

# SOCIAL EXCLUSION: A GLOBAL CHALLENGE

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## **Abstract**

Social exclusion describes the structures and dynamic processes of inequality among groups in society. It refers to the inability of certain groups or individuals to participate fully in life due to structural inequalities in access to social, economic, political, and cultural resources. This paper therefore, views the inequalities as out of oppression related to race, class, gender, cultural alienation, disability, sexual orientation, immigrant status and religion. The effect is that it has pronounced psychological effects and it impacts negatively on health status. As such, this paper recommended that it is important to prevent the exclusion of a vulnerable individual or group within the society by ensuring that mainstream services are not excluded and where social exclusion has already occurred, reintegration of the individual or vulnerable group who have been excluded must be properly addressed.

Social exclusion relates to the alienation or disenfranchisement of certain people within a society. It is often connected to a person's social class, educational status, relationships in childhood (Liyi, 2005) and living standards and how these might affect access to various opportunities. It also applies to some degree to people with disability, to minority men and women of all races, to the elderly, and to youth exclusion. Anyone who deviates in any perceived way from the norm of a population may become subject to cause or subtle forms of social exclusion.

## **Concept of Social Exclusion/Ostracisation**

Social exclusion means being unable to access the things in life that most of the society take for granted (Galabuzi, 2001). It's not just about having enough money, although a decent income is essential, it is a build-up of problems across several aspects of people's lives. Focusing on social inclusion means emphasizing things like access to services, good social networks, decent housing, adequate information and support, and the ability to exercise basic rights. Federal government of Nigeria (1994) reported that:

'Social exclusion is a complex and multi-dimensional process. It involves the lack or denial of resources, rights, goods and services, and the inability to participate in the normal relationships and activity, available to the majority of people in a society whether in economic, social, cultural or political arenas. It affects both the quality of life of individuals and the equity and cohesion of society as a whole.'

Social exclusion refers to lack of participation in society and emphasizes the multi-dimensional, multi-layered, and dynamic nature of the problem. Definitions of the concept emanate from diverse ideological perspectives, but most share the following features.

1. **Lack of Participation:** Protagonists differ over which aspects of society are important and where responsibility for non-participation resides. Most agree that exclusion is a matter of degree since individuals may be participating to a greater or lesser extent, and that it is relative to the society in question.
2. **Multi-Dimensional:** Social exclusion embraces low income-poverty, but it is broader. Other kinds of disadvantage which may or may not be connected to low income, such as unemployment and poor self-esteem fall within its compass are among the factors to exclusion in contemporary society.

3. **Dynamic:** The advent of dynamic analysis and a demand from policy makers to investigate cause as well as effect has generated an interest in the processes which lead to exclusion and routes back into mainstream society.
4. **Multi-Layered:** Although, it is an individual who suffer exclusion, the causes are recognized as operating to many levels; individual, household, community, and institutional.

### **Causes of Social Exclusion**

The causes of social exclusion have been attributed to the economic and social changes in free-market economics, and to weaknesses in government policies and services. Because people who are socially excluded are vulnerable, some may choose to assert themselves or to push back in inappropriate ways. A study in the United Kingdom found that a disproportionate number of crimes are committed by people who are socially excluded (Adams, 1995). But social exclusion can happen to anyone. As society speeds forward to new technological and economic advancement, some people may be able to move with the new development, while others may not. Individuals who belong to underprivileged groups or minority social groups are at higher risk of facing social exclusion.

**Poverty:** This is one of the key factors to exclusion. The progress of Canada's children (2002), found that children living in poor families are less likely to have positive experiences at school and they are less likely to participate in recreation. Similarly, children who are in persistent poverty, are twice as likely to live in a "dysfunctional" family, they are twice as likely to live with a depressed parent – all risk factors for social exclusion and eventual criminality. Poverty is a key cause and product of social exclusion. Its impacts on health status are well established (Wilkinson, 1996; Kennedy 1999; Rapheal, 1999; 2001).

**Nature of Job:** Most employed members of racialization groups' work in low-skilled, low paying jobs where the working conditions are often unsafe. A recent Toronto survey estimated that over 1-2 million workers in the Toronto city-region were contingent workers, the majority of the women are racialized group. Clearly, the impacts of the changing economy have not been evenly distributed, and many racial and gender inequalities have become structural (De Wolf, 2000).

**Residential Segregation:** This is the migration of middle class European-descendant families from core urban and traditional low-income neighbourhoods, combined with the inward migration by racialized group members. Increasingly, these geographical areas represent low-income enclaves subject to the distresses of substandard, often overpriced housing. A study by the Canadian Civil Liberties Association (CCLA) (1991) showed that in Montreal, race was a key determinant in acquiring housing in certain parts of the city (Henry & Ginsbery, 2000). This phenomenon continues to exist in the rental market in Canada's urban centres (Rees, 1991; CCLA, 1991 & Mwarigha, 2000). People who are HIV positive experience both social and self stigmatization. Often, the community reacts with fear, rejection and denial or discriminates against those who disclose their sero-positive status. This is having serious impact on the socio-economic development of the family and the society in general. Many people who have been identified to be HIV positive have been denied the opportunity of job employment. Such responses will have the following negative impacts on the victim:

- (a) Force HIV positive people to hide their serostatus;
- (b) Kill the spirit of the ones helping those who are infected, and
- (c) Challenge the whole meaning of encouraging people to go for voluntary HIV testing when support systems are not in place. Part of the cause of these responses is the negative perception of human sexuality by society.

### **Cultural Alienation**

According to Etsenamhe (2007), the death of a husband brings the wife a new experience of life to be called a widow. In some cultures such as Ibo, Urhobo, Estako, Edo in Nigeria for example, widowhood has its ritual practices for the dead husband. This follows some customary actions that must be performed by the wife in order to create peace and harmony as well as proof of innocence between the dead and the living. Here, widows are subjected to difficult situations, dramatic, traumatic and agonizing experiences as if they killed their husbands. This practice reduces the esteem of the widows as human beings. He further stated that when a husband dies in some parts of Nigeria, they sometimes attribute the death of the husband to the wife who is made to swear in the shrine that she was not responsible for the death of her husband and sometimes, some widows were forced to drink the water used in washing the corpse of the deceased husband. This is a gross discrimination against women's fundamental rights.

### **Effects of Social Exclusion on Health**

The actual experience of inequality and the stress associated with dealing with exclusion tend to have pronounced psychological effects and impact negatively on health status (Wilkinson, 1996; Kawachi & Kenney, 2002). The radicalization of poverty compounds inequalities in living conditions and health status. Labour market segregation, high unemployment, low occupational status, living in substandard housing and in dangerous or distressed neighbourhoods, homelessness, working at dangerous work sites, working extended hours and/or multiple jobs, and experiences with everyday forms of racism, lead to unequal health service utilization and differential health status.

Children whose health are most at risk tend to live in low-income families, single families, or among racialized group populations, including immigrant and refugee families and Aboriginal families. Among the youths, the psychosocial stress of discrimination contributes to such health problems as hypertension, mental health concerns and substance abuse (Galabuzi, 2002).

Recent researches show that the experience of racism and discrimination puts racialized group members and immigrants at higher risk for mental health concerns (Beiser, 1988; Dossa, 1999). This may be exacerbated by extended periods of family separation that erode one's social support network. Research in women's health suggests similar impacts from gender discrimination (Adams, 1995; Agnew, 2002).

Most workers from racialized groups have no standard benefits such as sick leave, disability insurance, pension or maternity leave. Many of the agencies that hire these workers exact a premium for the job matching; some taking as much as 50% of the wage the employer pays for their "administrative services". Members of minority groups often face institutionalized racism in the healthcare system, which is insensitivity, absence of cultural competencies, barriers to access and utilization, and inadequate funding for community health services (Galabuzi, 2002).

Furthermore, reports suggest that discrimination against people with HIV/AIDS is compounded by their racial status Alliance for South Asian Aids Prevention (ASAP, 1999). In addition, racialized groups, especially blacks and Aboriginals are disproportionately reprimanded in prisons where infection rates far exceed those in the general population.

The effects of teenage pregnancy can be felt both socially and economically. Teenage pregnancy has an impact on the increase in the number of people affected by many health problems like mental disorders and sexually transmitted diseases. The widespread of AIDS in today's world is also one of the results of teenage pre-marital sexual relationships.

Teenage mothers generally face social ostracization and drop out of school. The lack of social and family support makes them a part of the lower level in society where they cannot afford basic necessities like adequate nutrition and healthcare. This lack of care during pregnancy leads to

complications in childbirth like premature labour and low birth weight of their babies. Also they suffer from problems related to mental and physical health.

Similarly, teenaged fathers pose a risk to the social and economic progress of society. These single parents are unable to provide financial and social support to their babies or families. This frustration leads them to activities like dropping out of schools and colleges, abusing drugs and sometimes, to the extent of committing crimes.

### **Conclusion**

Social exclusion is a shorthand term for what can happen when people suffer from a combination of linked problems such as unemployment, poor skills, low income, poor housing, high crime environments, bad health and family breakdown. The issue of social exclusion is multi-dimensional and one form of exclusion will often lead to another. For the entire society, social exclusion can also have a major economic impact on the health and behaviour of the individual because it leads to a high social insecurity bill, increase in crime and low productivity resulting from poor skills and wasted talent.

### **Recommendations**

1. It is important to prevent the exclusion of vulnerable individuals or groups within the society by ensuring that mainstream services are not excluded and where social exclusion has already occurred, reintegration of the individual or vulnerable group who have been excluded must be properly addressed.
2. To take part in the war against the spread of HIV/AIDS, everybody are challenged to become involved in redressing the negative perception of human sexuality and in the fight to end rejection, discrimination, stigmatization and segregation within the society of HIV/AIDS victims. This can improve the future life chances of the individuals.
3. Increasing access to appropriate health services for immigrants and racialized groups that incorporate culturally sensitive and language specific services for all health needs, including mental health services confronting racism in policy and practice and putting legal restrictions on racism in place. Training health workers to be culturally sensitive, and other activities designed to help reverse the process and impact of social exclusion in the society.
4. Since social exclusion involves lack or denial of resources, rights goods, and services and the inability to participate in the normal relationships and activities available to the majority of people in a society, integration of the mass media for public enlightenment to fight the ills of social exclusion including stakeholders specially the National Assembly members is quite necessary.

### **References**

- Adams, D. (1995). *Health issues of women of colour – A cultural diversity perspective*. London: Sage Books.
- Agnew, V. (2002). *Gender migration and citizenship resources project: Part II. A Literature Review and Bibliography on Health*. Toronto: Centre for feminist Research, York University.
- Alliance, for South Asian AIDS Prevention (ASAP). *Asian communities: legal, ethical and human rights challenges, an ethnocultural perspective*. Toronto: ASAP/Health Canada.
- Beiser, M. (1988). After the door has been opened. Mental health issues affecting immigrants and refugees in Canada. *Report of the Canadian task force on mental health issues affecting immigrants and refugees*. Ottawa: Health and Welfare Canada. Vancouver: RIIM.

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- Canadian Civil Liberties Association (1991). *Survey of employment agencies*. Toronto: CCLA.
- De Wolff, A. (2000). *Breaking the Myth of flexible work*. Toronto: Contingent Workers Project.
- Dossa, P. (1999). The Narrative representation of mental health. Iranian women in Canada. Vancouver: RIIM.
- Estenamha, E.T. (2007). Womanhood and widow hood in Nigeria: Juxtaposition. *The Question Magazine* 12. Onitsha, Nigeria.
- Federal Government of Nigeria (1994). Federal Ministry of Health and Social Services. Nigeria Country Report for International Conference on Population and Development Cairo (Lagos). Ministry of Health, 1994:52.
- Galabuzi, G. (2002). *Social exclusion*. A paper presentation given at the Social Determinants of Health Across the Life-Span Conference. Toronto.
- Henry, F. & Ginsberg, E. (2000). *The colour of democracy: Racism in Canadian society*. Toronto: Harcourt Brace.
- Kawachi and Kenney (2000). Immigrants' socio-economic situation compared, 1991-1996. *Ottawa: INSCAN*, 15, 2.
- Kenney, M. (1999). *Equality in employment: A royal commission report*. Ottawa: Supply and services.
- Liyi, P. (2005). *The structure and evolution of Chinese social stratification*. University press of America. York University.
- Raphael, V.C. (1999). *Who gets the work? A test of racial discrimination in employment*. Toronto: The Urban alliance on race relations and the social planning council of metropolitan Toronto.
- Raphael, V.C. (2000). Mental healthcare in Canada: Is it accessible and equal? *Canada's mental health*, 3. 225-227.
- Rees, R.S. (1991). Immigrant status and health status: women and racial minority immigrant workers in Bolaria, B.S. and Bolaria, R. (eds) *Racial minorities, medicine and health*. Halifax: Fernwood Press.
- The progress of Canada's Children (2002). Mental healthcare in Canada: Is it accessible and equal? *Canada's Mental Health*, 3, pp. 54.
- Wiklkinson, T. (1996). Gender, race, poverty, health and discourses reform in the context of globalization: A post-colonial feminist perspective in *policy research nursing inquiry*, 7(4). 220-229.