breakfast clubs, Thompson’s moral economy and James and Fanon on economic oppression**

*“The black panther vision of a world where all children are fed where food are rights not privileges is a vision that can and should spark the food movement today” Raj Patel 2012.*

The Black panther movement promoted “sit ins” in restaurants where Blacks were made unwelcome and breakfast clubs as school food initiatives did not cater



adequately for disadvantaged children [131]. This provoked an extraordinary response from the FBI, who considered them an “invidious poison” and sent in the police to ransack clinics and kitchens [132–134]. Both the FBI, generally in favour of white Christian nationalism, and the Black Panther movement must have realised that nurturing the revolution has to be done first to fight oppression as have subsequent healthy food justice, (black) farming, horticultural and stockholding movements forming geographies and fields of freedom [135–138].

Thompson’s “Moral Economy” had similar thoughts about the importance of food and artificial shortages. He channelled the 18th C revolts when people were scandalised that farmers were exporting, hoarding, or speculating rather than bringing food to market. Scandals now reserved to bigger organisations and financiers with smallholders often suffering the worst despite “fair trade” policies and have to fight back over their right to subsistence [139, 140]. The concept of a “just price” at times of “dearth” needs to be revisited to enable the pursuit of a decent meal and ascent on Engels curve [141].

The radical Trinidadian writer James and the Martinican psychiatrist Fanon saw racism as relating to economic oppression and lack of access to resources. By contrast the predominant modern liberal thinking is that people need to be taught that race has no legitimate basis but that it relates to vocabulary, civil rights and identity politics and is a retrainable “psychological flaw” [142, 143]. The liberal and legal approach may well have reduced inter-personal prejudice, but we would join the radicals in thinking that mass oppression (“wars on disposable humanity”) and deracination can only be alleviated through economic means and consequent reduction in dehumanisation by dietary means.

#### **4. Part three: revision and further suggestions**

*“it is...in the power of medical science to diminish, and greatly so, the number of those who must otherwise be sacrificed to the pursuit of riches” James Grainger 1802 [144].*

##### **4.1 Race, class and food**

The myth of Race as a scientific idea is remarkably persistent despite being debunked in the 1940’s by Montagu and later in the 1970’s and subsequently as genetic variation within races was shown to be higher than between races—and largely superficial responding to local climatic, disease or dietary context in genes un-related directly to intelligence [145–147]. There is no sure route to racial equality and histories are different. The USA slave and civil rights story differs from the UK post WW2 “Windrush” history of some half a million Caribbean working -class or west African students integrating or secular attempts in France to be “race blind” have not fully succeeded. Support for diversity yet still with persistent racial, class and poor country frictions remain unexplained and unresolved dilemmas suggesting that there is an underlying motor not previously emphasised or addressed [148]. Racism, reverse racism and anti-racism are not unfixable or immutable problems as long if there is a return to basics (rather than fashionable mantras) as improving diet is not “pie in the sky” and most importantly is an equality policy that worked in the case of pellagra.

A Crimson thread of meat hierarchies obscured in a “hall of mirrors” but hiding in plain sight runs through the dark (rather than “better angels”) side of human history and influenced what it means to be accepted as a civilised human. Poor meat intake (not a part of our evolution) causes micronutrient loss not only of nicotinamide

but also iron and methyl donors including choline and vitamin B12 important to brain health—meat to many on the margins literally being worth its weight in gold. Pellagra (and allied Kwashiorkor and “environmental enteropathy”) is the tip of an iceberg that causes subtle dehumanisation and apparent inferior peoples [149, 150]. The importance of a balanced diet has been down-played, misinterpreted or used (sometimes consciously sometimes by mistake) to subjugate people or to exterminate them by invoking different intelligence and uncivilised behaviour [151, 152]. Blaming hierarchical “toxic or post-slavery stress” for class dependant disease (particularly as some structure and division of labour relieves stress) is an unprovable distraction that at best may be compounding dietary induced methylation gaps [153–155].

Feeding the poor with more and more empty calories is not the answer [156, 157]. The experience in India records 140 million unnecessary deaths alongside astonishing levels of childhood stunting and malnutrition mainly in the lower castes or migrants. Some states in such as Kerala have progressive policies (such as midday meals and scant condemnation of meat eaters) proven to work on health (e.g. less TB) and wealth in double-blind trials [158–160]. Grain in other states is hoarded and India is a major exporter of food including beef and possesses nuclear weaponry suggesting that a course correction is necessary.

#### **4.2 Nothing new under the sun: one race, the human race**

Thought leaders from Condorcet and Paine through to the Jacobin “sans culottes” argued for “les subsistence’s” i.e. the right to live on varied and plentiful food as did Adam Smith in his *Wealth of Nations*. French and American revolutions and then Roosevelt’s “4 Freedoms” and “New Deals” on to Welfare reforms have intermittently argued that sufficient living conditions and the biopolitics of health should take precedence over other human rights “Necessitous men are not free men”. Good diet might be more likely to solve inequality for individuals and “identity” groups who have often been pandered to by immediate voter concerns rather than longer term health and happiness or economic gain [161–163]. Adequate meat should be part of a dietary and basic Human Right and not ducked so easily, even by pressure for late life care or defence of the realm, but requires reform and wealth diversion if economies are not to languish [164–166]. Ignoring such solutions globally makes us less than innocent bystanders and complicit with “out of sight/out of mind” crimes that we criticise others for (such as Nazi) supporters [105].

Many features of inequality may find themselves solved by a nutritionally “sufficientarian” state without needing full equality, as there may be a ceiling effect, so may be cheap and do-able if the profit motive is lessened in favour of public health [167, 168]. Countries should continue to develop national food policies and “Eatwell plates” with all 5 plates represented. Global recommendations that ignore in-affordability or poor access in “food deserts” should be helped by cash. Nutritional and precision disease data, including on diarrhoea (a feature of pellagra) down to village or individual level with metabolic data would highlight the problems and target relief helped by developing NAD related screening [169]. This is not solely a matter of human decency and empathy or compassion, (the Ultimatum game suggests we can play fair [170]) but because these unsafe meat variances are an existential danger.

This danger is a predictable and multi-faceted risk whether from local violence to terrorism to mass migrations or zoonotic pandemics or food poisoning or by encouraging microbial resistance. “Superbugs” are estimated to kill 10 million a year by 2050 in a “silent epidemic” and is closely linked to animal husbandry and use of antibiotics

to increase growth. A “One-Health” approach with the help of veterinarians includes vaccination programmes and early warning of potential zoonoses [171]. The famous debate between “the technological Wizard” (Borlaug) having all the answers versus the population and ecologically concerned Prophet (Vogt) dissolves as better technologically aided diets create high quality populations [172].

#### **4.3 Tried and tested: land reform**

Asian successes with land and farm reforms and support for pastoralists are models- (most pastureland is not suitable for crops) and with silviculture can be carbon neutral. Similarly controls of fishing and aquaculture can improve diet but also be sustainable by carbon-sinking (such as by whales). Economic success comes from several telling examples following the lead of Mc Arthur’s “land to the tiller” in Japan and by “Asian Tigers” such as Taiwan and South Korea (democracy does not need to come first) conforming to Rostow’s 1960 rules on development and Lipton’s dictum—“*if you wish for industrialisation, prepare to develop agriculture*”. By-passing agriculture, as found by communist regimes rather than using indigenous knowledge and the cheap labour of family farming and gardening with livestock does not work [173]. Plans to over-ride local developments by discouraging agrarian competitors that compete with “Big Ag” should be discouraged [174].

The economists may have ignored the beneficial effects of diet The developing world needs to be protected, as was the developed world to begin with, from needing to use produce as cash crops in a free trading laissez- faire system (that is far more extreme than Ricardian comparative advantage “Trading cloth for wine”) before it feeds its own people. “Bantustans” mimicking Hong-Kong or Singapore jumping to finance and service economies will not be a common solution and only works if the profits are re-invested in a democratised food supply. Traditional subsistence gardening and smallholder “*la via Campesina*” food sovereignty and international peasant movements with scientific advances in collaboration with “Big Ag” are needed [175].

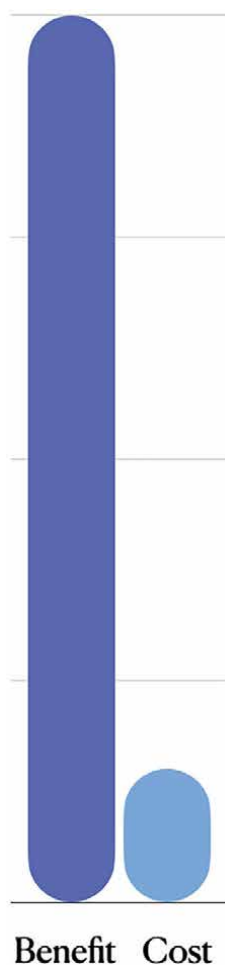
#### **4.4 Grounds for optimism in the last chance saloon**

Despite much publicity and energy decrying white privilege and other forms of identity politics tolerance of others is improving persons who have a choice may now even decide to ‘pass’ as ethnic minorities. Ironing out dietary disadvantages both across and within countries will help—or at least move societies on to another more humanistic and safer chapter and counteract tendencies toward “(Afro)-pessimism” breaking bonds with the south [176, 177]. Many food riots have succeeded despite the rioters being weakened by poor diet and dents are clear in the beliefs of white superiority initially made by wars (such as Pearl Harbour) and despite much racism some sports. Boxers, jockeys and later rugby and cricket players broke barriers and enabled anti-apartheid protests as did music and in turn also helped the case for women and the disabled (such as the para-Olympics) showing that individuals can overcome poor circumstances even as groups suffer [178].

Breaking Engel’s law by excessive poverty making meat and milk unaffordable at the same time as increasing exposure to “empty calorification” with cheap (industrial) sugars and oils in “Ultra-processed Junk foods” has led to not only malnutrition but obesity and diabetes in all countries as “commercial” determinants of health—and is another form of subjugation by the healthier rich on their

“flexitarian” diets [169, 179–182]. Optimism comes from this now becoming recognised and of knowing that not acting risks repetitions of previous reversions to rather similar famine foods and food adulteration often using advertising methods or price to target children [183–185]. The economic and practical case for transforming food systems now includes digitally informed climate advice for the grower and targeted application of treatments from water to fungicides is compelling given the 5–10 trillion USD advantages to global GDP. The current cost of human suffering and planetary harm is above 10 trillion USD a year so our food systems destroy more value than they create. Admittedly the sheer number of stakeholders becomes a barrier to change but poorer countries will not catch up automatically, as there is no such thing as “unconditional convergence”. Public health must take precedence as when profit is the main motive farmers, and consumers are in a weak position to influence food supply chains **Figure 4** [186].

Optimism also comes from reading “Big Histories” on the rise and fall of civilizations describing the anatomy and geography of success. Interactive effects of climate



**Figure 4.** *Improving diet and abolishing malnutrition would cost remarkably little given peace and health dividends and have benefits that include other Millennium and sustainable developmental goals.*

change, manmade ecocidal disasters, war, and “tragedy of the commons” with extractive and expropriative economies have all repeatedly caused trouble but we have been warned. Histories underplay the role of diet and meat but the aspirational classes have intuitively long known owning quality land with access to water is a good place to be. Some historians have realised as high infant mortality was used to predict the fall of the Soviet Union [187, 188]. From the earliest civilisations (3000 BC) “meat elites” ruled until soil degradation defeated them. Good examples come from Assyria and from interconnected failures around 1177 BC and the dust bowls in Oklahoma of the 1930’s, since repeated such as the Aral sea with much malnutrition, dehumanisation forced migrations and wrath as a result. We live in an NAD-world and could correct metabolic imbalances alongside dangers from green-house gases with a requirement to form a fairer “Eco-Economy” [189–191].

## **5. Conclusion**

As Martin Luther-King and Toni Morrison said racism and other forms of suppression that include ancient ethnic, or religious or tribal hatreds may be a distraction. Measuring and correcting our metabolic commonality to be fairer with economic emancipation may avoid social outbursts and further zoonotic pandemics. Future charges of manslaughter and genocide could be laid at our door from a failure to provide a universal dietary and NAD baseline protecting individuals, especially dependent children, from harm no matter where they live. Correcting malnutrition would be cost-effective and solve many other unfilled UN promises and Millenium development goals (such as reductions in TB and better educational and economic outcomes [192, 193]. Multilevel evolution allows us to rise above individual or vested interest groups and national politics to think as a species or indeed as a cooperative multi-species with biodiverse flora and fauna. By concentrating on early development and importing the landscape of brain health, when cost-effectiveness is at its highest, and producing quality over quantity populations with super-agers we could move from the Anthropocene to a cleverer and sustainable “Sapiezoic” Era [194, 195].

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## **Conflict of interest**

The authors have no conflicts of interest.

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*Bridging Social Inequality Gaps - Concepts, Theories, Methods, and Tools* focuses on contemporary discussions around multifaceted causes, explanations, and responses to social disparities. The contributors provide studies related to social and cultural dimensions of inequality, economic and technological dimensions of inequality, environmental dimensions of inequality, and political, ethical, and legal dimensions of inequality, as well as a variety of other perspectives on disparities. The volume also covers crucial issues and challenges for the global, national, regional, and local implementation of public policies to reduce inequalities, including innovative actions, projects, and programs focused on achieving the United Nations Sustainable Development Goals (SDGs). The collection includes chapters encompassing research and practical recommendations from various disciplines such as sociology, economics, management, political science, administrative science, development studies, public health, peace and conflict studies, cultural studies, educational studies, communication studies, and social work. This book is an asset to academic and expert communities interested in theories of social inequality as well as effective measurement tools, public services, and strategies. Moreover, the volume helps students, practitioners, and people working in government, business, and nonprofit organizations to build more equitable social relationships.

*Usha Iyer-Raniga,  
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