

# **Social exclusion: concepts, findings and implications for the MDGs**

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## **Part 1. Conceptualising social exclusion**

### **1.1 Introduction: the ‘value-added’ of social exclusion**

The concept of ‘social exclusion’ is of relatively recent origin. It gained currency in the European context in response to rising unemployment and income inequalities which characterised the closing decades of the 20<sup>th</sup> century, a period of considerable economic and social dislocation as countries sought to deal with the challenges of globalisation on their labour markets, welfare states and prevailing ideas about citizenship. ‘Social exclusion’ was seen, as the following definition offered by the European Foundation suggests, to represent the other end of the spectrum to ‘full participation’:

“[Social exclusion is] the process through which individuals or groups are wholly or partially excluded from full participation in the society in which they live.”

Since the Social Summit in 1994, there has been increasing attention paid to the usefulness of the concept to concerns with poverty, inequality and social justice in the developing country context by, among others, the Institute of International Labour Studies, the Asian Development Bank, the Inter-American Development Bank and the World Bank.

However, the transferability to the different, and increasingly differentiated, context of developing countries was not immediately clear. There were question marks about the relevance of a concept formulated to describe the persistence of poverty in contexts characterised by general prosperity to contexts where the majority, or a significant minority were poor. There were also concerns that the concept would be imported thoughtlessly to simply re-label long-standing, locally developed approaches to social problem.

Consequently, the value-added of the concept of social exclusion had to be demonstrated before it was incorporated into the lexicon of development policy. What would it add to the understanding of poverty, given that the characterisation of poverty had progressed considerably from earlier income-based approaches to a greater recognition of its multi-dimensionality? How would it contribute to the analysis of inequality, now increasingly recognised as a critical factor in the translation of economic growth into poverty reduction? And if the poverty-reduction agenda was concerned with meeting basic needs, and the inequality agenda with the distribution of the means to meet basic needs, did they not suffice to ensure a concern with social justice?

This paper argues that the primary value-added of a social exclusion perspective for development policy lies not so much in the ‘naming’ of a new problem, as it appears to have done in northern social policy studies, but in offering an integrated way of looking at different forms of disadvantage which have tended to be dealt separately in the development studies literature. In particular, it captures the experience of the certain groups and categories in a society of being somehow ‘set apart’ from others, of being ‘locked-out’ or ‘left behind’ in a way that the existing frameworks for poverty analysis had failed to capture. Consequently, it has insights to offer such analysis beyond those offered by these frameworks. It also allows a bridge between the concept of poverty, which focuses on absolute levels of deprivation, and that of inequality, which is concerned with distributional issues. Social exclusion helps to highlight inequalities in the distribution of deprivation of the poor.

The paper is in three parts: a conceptualisation of social exclusion, the empirical exploration of its relevance to the key MDGS related to poverty, health and education, and the policy implications for linking poverty reduction strategies to the challenge of building more inclusive societies.

## **1.2. The ‘social exclusion’ problematic: multiple and overlapping disadvantage**

A useful starting point for the conceptualisation of ‘social exclusion’ is to consider the different ways in which ‘disadvantage’ operates to circumscribe the opportunities and life chances of individuals and groups in a given society. Economic theories have focused primarily on resource-based paradigms of disadvantage, generally taking the individual, or the individual household, as their unit of analysis. This, for instance, was the approach which influenced earlier conceptualisations of poverty within development studies which equated it with income or expenditure shortfalls. Even now, when poverty has come to be increasingly recognised to be a multi-dimensional phenomenon, encompassing income, assets, education, health, dignity and voice, it nevertheless continues to be *causally* understood in economic terms. The poor within this paradigm are believed to have little or no voice in determining resource allocations and institutional arrangements within a society *because they are poor*; they are rarely seen to be poor *because they have little or no voice* in determining resource allocations and social arrangements.

As Stewart (ref) points out, this has given rise to a ‘vertical’ model of inequality which ranks individuals or households by their income or assets and measures the inequality across this hierarchy. The Gini co-efficient is an example of widely used measure of inequality, primarily in relation to income distribution, but also to measure the distribution of individual education or health outcomes.

Sociologists, on the other hand, have paid greater attention to *identity-based* forms of disadvantage, disadvantage which reflects the cultural devaluation of groups and categories of people in a society by virtue of *who they are*, or rather, who they are perceived to be. The identity in question may relate to a distinct and bounded *groups* of people who are defined by their distinct cultural practices and shared way of life. Caste, ethnicity and religion are

examples of such group identities. Alternatively, it may related to an unbounded *category* of people who are defined by a single shared characteristic (eg. gender, disability or HIV-positive status). Members of such categories may share very little in common, aside from the discrimination they face.

Processes of cultural devaluation occur throught the construction of the members of these groups or categories by dominant sections of society as persons of lesser worth through beliefs, values, attitudes and behaviour which disparage, stigmatise, stereotype, invisibilise and discriminate. These processes are effective because they draw on discourses which have legitimacy within a society (such as religion or ‘tradition’) or which speak to its fears (of ‘the other’ or of ‘the unknown’). They can have profound effects on the sense of selfhood and social identity of those who are defined in this way, on their capacity for agency and on the terms on which they are permitted to exercise this agency.

Group-based disadvantages give rise to what Francis Stewart calls a ‘horizontal’ model of inequality where the inequalities in question cut across economically defined strata and differentiate the ability of different groups and categories within society to access valued resources and opportunities.

The two paradigms thus focus on quite distinct understandings of disadvantage: one relating to lack of resources (‘what you have’)and the other to identity-based discrimination (‘who you are’). It is possible to be poor without facing cultural devaluation (‘the deserving poor’) just as it is possible to be discriminated against without being poor (most women face gender-based discrimination without necessarily being poor). A ‘social exclusion’ perspective draws attention to the overlap between these different experiences of disadvantage, in other words, to the experience of those individuals and groups who, in addition to their poverty, face discrimination by virtue of their identity, undermining their capacity to participate in the economic, social and political functionings of their society on equal terms.

There is one other dimension to social exclusion which may not be fully captured by the interplay between economic deprivation and social discrimination, which is the *spatial* one (*where you are*)<sup>1</sup>. Spatial disadvantage may lie in the remoteness and isolation of a location which makes it physicllly difficult for its inhabitants to participate in broader socio-economic processes or it may operate through the segregation of urban environments and the ‘sub-cultures’ of violence, criminality, drug dependence and squalor which often characterise the territorially excluded neighbourhoods (Beall, 2002).

The spatial dimension of exclusion is not entirely divorced from its resource and identity dimensions since it is usually culturally devalued and economically impoverished groups that inhabit physically deprived spaces. Consequently, in certain contexts, it may be possible to capture the causes and consequences of social exclusion through a two-dimensional model of social exclusion based on the intersection of deprivation and discrimination. In others, we may need a three dimensional model because location exercises an independent effect, over and above, those associated with economic or cultural disadvantage.

The analytical ‘value-added’ of this approach to social exclusion is that it allows insights from the literature on group identity, cultural devaluation and social discrimination to be applied to the analysis of economic deprivation. Thus we find that in many contexts, the extreme or the chronic poor are not ‘just like’ the rest of the poor, only poorer or poor for longer, but are additionally disadvantaged by ‘who they are’, aspects of their identity which set them apart from the rest of the poor. It also helps to make sense of why some sections of the poor find it harder than others to transform the resources at their disposal, including their labour, into the satisfaction of basic needs. While this ‘transformation problem’ may sometimes reflect differences in individual efficiency, when it is systematically experienced by distinct groups in a society, and when these groups occupy a distinctly disadvantaged position within the social hierarchy, it is likely to be a consequence of their socially excluded status.

### **1.3. Mechanisms of social exclusion**

The explanation of social exclusion cannot therefore be reduced to the idiosyncratic preferences or aberrational behaviour on the part of some individuals towards others. It has to be seen as an institutionalised form of inequality, the failure of a society to extend to all sections of its population the economic resources and social recognition which they need in order to participate fully in the collective life of the community. The analysis of social exclusion is thus concerned with institutional rules, relationships and processes through which resources are distributed and value is assigned in a society, focusing particularly on the mechanisms by which ‘access’ and recognition is granted or denied. In this section we consider some of the ways in which this works.

Economic theory suggests the important distinction between ‘open’ and ‘closed’ groups as one way of understanding access and exclusion. Open groups (such as political parties, social movements) are those which achieve their objectives by expanding their membership because the benefits they seek increase with increased membership and outweigh the recruiting bringing new members. Closed groups (trade unions, cartels, professional associations), on the other hand, achieve their objectives by restricting their membership on the basis of some agreed set of rules. Olsen’s work on ‘distributional coalitions’, for instance, draws attention to the use of restricted membership as a means by which certain groups seek to capture the ‘rents’ arising out of their agreement to simultaneously restrain competition between themselves while excluding non-members from the benefits. Buchanan’s work on ‘clubs’ suggests that exclusionary mechanisms can come into play with any good whose value depends on combining non-rivalrous use among members with restriction on membership at the point where increased access to the good would diminish its value to the existing membership.

The use of membership rules to limit access to valued goods in a society is clearly likely to be an important mechanism in determining the distribution of advantage and disadvantage in a society. However, economic theories provide a largely *individualistic* and voluntaristic explanation of such group formation. They do not address group inequalities which are not necessarily generated by the conscious cost-benefit calculus of individuals but by forces beyond their control. Structuralist approaches, on the other hand, highlight the *systemic* nature of the processes which classify people into groups, categories and networks, privileging some

at the expense of others. While such classifications may promote the material interests of those who are thus privileged, sociological analysis draws attention to power of social identity, of shared perceptions of 'us' and 'them', in helping to draw up and legitimate these classifications and to reproduce them over time. Indeed, identities based on such social affiliations may override considerations of economic interest.

Folbre's distinction between 'given' and 'chosen' groups is one way to disaggregate the distinction between open and closed groups in order to incorporate a more structuralist analysis of the processes of closure. While chosen groups are obviously ones which individuals join of their own accord, and which they are also able to exit of their own accord, they are not all equally 'open'. For instance, while the associational life of civil society is largely made up of 'chosen' forms of membership, a consideration of some concrete examples of such associations - such as OXFAM, the Self Employed Women's Association, the International Confederation of Free Trade Unions, the Freemasons and the Klu Klux Klan - suffice to show that they vary considerably in how open they are and to whom.

'Given' groups, on the other hand, are by definition closed groups with the additional feature that they are less easy to join and less easy to abandon. The socially ascribed character of certain group identities and memberships, which given them the appearance of being 'given' and unchangeable, reminds us that there are group-based constraints on individual choice and that not all such constraints are economic in nature. People are not always in a position to choose who they are, where they belong and how they wish to be perceived for reasons which have little to do with what they own or earn.

At the same time, however, it should be borne in mind that the boundaries between 'chosen' and 'given' are not always clear-cut nor are they always necessarily stable. A 'given' racial identity which is stigmatised by society may be embraced by members of that racial group over time and transformed into a source of pride. There are also 'conjunctural' forms of social exclusion which occur because of changes in the actual or perceived situation of individual member in the course of their life time. As Harris-White points out in her study of destitute groups in India, changes to the body as result of addiction, illness or disability often acts as a trigger for the exclusion of the individual from familial and community networks as does transgression of certain norms of inclusion - 'of pure clean practices, healthy states, normal sexuality and compliant behaviour' .

'Conjunctural' forms of social exclusion also occur in times of crisis. When families start to slide into greater poverty, cultural rules and categorisations come into play to determine who will be expelled from its support system. Certain categories of members - women, the elderly, the very young, the disabled - face socially-enforced restrictions into the range and types of economic activities they are able to do, rendering them dependent to a greater degree on other more advantaged members. These categories are most likely to become socially excluded when the family economy starts to deteriorate. Furthermore, because of restrictions on their ability to provide for themselves, the loss through death, desertion and abandonment of those who were meant to provide for them, can act as a mechanism for social exclusion.

The existence of conjunctural forms of social exclusion suggests that the relationship between identity and exclusion is not necessarily defined over the lifetime of the individual but may occur

as the result of particular events. The distinction suggested by Ashwani Saith<sup>ii</sup> between ‘mutable’ and ‘immutable’ identities reminds us that some forms of identity are harder to shed than others. ‘Mutable’ forms of social exclusion relate to temporary phenomenon such as the situation faced by migrants spending a limited period of time in an alien environment or to identities which can be transformed with relative ease, for instance, through religious conversion or acquiring formal citizenship. ‘Immutable’ identities, by contrast, refer to identities and affiliations which have evolved over an extended period of time, appear almost primordial in nature and do not lend themselves easily to change. They tend to be associated with enduring forms of social exclusion, lasting over the life time of an individual or over several generations.

The ease with which individuals are able to opt into or out of, group membership, the ‘switchability’ of certain kinds of group identity (Stewart) has an important influence in determining the experience of group membership for its members. In particular, the possibility of movement out of devalued group status or up the social ladder will help to determine the extent to which different groups in a society ‘think’ and ‘act’ like citizens with a collective faith in the justice of its institutional arrangements and a collective stake in its future.

To sum up therefore, social exclusion as it has been conceptualised in this paper does not entail a binary model distinguishing between those who are ‘in’ and those who are ‘out’, but refers instead to the disadvantaged terms on which socially excluded groups and categories participate in the economic, social and political functionings of their society. Such disadvantage is manifested in a myriad different ways and in all arenas of life. For instance, it may operate through:

- High levels of exploitation so that socially excluded groups are to be found working in the worst paid jobs in the harshest working conditions and in the most insecure margins of the informal economy
- Asymmetrical patron-client relationships in which members of excluded groups exchange their labour, loyalty and independence in return for protection and security from more powerful sections of society
- Resort to criminal, illegal or stigmatised activities in the face of the barriers faced by excluded groups in accessing socially recognised forms of livelihood.
- hard-core forms of social exclusion produced by the “destructive synergies” between the extreme versions of disadvantage (Gore and Figueiredo, 1997, p. 43). Thus Harriss-White’s analysis of destitution in the Indian context found that, along with poverty and assetlessness, the destitute were characterised by ‘stigmatised’ identities (mentally ill, leprosy or AIDS-affected, addicts of various kinds, orphaned and abused children, the abandoned elderly and disabled), by the precariousness of their place in the community (many were homeless and lived on the streets) and by the demeaning nature of their livelihood activities which entailed either extreme levels of exploitation by others (as in bonded labour), extreme forms of self-exploitation (the marketing of the body, as in sex work, or sale of body parts) or uncertain forms of charity (begging is commonly associated with destitution),

#### **1.4 Socially excluded groups and categories**

Some examples of social exclusion from different parts of the world will serve to illustrate the variety of forms they take as well as the difference between socially excluded groups and categories. Ethnicity, caste and race constitute the most empirically documented examples of *group-based* exclusion in the development literature, although their significance varies by context. Religion is also an important axis of differentiation and takes on an exclusionary character in particular contexts or at particular times. Anti-semitism has a long history in the European context, evident in the ghettoization of Jewish communities in many of the countries of Europe and remains a virulent force today. While not all members of religious minorities in the Indian context are necessarily poor, those that are have to deal with the multiple disadvantages associated with economic deprivation and social discrimination.

The Indian caste system in many ways exemplifies the model of social exclusion sketched out in the preceding section. Divisions between different caste groups have evolved over time into increasingly entrenched and closed hierarchies based on rules of marriage endogamy, occupational restriction, limited social interaction and segregated residential patterns. While there is considerable variation in the actual configuration of castes across the region, and in the rigidity with which the rules of caste are observed, the lowest position within each local caste hierarchy is occupied by the 'untouchable' castes or dalits. Historically excluded from the ownership of land and key productive assets, dalits have been incorporated into the social system as providers of various kinds of labour and services that were considered to be polluting. It was members of these castes who had to carry out the removal of night soil and carcasses of dead animals. They continue to predominate in sweeping, leatherwork, manual scavenging and forced prostitution, all activities which are looked down upon by the rest of society.

Ethnicity is another form of group identity which has served as a basis of social exclusion across the world. 'Indigenous' ethnic minorities are often located in difficult or remote geographical areas which has allowed their way of life to be preserved - or to be bypassed - through major periods of transformation. For instance, in the Asian context, Jorgensen points out that the mountain ranges which stretch from Afghanistan to the Gulf of Tonkin have been a refuge for indigenous communities who have, for various reasons, occupied a marginal position in relation to the dominant majorities in the valleys and plains.

In Vietnam, the ethnic minorities make up around 10% of the population. They are largely concentrated in the remote, usually upland and mountainous areas of the northern and central areas of the country with poor access to services and with little infrastructure. Many are nomadic or semi-nomadic in their way of life. The Hmong and the Dao, for instance, were originally from southern China (where the latter are known as Miao). They practised swidden cultivation at high altitudes and continue to do so today, often walking more than a week to get to their fields which might be located across the national borders. Rainfall is low, the land is infertile and access to water for agriculture is highly irregular.

While indigenous ethnic groups in the Indian context are by no means homogenous, they are, or were, isolated from the rest of society, distanced not only by their distinct worldviews and way of life, but also the remoteness of their physical location or by their nomadic way of life (Pant, forthcoming). They generally tend to be concentrated in a limited number of geographical

areas, rather than being spread across the country, like the scheduled castes. They are more likely to own some land than scheduled caste groups but their land is generally in difficult and unproductive terrain and hence many must seek wage labour in order to survive.

Social exclusion in the Latin American context follows largely racial and ethnic lines in the region. This is closely tied up with the colonisation of the region by the Spanish and Portuguese, the suppression of its indigenous population and the import of slaves from Africa to work on its mines and plantations. 'Socially excluded' groups can make up significant proportions of the population in the region<sup>iii</sup>. For example, indigenous peoples represent about one-tenth of Latin America's population, but in Guatemala and some Andean countries they are one half or more of the population. Afro-descendants comprise perhaps 30% of the population overall, but they represent a majority in the states of North Eastern Brazil. There is a strong spatial dimension to exclusion. A study by Busso et al found that more than 45% of indigenous/Afro-descendants lived in rural areas, with poorer services and communications, but the figure rose to over 80% in some countries. Indigenous groups are more likely to be engaged in subsistence farming in physically remote and difficult environments while Afro-descendants are more likely to be engaged in wage labor.

In sub-Saharan Africa, where different ethnic groups were arbitrarily, and often unequally, joined together in the territories of colonial states and subsequently into independent national entities, structural pluralism makes the association between ethnicity and social exclusion highly contested and hence unstable, with different ethnic groups often exercising dominance at different periods of history. The exclusionary implications of ethnic divisions are most stable and prominent where it took the form of racial stratification ie. in those parts of Africa where colonial rulers not only settled in large numbers, displacing and dispossessing the local population, but continue to be a significant presence in their economy today. Post-apartheid South Africa remains one of the most unequal societies in the world as the result of a history of officially sanctioned segregation and separate development which radically reinforced socio-economic inequalities along explicitly racial lines.

Other examples of ethnicity-based exclusion in the African context can also have religious dimensions. Andvig et al. (2001) refers to the existence of forms of 'slavery' in parts of Sudan where soldiers from the National Islamic front sell slaves, often children, captured in the animist and Christian (African) villages of the south to sell to (Arab) Muslims in the north. In Mauritania, Berber tribes raid and capture slaves from Tukulor, Fulani and Wolof ethnic groups. There is a racial dimension here but both slavers and slaves in this case are Muslims.

According to Woodburn, differences in modes of subsistence are often co-terminous with ethnic difference and can operate as axes of exclusion. Three broad modes of subsistence characterise the sub-continent: agriculture, nomadic pastoralism and nomadic hunting and gathering. While each of these groups may attach negative values to others, he suggests that the severity of the stigma and negative stereotypes attached to hunting and gathering by others in their society place them at the bottom of the social hierarchy, even if they now earn their living through other means, mainly agricultural labour. Such groups are in a minority in most of the countries in which they are found but there are larger concentrations in parts of Zaire, Congo, Namibia and Botswana.

They are seen by other sections of the community to live in 'the bush' like wild animals, to eat meat from animals not eaten by others rather than 'civilised' food (meat from domestic animals, milk, grain, beer). They often play roles which confirm their inferior status in the eyes of those who discriminate against them: burying the dead or acting as circumcisers for those for whom circumcision is a polluting act.

*Categorical* forms of exclusion revolve around specific attributes of people who may share little in common apart from the discrimination they face. These again will clearly vary in different contexts, but age, gender, migration, illness and disability and stigmatised occupations recur frequently in the literature dealing with excluded categories. In sub-Saharan Africa, where access to land and other critical resources under customary law depends on membership of groups defined by common descent, common residence or some combination of the two, different categories of members have different – and tiered – sets of claims. Primary claimants, usually married male household heads, have direct access while women and unmarried men gain secondary access through the head. While 'strangers', those who do not belong to a locality, do not have the same rights of access to land as 'insiders', there are mechanisms through which they can acquire some access.

With the emergence of land scarcity in many parts of Africa, however, a 'landless' population is becoming evident, generally made up of secondary claimants within kinship groups, women, young unmarried men and 'outsiders'. Closed off from livelihood options on the land, they have had to seek work in the off-farm economy, as traders and wage labourers, often migrating to other areas or across borders. Scattered studies of these proletarianized groups suggest that age, gender and migrant status may be emerging in SSA as axes of differentiation, and exclusion.

Illness and disability offer other examples of categorical forms of social exclusion. Leprosy in particular has had near-mythical status as synonym for social exclusion of an extreme kind (Rao, 1996; Silla, 1998). As a poor informant from Ghana interviewed as part of the World Bank's consultations with the poor remarked: 'It is neither leprosy nor poverty that kills the leper but loneliness' (Narayan et al., 1999. p. 37. In many parts of the world, leprosy was associated with the outcasting of affected individuals by their families and communities and their decline into poverty and destitution. More recently, HIV/AIDS has emerged as a new form of stigma-related social exclusion. As Piot noted in the plenary session of the World Conference against Racism in 2001: 'HIV stigma comes from the powerful combination of shame and fear... Responding to AIDS with blame or abuse for people living with AIDS forces the epidemic underground, creating the ideal conditions for HIV to spread'. There are in fact strong similarities between the stigma-related discrimination evoked by AIDS and that associated with leprosy.

Finally, gender constitutes a specific form of categorical exclusion in conditions of poverty. While gender is a widespread basis of social discrimination, the intersection of gender inequality and economic deprivation means that women from poor households represent a particular category of the multiple-disadvantaged. Often, although not always, women and girls are at a disadvantage to men and boys in relation to literacy, education, earnings and

employment while in some parts of the world, it also extends to physical well-being and life expectancy.

Gender is also emerging as a dimension of extreme poverty in certain parts of the world. Analysing the characteristics of the poorest 15-20% of households in rural areas of Asia and increasingly Africa documented in a number of studies, Sender suggests that such households are likely to contain a high ratio of adult females to males and that many are unlikely to have had any access to the income of an adult male for several years because they are divorced, abandoned, widowed or because they live with males who are unhealthy, disabled or unable to earn or remit income for other reasons. The women in these households are likely have little or no education, many have had children very early in their lives and report high levels of infant mortality.

## **Part 2. Social exclusion and the MDGs: some empirical findings**

One way to demonstrate the value-added of the concept of social exclusion to development policy analysis is to examine its relevance to the achievement of the Millennium Development Goals. These embody a set of concrete, time-bound commitments to reduce poverty and promote basic human capabilities which have been agreed by the majority of countries in the world and are likely to influence the development of medium term poverty reduction strategies by those countries which fall short of these goals. In this section, we examine the extent to which a social exclusion perspective can contribute to understanding inequalities in poverty, health and education outcomes - the focus of 6 of the 8 MDGs. We examine the extent to which shortfalls in the achievements of these goals can be explained in terms of the economic variables normally included in the analysis of poverty and the extent to which they also reflect aspects of group identity. And where the literature allows, we will also examine the extent to which these shortfalls are the product of group inequalities in resources available and where they also reflect the problems that groups face in transforming these resources into valued achievements.

### **2.1 Social exclusion and the incidence of poverty**

Data from the 2000 National Sample Survey in India suggests that the 'untouchable' or Scheduled Castes (as they are classified by the constitution) constituted 20% of the rural population, but 38% of the poor while Scheduled Tribes made up 11% of the rural population but 48% of the poor (NSS 2000). In urban areas, figures were 14% and 37% respectively for SC groups and 3% and 35% for ST groups. In addition, estimates using the same data set (cited in De Haan and Dubey, 2004) suggest that poverty was around 30% for minorities (mainly Muslim) and 16% for non-deprived groups. There has been some decline in poverty among SC groups between 1993-94 and 2000, but very little among ST groups. Using state level data from the LSMS 1998 from Uttar Pradesh and Bihar, Lucas estimates that scheduled caste/tribal groups were 1.5 times as likely to be below the poverty line than the rest of the population, a gap of 25%.

The fact that, unlike the SCs who are spread across the states of India, STs are concentrated in certain parts of certain states means that national comparisons can be misleading. A more accurate picture is provided by focusing on states with high concentrations of STs. One such state is Orissa where STs constitute 24% of the population compared to 9% at the all-India level. The percentages of SCs approximate the national figure. Data from the NSS (cited in de Haan, 2003) shows that in 2000, the incidence of poverty among STs was 44% at the all-India level, but 72% in Orissa.

A number of studies suggest that the poverty of socially excluded groups cannot be fully explained by group inequalities in assets and education. Using 2000 NSS data on rural India, Dubey found that, holding a variety of individual and household characteristics constant (such as education, occupation, age and gender of household head) scheduled tribe groups were 19% more likely to be poor than the rest while scheduled caste groups were 10% more likely to be poor, 'Other backward castes' were 5% and Muslims 3% more likely to be poor. Muslims tend to be at a greater disadvantage in urban area where as many as 40% of Muslims are found in the bottom 20% of the income distribution compared to 22% of Hindus.

Using 1993/94 data from UP, Kozel and Parker (2003) found that half of the difference in per capita consumption between SC/ST households and other households could be explained by differences in assets while half was due to differences in returns to those assets. SC/ST households also suffered from lower returns to education. Lanjouw and Zaidi report a similar pattern in AP (2002). Gang et al (2002) decomposed the differences in the poverty rates of scheduled castes, scheduled tribes and others and found half the difference could be attributed to differences in group characteristics (education, occupation, demography, location) and the rest by the effect that these characteristics had on the probability of being poor.

The relationship between gender and household income poverty is generally captured in the literature by the poverty of female headed households relative to male. In the South Asian region generally, female-headed households have been found to be associated with greater poverty. Analysis by Gangopadhyay and Wadhwa (2003) shows that female headed households were poorer than male headed ones in urban areas but in rural areas, the association with greater poverty was only found for female heads who widowed or divorced.

In Bangladesh, panel data covering rural households between 1994 and 2001 from 2 districts found that female-headed households, particularly those with no adult male members, together with households which had ill and disabled members were most likely to have remained in poverty over this period (Kabeer, 2004). The Participatory Poverty Assessment carried out in Pakistan in 2003 reported that female household heads and widows, particularly those with young dependents, were systematically identified as among the very poor in all the provinces.

In addition, recent estimates from Pakistan, where minority religions make up just 4% of the population, found that the incidence of poverty was 40% among religious minorities compared to 25% among the Muslim majority. Ethnicity may also operate as a factor of exclusion, given that poverty varies from around 32% in Punjab to 39% in the North-West Frontier Province (ODM estimates).

In Vietnam, national level estimates confirm that the ethnic minorities constitute a distinctly poorer group relative to the majority (the Kinh along with the Chinese are usually classified together as the majority). Estimates by Lucas show that they were 2.4 times as likely to be below the national poverty line in 2002, with a rate 43 percentage points higher than the rest of the population. Data from successive LSMS (1999, 1998 and 2002) show declines in poverty among the Kinh and Chinese from 54% to 31% to 23% while among the ethnic minorities it declined from 86% to 75% to 69% (cited in Swinkels and Turk, 2004). Poverty levels are higher in the upland areas of the centre and northern Vietnam where the minority groups are concentrated as well as deeper in terms of the poverty gap measure.

Studies also show that physical location interacts with ethnicity in explaining poverty outcomes. According to Swinkels and Turk, while ethnic minorities living in the northern upland regions have seen declines in their poverty in line with the overall trend for ethnic minorities, the Kinh people living in the same region has more than halved in ten years at a rate much faster than the overall rate for the Kinh population. A study by Van de Walle and Gunerwardena (2001) confirms the interaction between ethnicity and location. Using 1992-93 VLSM on 2254 ethnic majority households (Kinh and Chinese) and 466 ethnic minority households living in 85 communes in the northern part of the country, they examined the effect of geographic location and ethnicity, along with a number of other explanatory variables, on per capital household consumption.

The results suggested that differences in consumption levels between ethnic groups partly reflect the fact that minorities lived in less productive areas, characterised by difficult physical terrain, poor infrastructure and lower accessibility to market opportunities and off-farm work. In addition, however, it appeared that where households were located also affected the impact of various other explanatory variables on per capita consumption: while living in areas with less productive land, poorer infrastructure and so on reduced returns to various household characteristics for all groups, the effect was significantly stronger for ethnic minorities.

Evidence of administrative bias toward ethnic minorities is provided by Jorgensen's qualitative analysis of interactions between government officials and ethnic communities in northern highlands of Vietnam. He noted that while the Vietnamese government is committing to improving agricultural practices for all sections of the population, the language in which agricultural extension services was provided to minority groups in the upland areas (Vietnamese which few minorities spoke as well as highly abstract and complicated), the context of the training (often irrelevant) and its timing (a large gap between provision of training and its actual use) all served to undermine its efforts among these groups. In addition, the attitude of many government officials are unlikely to have contributed to their effectiveness in providing the services. A key official interviewed gave his views on the problems of providing extension services to minority groups:

We have more than 75% ethnic minorities. People's brains are slow to start with and they even forget about issues like money. If this would change, our extension work would be easy....They are not exactly stupid – if you remind them, then they can remember ..I want to make three points; VMGs and CMGs have low level of knowledge. People are mainly

ethnic minorities with slow and heavy brains. Things should be done slowly but firmly in this area (Jorgensen, 2004).

Ethnic minorities (non-Han groups) made up 9% of the People's Republic of China in the mid-1990s, or over 100 million people (Gustafsson and Shi 2003). Most of the minority population lives in rural areas in the western part of China, often at high altitudes where economic growth may have been slower partly because of the physically unfavourable conditions. According to estimates by Lucas using the 2003 National Health Service Survey, the ethnic minority population in rural areas were 1.6 times as likely to be below the national rural poverty line, ie. 6% above the rate for the Han population, according to the 2003 National Health Service Survey.

Recent analysis by Gustafsson and Shi used 2 national samples of rural China carried out in 1989 and 1995 to compare changes in their economic situation (the data excluded Tibet and Xinjiang Ugyur). Ethnic minority households reported 19% of the per capita income of the ethnic Han majority. Between the two survey years, average income grew by 52% for the majority households but only 22% for the minorities. The Gini coefficient for the two populations suggested that income inequalities did not vary a great deal between the two groups in 1988 but grew considerably more rapidly among the majority group by 1995 so that there was considerable greater inequality among the latter group.

The study examined the main determinants of per capita income for the two groups in the two years. While similar variables proved significant in explaining variations in per capita income for the two groups (Party membership, employment outside agriculture, family size), spatial variables including provincial GDP (particularly for the majority), living in an officially designated poor area and altitude were of greater significance. Thus it appeared to be the location of ethnic minorities that constituted the main reason that they had not benefited from economic growth in China. This was supported by evidence that carrying out the analysis for a smaller spatial area (just two provinces) led to the disappearance of ethnic inequality.

The social dimensions of Latin America's unequal income distribution is evident in the estimates prepared by Lucas (see Appendix) which compared percentages of 'white' and 'non-white' populations below the poverty line using both the \$1 a day household per capita income measure as well as national poverty line estimates for a number of countries in the region. In almost all the countries covered, the incidence of poverty is higher, in some cases, substantially higher, in the non-white population.

In Bolivia, for instance, the 'non-white' population was found to be 2.2 times as likely to be in households below the \$1 per day per capita poverty line, a gap of 20 percentage points, and 1.4 times as likely to be below the national poverty line, a gap of 19 percentage points. In Brazil, estimates using 2002 data sets suggest that the non-white population were 2.4 times as likely to be below the \$1 per day per capita poverty line, a gap of 7 percentage points, and 1.7 times as likely to be below the national poverty line, ie 28 percentage points above the non-excluded group. In Paraguay, estimates using 2002 data suggest that non-white groups were 8.5 times as likely to be below the \$1 per day per capita poverty line, a gap of 15 percentage points, and 2.2 times as likely to be below the national poverty line, 26 percentage points above the 'white' group.

Detailed country level studies testify to the links between poverty and identity. Brazil, for instance, has been characterised by high levels of economic growth, and reported a decline in the rate of poverty from 40% in 1977 to 36% in 2000. However, its gini co-efficient remains among the highest in the world (0.58-60) and its growth elasticities of poverty reduction among the lowest. Analysis of 'pseudo-panel' data from selected years between 1977 and 2001 (Mario and Woolcock, 2004) help to disaggregate both 'the poor' at different points during this period as well as the groups among the poor that have 'grown' or failed to grow out of poverty. However disaggregated data on race was only available from 1989.

The findings of the study testify to the persistence of the *spatial* dimension to poverty in Brazil: the northeast of Brazil accounted for 30% of the country's population but 50% of its poor. The majority of the poor in the north-east region were rural. They lived in farm households located in remote, isolated, sparsely populated and low productivity areas for whom income from farming and agricultural labour represented 70% of total household income. However, spatial exclusion also operated in urban areas, with residents of the favelas of Rio and Sao Paulo and nordestinas (migrants recently from the northeast) facing particular forms of poverty and lack of social mobility. Many favela dwellers interviewed for the 'Voices of the Poor' report felt that they had been denied jobs on the basis of where they lived or that they were ashamed to tell co-workers or their boss where they lived.

The study also confirmed the *racial* dimension to poverty in Brazil. Afro descendants, who make up 45% of the Brazilian population, earn half of the average income of the white population, a ratio that has remained stable between 1995 and 2000. 62% of the poor live in households headed by blacks. 70% of households in the lowest income decile were headed by a non-white compared to less than 20% in the highest. The incidence of poverty was higher for non-whites than whites for each level of education: in 2001, it varied between 50-70% for the illiterate white population (depending on cohort) and between 70-85% for non-white illiterates. Poverty rates for all cohorts of non-whites varied between 80-90% in 1989, 1993 and 1997. Non white households were not only poor but they experienced lower levels of poverty decline over the period studied.

Regression analysis carried out in the study on the likelihood of being poor in 1981 and 2001 for the different cohort-education groups. The results showed, as might be expected, that formal sector employment and employer status significantly reduced the likelihood of being poor in both years while being self-employed or unemployed increased it. However, it also showed that race, gender and location (rural, north and northeast Brazil) significantly increased the likelihood of being poor in 1981 as well as 2001 (although data on race was missing for 1981). Paixao et al. (2003) make the point that, regardless of the indicator selected to analyse racial inequality, black people do worse than white but when income data is broken down by gender, white men appear to be better off than white women who are better off than black men who are in turn do better than black women. There is clearly also a *gender* dimension to social exclusion.

A similar story emerges from Peru where the economy has grown in nine out of the last ten years and there has been a transition to a more open and democratic government (Altamirano et

al. 2003). However poverty remains high at 49% (Saavedra et al. 2002) as does inequality. Although the last estimate of the income Gini coefficient was based on data from the mid-seventies, and found to be near 0.60, estimates of asset inequality by Figueroa (2001) using 1993-94 data on land ownership and human resources, found that the elite and middle class continued to make up around just 5% of households.

Ethnic and racial differences in Peru are a compound of race, mother tongue, religion and parental background. The white'/non white distinction in the estimates cited in the Appendix tell us that 15% of whites and 27% of non-whites were poor in 2001 using dollar a day criteria while 51% of whites and 65% of non-whites were poor using national estimates of the poverty line. Saavedra et al. (2002) found that poverty rates among the indigenous population (those whose mother tongue was Quechua, Aymara and other native languages) reached 70% while 75% of the indigenous people are concentrated in the three bottom deciles of the income distribution. Psacharopoulos and Patrinos (1994) found that, other things being equal, individuals whose mother tongue was Quechua had earnings that were 8% lower than the average for the population.

A more recent study used own and parent's language, religion, migration status and place of origin and a complex measure of race (to allow for mixed racial origins) to examine earning differential among members of urban households aged 18+ included in the 2000 LSMS and from an additional module carried out by the research team in 2001. Descriptive statistics suggested that those who were 'predominantly white' reported higher levels of mother's education, own years of schooling, likelihood of attending a private educational institute, access to phone lines and access to health insurance than those of mixed or indigenous origins. The latter also had larger family sizes, more children, have a native mother tongue and were more likely to be migrants.

The lower levels of poverty among the predominantly white compared to the predominantly indigenous respondents reflected their greater concentration in higher hourly income quintiles among professional, technicians and executive staff. For both groups, average earnings were lower for the self-employed than for private wage workers. Multivariate analysis of the key determinants of hourly earnings was carried out using the racial indicator, sex, age, years of schooling, marital status, years of occupational experience, occupational type, firm size, a dummy for residence in Lima, mother's education, number of days sick in previous year, migrant status and hours worked a week.

The results showed that the predominantly white person earned around 50% more per hour than the predominantly indigenous person. This difference was partly explained by differences in individual characteristics, but the racial variable remained significant. Partitioning the sample by different criteria suggested that there was greater racial discrimination in relation to earnings in Lima than in the rest of the country, among women than men and among wage earners than the self-employed.

A survey of the literature provides other evidence of the interaction between gender, race/ethnicity and disadvantage in the Latin American context. Olinto and Olinto (2000, cited in Burgard, 2004) found that Black and Brown women in urban Brazil had less schooling,

lower family income and poorer housing conditions than White women. Also in Brazil, women of African descent were disproportionately represented among poor female heads of households with young children (Barros et al. 1997). Duryea et al., 2001 found that indigenous women in Bolivia and Guatemala were much more likely to work in informal occupations than non-indigenous women and to enjoy lower returns for any given level of schooling. In 9 out of 13 countries they studied, female headed families, particularly those with young children, were over-represented in the lowest income decile which was the destitute category.

In the context of sub-Saharan Africa, where poverty is widespread, variations in the resources, including labour, available to poor individuals and groups, and their ability to translate the labour at their disposal into food or income creates considerable differentiation among the poor. However, lack of disaggregated data on the social composition of the poor conceals the extent to which social exclusion plays a role in explaining the persistence of poverty, with the exception of the racially-stratified societies of South Africa and Zimbabwe.

While South Africa has experienced a decline in inter-racial inequality since the fall of apartheid, this has not been reflected in overall measures of inequality because there has been a simultaneous rise in intra-racial inequality, particularly within the black majority, reflected in the widening gap between the wages of skilled and unskilled workers and rising unemployment. While class is no longer co-terminous with race, the relationship between race and poverty has not disappeared (Nattrass and Seekings, 2001).

At the top of the economic hierarchy in South Africa are 12% of households who earn around 45% of the total income and are predominantly white. In the middle are an increasingly multi-racial middle class and the African urban working class. At the bottom of the economic hierarchy in South Africa are households whose main earnings came from semi-skilled or unskilled labour in agricultural or domestic service together with those which had no one in employment or else relied on negligible earnings from entrepreneurial activity (1993 data). These accounted for 41% of all households but earned only 10% of total income. They were primarily black.

Du Toit's study of fruit farming in the Ceres valley shows that the market-driven restructuring of African agriculture in the post-apartheid era has seen a shift away from reliance on permanent workers, who now enjoy improved labour conditions, to temporary, seasonal, contracted and an increasingly *female* labour force. Official statistics report an overall reduction of 20% in regular farm employment since the late 1980s. A survey of 77 farms in six key horticultural districts carried out in 2000 found that while only 21% of the rapidly contracting permanent jobs were held by women, nearly two-thirds of seasonal casual labour was female who did not enjoy the few benefits (including housing and some other services) that came with the previous paternalist employment contract.

The study found that most farm workers now lived in informal settlements in peri-urban and small rural towns in much harsher material conditions than had prevailed earlier. They were heavily reliant on paid employment and cash income since they had no land or assets of their own, but their incomes were reduced by competition and increasingly uncertain. About 70% had experienced food shortages some time in the previous 12 months while 13% reported

insufficient food all year round. Around 26% of children exhibited a degree of stunting and 14% were underweight.

Aliber (2001, cited in May, 2003) estimated that in 2000, between 18-24% of all households in South Africa were in chronic poverty or highly susceptible to chronic poverty. A sizeable percentage of these were made up of rural Africans, and to a lesser extent, rural coloured households. These were more likely to be headed by females than males, particularly among African households. There were also substantial presence of disabled-headed households and elderly-headed households.

May provides estimates to show that around 25% of older people in South Africa can expect to be chronically poor, with Africans making up 90% of chronically poor older people. He notes that exclusion and isolation were identified by the SA PPA as being defining features of poverty. Old women living on their own were identified as particularly vulnerable. The older chronically poor were far more likely to be illiterate (35%) than the non-poor (15%), with rural Africans having the highest incidence of illiteracy (43%), followed by rural coloured (39%).

Studies from Zimbabwe suggest that its commercial farming sector has historically provided the lowest wages, the worst living conditions and the least secure forms of employment (Sachekonye, 2003). For many decades, the bulk of farm workers were migrants brought in from neighbouring countries of Mozambique, Malawi and Zambia, with indigenous Zimbabweans shunning this form of work. By 2000, however, they made up around 75% of the labour force, the rest being made up by migrants and their descendants. Fast-track land reform in recent years has led to around two-thirds of farm workers losing their jobs and with it, the little social security they enjoyed. Food insecurity has been exacerbated by steeply rising food prices in escalating inflation throughout the nineties and by the devastating drought in 2001-2002. An estimated 18% in Matebeleland South, 21% in Mashonaland West, 31% in Manicaland and 39% in Mashonaland East could afford only a single meal a day in October 2002 (Sachekonye) while focus group discussions suggested malnutrition and starvation were spreading among farm workers.

In addition, Sachekonye suggests that the descent into chronic poverty of the majority of farm workers over the past decade has been greater among certain 'vulnerable' groups: migrants, casual female wage workers and particular age categories: children, youth and the elderly. Migrants are made up of those coming from poorer regions of Zimbabwe and neighbouring countries, sometimes a generation or two ago. Migrant workers from other countries are particularly vulnerable because they do not have homes in communal areas to fall back on, ties with their ancestral home from which their forebears came are weak or non-existent and many were migrating from areas where land was becoming scarce or degraded anyway. Reports suggest that they have been moved by the authorities to remote and marginal areas where there is little infrastructure and no services.

Children growing up in deprived households are most likely to drop out of school and hence face uncertain futures. In one district, about 50% of children under five showed signs of malnutrition and one in three households had lost a child under five (FCTZ, 2002b).

Young people from poor households are also increasingly emerging as a socially excluded group. With limited education and skills and few opportunities for employment or self-employment, many are found to be following patterns of behaviour which would further damage their future: crime, drug abuse, alcoholism, early pregnancy and prostitution.

Elderly workers, who used to have some security in earlier times because they could remain on the farms on which they had worked after they could no longer work, can now no longer rely on this option. The absence of any social safety net (apart from a tiny pension) leaves them facing immediate material shortfalls and an insecure future.

Finally, Sachekonya reported that women labourers make up the bulk of seasonal, casual labour and the poorer sections of the agricultural wage labour. They are often perceived as supplementing the earnings of male breadwinners rather than workers in their own right. Yet, women head one in three households nationally as a result of separation, divorce, widowhood or as single women. As Adams detailed study of female labour in rural Zimbabwe shows, even in 1986-87, when she carried out her survey, women predominated among wage labourers, particularly those in low-paid casual agricultural work. Female headship was not necessarily a correlate of poverty – many female heads were in receipt of remittances – but households headed by casual female labour were amongst the poorest in the population.

Adams found that while piece rates for casual male and female labour did not differ, women received lower wages than men and were more likely to be paid on a daily rather than monthly basis than men. They were hired for shorter periods, sometimes a few days at a time. Many had children to support but no male breadwinner to assist. Their wages paid for living and for children's school fees. Children of female casual workers were more likely to be underweight (33% compared to 23% of other women), with differences much greater in some regions, such as the communal lands of Masvingo district where it varied between 40% and 26%. In short, the poorest people in her study were women who faced desperate personal circumstances, had no male support and few options but to leave their children with a relative in order to migrate in search of poorly paid casual work..

There are some cases of stark ethnic divides, often taking a racial form, in some other parts of Africa, as in the case of Sudan. 'Slaves' were mentioned in poverty assessments in both Sudan and Mauritania as one of the groups particularly vulnerable to poverty. There are also examples of other less well publicized forms of ethnic inequalities which give rise to social exclusion. A study of 102 households in urban Cameroon carried out as part of the ILS programme found that 21% were classified as poor on the basis that they had fewer than two meals a day, ate meat less than twice a week and did not have their own water supply. Ethnicity was found to be correlated with various dimensions of household living standards. Compared to the Bamilekes, members of the Beti and other ethnic groups were generally poorer. The majority of unemployed household heads were Beti and 50% of Beti household heads were unemployed.

In the study of Yemen carried out as part of the same program, the *akhadam* were identified as one example of a socially excluded group. While their language, religious practices are the same as the rest of Yemeni society, their African physical resemblance lead to dominant cultural

norms defining them as an outsider group on the basis of their 'untraceable genealogy'. They live in segregated ghettos with poor housing and few services, they are believed to be largely illiterate and their children are less likely to go to school. The term akhadam is plural for khadem which means 'servant' and the akhadam tend to be confined to forms of work that are considered degrading in Yemeni society: street cleaners and waste collectors in the city and agricultural labourers in the countryside, often paid in kind rather than cash.

Elsewhere in the African context, categorical forms of disadvantage appear to be reproducing old, and giving rise to new patterns of social exclusion. The ILS studies from Africa provided examples of some of these. For example, a sample of members of low income households in urban Tanzania found that a significant minority were beggars, that beggars were more likely to be homeless than the rest of the sample, they were also older than the rest of the sample and the majority of beggars (between 60-90% of those interviewed in two urban areas) were afflicted by leprosy (Kaijage and Tibaijuka, 1996). The overwhelming majority of the women in the sample were single, divorced or widowed mothers with young children to support. There was also a predominance of ethnic groups from either geographically remote or semi-arid areas in the overall sample. The study also noted the extent to which both pastoralists and hunter gatherers had been dispossessed of access to the land and water they need for their livelihoods by the dominant agricultural groups. However, attempts to convert these groups to a sedentary way of life by the government were being resisted as an externally imposed set of values and practices.

Disability features in the generation of poverty in a number of contexts. Data from Tanzania suggests that households with disabled members have a mean consumption of less than 60% of the average and a poverty head count 20% greater than the average (cited in Yeo and Moore, 2003). Aliber (2001) found that hunger was higher in households headed by disabled people than the population as a whole, particularly among black South Africans.

The spread of HIV-AIDS appear to be combining processes of impoverishment with processes of marginalisation. Based on research in Zambia, Baylis suggests that the impact of AIDS on rural households is not a 'shock' like any other. It removes the labour resources of young adults in the most productive period of their lives, conjugal and mother to child transmission exerts a cumulative effect on certain households so that there is a clustering of affected households. The stigma attached to AIDS inhibits those affected from disclosing their condition or seeking professional diagnosis so that the burden of care falls on family members. Combined with the cut-back in government health services, this can put an unsupportable burden on family carers, usually women.

One result of the spread of AIDS has been the rise of households headed by orphans or an elderly grandparent, a category identified in participatory assessments as a socially vulnerable group. While a study from Malawi warns against assuming that all AIDS orphans would be subject to exclusionary processes since this overlooks the role that extended family and community support can play, it also notes that such supports have come under increasing strain with the rise in the number of orphans.

The Tanzanian study provides evidence of strain on these traditional support systems in the finding that many of the street children interviewed in Mwanza town were orphans, a 'good number' as a result of AIDS. Even where responsibility for the care of orphans had been taken on by relatives, they suffered a great deal of hardship because of the pressure they represented on the family budget. Along with mistreatment and abuse, most orphans had been withdrawn from school or had left in order to earn money.

Sachekonye noted that the spread of HIV-AIDs had particularly implications for children in poor rural households in Zimbabwe. Estimates from the mid-nineties suggest 25% prevalence among sexually active population among farm workers, with higher levels among casual and seasonal workers. One effect of this has been a rise in the national orphan population to 8% of total (1 million), while local level evidence suggest that many are children of farmworkers. There have been growing numbers of child-headed households. While 65% of AIDS orphans attend school, the rest have dropped out.

## **2.2 Social exclusion and health outcomes**

As might be expected, the greater poverty of socially excluded groups translates into poorer levels of health, particularly when their poverty is combined with locational disadvantages of remoteness and lack of infrastructure and social services. However, one unexpected finding from the Indian context relates to *gender inequalities* in mortality rates among socially excluded groups. Several studies have shown that gender inequalities are lower among ST groups across India and in some areas, also lower for SC group. Some recent evidence of this comes from Agnihotri (2000), using district level data from the 1981 and 1991 census. He reports low, 'sometimes alarmingly low', female-to-male ratios in the 5-9 age group among upper and middle castes in the northern regions of India. Using a more finely-grained analysis than had hitherto been carried out, he found that the highly masculine sex ratios were concentrated in the north-western region. More favourable ratios prevailed in the northern mountainous states of India (Himachal Pradesh and Manipur) and in its south-eastern states. The pattern for the scheduled castes was similarly differentiated by region, with evidence of gender discrimination greater among scheduled castes in northern India. By contrast, ratios for the scheduled tribes, the poorest social groups in India, were the most balanced. Murthi et al found that the higher the proportion of ST in a district, the lower the anti-female bias.

However, while gender inequalities in child survival rates may be lower for STs, they are disadvantaged in other aspects of health outcomes. Maternal mortality rates in India is highest in tribal areas. Infant and child mortality is around 83 and 126.6 per 1000 births compared to 62 and 83 for the general population. About 80% of tribal children are anemic, 50% are underweight and only 26% receive all vaccines (Xaxa..). 65% of women are anemic compared to 48% for the general population. 43% do not receive any ante-natal checkup compared to 28% for the general population. 17% of mothers have institutional deliveries and 15% are assisted by doctors compared to 40% and 37% in the general population.

Other studies suggest that 54% of children aged 3 or less were underweight for their age among SC groups and 56% among ST groups compared to 44% for the rest of the population 47% of SDC children and 34% of ST children had measles immunisation compared to 54% of

the rest of the population; IMRs were 83, 84 and 68 per 1000 live births respectively while under child mortality was 119, 126 and 92. 36% of births to SC groups and 23% to ST groups were assisted compared to 47% for the rest of the population. In Orissa, 37% of scheduled caste women receive no ante-natal check up compared to 15% of women from non-deprived groups and rates of immunisation for scheduled tribe children are about half of that of non-deprived groups (Orissa HDR, cited in de Haan 2004).

Betancourt and Gleason (2000) used district level data from a number of different sources to explore some of the determinants of health and educational provision by the state as captured by the number of state provided doctors, nurses and teachers per 10 persons in rural areas of the district. They found the most important source of variation at the district level related to religion and caste: the higher the percentage of rural scheduled caste and Muslims in the district population, the lower the provision of medical and educational services. Bharat et al provide qualitative evidence that helps to explain the relationship between social exclusion and health outcomes. They note that along with lack of respect for poorer patients, particularly women, public health service providers hold strong stereotypes of population groups which fuel the blaming of specific social groups for non-achievement of contraceptive targets. Acts of discrimination against dalits were reported in the public health services in both poor and well performing states. The avoidance by health workers, particularly paramedic and nursing staff, of physical contact with dalits has been noted by Health Watch Trust (1999) while the reluctance to visit dalit households explains some of the incomplete immunisation coverage of dalit children. Both real and anticipated discriminatory behaviour and attitudes on the part of health workers deters dalits from using health providers, public and private, particularly for services which involve physical contact, such as giving birth.

In Bangladesh, Chowdhury et al. (2002) report that the Chittagong Hill Tracts, where most of Bangladesh's tribal groups live, had a much lower immunization coverage of children under 12 months than the national average: 22% compared to 54% (Karim and Begum, 2001). Within the Hill Tracts, there was further differentiation by ethnicity. The majority Bangali reported 34% coverage. Among the rest, coverage varied from 17% among Tripura people, 9% among Marma and Chakma and 8% among Mro. In Nepal, Lucas's estimates suggest that infant mortality rates among dalit groups was 1.4 times that of the rest of the population, an additional 32 deaths per 1000 births.

The 2002 Vietnam National Health Survey (Vietnam Development Report 2004) shows an overall improvement in children's nourishment, for both boys and girls, but the minorities clearly lag behind. Lucas, for instance, estimates that the infant mortality rate among ethnic minorities was 1.7 times higher than the rest of the population, an additional 14 deaths per 1000 births. The Vietnam Development report notes that around 34% of those from ethnic minorities in the northern mountains and 45% of those in the central highlands and coast were underweight (wasting) compared to 23% of the majority Kinh/Chinese children. The degree of malnutrition among minority children was also severe: a quarter of underweight ethnic minority children suffered from 2 to 3 level malnutrition compared to a tenth of underweight children overall. Gender differentials, while small for all groups, generally favoured boys. These disparities in health outcomes partly reflected disparities in access to

health services. While there has been an overall improvement in attendance by health workers at deliveries, attendance is lower, and might even be dropping in the mountainous areas. Compared to a national figure of 17% in 2002, 33% of women in the north east, 65% in the north west and 40% of women in the central highlands gave birth with no assistance from qualified health workers. Disaggregating further, 75% of ethnic minority women in the central coast and central highlands fell into this category.

Access to clean drinking water is one source of health disparities. Only one eighth of ethnic minority population is covered compared to more than half of the rest and progress in provision has been slower. Between 1993-2002, an additional 8% of the ethnic minorities obtained access compared to 24% of the rest of the population. Only 4.3% of the population in the central highlands has such access. Reluctance to seek help from male health workers and difficulties of recruiting women to work in remote mountainous areas, together with distances involved, are major factors.

A study by Foggin et al (2001) explored the determinants of risk of child mortality among the Miao in Yunnan province in China. While China has reported a steady improvement in infant mortality rates, both infant and child mortality remain high among ethnic minorities; estimates from the mid 1990s suggest rates as high as 167% for specific ethnic minorities, including the Mia, compared to rates of 15-25 % in virtually Han provinces. An earlier study had suggested that birthing practices might play a role along with the lack of accessibility to modern health care. The findings showed that a number of variables were significantly associated with child mortality and could be seen as providing some explanation for high mortality rates among this group. Households which reported greater geographical mobility of members, greater utilisation of health care provision and family income all had a negative association with child mortality. On the other hand, households with a history of TB, respondents that reported religious responses to illness, respondents that reported loneliness (weak social networks) all had higher levels of child mortality.

The Brazilian evidence suggests uneven coverage of health services, with urban centres still privileged at the expense of the rural, and a heavy concentration of human resources in the more prosperous South. Studies by Wood and Carvalho (1988) and Burgard (2002) testify to racial disparities in child health. Using 1996 DHS data for Brazil, Burgard compared children's height-for-age, a measure of 'stunting', an indicator of their health status and living standards, between predominantly 'white, predominantly 'brown' and predominantly 'black' children, controlling for children's sex, mother's age, height and education, father's education, household wealth, location and region of residence, age at which child was weaned together with a number of variables measuring household sanitation and local services. The results showed that while 'black' and 'brown' children had significantly higher odds of stunting than 'white' children (odds ratios of 2.0 and 1.6 respectively) when racial variables were taken on their own, the significant effect of race disappears once differences in the characteristics of children, parents, households and communities had been factored into the equation, suggesting that racial inequalities in children's health were largely the produce of socio-economic differentials by race.

In a follow-up study, Bugard examined the extent which racial differences in women's utilisation of pregnancy-related medical services in the mid-1990s might explain differences in children's health outcomes. Earlier studies had shown that the majority of women in Brazil attend at least one pre-natal visit but that not all women initiated care early in their pregnancies. Analysis of the 1996 DHS data set showed early pre-natal care (in the first trimester) was more common among urban than rural children, among children of white mothers (70%) compared to children of Brown (62%) or Black mothers (61%), and among children in the rest of the country compared to the north/ north-east regions. She also found that 88% of White births were attended by a doctor compared to 73% of Brown and 74% of Black. However, once controls were introduced for other possible influences on variation in use of pregnancy related health care, the race of the mother was no longer significant. Younger and less educated mothers were less likely to have benefited from such care while the education of the father also made a difference. Household economic resources were strongly associated with access to health care. Both rural residence and location in the North and North-east were both significant. Race in this case had not entirely disappeared from the explanation but was represented by spatial factors: region (north east) and residence (rural). Thus racial disparities persist in the Brazilian context through the interaction between race and location.

Larrea and Kawachi (2005) used data from the Ecuador LSMS 1998 to estimate various determinants of child malnutrition as measured by weight for age and height for weight against an international normative median. Stunting was estimated to affect 26% of children under five in the country. The study found that it reached 58% among indigenous children compared to 24% of non-indigenous children. In regional terms, it was highest in the Highland provinces 33(%) which had larger concentrations of indigenous people. This was also the region with the highest economic inequality, as measured by Gini coefficients. Multivariate analysis showed that, along with mother's education, per capita food consumption, quality of diet, access to health services, mother's age and number of months child was breastfed, ethnicity played an important independent role as did a variable measuring the interactive effect of ethnicity and access to health services. The level of economic inequality in the province was also a significant factor.

A study commissioned by the Millenium Task Force on Health reported that in Ethiopia, the percentage of children who were severly underweight, the percentage with measles coverage, the percentage of women who had visited a health care facility in the previous year and percentage practising contraception varied by ethnicity. While the pattern was not constant for these different outcomes and differences were more marked for some outcomes than others, certain ethnic groups (Affar, Amharra, Somalie and Weilata) lagged behind national averages. 55% of the children of the Affar group were underweight compared to a national average of 47%. It should be also noted that while an IFPRI study found that high prevalence of food energy deficiency across Ethiopia, the highest prevalence was in the Affar region where 90% of the population were energy deficient.

In Kenya, disparities in access to health care facilities was much larger by ethnicity than by wealth but reliance on skilled birth attendant was stratified by ethnicity, wealth, location and mother's education. Children's underweight status was significantly stratified by mother's education, by wealth and by ethnicity: only 10% of children from the dominant Kikuyu group

were undernourished compared to 32% of children who were Mijikendra or Swahili. Kikuyu children were also most likely to be immunized.

In Ghana too, ethnicity was a significant factor in stratifying health outcomes along with region to which it was closely related and mother's education (there was no wealth-related variable for the Ghana study). The dominant ethnic groups did far better than the non dominant ones on modern methods of contraception, use of skilled birth attendant, knowledge of AIDS, the percentage of underweight children and child immunisation.

Defo found significant differentials in maternal health status by ethnicity in Cameroon which could not be explained by background characteristics of women or their partners or by differentials in services available. Women from ethnic groups that were predominantly Christian reported higher episodes of illness than those from groups that were predominantly Muslim. This was largely explained by the younger age at which women had children and the larger numbers of children they had in the former group. Residence in poorer quality neighbourhoods, women who were unemployed when they gave birth and those living in households with poor infrastructure all reported lower levels of health. The study concludes that women's status is stratified Cameroon society by ethnicity as well as economic position.

In urban South Africa, a longitudinal study of height and weight among children aged 3.5 to 18.5 by Chaning-Pearce and Solomon (1986) found that white children had more rapid increases in growth and attained greater height and weight than did black children.. Bugard undertook a study to find out the extent to which these group based inequalities could be explained by economic inequalities between different groups and the extent to which they reflected other kinds of disadvantage. She used children's height-for-age as an indicator of children's health status and living standards for different racial groups, relying mainly data from the Intergrated Household Survey 1993-94. Multivariate analysis was used to explore the effects of race (defined by whether mother was 'black', 'brown' (Asians and coloureds) or 'white') on the likelihood of a child being stunted, controlling for the child's sex, mothers' age and education, father's education, household wealth, place and region of residence, age at which child was weaned, quality of sanitation in household and district levels of female education and male unemployment. While the introduction of various individual, household and community variables considerably reduced racial differences in the likelihood of being stunted, black and brown children were nevertheless 3.2 to 2.0 times more likely to be stunted than white children.

In a subsequent study, Bugard explored the extent to which women's use of pregnancy-related medical care, which had implications for their own and their children's health, varied by race. Earlier studies had shown that the majority of women in South Africa attend at least one prenatal visit, but White and Asian women were both more likely (both 89%) to initiate care in the first trimester of pregnancy than coloured (60%) or black women (30%). Her own data showed that 78% of births to White women, 66% to Asian, 40% to coloured were likely to have benefited from early prenatal care of the mother compared to 26% of urban black and 19% of rural. 90% of white births took place in the presence of a doctor compared to 52% of Asian, 41% of coloured and 37%-17% of black, depending on urban versus rural location.

Regression analysis was used to explore the key determinants of differences in mothers' behaviour. Household economic resources were important as was father's education.

However, despite controlling for various possible influences on useage of health services, children of non-white mothers continued to be far less likely to have received pregnancy related services. Regional location did not make a great deal of difference although urban Black women were more likely to seek or receive health care than those in rural areas. Unlike Brazil, therefore, the South African results suggest that racial discrimination in the provision of health services does not vary a great deal in different parts of South Africa although there is some urban-rural variation. Clearly some of these differences reflect structural discrimination as a legacy of apartheid but she also raises the question about the extent to which persisting historical patterns of inter-personal discrimination may explain the remaining racial disparities in use of pregnancy-related care. Attitudes of doctors and health providers could explain the greater reluctance of women from non-white groups to seek pregnancy related services.

Finally the AIDS pandemic has clearly emerged as the key health challenge in SSA and become associated with new forms of identity-based disadvantage. At the end of 2003, 40 million people were estimated to have HIV-AIDs, 90% in development countries (UNAIDS/WHO, 2002). Africa's proportion of the global HIV burden (ie. 79% of DALYs and 81% of deaths) massively outweighs its share of the global population which is 10% (Arhus, 1998). While women make up 50% of those affected by HIV worlwide, they make up 58% of those in Africa. In fact, with the exception of the 'developed country category' and 'Europe and Centra Asia', UNAIDS (2003) estimate that women have a higher prevalence of HIV-AIDs than men in all other regions. In SSA, where the overall rate was around 10% in the age group 15-49, it was 6% for men and 15% for women. (In South Asia, where the problem is growing, the equivalent estimates were 0.6, 0.8 and 1.3). With HIV infection rates of 24.5% in 2001, South Africa reports some of the highest HIV prevalence levels in the world.

Gender inequality and poverty dimensions are clearly intertwined in some of the processes behind the spread of AIDS. The growing economic pressures which lead women to sell sex for subsistence have led a number of studies to suggest a link between gender, poverty and seropositivity, Studies from Zimbabwe and South Africa (Bassett and Mhloyi, 1991 and Jochelson et al. 1991 cited in Doyal, 1995) pointed out that the decision by women to sell sex was usually in response to economic need, a way to supplement meagre salaries or replace them. As Doyal (1995) points out, whenever sex is part of an economic exchange, women will be constrained in their attempts to protect themselves from STDs: 'the greater the degree of financial dependence, the greater the constraint' (p. 79).

### **2.3 Social exclusion and educational outcomes**

Recent publications by international agencies draw attention to the magnitude of the problem of getting all children to school and suggest that South Asia represents the biggest challenge in terms of sheer numbers as well as degree of gender inequality. According to UNICEF's 1999 report on the State of the World's Children : "...over 130 million children of school age in the developing world are growing up without access to basic education, while millions of others

languish in sub-standard learning situations where little learning takes place. Girls crowd these ranks disproportionately, representing nearly two of every three children in the developing world who do not receive a primary education.” Nearly fifty percent of these out of school children were in South Asia.

According to UNESCO’s report on Education for all in 2000, despite progress on the goal of universal primary education, ‘more than a 100 million children in the world are still deprived of access to primary education.....Nearly all out-of-school children live in developing countries and a majority of them are girls’ (p.44). While sub-Saharan Africa reports the lowest gross enrolment ratios in 1999 (81%), it is likely that the largest numbers of out-of-school children continue to be located in Asia, particularly South Asia. The other side of this policy failure is documented by ILO estimates which suggest there are a quarter of a billion working children aged 5-14 throughout the world, about half in full-time work, of whom 61% (153 million) are to be found in Asia.

More detailed in-country analysis suggest that socially excluded groups account for a disproportionate share of educational shortfalls and confirm the relevance of the gender dimension. For instance, using 1998 LSMS data from UP and Bihar, Lucas estimates that scheduled caste/tribes in the relevant age groups were 1.7 times (1.9 for males and 1.6 for females) as likely not to be in attendance at primary school, a gap of 21 percentage points (20 for males and 23 for females). They were 1.7 times as likely to be illiterate (2.0 for males and 1.6 for females), a literacy gap of 24 percentage points (18 for males and 30 for females).

Analysing NFHS data (1998-99) in India, Nambissan (2004) notes that the proportion of school-going children from dalit families communities had increased significantly in the 1990s but non-attendance continued to be higher among dalit children: 20% in the 6-10 age group compared to 16% more generally and 29% in the 11-14 age group compared to 23% more generally. Moreover, only 43% of dalit children completed primary schooling compared to 58% of other castes and only 42% completed middle schooling compared to 63% of other caste children in the respective age groups. World Bank estimates of primary school completion of rates of children aged 12-16 years shows considerable variation for dalit children from a high of 96% in Kerala compared to 100% for other castes to 30% in Uttar Pradesh and only 19% in West Bengal. There are thus clear caste gaps in educational attainment, but they vary considerably by state.

As noted earlier, the greater geographical concentration of STs mean that national level estimates provide a misleading idea of the extent of their disadvantage. In Orissa, for instance, which has one of the highest concentrations of scheduled tribe populations in India, 27% of the not-deprived population in the better-off rural coastal areas were illiterate (and 17% in urban areas) but around 82% of the scheduled tribe population in the southern areas were illiterate (cited in de Haan, 2004). According to the NFHS-2 (2001, cited in de Haan) 88% of the female tribal population, 73% of scheduled caste women, 56% of other backward caste women and 34% of the rest of the female population were illiterate.

In 2000, the drop-out rate at primary level was 42% for all children in Orissa (similar for boys and girls), 52% for SC (substantially higher for girls) and 63% for ST (Orissa Human

Development Report: tables 4.19). Micro-level survey of 556 households in Koratpur, one of the poorest districts of Orissa with a largely tribal population, found much higher rates of illiteracy among girls in the age group 6-14 than boys: 31% compare to 18% (Dash and Kabeer, 2004).

There are various factors behind the poor educational outcomes of ST and SC children. One set relates to the extreme nature of their poverty. 64% of the scheduled caste labour force, and 50% of the scheduled tribe labour force, in rural areas worked in agricultural waged labour, one of the poorest paid occupations in the economy, compared to just 30% of 'other' groups. Both the former groups were also disproportionately represented among bonded labourers: according to government survey data, 66% of bonded labourers belonged to the scheduled castes and a further 18% to scheduled tribes (cited in Burra, 1995). According to a report published by the Anti-Slavery Society (2000), the overwhelming majority of approximately 3 million mine and quarry workers in the Indian state of Rajasthan belong to scheduled castes and tribal groups, many trapped in debt bondage.

Not surprisingly, such groups also account for disproportionate share of child labourers as well as of children out of school. Using 1993-94 NSS data, Thorat (1999) found that the proportion of child labour was 2-3 times higher among scheduled caste and scheduled tribe groups than the rest of the population. Duraisamy (1997) found that higher levels of SC/ST groups within the population of a state significantly increased child labour force participation rates. Since debt bondage can trap marginalised tribal households for generations, its implications on children's ability to go to school are significant. Nayak (2001) found that among Bondo households in Orissa, children whose fathers die when they are young are particularly vulnerable since they have to take on responsibility for fathers' debts.

The gender dimensions of child labor and educational exclusion tend to be obscured by conceptual and methodological limitations in data collection. These have given rise to a category dubbed the 'nowhere' children (Chaudhri, 1997a), i.e. children who were neither at school (and hence excluded from enrolment data) nor at work (and hence excluded from labour force data). According to the 1991 census, there were 92 million of such children. Closer investigation suggests that they were often engaged in forms of productive work which are not counted as 'economic activity' by formal data collection efforts (eg. fuel collection, rag picking, paid and unpaid domestic work) or else in socially stigmatised forms of occupations (prostitutes, beggars, vagabonds etc) which tend to go unreported (Chaudhri, 1997a).

The gender bias of these omissions are pointed to by Duraisamy (1997) who estimated that nearly half of girls in the school-going age are engaged in such work and hence get excluded from both work and educational statistics. Microlevel studies also suggest that there are many children, often girls, who are indeed neither at work nor in school (Bhatty, 1998). There is a high rate of abduction of adivasi girls for sexual trafficking (Rao, 2000) while a study of trafficking in girls for prostitution from Nepal, shows a high presence of ethnic minority groups.

Household level studies provide other insights into the inter-generational transmission of disadvantages associated with social exclusion. Using all-India data on rural households, Borooah examined various possible determinants of school enrolment, and likelihood of

continuing in school once enrolled. Along with the literacy of parents, household income, occupation of parents, presence of a school and other government services in the village, all of which played a significant role in predicting both independent variables, the study found that male children were more likely to be enrolled and continue at school than female and that children from Scheduled caste, tribal and Muslim households were less likely.

Dreze and Kingdon (2001) analyse rural household data from Bihar, Himachal Pradesh, Madhya Pradesh, Rajasthan and UP and found that that children from scheduled caste and scheduled tribe groups were much less likely to go to school, even when household wealth, quality of schooling, parents' education and motivations were controlled for. Kingdon' study (1996b) based on data from urban UP, a state with higher than average percentages of children in private schools as well as with particularly poor public provision, reported that children from wealthier households were significantly more likely to attend private schools, and less likely to go government schools, than those from poorer households. Boys were also more likely to go to private schools, and less likely to go to government schools. *Finally*, children from low caste households had a lower probability of attending both government and private schools than the rest of the population.

A study based on household data from two slum neighbourhoods in Calcutta found Muslim children were more likely to be at work, particularly if they were Hindi speaking (ie. migrants from outside W.Bengal, often Bihar), compared to Hindu children (Kabeer and Mahmud, 2004). However, among Hindus, Scheduled caste children were more likely to be working than other castes. Despite the introduction of other explanatory variables, including household income, assets, mother's education and membership of a samity (organisation), all of which exercised a positive effect on the likelihood of children going to school, and female headship and reliance on casual labour, which exercised a negative effect, Muslims and Hindi speaking migrants, remained significantly less likely than the rest of the population to send their children to school and more likely to send them to work. However, the scheduled caste effect disappeared once female headship was factored into the analysis because of the much higher incidence of female headship among scheduled caste households.

In her review of the factors which explain the poor educational outcomes among SC children, Nambissan points to some of the ways in which caste identity plays a role. Teachers are predominantly upper caste and bring their own understandings of the legitimacy of caste relations into the class room. Dalit children are expected to run errands and are assigned menial tasks such as sweeping and cleaning the classrooms. Higher rates of teacher absenteeism was reported when children were mainly from scheduled caste and tribal communities. In West Bengal it was found to be 75% in such schools compared to 33% elsewhere. Such treatment has particularly negative effects for children who are likely to be first generation learners.

In urban Bangladesh, a study by Kabeer and Mahmud (2004) found that female headship negatively associated with the likelihood of children going to school and positively associated with the likelihood that they would be at work. In Nepal, Lucas estimated that members of dalit groups in specified age groups were 1.6 times (1.7 for males and 1.5 for females) as likely not to be attending primary school at the specified age, with an attendance rate 14 percentage points

(12 for males, 17 for females) below that of the non-excluded. Those in the 15-24 age-band were 1.5 times (1.8 for males and 1.3 for females) more likely to have no schooling, a gap of 8 (11 for males 5 for females) percentage points.

The data from Vietnam suggests that greater poverty among ethnic minorities translates into lower levels of education. There is a large literacy gap between the majority Kinh population and some ethnic groups like the Hmong whose literacy rates are around 5-10%. Primary school enrolment for ethnic minority children have stabilised at 80%, about 12% behind the rest of the population. Gaps are larger for secondary education. Various studies attribute these gaps to poor infrastructure and accessibility, language and cultural barriers, limited quality of teachers, low suitability of curriculum and the perception among minority groups that returns to education are low (UNDP and PTF, 2002; DFID and PTF, 2002).

Jorgensen's study provides some ethnographic support for this. He notes that the majority of teachers in the northern mountainous region where he carried out his study were drawn from the majority group and did not speak any minority language. They were often isolated within the communities in which they were posted and described their work as practical training for when they return to the valley. Few families considered education a worthwhile investment. Most needed their children to help out at home or as day labourers for other farmers. Better off families tended to send their children to school in the district or provincial capital so that there was no pressure to improve educational facilities in the mountains.

There is evidence from other parts of Asia of the interaction between social exclusion and child labour. A report on begging in Pakistan found children to be a particularly vulnerable group. There were reports of children being kidnapped for sexual trafficking exploited while it was also believed that young boys were being sold in Dubai as camel boys. There was also vulnerability to drug addiction. However, as the report points out, 'the caste-based nature of much of the begging .... means that for children, their line of work is pre-determined to a large extent and their options are limited. This is especially dangerous for girls, who will find themselves – often but not always – used as sex workers by their families to supplement their income' (p.21).

A study by Upadhyaya and Gautam (1997 cited in Larsen 2000) found children from indigenous santhal tribals to predominate among workers in tea estates in two districts in Nepal. Indigenous children were also found to be vulnerable to trafficking, particularly for commercial sex exploitation, in Thailand, Burma, Indonesia and Cambodia (Tauli-Corpuz, 2001). An ILO study found that the majority of street children under the age of 15 in the cities of Chiang Mai and Chiang Rai, earning a living by selling flowers, begging or offering sexual services, were from the hill areas of Thailand and Burma. Similar processes are documented in Taiwan where, while indigenous people account for only 1.6 of the population, but make up between 20-60% of women working in the sex industry. As Bindman notes, there is a considerable presence of minors and debt-bondage: young girls may be sold as virgins for life for upto US\$ 25,000 (1997 figures) or between \$US 2,500 and 10,000 for yearly contracts.

While Latin America has higher levels of education than the other regions covered in this study (UNESCO, 2004), social exclusion continues to be evident in educational outcomes. This is illustrated by Lucas's estimates. He notes that while school attendance rates in Bolivia were very

high (93% primary attendance for 'non-white' females was the lowest) 'non-white' children were 1.4 times as likely to be non-attendees at primary school and twice as likely to be illiterate as white children. In Brazil, where again attendance rates were high, non-white children were 1.7 times as likely to be absentees from primary school and 5 times as likely to be illiterate. In Paraguay, non white children were 1.8 times (1.5 males and 2.3 females) as likely to be absentees from primary school, with attendance rates 4 percentage points (3 for males and 5 for females) less. Illiteracy rates for those 15-24 were 3.5 times as high with a gap of 5 percentage points.

Other studies testify that disparities in children's life chances persist along ethnic and racial lines. In Peru, available studies suggest that ethnicity played, and continues to play a role, in differentiating children's access to education. MacIsaac, 1993 found that non-indigenous individuals attain 8.1 years of schooling compared to 5.5 years for indigenous individuals (cited in Saavedra et al. 2002). Quechua-speaking students did worse in school than Spanish speaking ones, controlling for other co-variables while the % of students who were in a grade below that expected for their age was considerably larger than among native Spanish speaking ones (Saavedra and Cardenas, 2002). 1994 data showed that 36% of poor non-indigenous children but only 23% of poor indigenous children had completed secondary schooling in Peru. In Mexico, children who spoke only indigenous languages performed worse in school than children those who wer bilingual and spoke Spanish as well.

Most of rural agricultural child labour in is to be found among the indigenous peoples of Mexico, Central America and the Andean region where most people are peasant farmers or wage labourers. In Ecuador, nine out of ten indigenous children work compared to one out of three among the non-indigenous population (Salazar, 1998) while Cartwright and Patrinos note that children in Bolivia are twice as likely to be working if they come from indigenous backgrounds, but less likely to be working full time. This is likely because they face more difficulties in finding formal employment and are more likely to be in the informal economy and invisible in national statistics. In Panama, child labour is highest in rural areas and among indigenous groups, particularly the Ngobe-Bugle community in the west, with more than half of the children in these areas suffering from malnutrition.

In Mexico, around 35-40% of migrant agricultural labourers to the north east of Mexico were of indigenous origins from the south of the country while 32% of the indigenous labour force was estimated to be children. Research from (ref) shows that migrant child labour is around 54% for indigenous groups compared to 38% among mestizos. They also tend to report higher rates of morbidity, malnutrition and illiterate.

### **Part 3: Responding to social exclusion**

We have used the concept of social exclusion in this paper to draw attention to one way in which poverty is linked to inequality: the concentrated nature of disadvantage among certain sections of the poor. The challenges presented by social exclusion to present policy concerns with poverty reduction, investment in human capabilities and the promotion of social justice suggest that the 'business as usual' approach to development has not proved adequate in the

past and is unlikely to do so in the future. Socially excluded groups have been invisibilised in 'normal' forms of data collection which tend to define 'the poor' simply by their assets and income. The absence of disaggregated data has helped to invisibilise the problem of social exclusion. This report has tended to cite data from certain countries far more than others, not because the problem is worse in these countries but because the data is more likely to be available.

Socially excluded groups are less likely than the rest of the poor to benefit from the 'normal' processes of economic growth because not only do they own fewer resources of various kinds than other sections of the poor, but they also find it harder to translate their resources into income because of the discrimination they face in markets for labour and commodities.

Socially excluded groups are likely to be denied access to 'normal' forms of social provisioning, whether these are provided through private provision or by the state. They are unlikely to have the means necessary to purchase these services in the market place while, as the examples cited here show, the discriminatory attitudes prevalent in society at large are often reproduced by state officials responsible for service provision.

Finally, socially excluded groups are generally less likely to participate in 'normal' models of democracy. Particularly where they constitute a minority, there is no incentive for political parties competing for power to take their interest in to account since they neither represent enough votes nor enough organisational clout to exercise a great deal of influence. Nor are they likely to have the resources necessary to compete for political office. For instance, only 4.4% of the Brazilian congress were of Afro descent although this group represented around half of the Brazilian population. Women hold less than a fifth of senate and congressional seats across Latin America.

Policy responses to social exclusion therefore need to address the multiple and overlapping disadvantage that it represents. Multiplicity of disadvantage requires a multi-pronged approach to address, among other things, the cultural norms and values which underpin discrimination against excluded groups, to formulate policies which will address the intransigent nature of their poverty and to strengthen their capacity to exercise 'voice', not simply in the political domain but across the different processes of collective decision-making which impinge on their lives.

The availability of statistics is clearly essential for a better estimate of the extent to which the socially excluded among the poor systematically report lower levels of income and capabilities than others while more detailed qualitative research can help to uncover the mechanisms by which exclusion is reproduced over time. The agencies responsible for collecting data at both national and international levels may need greater disaggregation of the poor than has hitherto been the case.

Cultural norms and values which lead to the persistent discrimination against excluded groups can be changed through the educational system, the media, public campaigns and setting up a legal framework which discourages discriminatory behaviour and strengthens the civil and political rights of excluded groups. The content of the educational curriculum, the language in which it is taught and the extent to which teachers are drawn from, or at least sympathetic to,

socially excluded groups will all help to determine the extent to which education promotes or challenges the reproduction of social exclusion. The media plays an increasingly powerful role in shaping everyday perceptions about difference and diversity within a society and can be mobilised to educate, inform and entertain in ways which break down some of the barriers which separate socially excluded groups from the rest of society.

The legal framework can help to ensure that discrimination on the grounds of race, ethnicity, disability, gender or age are rendered unacceptable within a society. It can also ensure that rights of excluded groups to land, credit, employment and benefits are secured, given the greater vulnerability of these groups. However, a legal approach to social exclusion necessitates that attention is paid to the systems through which people obtain justice. Strengthening the rule of law for the poor and marginalised means strengthening the judicial system at the level at which everyday justice is dispensed. There is now sufficient evidence to suggest that the institutions that represent the administration of justice in a society – the police, the law courts, the judges, lawyers – all of these infringe on the lives of poor and socially excluded in ways which threaten their lives and their livelihoods.

Policies to address social exclusion may need to incorporate special provisions to address the multiple disadvantages associated with social exclusion and to break the inter-generational transmission of poverty that it has often entailed. Such provisions may entail special attention to geographical or group targeting. It may entail targeting the children of excluded groups to ensure that they face the limited life chances which their parents faced. It may also need addressing gender inequalities within excluded groups so that promoting respect for hitherto marginalised cultures does not necessarily promote the internal inequalities which such cultures may embody.

It may require the tailoring of social protection policies to address the particular forms of vulnerability of socially excluded groups. Given that the vast majority of such groups are to be found in the most exploitative forms of work in the informal economy, it is unlikely that forms of social protection devised with the full-time formal sector worker in mind is likely to be appropriate. Some form of basic security may be essential if those who are dependent on the personalised forms of clientelism or highly insecure forms of employment for their survival are to have the capacity to organise for their rights.

Addressing social exclusion will require changing the attitudes of those responsible for policy delivery, tailoring policy design to the pace at which change takes place in conditions of intransigent poverty, earmarking the resources necessary to ensure these provisions are implemented and, above all, creating mechanisms which allow those who have a stake in the success of these efforts to participate in their design.

Strengthening the voice of the socially excluded in policy and political processes may mean changing the way that these processes are done. The decentralisation of governance structures would appear to be an essential element of this change. How decentralisation is carried out, what powers and responsibilities are devolved may vary by context but bringing the power of the state within the reach of actors who cannot access more remote centralised structures of power must be an important precondition for building participation and accountability.

At the same time, given that a great deal of social exclusion is reproduced through local level hierarchies, the state is still seen by many as the only institution which has the capacity, however imperfect, to sidestep or bulldoze disempowering relations of both market but also custom and tradition. To that extent, the role of a central state that is not closely entangled from local power structures and is more likely to be able to challenge them remains relevant.

Finally, promoting civil society networks which help to mobilise socially excluded groups and which build their alliances with other organisations fighting for rights and social justice provides a bottom-up way of strengthening their capacity to exercise voice and to ensure their claims are addressed by policy and political processes. As we have tried to demonstrate in this paper, it is the marginalisation of socially excluded groups, their inability to influence the processes of decision-making in their society, which partly explains why they remain poor over extended periods of time.

The challenge, of course, is how prioritising socially excluded groups as a part of an agenda to meet the MDGs can be promoted by a bilateral donor like DFID. It has been noted that the Millennium Declaration expressed far greater commitment to the principles of equality, freedom and rights than is evident in the MDGs. Bilateral agencies could do a great deal to ensure that the principles of the Declaration infuse the interpretation and implementation of the MDGs. They could also ensure that these principles are built into their policy dialogues with government as part of the PRSPs. Most governments have signed the key international treaties and covenants which commit them to respecting the political and civil rights of their citizens and promoting the progressive realisation of their social, economic and cultural rights. In doing so, they have accepted the obligation to uphold these rights. Poverty reduction strategies which explicitly address excluded sections of society are one important way in which they can meet their obligations.

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ii Ashwani Saith, personal communication.

iii DFID: Tackling social exclusion in middle income countries – recent experiences from Latin America