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Inequalities based on social categories, culture, race, religion and ethnicity

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Abstract

Social inequality arises when resources are unequally distributed in a society, typically through distributional norms that produce certain patterns along socially defined categories of people. It possesses and creates gendered boundaries between individuals that limit women's access within society. Differential preferences in access to social goods in society are generated by power, religion, kinship, prestige, race, ethnicity, gender, age, sexual orientation, and class. Social inequality usually implies a lack of equality of outcomes, but it can also be understood as a lack of equality of opportunity. This goes hand in hand with the way inequality plays out in the social economy and the rights that emerge on that basis. Social rights include the labour market, source of income, health care, freedom of speech, education, political representation, and participation. Social inequality is the result of a lack of equality of outcomes.

Keywords: race, ethnicity, racism, racial discrimination, racial inequities

Introduction

Social inequality is found in almost every society. Social inequality is shaped by a range of structural factors, such as geographical location or citizenship status, and are often underpinned by cultural discourses and identities defining, for example, whether the poor are 'deserving' or 'undeserving'. By understanding the process of social inequality it rises the importance of how society values both genders, and in relation to that it identifies the significant aspects of how biases become presented within society. In simple societies, those that have few social roles and statuses occupied by its members, social inequality may be very low. In tribal societies, for example, a tribal head or chieftain may hold some privileges, use some tools, or wear marks of office to which others do not have access, but the daily life of the chieftain is very much like the daily life of any other tribal member. Anthropologists identify such highly egalitarian cultures as "kinship-oriented", which appear to value social harmony more than wealth or status. These cultures are contrasted with materially oriented cultures in which status and wealth are prized and competition and conflict are common. Kinship-oriented cultures may actively work to prevent social hierarchies from developing because they believe that could lead to conflict and instability. In today's world, there is great significance on the importance of our population lives and in what terms this becomes complex than simple societies. As social complexity increases, this creates a significant amount of inequality throughout society as it tends to increase along with a widening gap between the poorest and the most wealthy members of society. Certain types of social classes and nationalities are finding themselves in a tough spot and because of this they have been fitting in a negative livestream within social system and as a result of this they are experiencing social inequality.

Social inequality can be classified into egalitarian societies, ranked society, and stratified society. Egalitarian societies are those communities advocating for social equality through equal opportunities and rights, hence no discrimination. People with special skills were not viewed as superior compared to the rest. The leaders do not have the power they only have influence. The norms and the beliefs the egalitarian society holds are for sharing equally and equal participation. Simply there are no classes. Ranked society mostly is agricultural communities who hierarchically grouped from the chief who is viewed to have a status in the society.

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In this society, people are clustered regarding status and prestige and not by access to power and resources. The chief is the most influential person followed by his family and relative, and those further related to him are less ranked. Stratified society is societies which horizontally ranked into the upper class, middle class, and lower class. The classification is regarding wealth, power, and prestige. The upper class are mostly the leaders and are the most influential in the society. It's possible for a person in the society to move from one stratum to the other. The social status is also hereditary from one generation to the next.

Inequality and Ideology

Philosophical questions about social ethics and the desirability or inevitability of inequality in human societies have given rise to a spate of ideologies to address such questions. By looking at the inequality of the given situations that are present, we identify the source of how inequality can rise up and substantiate a rise in how we view life. We can define this significant aspect as it classifies these ideologies on the basis of whether they justify or legitimize inequality, casting it as desirable or inevitable, or whether they cast equality as desirable and inequality as a feature of society to be reduced or eliminated. One end of this ideological continuum can be called "individualist", the other "collectivist". In Western societies, there is a long history associated with the idea of individual ownership of property and economic liberalism, the ideological belief in organizing the economy on individualist lines such that the greatest possible number of economic decisions are made by individuals and not by collective institutions or organizations. Laissez-faire, free-market ideologies including classical liberalism, neoliberalism and right-libertarianism are formed around the idea that social inequality is a "natural" feature of societies, is therefore inevitable and in some philosophies even desirable.

Social mobility is the movement along social strata or hierarchies by individuals, ethnic group, or nations. There is a change in literacy, income distribution, education and health status. The movement can be vertical or horizontal. Vertical is the upward or downward movement along social strata which occurs due to change of jobs or marriage. Horizontal movement along levels that are equally ranked. Intra-generational mobility is a social status change in a generation (single lifetime). For example, a person moves from a junior staff in an organization to the senior management. The absolute management movement is where a person gains better social status than their parents, and this can be due to improved security, economic development, and better education system. Relative mobility is where some individuals are expected to have higher social ranks than their parents.

In modern Western societies, inequalities are often broadly classified into three major divisions of social class: upper class, middle class, and lower class. Each of these classes can be further subdivided into smaller classes (e.g. "upper middle"). Members of different classes have varied access to financial resources, which affects their placement in the social stratification system.

Class, race, and gender are forms of stratification that bring inequality and determines the difference in allocation of societal rewards. Occupation is the primary determinant of a person class since it affects their lifestyle, opportunities, culture, and kind of people one associates with. Class based

families include the lower class who are the poor in the society. They have limited opportunities. Working class are those people in blue-collar jobs and usually, affects the economic level of a nation. The Middle classes are those who rely mostly on wives' employment and depends on credits from the bank and medical coverage. The upper middle class are professionals who are strong because of economic resources and supportive institutions. Additionally, the upper class usually are the wealthy families who have economic power due to accumulative wealth from families but not and not hard earned income.

Social stratification is the hierarchical arrangement of society about social class, wealth, political influence. A society can be politically stratified based on authority and power, economically stratified based on income level and wealth, occupational stratification about one's occupation. Some roles for examples doctors, engineers, lawyers are highly ranked, and thus they give orders while the rest receive the orders. There are three systems of social stratification which are the caste system, estates system, and class system. Caste's system usually ascribed to children during birth whereby one receives the same stratification as of that of their parents. The stratification may be superior or inferior and thus influences the occupation and the social roles assigned to a person. Estate system is a state or society where people in this state were required to work on their land to receive some services like military protection. Communities ranked according to the nobility of their lords. The class system is about income inequality and socio-political status. People can move the classes when they increase their level of income or if they have authority. People are expected to maximize their innate abilities and possessions. Social stratification characteristics include its universal, social, ancient, it's in diverse forms and also consequential.

The patterning of racial/ethnic inequities in health was an early impetus for research on racism and health. First, rates of disease and death are elevated for historically marginalized racial groups, blacks (or African Americans), Native Americans (or American Indians and Alaska Natives), and Native Hawaiians and Other Pacific Islanders, who tend to have earlier onset of illness, more aggressive progression of disease, and poorer survival. Second, empirical analyses have revealed the persistence of racial differences in health even after adjustment for socioeconomic status (SES). For example, at every level of education and income, African Americans have a lower life expectancy at age 25 than do whites and Hispanics (or Latinos), and blacks with a college degree or more education have a lower life expectancy than do whites and Hispanics who graduated from high school. Third, research has also documented declining health for Hispanic immigrants over time: Middle-aged US-born Mexican Americans and Mexican immigrants who had resided 20+ years in the United States had a health profile that did not differ from that of African Americans.

Racism is an organized social system in which the dominant racial group, based on an ideology of inferiority, categorizes and ranks people into social groups called "races" and uses its power to devalue, disempower, and differentially allocate valued societal resources and opportunities to groups defined as inferior. Race is primarily a social category, based on nationality, ethnicity, phenotypic, or other markers of social difference, which captures differential access to

power and resources in society. Racism functions on multiple levels. The cultural agencies within a society socialize the population to accept as true the inferiority of nondominant racial groups. This view leads to negative normative beliefs (stereotypes) and attitudes (prejudice) toward stigmatized racial groups, which undergird differential treatment of members of these groups by both individuals and social institutions. A characteristic of racism is that its structure and ideology can persist in governmental and institutional policies in the absence of individual actors who are explicitly racially prejudiced.

As a structured system, racism interacts with other social institutions, shaping them and being reshaped by them, to reinforce, justify, and perpetuate a racial hierarchy. Racism has created a set of dynamic, interdependent, components or subsystems that reinforce each other, creating and sustaining reciprocal causality of racial inequities across various sectors of society. Thus, structural racism exists within, and is reinforced and supported by, multiple societal systems, including the housing, labour, and credit markets, and the education, criminal justice, economic, and health care systems. Accordingly, racism is adaptive over time, maintaining its pervasive adverse effects through multiple mechanisms that arise to replace forms that have been diminished.

Racial Residential Segregation

Racial residential segregation remains one of the most widely studied institutional mechanisms of racism and has been identified as a fundamental cause of racial health disparities owing to the multiple pathways through which it operates to have pervasive negative consequences on health. Racial residential segregation refers to the occupancy of different neighbourhood environments by race, which was developed in the United States to ensure that whites resided in separate communities from blacks. Segregation was created by federal policies as well as by explicit governmental support of private policies such as discriminatory zoning, mortgage discrimination, redlining, and restrictive covenants. This physical separation of races in distinctive residential areas (including the forced removal and relocation of American Indians) was shaped by multiple social institutions. Although segregation has been illegal since the Fair Housing Act of 1968, its basic structures established by the 1940s remain largely intact.

Cultural racism refers to the instillation of the ideology of inferiority in the values, language, imagery, symbols, and unstated assumptions of the larger society. It creates a larger ideological environment wherein the system of racism can flourish and can undergird both institutional- and individual-level discrimination. It manifests itself through media, stereotyping, and norms within society and its institutions. It can yield inconspicuous forms of racism, such as implicit bias, as a result of the commonplace and continuous negative imagery about racial and ethnic minorities. Cultural forms of racism may serve as the conduit through which views regarding the limitations, stereotypes, values, images, and ideologies associated with racial/ethnic minority groups are presented to society and are consciously or subconsciously adopted and normalized.

The internalization of racism yields a tendency to focus on individual pathology and abilities rather than examining structural components that give rise to racial inequities. This internalization affects most members of the dominant group

and a nontrivial proportion of the marginalized group as well, given that both groups are exposed to key socializing agents of the larger society that perpetuate racist beliefs. Research indicates that negative racial and ethnic stereotypes persist in entertainment, media, and fashion. A recent national survey of adults who work with children found that whites had high levels of negative racial stereotypes (lazy, unintelligent, violent, and having unhealthy habits) toward nonwhites, with the highest levels toward blacks followed by Native Americans and Hispanics. Discrimination is the most frequently studied domain of racism in the health literature. It exists in two forms: (a) where individuals and larger institutions, deliberately or without intent, treat racial groups differently, resulting in inequitable access to opportunities and resources (e.g., employment, education, and medical care) by race/ethnicity; and (b) self-reported discrimination, a subset of these experiences that individuals are aware of. These latter incidents are a type of stressful life experience that can adversely affect health, similar to other kinds of psychosocial stressors. Considerable scientific evidence supports the first pathway, much of it captured through audit studies (those in which researchers use individuals who are equally qualified in every respect but differ only in race or ethnicity) that document the persistence of discrimination in many contexts, including employment, education, housing, credit, and criminal justice systems. This discrimination in social institutions contributes to the differential access to resources and opportunities and results in SES and other material disadvantages.

Addressing Institutional Racism

Reskin emphasizes that because racism is a system that consists of a set of dynamically related components or subsystems, disparities in any given domain are a result of processes of reciprocal causality across multiple subsystems. Accordingly, interventions should address the interrelated mechanisms and critical leverage points through which racism operates and explicitly design multilevel interventions to get at the multiple processes of racism simultaneously. The systemic nature of racism implies that effective solutions to addressing racism need to be comprehensive and emphasize upstream/structural/institutional interventions. The civil rights policies of the 1960s are prime examples of race-targeted policies that improved socioeconomic opportunities and living conditions, narrowed the black–white economic gap between the mid-1960s and the late 1970s, and reduced health inequities. Interventions to improve household income, education and employment opportunities, and housing and neighbourhood conditions have also demonstrated health benefits.

Additional income to households with modest economic resources suggests that added financial resources are associated with improved health. The Great Smoky Mountains Study was a natural experiment that assessed the impact of extra income received by American Indian households, due to the opening of a casino, on the health of Native youth. The study found declining rates of deviant and aggressive behaviour among adolescents whose families received additional income, increases in formal education and declines in the incidence of minor criminal offenses in young adulthood, and the elimination of Native American–white disparities on both of these outcomes. The

Abecedarian Project, which randomized economically disadvantaged children birth to 5 years of age, most of them black, to an early-childhood nurturing program, also illustrates that intervention efforts at an early age can be beneficial. By their mid-30s, individuals in the intervention group had lower levels of multiple risk factors for cardiovascular disease as compared with the controls. Community initiatives and efforts to build community capacity around racism may also have the potential to improve health. One study demonstrated that cultural empowerment among Native communities, in the form of civil and governmental sovereignty and the presence of a building for cultural activities, had a strong inverse relationship with youth suicide.

Conclusions

The study of contemporary racism and its impact on health is complex, as manifestations of structural, cultural, and interpersonal racism adapt to changes in technology, cultural norms, and political events. This body of research illustrates the myriad ways in which the larger social environment can get under the skin to drive health and inequities in health. As the quality and quantity of research continues to increase in this area, there is an acute need for increased attention to identifying the optimal interventions to reduce and eliminate the negative effects of racism on health. Understanding and effectively addressing how racism affects health is critical to improving population health and to making progress in reducing large and often intractable racial inequities in health.

The distribution of resources in societies often follows hierarchical social categorizations of persons to a degree too significant to warrant calling these societies "meritocratic", since even exceptional intelligence, talent, or other forms of merit may not be compensatory for the social disadvantages people face. In many cases, social inequality is linked to racial and ethnic inequality, gender inequality, and other forms of social status, and these forms can be related to corruption. The most common metric for comparing social inequality in different nations is the Gini coefficient, which measures the concentration of wealth and income in a nation from 0 (evenly distributed wealth and income) to 1 (one person has all wealth and income).

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