

ETHNIC SOCIAL COHESION AND POPULATION HEALTH
CASE-STUDIES: MALAYSIA, FIJI AND SOUTH AFRICA

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DEDICATION

For Deborah Cheney

Recalling your words of encouragement to a young nineteen year old
who shared her dreams of pursuing a Ph.D. on a wintry afternoon in Canterbury long ago:

“Keep your eye on the apple.”
I did.

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ABSTRACT

This dissertation focuses on ethnic relations in postcolonial plural societies and its impact on social cohesion as measured through population health. It is an exploratory study to determine whether there is a relationship between ethnic social cohesion and the overall health of a nation, as measured through infant mortality and life expectancy rates. The major country case-studies are Malaysia, Fiji and South Africa. While these countries do not fall into a specific geographical space within the conventional boundaries of area studies, these countries share a similar colonial British heritage and do fall into the field of commonwealth studies. More importantly, these countries share similarities of being ethnically diverse and face similar social issues.

Expanding the concept of social cohesion to include the ethnic heterogeneity dimension, this dissertation develops the concept of ethnic social cohesion by identifying and discussing various components such as ethnic boundary formation, ethnic stratification, and combining it with various social cohesion indicators such as a sense of belonging, trust and an absence of conflict. In addressing the major research question, the findings suggest that ethnic social cohesion does appear to have an impact on population health.

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CHAPTER 1

INTRODUCTION AND METHODOLOGY

This dissertation focuses on ethnic relations in postcolonial plural societies and its impact on social cohesion, as measured through population health. The major research question is, “does ethnic social cohesion affect population health?” Inequality in any form, which includes income, gender or ethnicity affects the level of social cohesion within a society, hurting both the person or group being discriminated and the larger social fabric (Wilkinson & Pickett, 2009; Kennedy, Kawachi & Kimberly, 1999; Kawachi, Kennedy & Gupta, 1999). This dissertation will expand the concept of social cohesion to include the ethnic heterogeneity dimension. It is an exploratory study to determine whether there is a relationship between ethnic social cohesion and the overall health of a nation.

1.1 Purpose of the Dissertation

Research on social cohesion and population health have mainly focused on developed countries. From over 200 analyses observing the way income distribution in a country affects population health, only five have included developing countries. The first purpose of this dissertation is to apply the concept of social cohesion, as developed in the literature on wealthy, industrialized countries, to developing countries as well. The term “developing countries,” covers a range of countries at very differing economic and social levels. This dissertation focuses on countries classified as middle-income in the global stage of economic development, thus facing similar inequality issues prevalent in developed economies.

The second purpose of this dissertation is to apply the concept of social cohesion to multiethnic countries, which have recognizable ethnic groups and a history of being ethnically divided. Much work in the area of ethnic relations has focused on ethnic conflict. This dissertation seeks to take an alternate approach and focus on social cohesion instead, expanding the concept to ethnic social cohesion.

The final purpose of this dissertation is to create links between countries which previously may not have been recognized. Alternate affiliation between nations that go beyond geographical areas, such as Southeast Asia or Europe, political units, such as ASEAN, linguistic affiliation, such as Francophone or Anglophone nations, or global economic position, such as first world / third world, need to be developed. By adopting

an integrative approach when discussing my case studies, rather than a country by country stand alone approach, I would like for similar links between plural societies to be seen.

1.2 Theories to be Utilized

In order to address the research question adequately, it will be necessary to build on various concepts. Four major concepts, which are social cohesion, population health, ethnic boundaries and ethnic stratification, will be used in the dissertation.

In reviewing the definition of social cohesion, Chan et al. (2006) observes that there is a wide range in the perception of social cohesion which has ranged from solidarity and trust, to incorporating notions such as inclusion, social capital and poverty. Chan et al. (2006) also notes two broad traditions in the literature on social cohesion, one approach developed by academics, mainly in the field of sociology and social psychology, and the other, by policymakers. This dissertation will be using the term as developed by the Canadian Social Cohesion Research Network, with fine tuning by Jenson (2010) and by Wilkinson (1996). Wilkinson's (1996, 2005) theory on social cohesion being stronger in more egalitarian societies forms the backbone of the whole dissertation. This dissertation takes his theory which has mainly been developed using income inequality as a variable and applies it to ethnic relations.

The concept of population health to be applied uses Evans, Barer and Marmor's (1994) approach which focuses on the health of societies, instead of individuals. Thus instead of asking "why are some individuals healthy and others not?," the focus is on "why are some societies healthier than others?" This dissertation defines population health at the level of the nation state. Thus this dissertation will be comparing how well Malaysia, Fiji and South Africa fare as a whole due to their policies implemented rather than how individuals or selected communities such as the Cape Malays in South Africa, Part-Europeans in Fiji or Chinese in Malaysia fare.

The discussion on ethnicity and ethnic relations will be guided by theories on ethnic boundary formation, with focus on population size influencing the formation of boundaries as developed by Chai (1996). It also adopts Hirschman's (1975) theoretical approach on ethnic stratification, which combined concepts from the fields of ethnic relations and social stratification.

The dissertation then introduces the concept of ethnic social cohesion, which combines the concepts from the fields of social cohesion and ethnic relations. It focuses on the relationship ethnic groups have towards each other and also towards the nation state, thus emphasizing the ethnic dimension of social cohesion. Kawachi and Berkman's (2000: 175) and Chan et al. (2006: 290) definitions of social cohesion which includes an absence of social conflict, elements of trust and a sense of belonging, and presence of strong bonds of cooperation across ethnic groups will be used. It finally applies the concept of ethnic social cohesion with population health and determines if ethnic social cohesion affects the overall health standards of a nation.

1.3 Methodology

This dissertation adopts a comparative historical approach, which is defined as “research comparing data from more than one time-period in more than one nation” (Schutt, 2001: 310, 319). The major case-studies for this study are Malaysia, Fiji and South Africa. Using these countries as case-studies, it will compare their experiences from the colonial to the postcolonial period. Trinidad and Tobago, Guyana and Sri Lanka are included as secondary case-studies. While these countries do not fall into a specific geographical space within the conventional boundaries of area studies, these countries share a similar colonial British heritage and do fall into the field of commonwealth studies. Perhaps more importantly, these countries share similarities of being ethnically diverse and face similar social issues.

1.3.1 Justification in the Choice of Case-studies: Malaysia, Fiji and South Africa

Malaysia, Fiji and South Africa have a shared history of colonial policies which brought in a large number of migrant workers, thus changing the demographic landscape. In fact out of the fifty-three former British colonies, Malaysia and Fiji together with Guyana and Trinidad & Tobago, ranked highest among all other commonwealth countries on having the largest percentage of a “migrant” population in its society. These countries share a common feature of being described as “plural societies.”

Table 1.1. Ethnic composition in Malaysia, Fiji, South Africa, Trinidad & Tobago, Guyana and Sri Lanka

Country	Population size (2009)	Ethnic Majority	Largest Minority	Others
Malaysia	27.5 million	Malay (53.4%)	Chinese (26%)	Indigenous (11.7%) Indians (7.7%)
Fiji	849,218	Fijian (56.8%)	Indo-Fijian (37.5%)	Europeans/ Part-Europeans
South Africa	49.3 million	African (76.7%)	Euro-South African (9.6%)	Colored (8.9%) Asian (2.5%)
Trinidad & Tobago	1.3 million	Indians (41%)	African (40%)	Europeans, Latin American, Chinese
Guyana	762,498	Indians (50%)	African (36%)	Amerindian (7%), European, Chinese, mixed
Sri Lanka	20.3 million	Sinhalese (74%)	Sri Lankan Tamils (12%)	Indian Tamils (7%), Malays, Burghers, Veddhas

Source: Commonwealth Secretariat: <http://www.thecommonwealth.org/> *YearbookInternal*, World Development Indicators: <http://databank.worldbank.org/ddp/home.do>, Malaysia (2002: 30), General Report of the Population and Housing Census, Fiji (2010), Population of Fiji by Ethnicity, Fiji Facts and Figures; South Africa (2005), *Achieving a better life for all: Progress between 1996 and 2001*.

The term “plural societies” was first used by Furnivall (1939) in analyzing Indonesia and Burma. He describes plural societies as “comprising of two or more elements or social units which live side by side, yet without mingling, in one political unit (Furnivall, 1939: 446). Fenton (1999: 38) states that the concept of plural societies has historically been applied to colonial or postcolonial societies, which can trace their present day diversity to colonial policies. These policies commonly introduced a new laboring population into the colony, while at the same time kept these populations apart, so that religious and cultural differences were maintained. The migrant populations brought in by the British colonial authorities were initially regarded as temporary residents. While some returned

home or migrated elsewhere, many stayed on and with independence claimed a right to participate as recognized citizens of the newly established country. While the concept of plural societies has been criticized by Jenkins (1997) as many societies are plural with many different cultural and social allegiances, the term “plural” is generally used to distinguish societies that have historically lacked any initiative to integrate.

However, perhaps more importantly, not only are these countries “plural,” they have also been classified as being “bipolar,” a term used by Milne’s (1981). He describes the term “bipolar” as societies which are marked by two distinct ethnic groups of similar size, which are in competition for economic and political power. A running theme throughout these countries is the issue of stratification, both in terms of ethnicity and class which has shaped social relations, in the colonial and postcolonial period. At the creation of its present nation-state, Malaysia, Fiji and South Africa, had or currently have a significant ethnic minority group that is at least twenty percent of its population.

These countries have been used as case-studies in comparative research. Shoup’s (2007) dissertation focusing on interethnic conflict and the role incentives provided by political institutions play in containing conflict, uses Malaysia, Fiji and South Africa as case-studies. Milne’s (1981) work on politics in Guyana, Fiji and Malaysia examined the effect of ethnic bipolarity on government policies for achieving relative stability, a degree of legitimacy and norms of democracy. Ng’s (1991) M.A. dissertation on “Preferential Policies and Political Stability in Developing Plural Societies: A Comparative Study of Malaysia, Sri Lanka and Fiji” suggest that political stability in ethnically plural societies that adopt preferential policies depend largely on two factors—the extent to which the politically disadvantaged group is accommodated into the political system; and the degree of hegemony exercised by the politically advantaged group. Other work include Embong’s (2007) “Rethinking Ethnicity and Nation Building: Malaysia, Sri Lanka and Fiji in Comparative Perspective,” which is an edited volume of papers and Van der Westhuizen, (2002) publication on “Adapting to Globalization: Malaysia, South Africa and the Challenges of Ethnic Redistribution with Growth” which addresses the issues of affirmative action policies.

The authors chose to handle their comparative research projects by having separate chapters for each country and then integrating everything in the end. I chose to handle this comparative research by adopting a thematic approach and integrating all the countries under each theme.

1.3.2 Research Design

Chapter two is a literature review on the relationship between social cohesion and population health, and the chapter begins with a discussion on both these theoretical concepts. The literature in this area has been dominated by the income inequality hypothesis put forward by Wilkinson (1996), who argues that more egalitarian societies enjoy better population health outcomes. Chapter two reviews both the qualitative and quantitative literature focusing on Wilkinson's hypothesis. The quantitative review extends from looking just at income inequality as a causal factor and also looks at studies dealing with ethnic relations as measured through the ratio of ethnic heterogeneity.

Recognizing that ethnic social cohesion is not an easily definable concept, the next three chapters build on the methodology section of the dissertation and focus solely on ethnicity and the ethnic dimension of social cohesion. Chapter three examines the establishment of ethnic boundaries in these countries and addresses the questions of "What are the prevailing ethnic boundaries in Malaysia, Fiji and South Africa?" and "How have these boundaries evolve over time?" Understanding how ethnic categories have been established in Malaysia, Fiji and South Africa is the first step towards contributing to the concept of ethnic social cohesion.

As ethnic tension is a major impediment to social cohesion, especially when the source of tension surrounds access to resources, chapter four focuses on the interaction between ethnicity and income distribution in Malaysia, Fiji and South Africa. It looks at the effectiveness of policies implemented by the postcolonial governments to reduce interethnic income and wealth disparity, which has been a source of tension in these countries.

Chapter five introduces and uses the concept of "ethnic social cohesion," which is defined in this dissertation as the level of social cohesiveness present among different ethnic groups within the same country. Also included in this definition is the attitude of the present government, typically dominated by a particular ethnic group towards its minorities. Discussions in this chapter focus on the concepts of "an absence of social conflict" and "a sense of belonging" and assesses how Malaysia, Fiji and South Africa fare under these categories. Chapter six reviews the various components that make up ethnic social cohesion. It then examines the relationship between ethnic social cohesion and population health, and discusses the results.

1.3.2.1 Methodological Issues

This dissertation is based on secondary data collection. To understand historical and political events, only scholarly articles and books were used. Informal information sources such as blogs on the internet or nonacademic publications which provided related or alternate interpretations of historical or current events were ignored.

For statistical information, there was a heavy reliance on government records such as censuses, and five-year country plans. While working on the assumption that these data are objective, governments are not without bias and figures may have been inflated or deflated according to government agenda at the given time-period. Where there was a lack of information, as in the case on the information pertaining to emigration from Malaysia and South Africa, other government sources, such as the censuses of Australia and New Zealand were used to derived information. This information was needed for demographic analysis.

Population health variables used for comparative research include infant mortality rates and life expectancy at birth rates. The infant mortality rate variable measures the number of infants dying before their first birthday. It is measured per 1,000 live births in a given year. The life expectancy at birth variable indicates the number of years a newborn infant born in a given year would live should current patterns of mortality at the time of its birth were to remain constant throughout its life. For example, a life expectancy rate of 54 in 1960 in Malaysia means a child born in Malaysia in 1960 could be expected to live up to 54 years of age given the prevailing patterns of mortality. Should there be an improvement in socioeconomic conditions which in turn reduces mortality levels, a child born in 1960 could be expected to live longer. However should there be a deterioration in mortality levels, a child born in 1960 will face a shorter lifespan.

Socioeconomic variables used for comparative research include the Gini index. This index measures the distribution of income (or consumption expenditure) among individuals or households in a country, and the extent it deviates from equal distribution. Using the definition provided by the World Bank, “The Gini index measures the area between the Lorenz curve and a hypothetical line of absolute equality, expressed as a percentage of the maximum area under the line. Thus a Gini index of 0 represents perfect equality, while an index of 100 implies perfect inequality” (World Bank, 2009).

To carry out comparative research, it was necessary to have uniformed datasets. The datasets used include the World Development Indicators, the Human Development Indicators, the World Income Inequality Dataset and the World Values Survey. Despite the shortcomings of these datasets which will be discussed below, they remain a valuable tool for cross-country and longitudinal analyses.

The World Development Indicators (WDI) is created and managed by the World Bank. It consists of a collection of development indicators compiled from officially recognized international sources. The benefit of using this dataset is that all information is standardized according to the same formula. However as with all international datasets, information collected is only as strong as that provided by the country. Smaller countries have less information compared to larger countries, resulting in missing data, especially for time-series comparisons.

The Human Development Indicators (HDI) is a compilation of social and economic indicators managed by the United Nations Development Program. An advantageous feature of this dataset is that the ranking of countries goes beyond economic indicators and includes social variables such as life expectancy and average years of schooling. Similar to the World Development Indicators, information is not complete, especially for smaller countries.

The World Income Inequality Dataset (WIID) is published by the United Nations University's World Institute for Development Economics Research (UNU-WIDER). It contains a comprehensive collection of published within-country inequality data which is supplemented with data from the United Nations Children's Fund and other sources. Obtaining income inequality data from a standardized dataset is crucial when undertaking comparisons between countries. The dataset also contains time-series data, but again, there are gaps in information. For example, data for Malaysia starts at 1960 and runs up to 2005, while data for South Africa starts at 1965 and goes up to 2005. Fiji has information provided for 1968, then has a gap until 1977, with information available up to 1998.

The World Values Survey (WVS) is a nonprofit Swedish based organization consisting of an international network of social scientists studying changing values and their impact on social and political life. In a series of five waves from 1981–2005, national surveys

have been carried out in 97 countries. Data for this dissertation is derived from the fifth wave which was carried out from 2005–2008, covering fifty-four countries.

While the information provided is valuable and have been used for statistical analyses, especially the “TRUST” variable for measuring social cohesion, it is still limited for global surveys. In using this dataset for the dissertation, information is only available for Malaysia, South Africa and Trinidad and Tobago. No national survey has been carried out in Fiji in any of the time periods. This resulted in a gap in the country assessment. Longitudinal information was only available for South Africa and not for Malaysia, preventing any time-series comparisons. The national sample size for Malaysia was 1,200 persons and for South Africa it was 2,988 persons. While the ethnic composition for the Malaysian sample reflected the ethnic composition, the South African sample was silent on its ethnic composition. Both samples reflected an urban bias.

For uniformity and in the interest of building cohesive societies, I preferred to move away from racial labels which particularly dominated the population health literature, and apply pan-ethnic labels instead. Thus labels of “whites” and “blacks” in the United States were changed to “Euro-Americans” and “African-Americans” instead. For South Africa, I introduced the terms “Euro-South Africans” to replace “whites” and “African-South Africans” to replace black. These terms were only used in discussions occurring in South Africa’s postcolonial era.

For Malaysia and Fiji, I wanted to depart from national based labels and move towards ethnic based labels instead. As over eighty percent of Malaysia’s Indian population is Tamil, I replaced Indians with Tamils where it was possible to do so, but continued to used the term Indians where it was not possible to get accurate statistical information solely for the Tamil population. As the Indian population in Fiji was a lot more diverse than Malaysia, I adopted Indo-Fijian as a preferred way to address this group. Finally, a major methodological difficulty in undertaking this comparative research was striving to find a balance between the breath of information for each country versus the depth of each issue. I hope to have found the right balance.

1.4 Personal Reflection

Growing up as a double minority in Malaysia’s plural society, official rhetoric led me to believe that Malaysia’s ethnic composition was unique and thus it was necessary to have certain policies, which at times felt marginalizing, in place to maintain ethnic harmony.

While Malaysia's ethnic diversity is spoken with pride especially in interactions with foreigners, prejudice and tensions continue to exist between ethnic groups. Deteriorating ethnic relations with the hardening of religious boundaries in Malaysia has become a matter of concern.

I have always had an interest in minority populations and also in ethnically diverse countries, with a special interest on how these countries manage their ethnic diversity. Having spent most of my adult years away from Malaysia, I identify less ethnically and more with the Malaysian diaspora. However this too is changing and I find myself shifting and identifying with something larger than a national identity to a more regional identity. This has been an influencing factor affecting my choice of topic for this dissertation and countries chosen as case-studies.

Working on this dissertation, I have learnt that the challenges that Malaysia has in maintaining ethnic social cohesion is not unique. Other countries face similar issues and often have handled the prevailing issues similarly. Though Malaysia, Fiji, South Africa, Guyana, Trinidad and Tobago, and Sri Lanka seem unrelated countries, they have much in common. I have always held and continue to hold the belief after working on this dissertation that diversity is a strength. Sources of tension and conflict that surround diversity are often rooted in fear and inequality. More importantly, ethnic identification changes according to time and space. It is unfortunate for so much of emphasize and at times, violent action to be placed on a fluid concept. It is my hope for plural countries to be able to see links with each other and work towards ways of turning their diversity into an asset.

CHAPTER 2

POPULATION HEALTH AND SOCIAL COHESION

This chapter reviews the relationship between social cohesion and population health, and begins by discussing these theoretical concepts. Studies addressing this issue have mainly focused on income distribution, with the debate centered on whether more egalitarian societies have better levels of population health, measured mainly by lower infant mortality and higher life expectancy rates. Following this, the chapter reviews the discussion on income inequality as a factor affecting social cohesion and hence, population health.

The income-inequality hypothesis has created much debate, with there being over 200 quantitative analyses examining this relationship and three major reviews based on these quantitative studies. The next section focuses on the quantitative literature in this field. Firstly, it reviews the quantitative literature available on developing countries which tests the hypothesis on whether income inequality has a negative influence on population health. Secondly, the findings from the three major reviews will be discussed and finally, it reviews the few quantitative studies available linking income inequality and population health to lower social cohesion.

The final section extends the current focus from income inequality to ethnic diversity, and reviews literature on ethnic diversity, population health and social cohesion. Studies that employ **both** income inequality and ethnic diversity as variables affecting population health and social cohesion are reviewed.

2.1 Theoretical Basis: Population Health and Social Cohesion

Population health has gained prominence over the past decade as seen in the increase of journal articles using this concept. The population health concept which continues to evolve, has developed mainly through Canadian literature (Kindig & Stoddart, 2003: 380). A major contribution to this concept was Evans, Barer and Marmor's (Evans, Barer & Marmor, 1994) publication "Why Are Some People Healthy and Others Not? The Determinants of Health of Populations" which marked a shift from being concerned with the health of individuals to being concerned with the health of the whole population. Instead of focusing on the question of "Why are some individuals healthy and others are not?", the emphasis is now, "Why are some societies healthier than others?" (Kawachi & Berkman, 2000: 57). This concept recognizes that the health of populations is

determined by multiple factors in the social and economic environment outside of the formal health care system, which affects the entire population rather than only high-risk individuals (McKeown, Record & Turner 1975; Rose, 1985; Evans & Stoddart, 1994; Young, 1998; Kindig & Stoddart, 2003: 381).

Population health refers to the average health standards of the *collective experience* of the entire group, rather than merely being the averaging and summing up the health of individuals in the group (Tarlov & St.Peter, 2000; Reidpath, 2005). Thus population health is the overall well-being of a population, with population size ranging from as large as a nation or state, to as small as a neighborhood, community or groups such as employees, ethnic groups, disabled persons, or prisoners (Kindig & Stoddart, 2003: 381). According to the Health Promotion and Programs Branch of Health Canada, “the overall goal of a population health approach is to maintain and improve the health of the entire population and to reduce inequalities in health between population groups” (Kindig & Stoddart, 2003: 381).

The concept of social cohesion has been used since the late 19th century, where Durkheim (1997: 210) described “a cohesive and animated society” as one which had “mutual moral support, which instead of throwing the individual on his own resources, leads him to share in the collective energy and supports his own when exhausted.” This definition came about through his comparative study of suicide rates in Europe between Catholic and Protestant nations (Durkheim, 1997). The concept of social cohesion has been used extensively in social epidemiology and social psychology, and has also extended to other fields as such urban studies (Forrest & Kearns, 2001) and ethnic studies (Gowricharn, 2002).

Being a popular concept for research, the term social cohesion has been defined in many ways, ranging from definitions focusing on the individual to those at the population level. As Friedkin (2004: 409) states, “the main source of confusion is a proliferation of definitions of social cohesion that have proved difficult to combine or reconcile.” A major difficulty in working with this concept has been due to the differing definitions. Social cohesion has often been equated with social capital, another concept that is also defined widely.

The Canadian Social Cohesion Research Network spent four years developing the concept of social cohesion. The initial working definition describes social cohesion as,

“the ongoing process of developing a community of shared values, shared challenges and equal opportunity in Canada based on a sense of hope, trust, and reciprocity among Canadians” (Jeannotte, 1997 in Stanley, 2003: 7). Five dimensions were further developed from this definition, which include recognition / rejection, belonging / isolation, legitimacy / illegitimacy, participation / non-involvement, and inclusion / exclusion. The first two dimensions refer to social participation, the second two dimensions refer to political participation and the final one refers to economic participation (Jenson, 1998 in Stanley, 2003: 8). The Social Cohesion Research Network recognized that social cohesion went beyond “an appeal to compassion and a council of virtue,” and there was necessity for there to be an equitable distribution in social outcomes (Stanley, 2003: 8).

Thus the following definition of social cohesion is used:

The sum over a population of individuals’ willingness to cooperate with each other without coercion in the complex set of social relations needed by individuals to complete their life courses. A socially cohesive society then is a population which has sufficient social cohesion to sustain that complex set of social relations beyond at least the average life span of individuals in the population. (Stanley, 2003: 9)

It is important to note that social cohesion does not mean homogeneity of values and conformity, rather it embraces and utilizes diversity (Stanley, 2003: 9).

Kawachi and Berkman (2000: 175) also adopt a more societal level definition of social cohesion, defining it as the extent of connectedness and solidarity among groups in a society. While this can be seen to be echoing social capital, they (Kawachi & Berkman, 2000: 175) further note that social cohesion goes beyond the absence of social conflict and includes the presence of strong bonds of cooperation. Included under social conflict are income inequality, ethnic tensions and other forms of polarization. In a socially cohesive society, resources are shared, moral support available and an environment which increases people’s sense of confidence and trust is created (Whiteside, 2002: 466).

Recent literature observes three dimensions in social cohesion (Jenson, 2010: 3–4). Firstly, social cohesion reduces disparities and works towards equal participation. The second dimension can be equated with the social capital dimension, which is concerned with strengthening social relations and interactions between people. The third

dimension incorporates social cohesion’s relationship to institutions and governance, thus developing a stable and integrated society. This will be further developed in chapter five.

2.2 Income Distribution, Population Health and Social Cohesion

Research examining social cohesion and population health has mainly focused on income distribution as an indicator and determinant of the scale of social stratification in a society. While the relationship between socioeconomic status (SES) and the health of individuals is well established, with those at higher SES levels having better health than those at lower SES levels (Marmot, Rose & Shipley, 1978; Marmot & Smith, 1991; Marmot, Ryff & Bumpass, 1997), the issue of whether overall income distribution has an impact on population health remains controversial.

Wilkinson (2006, 1996) strongly argues that population health is better in more egalitarian societies due to these societies being more cohesive. Wilkinson (1996) illustrates the town of Roseto in Pennsylvania and Britain during the two world wars as examples of cohesive societies that had good population health. As seen from table 2.1, Britain experienced the highest increase in life expectancy during the decade of 1940/51, which included World War II.

Table 2.1. Increases in Life Expectancy in England and Wales
(Additional Years’ Life Expectancy at Birth)

	1921/31	1931/40	1940/51	1951/60	1961/71
Men	2.3	1.2	6.5	2.4	0.9
Women	2.4	1.5	7.0	3.2	1.2

Source: OPCS, Population Trends, HMSO, London, 1995, in Wilkinson (1996: 114).

While credit is often attributed to food rationing which improved population health, Wilkinson (1996: 114) feels this to be inaccurate as similar measures were taken during the first world war yet there was no remarkable increase in population health (Wilkinson, 1996: 115). He argues that factors contributing towards social cohesion during the Second World War were full employment and reduced income distribution, a psychological sense of solidarity in facing a common enemy and policies designed to foster cooperation (Wilkinson, 1996: 115).

Wilkinson (1996) provides further support to his social cohesion and population health hypothesis using the town of Roseto as an example. Between 1935–64, the town of Roseto, Pennsylvania stood out for having low death rates, especially from heart attacks which were 40 percent lower, compared to its neighboring towns (Wolf & Bruhn, 1993 in Wilkinson, 1996: 116). Egolf, Lasker and Wolf's (1992: 1091) quantitative study comparing death rates between Roseto and Bangor from 1935–85 found a statistically significant correlation between Roseto having a lower death rate due to heart attacks in the three decades before 1965, compared to Bangor.

A major factor attributing to lower rates was the high levels of social cohesion that existed. The society was said to be characterized by “close family ties and cohesive community relationships” (Egolf et al., 1992: 1089). Among the factors that contributed to a cohesive society were the strong egalitarian principles that guided society. Bruhn and Wolf (1979 in Wilkinson, 1996: 117), observed that a preoccupation with wealth accumulation was frowned by the local church and could become a basis for social rejection. Homes, cars and style of dress were observed to be simple and similar, creating no neighborly competition. In 1963, researchers had predicted that the social change of loosening family ties and social cohesion that Roseto was undergoing would lead to it having a similar health pattern to its neighboring communities. This was apparent by late 1960s and early 1970s (Egolf et al., 1992: 1089).

Wilkinson and Pickett's (2009) most recent work relates income inequality with twenty-four different causes of social dysfunction ranging from homicide, violent crime and racism to teenage births, drug and alcohol abuse, and imprisonment rates. They found that health was consistently worse in more unequal societies indicting something important in the process of stratification that weakens the social fabric. They also observed that the different forms of social dysfunction associated with inequality extended to all sections of society and not merely confined to the poor (Wilkinson & Pickett, 2006: 509)

The social gradient in health within countries is primarily a gradient in relative income or social status, rather than a reflection of absolute material living standards (Singh-Manoux, Adler & Marmot, 2003; Charlesworth, Gilfillan & Wilkinson, 2004; Marmot, 2004; Wilkinson, 2005). Income inequality needs to be seen as an extension of the already recognized health effects of socioeconomic status and class (Wilkinson & Pickett, 2006: 1775). They state that while larger class differences led to a steeper social gradient

in health, it could also be that a more unequal society becomes more dominated by status competition and class differentiation, thus suffering more widespread health disadvantages (Wilkinson & Pickett, 2006: 1775).

People also tend to associate with those within their social status, thus the benefits available from social networks are limited to their class lines, with those in different classes being unable to benefit from networks in other social classes. Such networks do not contribute to reducing health inequalities, and “social status differentiation may be a barrier to the formation of a socially cohesive society” (Stafford, Bartley & Sacker, 2003: 1472).

2.2.1 Review of Quantitative Studies: Income Distribution and Population Health

Over 200 quantitative analyses on income distribution and population health have been carried out with studies ranging from those examining data at the national level (Flegg, 1982; Waldmann, 1992; Wilkinson, 1992; Wennemo, 1993; 2004; De Vogli, Mistry & Gnesotto, 2005; Leigh & Jencks, 2007), at the state or metropolitan level (Kennedy, Kawachi & Prothrow-Stith, 1996; Blakely, Kennedy & Glass, 2000; Daly & Wilson, 2001; Blakely, Lochner & Kawachi, 2002), to smaller units such as counties or parishes (Fiscella & Franks, 1997). Measures of population health have included mortality rates (Rodgers, 1979; Wilkinson, 1990; Wennemo, 1993; Blakely, Kawachi & Atkinson, 2004; Dahl, Elstad & Hofoss, 2006; Ram, 2006; Leigh & Jencks, 2007), life expectancy rates (Rodgers, 1979; De Vogli et al., 2005, Leigh & Jencks, 2007), homicide rates (Daly & Wilson, 2001, Leigh & Jencks, 2007) suicide rates (Leigh & Jencks, 2007), self-rated health (Lopez, 2004) and teenage pregnancies (Gold, Kawachi & Kennedy, 2001). Studies have mainly been on a single point, with a few based on longitudinal data (Leigh & Jencks, 2007).

Besides income distribution as an indicator, other related economic indicators used in similar studies include the effects of welfare state spending on infant mortality rates (Conley & Springer, 2001), public policies on infant mortality rates (Wennemo, 1993; Siddiqi & Hertzman, 2007) and economic discrimination on homicide rates (Messner, 1989). All these studies have found a significant correlation between their choice of indicator and the health outcome being measured.

From over 200 analyses on income distribution and population health carried out (Wilkinson, 2009: 424), only five have included developing countries (Rodgers, 1979, Waldmann, 1992, Flegg, 1982, Hales, Howden-Chapman & Salmond, 1999, Ram, 2006). Among the earliest study was Rodgers' (1979) international cross-sectional analysis of income distribution and mortality. Using data from 56 countries at all levels of economic and social development, he found a highly significant correlation between income distribution and life expectancy, with the "difference in average life expectancy between a relatively egalitarian and a relatively inegalitarian country is likely to be as much as five to ten years" (Rodgers, 1979: 350). He also found a correlation, though with lower significance, of income distribution and infant mortality rates (Rodgers, 1979: 349).

Waldmann's (1992: 1283) study which included seventy-three developed and developing countries, found a positive correlation between infant mortality rates and increases in income share of the upper five percent of the population, when the income of the lowest twenty percent were equalized among countries. Flegg's (1982) study on income inequality, illiteracy and medical care as determinants of infant mortality in underdeveloped countries also found a positive correlation. Hales et al. (1991) study on national infant mortality rates in relation to gross national product per capita and income distribution found that infant mortality rates tend to be lower in more egalitarian countries regardless of their level of economic development. While increases in the level of Gross National Product (GNP) rapidly reduced infant mortality rates, after a certain threshold, further increases in GNP levels had no effect on mortality rates.

Ram's (2006: 782) analysis of 108 countries, which included every country in the World Development Report 2003, with available data on the Gini index and share of the top 10 percent, also found a significant correlation between income distribution and population health. Ram's (2006) comprehensive study also included an ethnic heterogeneity variable which will be discussed later in this chapter. He also incorporated criticisms made by other scholars questioning the validity of income distribution having an impact on population health, which will be discussed next.

Quantitative studies criticizing the income distribution and population health thesis include Judge, Mulligan and Benzeval (1998), Fiscella and Franks (1997), Mellor and Milyo (2001), and Gravelle, Wildman and Sutton (2002). Judge et al. (1998: 569) criticized data quality in studies examining the relationship between income distribution and population health. To overcome the problem of consistency which arises when using

multiple sources of income distribution data over a wide range of years, they used data from the Luxembourg Income Study (LIS) and found no significant relationship between income distribution and infant mortality or life expectancy (Judge et al., 1998).

Fiscella and Franks' (1997) study on income inequality and mortality failed to show a significant association after adjustments for individual household income. They suggest that “ecological associations between income inequality and mortality may reflect confounding between individual family income and mortality” (Fiscella and Franks, 1997).

Mellor and Milya's (2001) study focused on forty-seven countries in 1990, with time-series data for thirty countries for 1960, 1970, 1980 and 1990, using the following variables: life expectancy at birth, infant mortality, the Gini coefficient, income per capita, and secondary school enrollment. Their regression found an unusual correlation of income inequality having a significant positive effect on infant mortality and a significant negative effect on life expectancy (Mellor & Milya, 2001: 500). Adding income per capita to the model resulted in reducing the effect of income inequality making it statistically insignificant, while the inclusion of secondary school enrollment resulted in a reverse of the initial result, with income inequality reducing infant mortality and increasing life expectancy (Mellor & Milya, 2001: 500). Noting the shortcomings of the cross-sectional model, their model set up to regress health outcomes on changes in income inequality and other explanatory variables. The model showed no correlation between increased income inequality and declining population health. Rather, it had a surprising result when controlling for income and education—an increase in the share of income held by the bottom 20 percent led to an increase in infant mortality and reduced life expectancy (Mellor & Milya, 2001: 502).

Noting all the above criticisms against the income inequality hypothesis, Ram (2006) developed a model to address all concerns. Judge et al.'s (1998) concern on data quality was addressed by using income inequality data reported in the World Development Report 2003. Data were available for 108 countries, much larger than Judge's sample size of sixteen countries. Ram (2006: 780) used data on PPP (international) dollars, rather than GDP previously used by Rodgers (1979) and Flegg (1982), as PPP has much greater cross-country comparability. The World Bank's data on infant mortality were also used, allowing for a time-lag of five years to readdress the problem of “simultaneity” (Ram, 2006: 781).

Ram (2006: 783, 785) found that both Rodger's (1979) and Flegg's (1982) models were well replicated and the main arguments of Waldmann's (1992) model continued to be valid. It is important to note that the significance of the Gini parameters in Ram's study were much stronger than in Rodger's, possibly reflecting the larger sample size (Ram, 2006: 785). This refutes the findings made by Judge et al. (1998) and Gravelle et al. (2002). Judge et al.'s (1998) small sample size of only sixteen countries, of which only ten had data for more than one year, has been seen to be a factor in attributing to their insignificant findings (Leigh and Jencks, 2007: 6).

Observing why Gravelle et al. (2002) were unable to replicate Rodger's (1979) findings, Ram (2006: 788) noticed that their study differed from Rodger's (1979) in time-periods, different and smaller set of countries, the use of male life expectancy instead of overall life expectancy and pooling of observations for two periods. When Ram (2006: 785) designed a study to replicate Gravelle's (2002) results following their procedures, he found a significant correlation for income inequality at one percent level, noting a difference with Gravelle's (2002) results. Ram (2006: 788) states that "it is possible that they just happened to get atypical observations in their relatively limited cross-country sample."

Wildman, Gravelle and Sutton (2003) criticism against Waldmann's (1992) findings were also unfounded. Ram (2006) is unable to determine why Wildman et al. (2003) were unable to replicate Waldmann's (1992) results, as his larger sample with more recent and uniformed data has show a similar pattern to Waldmann's (1992) data.

While Ram (2006: 785) found Mellor-Milyo's (2001) model to have no correlation between income distribution with population, he states that Mellor-Milyo's (2001) way of entering income linearly in health regressions is unusual in the literature. Adjusting their linear form to a similar log format used by Flegg (1982), Ram (2006: 785, 788) found a dramatic change in results, with income inequality having a highly significant positive association with infant mortality.

2.2.1.2 Findings from the Reviews

Three major reviews of quantitative studies examining the correlation between income inequality and population health have been carried out (Lynch, Smith & Harper, 2004; Subramaniam & Kawachi, 2004; Wilkinson & Pickett, 2006). Hsieh and Pugh (1993) also carried out a review on 34 aggregate studies focusing on income inequality, poverty

and violent crime. A summarized version of the results from all the reviews have been produced in the following table, with discussions to follow. The category “fully supportive” refers to analyses that had a statistically significant association between greater inequality and poorer population health. The “not supportive” category consisted of analyses that had no statistically significant result between greater inequality and poorer population health, while the “mixed results” category consisted of analyses that had some but not all significant associations.

Table 2.2. Summary of Results from Three Major Reviews on
Income Distribution and Population Health

	Number of Studies	Fully supportive	Mixed results	Not supportive
Lynch et al.	98	40%	34%	26%
Lynch et al., adjusted for area size	39	62%	15%	23%
Subramaniam & Kawachi	21	48%	Not applicable	52%
Subramaniam & Kawachi, adjusted for area size	10	80%	Not applicable	20%
Wilkinson & Pickett	168	52%	26%	22%
Wilkinson & Pickett, adjusted for area size	90	61%	24%	14%

Source: Lynch et al., (2004); Subramaniam & Kawachi, (2004); Wilkinson & Pickett, (2006)

Lynch et al. (2004), a major critic to the income inequality hypothesis carried out the first major review of studies examining the association of income inequality and population health, reviewing 98 aggregate and multilevel studies. The 98 studies were identified through an electronic review and their own files, with the goal of making it the most up to date in 2004. They acknowledged not including Hsieh and Pugh’s (1993) review of 34 studies focusing on income inequality and homicide.

Overall, they found 40 percent of the studies fully supportive, 26 percent not supportive and 34 percent with mixed results (Lynch et al., 2004: 22-47). From these results, they concluded that among non U.S. countries especially the wealthier countries, there is no association between income inequality and population health, but within countries, “the United States is somewhat exceptional in that it is the country where income inequality is most consistently linked to population health” (Lynch et al., 2004: 81).

However by focusing on area size and narrowing the studies to those carried out purely at the national level and U.S. state-level, their assessment of 26 national-level studies and 13 U.S. state-level studies showed that 24 studies (62 percent) had a fully supportive result, while another 6 studies had mixed support. Nine studies had no support. Of the nine studies that had a negative result, five of them were by Judge et al. (1998), Lynch and Smith (2004), Mellor and Milyo (2001), Wildman et al. (2003) and Gravelle et al. (2002), whose negative findings have already been discussed.

Subramanian and Kawachi (2004: 81) reviewed twenty-one multilevel studies on income inequality and health, with multilevel studies defined as those that “utilize multilevel data in the form of an individual-level health outcome, a set of individual-level socioeconomic predictors (e.g. individual income), and an area-level income inequality measure (e.g. state income inequality).” From the 21 studies reviewed, they found that the 10 studies which supported the income inequality hypothesis were mainly confined to those within the United States, except for one on Chile. It is important to note that most of the non-United States countries are generally considered to be more egalitarian than the United States with stronger welfare policies in place (Subramaniam & Kawachi, 2004: 81). From the 13 studies on the United States, 5 studies were unsupportive of the income inequality hypothesis. Studies measured at the state level were largely supportive while those at smaller scales such as metropolitan areas, counties and census tracts, had mixed results. Subramanian and Kawachi (2004: 81) conclude that the geographical scale used to measure income inequality is an important factor.

A relevant social comparison put forward by Wilkinson and Pickett (2006) is social class differentiation. Social class stratification establishes itself primarily as a national social structure, in which classes are defined in relation to each other, with one class being higher because the other is lower. The lower class identity of people in a poor neighborhood is inevitably defined in relation to a hierarchy which includes knowledge

of the existence of superior classes who may live in other areas some distance away. Thus using a small area size fails to capture the prevailing stratification.

When reexamining the studies based on area size, only 10 studies, all based on US states could be included. Eight studies were fully supportive while two studies, of which one was Mellor and Milyo's (2001) study, had no support. Interestingly, none of the international studies could be included as they were all carried out at subnational levels. This could also be a further explanation as to the non-supportive findings for international countries that Subramaniam and Kawachi (2004) had noted earlier.

The issue of confounding was also addressed in detail in Subramaniam and Kawachi's (2004) review. By carefully analyzing the relationship between state-level income inequality and poor health in the United States being sensitive to alternative specifications of individual income, the results indicate that "the relation between state income inequality and individual health is **independent** of the income-health relation at the individual level" (Subramaniam & Kawachi, 2004: 85). Similar observations were also found when testing for the effects of individual differences in educational attainment and racial composition (Subramaniam & Kawachi, 2004: 85). Individual differences in educational attainment did not explain away the association between state income inequality and health status, and individual clustering of racial groups did not explain the state income inequality-health relation.

The most recent review by Wilkinson and Pickett (2006) includes all studies in the previous reviews and an additional 37 papers, undertaken with the aim of finding a consistent interpretation on positive and negative findings. This comprehensive study ranged over a 31 year time-period, reviewing 168 analyses published in 155 peer-reviewed papers. Out of 168 analyses, there were 87 (52 percent) wholly supportive analyses, 44 (26 percent) partially supportive and 37 (22 percent) unsupportive analyses. Wilkinson and Pickett (2006) state that with 78 percent of the studies showing some correlation between income inequality and health, this clearly demonstrates that population health is better in more egalitarian societies. Similar to Subramaniam and Kawachi (2004) analysis, Wilkinson and Pickett (2006) found that the major issues affecting the outcome of the studies were area size and choice of variables.

In order to have uniformity in presentation, I only included studies carried out at the national level or U.S. state-level, thus having a sample size of 90 studies. The results

show 61 percent of the studies fully supported the income-inequality hypothesis, 24 percent had mixed support and 14 percent no support at all.

After analyzing all the reviews according to area size, only less than a quarter of studies in ALL reviews had no support, while fully supportive studies ranged from 61 percent (Wilkinson & Pickett, 2006), 62 percent (Lynch et al., 2004) and 80 percent (Subramaniam & Kawachi, 2004). One reason for the high level of insignificant findings in the smaller units could be due to smaller units being unable to reflect the degree of social stratification in the wider society. Wilkinson (1997) argues that income inequality in small areas is affected by the degree of residential segregation of rich and poor and that the health of people in deprived neighborhoods is poorer not because of the inequality within their neighborhood, but because they are deprived in relation to the wider society.

2.2.2 Review of Quantitative Studies: Income Distribution, Social Cohesion and Population Health

While there is a large volume of quantitative studies focusing just on income distribution and population health, studies linking social cohesion with population health and income distribution is relatively low. The first quantitative evidence linking social cohesion with income distribution and population health, was Kawachi, Kennedy and Lochner's (1999), cross-sectional ecologic study on 39 US states measuring social trust, income inequality and mortality (Wilkinson, 1996: 136; Wilkinson, 1997: 1054). The indicators used to measure social cohesion were levels of trust and membership in voluntary organizations. Income inequality was strongly correlated with both per capita group membership and lack of social trust, and both social trust and group membership were associated with higher mortality rates, infant mortality, homicide as well as cardiovascular disease (Kawachi et al., 1999). The study concluded that income inequality led to increased mortality via disinvestment in social capital.

In addition to addressing the criticisms of the income inequality hypothesis as discussed earlier, Ram (2006) also explored the link between social cohesion, income inequality and population health by introducing a trust variable based on information from the World Values Survey on country-level information on generalized trust. A simple correlation showed that there is a highly significant negative correlation between income inequality and trust, and a positive correlation between trust and good health (Ram, 2006: 786). Thus Wilkinson's hypothesis of income inequality erodes social cohesion

appears to hold true. Ram (2006: 788) observed that income inequality retained high statistical significance in almost all cases when the TRUST variable is added, and in fact the parameters became larger with the inclusion of TRUST in the Waldmann-type and Rodgers models. However Ram (2006: 788) did note that when included together with income inequality, TRUST lacked statistical significance with infant mortality rates. A possible explanation is that income inequality has a stronger influence on population health and trust is to a certain extent, dependent on income inequality.

Kennedy et al.'s (1999) quantitative study focused on the link between income inequality, homicide, and social cohesion with social cohesion measured using two variables in the U.S. General Social Survey—per capita density of membership in voluntary groups in each state, and the level of social trust, determined by the proportion of residents in each state who believed that “most people would take advantage of you if they got the chance.” They hypothesized that income inequality undermines social cohesion, which in turn is associated with increased firearm homicide. The results found that income inequality was strongly correlated with firearm homicide ($r=0.76$), as well as measures of social cohesion (per capita group membership, $r=-0.40$; *lack of social trust*, $r=0.73$). There was also an association between social cohesion and homicide, with a correlation of $r=0.83$ for lack of social trust and firearm violent crime; and a correlation of $r=-0.49$ for group membership and firearm violent crime. These relationships held despite controlling for poverty and a proxy variable for access to firearms.

Using path analysis, Kennedy et al.'s (1999) model show that income inequality exerts a large indirect effect on age-adjusted firearm homicide through the social cohesion variable. Increases in income inequality also results in increases in social mistrust, which in turn is associated with increases in firearm homicide rates. Kennedy et al. (1999) argue that while the violence literature focuses on identifying individual factors affecting deviant behavior, societal factors such as income inequality and social cohesion also have an influence. They rule out the “ecological fallacy” argument, which infers individual relations based on grouped data, their analyses have used purely ecologic variables to predict purely ecological outcomes. While they are not at all stating that there should be a neglect of policies reducing overall levels of poverty or restricting access to firearms, it is also important for the effects of income inequality be addressed.

Homicide rates being closely linked to income inequality over all other causes combined was also observed in studies by Wilkinson, Kawachi and Kennedy (1998). Wilkinson et

al. (1998) used U.S. state-level data to examine the relationships between various categories of income inequality, median state income, social trust and mortality. Similar to Kennedy et al (1998), the US General Social Survey was used to measure social trust, with the percentage of people of residents agreeing with the statement “most people cannot be trusted” used as a variable. They found a strong correlation of mortality with income inequality ($r=0.63$), social trust ($r=0.76$) and homicide ($r=0.70$). Income inequality was also highly significantly associated with homicide ($r=0.74$) and social trust ($r=0.73$) (Wilkinson et al. 1998: 584, 586). Regressing mortality against homicide and social trust showed that social trust is related significantly to mortality independently of homicide, but the relationship between mortality and homicide independent of social trust fails to reach significance ($p=0.19$). Wilkinson et al. (1998) suggest that the social conditions which produce homicide almost mirrors the relationships between income distribution and mortality. The social conditions that produce homicide are also very closely related to social trust (the simple correlation between homicide and social trust is 0.82), but homicide does not wholly account for the relationship between social trust and mortality.

In a comprehensive review of 34 quantitative aggregate data studies, Hsieh and Pugh (1993) found a clearly consistent relationship between resource deprivation and violent crime. Income inequality and poverty were used as measures for resource deprivation. Through meta-analysis, a method of statistically combining the results of independent studies using inferential statistics, their study found that out of a total of 76 correlation coefficients, 74 (97 percent) were positive, with 79 percent of them at least of moderate strength (Hsieh & Pugh, 1993: 192). Homicide and assault appeared more closely related with resource deprivation rather than with robbery or rape (Hsieh & Pugh, 1993: 198). Similar to Wilkinson and Pickett’s (2006) findings, studies with area size using states and nations provided homogenous estimates between income inequality and homicide, but not studies using smaller sampling units such as cities and standard metropolitan statistical areas (Hsieh & Pugh, 1993: 199).

Wilkinson et al. (1998: 592) suggest that homicide and violence are closely related to income inequality because “they come out of an extreme sensitivity to issues of personal social status to which people are particularly vulnerable when excluded from many of the usual sources of status.” The violence associated with income inequality is “less about the shortage of material goods” but rather “the low social status and desperate lack of sources of self-esteem which usually goes with it” (Wilkinson et al., 1998: 594). They

further suggest that “if social cohesion matters to health, then perhaps the component of it which matters most is that people have positions and roles in society which accord them dignity and respect” (Wilkinson et al., 1998: 594).

Examining closely the relationship between an individual’s psychological sense of exclusion and the expression of violent behavior, the key trigger factor is often disrespect. Gilligan (1996 in Wilkinson et al., 1998), a leading expert in violence suggests three factors that make the difference between people who are violent and those who are not. Firstly, violence is a defensive disguise to cover up feelings of helplessness, inadequacy and incompetence. Secondly, violence is met when there are no other alternatives possible for diminishing feelings of shame or low self-esteem and thirdly, there is a total lack of feelings of guilt or fear at the time that they commit their violence (Gilligan, 1996 in Wilkinson et al., 1998). The feelings of shame for the disrespect encountered totally overwhelms the senses. Gilligan (1996 in Wilkinson et al., 1998) states that, “The person who is overwhelmed by feelings of shame is by definition experiencing a psychically life-threatening lack of love.”

Besides higher homicide rates, societies with weaker social cohesion also face higher suicide rates. Perhaps the most well-known of all studies in this area is Durkheim’s (1997) work on suicide. In his research comparing Catholic France with Protestant Britain, Durkheim noted that suicide rates in countries and groups remained constant though members of these groups changed. In societies where social integration was weak and people experienced a high sense of isolation, suicide rates were high. Durkheim (1997) labeled this phenomenon as egotistical suicides. However Durkheim (1997) also noticed a higher rates of suicides in societies where the social control of the individual was so strong that people felt obliged to kill themselves as a matter of honor or duty, he labeled this as altruistic suicides (Durkheim, 1997). A study by Whitley et al. (1999) on the relationship between social fragmentation, poverty and suicide also showed a similar outcome. Examining 633 parliamentary constituencies of Great Britain, suicide mortality was most strongly associated with social fragmentation (Whitley et al., 1999: 1034).

2.3 Ethnic Relations and Social Cohesion

Race and ethnicity appear to be the most frequently used concepts in epidemiology, health services research and medical sociology. In a survey of articles published in the *American Journal of Epidemiology* between 1910 and 1990, race was used in 64 percent

of the articles, while a survey of articles published in *HSR: Health Services Research* between 1966 to 1990 found that race was used in about sixty percent of the articles (Jones, LaVeist & Lillie-Blanton, 1991; Williams, 1994). Nevertheless, while there have been numerous studies, these studies have mainly focused on the health of minorities in relation to the majority population, with the majority of studies focusing on African-American and Euro-American health differentials.

Studies addressing selected components of ethnic relations, such as racism and health at the population level is still in its infancy (Williams, Neighbors & Jackson, 2003: 202; Krieger, 1999). Racism is defined as “harmful and degrading beliefs and actions expressed and implemented by both institutions and individuals, as linked to their membership in racially defined groups” (Krieger, Rowley & Herman, 1993). In Krieger’s (1999) review of the literature in 1999, 15 studies of racial discrimination were carried out from 1950–1997. A review of studies restricted to mental health identified 13 studies (Williams & Williams-Morris, 2000). Williams, Neighbors et al.’s (2003) update of these studies identified 53 studies, 24 of them published between 2000–2002, reflecting an increase in the number of studies in this area. While these studies mark a shift from examining race as a variable to racism as a contributing factor towards health, these articles have mainly focused on the effect of racism on the marginalized community and not society as a whole.

2.3.1 Quantitative Review: Ethnic Relations and Social Cohesion

Only a handful of quantitative studies examining ethnic relations (through narrow measurements) as a factor influencing social cohesion and population health can be identified. This section reviews two quantitative studies that have specifically examined the relationship between ethnic relations and social cohesion.

Kennedy, Kawachi and Kimberly’s (1999) study on “(Dis)respect and Black Mortality” focused on discrimination at the ecological level. Racial prejudice was measured at a collective level and correlated to African-American and Euro-American mortality across the United States. Data from 39 states based on weighted responses (yes or no) to the following four questions on the General Social Survey (GSS) from 1986–1990 were used to assess racial prejudice:

On the average blacks (African-Americans) have worse jobs, income, and housing than white (Euro-American) people. Do you think that the differences are? a) Because most

blacks (African-Americans) have less inborn ability to learn? b) Because most blacks (African-Americans) just don't have the motivation or will power to pull themselves up out of poverty? c) Because most blacks (African-Americans) don't have the chance for education that it takes to rise out of poverty, and d) mainly due to discrimination. (Kennedy, Kawachi & Kimberly (1999)

The variables indicating disrespect can be seen as a form of prejudice that reflects lack of social trust between races and hence, affect social cohesion.

After controlling for poverty, the two indicators of collective disrespect—lack of will power and lack of ability, were highly correlated with each other ($r=0.81$) and strongly negatively correlated with the other two variables—discrimination and lack of opportunity. The disrespect indicators were also strongly correlated with black (African-American) mortality rates ($r=0.53$ and 0.56) and with Euro-American mortality rates ($r=0.48$ and 0.54).

While the correlation between disrespect and poorer health levels of the minority group is well established, it is interesting to note the findings between collective prejudice and increased mortality in the majority group (Kennedy et. al., 1999: 471). Among the possible reasons is that groups with low levels of respect and trust for members of another group, may also hold lower levels of respect for members of their own group, a phenomenon they describe as the “carry over effect” (Kennedy et. al., 1999: 471). A similar result was observed in Kawachi, Kennedy and Gupta's (1999) study observing the status of women in 50 U.S. states. States where women had lower status had higher mortality rates for **both** men and women compared with states that had more egalitarian gender relations.

In the “(Dis)respect and Black Mortality” (Kennedy et. al., 1999: 471) study, a major limitation pointed out by the authors was that the General Social Survey data used in this study was designed to be representative at the national and regional levels but not at the state level. Levels of discriminatory attitudes and behavior expressed either through the private or public sphere may differ in different societies. Thus place of residence will have a strong influence in determining one's exposure to discrimination, a measure that is unavailable in this study. The reasons why discriminatory attitudes vary cross-sectionally by region also remained unexplained (Kennedy, Kawachi et al., 1999: 471). The cross-sectional design of the “(Dis)respect and Black Mortality” (Kennedy, Kawachi

et al., 1999: 471) study also made it difficult to estimate whether levels of collective disrespect fluctuate across time and whether these can be linked to changes in mortality rate. Nevertheless, this study provided basic principles for further studies to be modeled after.

Reidpath (2003) disagreed with the carry over effect of racism as an explanation for declining social cohesion and hence rising mortality. He further explores the social cohesion and population health thesis with ethnic relations as a causal factor in his study “Love thy neighbor”—it’s good for your health: A study of racial homogeneity, mortality and social cohesion in the United States.”

Focusing on the ethnic dimension of Wilkinson’s (1996) analysis of England experiencing better mortality rates during World War II due to higher levels of cohesion with the identification of a common enemy, in this case the Germans, being a cohesive factor, Reidpath (2003: 254) argues that if racism is bad for health as shown in Kennedy et al.’s (1997) study, it should have led to a deterioration in population health standards. As it did not, Reidpath (2003: 254) feels that the decrease in overall income inequality combined with the improved economic position of the poor may have far outweigh any negative effects of racism.

However, he also feels that the population size of competing ethnic groups has a strong influence on ethnic tensions and in turn, social cohesion. He argues that the relative number of Germans living in Britain during World War II was probably too small to create any intrasocietal divisions (Reidpath 2003: 254). Reidpath (2003: 254) builds his theory on the population sizes of the majority and minority groups and how this affects social cohesion. As he states:

..in racist societies one would expect to see a dose-response relationship between the proportion of the society made up by the minority group and the mortality rate in both the minority and majority group. This is because in racist societies, social cohesion will degrade as minority and majority groups approach balance with respect to their population size and the minority group is increasingly able to challenge the dominant social order. Thus, a racist society made up of 30 percent minority group and 70 percent majority group should experience poorer health outcomes in the majority group than an equally racist society that is made up of 0.1 percent minority group and 99.9 percent majority group. (Reidpath, 2003: 254)

Focusing on the African-American and Euro-American relationship which historically has been marked with racial tension, Reidpath (2003) analyzes whether states with lower racial homogeneity (measured by the proportion of African-Americans in the population) have higher mortality. The population and mortality data were obtained from the Centers for Disease Control and levels of racial homogeneity was obtained from census data. The results clearly show a linear relationship, as racial homogeneity decreases, mortality increases ($r=0.77$, $p < 0.05$) (Reidpath, 2003: 255). Disaggregating the data by race shows interesting variations. Within the Euro-American population, each increment in the proportion of population who are African-American is related to a constant rise in Euro-American mortality rates. However within the African-American population, very small increases in the proportion of the population who are African-American leads to sharp **increases** in African-American mortality rates until the proportion reaches about 0.1, when the rates start to plateau (Reidpath, 2003: 256). There are clearly major differences in the rising mortality rates between Euro-Americans and African-Americans.

Poverty accounted for 27 percent of the total variance in mortality rates for the overall population and only 8 percent within the Euro-American population (Reidpath, 2003: 257). While the poverty level was not a significant predictor of mortality for Euro-American females at only 2 percent, it was a predictor for Euro-American males at 11 percent (Reidpath, 2003: 257). The homogeneity factor attributed to around 30 percent of the variance in each group. The findings show that a 1 percent increase in the proportion of African-Americans in a state's population increased total mortality rate by 5.80 per 100,000. After controlling for poverty, the figures fell only a little to 5.06 per 100,000. Disaggregating this further, for Euro-Americans mortality rates rose by 3.58 per 100,000 with it being 2.46 per 100,000 for Euro-American females and as high as 5.74 per 100,000 for Euro-American males (Reidpath, 2003: 257).

When relating the findings to state level data, the magnitude of racism can be seen more clearly. In Mississippi, the level of racial homogeneity accounted for 14.2 percent of Euro-American mortality rate after controlling for Euro-American poverty (Reidpath, 2003: 258). This becomes higher still if this is narrowed according to gender. For Euro-American males, the level of racial homogeneity accounts for at least 1 in 10 deaths in eight states in the United States, with it highest of 1 in 6 deaths in Mississippi, followed by 1 in 7 in South Carolina and Louisiana (Reidpath, 2003: 258, figures calculated from table 2).

Reidpath's (2003) study makes an important contribution in that the health of the majority population is also adversely affected as racial homogeneity falls. The causal factors attributed to this phenomena clearly points to the issue of declining social cohesion due to resource competition. An increase in the size of a minority population puts it in a more powerful position to claim access to resources, thus creating a feeling of threat in the majority population. Tension in a society affects the level of social trust which in turn affects social cohesion. Health standards for both populations deteriorate as there is a reluctant for the majority population to invest in social infrastructure which could benefit both the majority and minority populations. Reidpath explains that this "lose/lose" situation negatively affects social trust and social cohesion" (Reidpath, 2003: 259). This similar phenomenon is echoed by Kennedy, Kawachi et al. (1999: 466):

Collective discrimination can be conceptualized as a lack of respect one group displays towards another. A lack of respect is usually accompanied by a breakdown of social trust between members or groups within society and the consequent disinvestment in social capital. Poor health status arises in such societies because the community fails to invest in and assume responsibility for the collective well-being of its members. (Kennedy, Kawachi et al., 1999: 466)

For example, Duncan's (1999 in Reidpath, 2003) study on race, poverty and social capital in the Mississippi delta found that Euro-Americans chose to disinvest in local public schools attended by African-American children, choosing instead to invest in private schooling for their children which was out of reach many African-American parents. This situation resulted in a disinvestment for African-Americans, yet at the same time placing a financial burden on Euro-Americans, creating what Reidpath (2003: 259) declares as a lose-lose situation.

Reidpath's study also departs from other studies which show that minority health improved as their population increased due to having a protective effect by being with one's own community and facing reduced direct prejudice (Halpern & Nazroo, 1999: 44, Boydell, van Os, & McKenzie, 2001; Neeleman, Wilson-Jones, & Wessely, 2001). In Reidpath's (2003) study, the health of both majority and minority populations are adversely affected. This is attributed to area size (a similar issue observed in the earlier discussions on income inequality and health). Studies on the improved mental health standards due to the ethnic density effect have been based on small area levels with small populations, such as electoral wards. Cochrane and Bal's (1998) study looking at admission rates of main migrant groups for all Regional Health Authority areas in

England did not find any ethnic density effect, probably due to the area size being too large to observe any effects of group clustering. Thus Reidpath's (2003) study based on the state level is also too large to observe any ethnic density effect.

Reidpath (2003: 260) points to the limitations of his study which being cross-sectional in nature meant that changes over time could not be observed. He also states that while his study controlled for absolute poverty, it did not control for income inequality which could be a potential confounder. It was also impossible to deal with the issue of intrastate migration and disentangle the matter of selective migrations, such as unhealthy African-Americans moving from a state with high racial homogeneity to one which was more diverse. Finally, levels of racism could not be measured. It would be expected that states with localized segregation and racism would experience a harder impact on its mortality rates in cases of decreased racial homogeneity (Reidpath, 2003: 260).

Nevertheless, Reidpath (2003) has contributed to an important area of research focusing on ethnic relations and population health. He established that in societies with existing racial tensions between majority and minority groups, decreases in racial homogeneity will increase the mortality rates of both majority and minority group. This study is particularly applicable to countries in this dissertation. Malaysia, Fiji and South Africa have had a history of ethnic tensions with their minority population being large enough to influence social cohesion.

2.3.2 Incorporating Ethnic Relations into the Income Inequality Debate

This final section reviews four major quantitative studies examining the link between ethnic composition, income distribution, population health and social cohesion. The literature in this area is divided to two schools of thought, one which upholds income inequality as the causal factor in declining population health, while the other school of thought upholds racial composition as the causal factor.

In their study titled "Mortality, inequality and race in American cities and states," Deaton and Lubotsky (2003) examined whether race was a confounding factor in income inequality and health and found that racial composition affected health outcomes. They state that:

...mortality rates are higher where the fraction black (African-American) is higher, not only because of the mechanical effect of higher black (African-American) mortality rates and lower black (African-American) incomes, but because **white** (Euro-American) mortality rates are higher in places where the fraction black (African-American) is higher. (Deaton & Lubotsky, 2003: 1139)

They argue that after controlling for the fraction of the population that is African-American, there is no relationship between income inequality and health (Deaton & Lubotsky, 2003: 1140). They explain the influence of racial composition on income inequality and health as follows:

Average incomes for the population as a whole, as well as average incomes among blacks (African-Americans), are negatively correlated with the percentage of the population that is black (African-American), but the reverse is true for average white (Euro-American) incomes. Average incomes of whites (Euro-American) are higher in cities with a larger fraction of blacks (African-Americans). This divergent behavior of black (African-American) and white (Euro-American) incomes means that the income differences between blacks (African-Americans) and whites is larger in cities with larger black (African-American) populations, which is what induces the relationship between overall income inequality and racial composition. (Deaton & Lubotsky 2003: 1145)

Deaton and Lubotsky's (2003) methodology was subject to criticism by Ash and Robinson (2009) on grounds of a coding error in its econometric analysis. After correcting this error, Ash and Robinson (2009: 1912) found that income inequality continue to remain a causal factor in population health. In response, Deaton and Lubotsky (2009: 1914) modified their method incorporating Ash and Robinson's (2009) and found that with the exception of "one data period, and with one of their (Ash & Robinson, 2009) alternative weighting schemes," there is no evidence for an effect of income inequality on mortality. They continue to uphold that racial composition, acknowledging that it incorporates elements inequality, is a stronger predictor of population health (Deaton & Lubotsky, 2009: 1917).

This principle was also supported in McLeod, Nonnemaker and Call's (2004) study "Income Inequality, Race and Child Well-being: An Aggregate Analysis in the 50 United States." While their first model found that income inequality was significantly associated with low birthweight, teen birth rate and high school dropout rate, however with the addition of the racial composition variables, which included the proportion of African-

Americans and also the proportion of Hispanics, all the coefficients for income inequality became insignificant (McLeod et al., 2004: 254). Their study found that the racial composition of the population was a significant predictor for child mortality for both the proportion of African-Americans and Hispanic variables, with the proportion of Hispanics also positively associated with higher rates of teen births and high school dropouts (McLeod et al., 2004: 254). However in contrast to Deaton and Lubotsky's (2003) study which found higher Euro-American mortality rates in areas with a sizable African-American population, McLeod et al.'s (2004: 259) study failed to observe any race-specific effects of a state's racial composition.

However this analysis was strongly contested by Subramaniam and Kawachi (2003) in their study examining whether racial composition was a confounding factor affecting the relationship between income inequality and self-rated health. They report that "self-rated health is highly predictive of subsequent mortality" as has been observed in 27 studies (Subramaniam & Kawachi, 2003: 1023). Results of their study showed that there is a statistically significant relationship between income inequality and health even after accounting for the state's racial composition (Subramaniam & Kawachi, 2003: 1025). While they also found a marginally significant effect for proportion African-American when observing the potential confounding effect of state's racial composition, this become insignificant after accounting for both individual race and proportion African-American at the state level (Subramaniam & Kawachi 2003: 1025).

Subramaniam and Kawachi (2003: 1027) critic Deaton and Lubotsky's (2003) use of the variable racial composition with no prior reasoning when they (Deaton and Lubotsky) acknowledge that "it remains unclear why mortality is related to racial composition." However, recognizing that racial heterogeneity "is an important area of public health research that requires some attention and may be critical to develop a multilevel understanding of the relationship between state income inequality and health," they do not claim to have the final word in the income inequality debate (Subramaniam & Kawachi, 2003: 1027).

Ram (2006: 786) also tested ethnic heterogeneity as a variable for 108 countries in his samples using Alesina et al's (2003) index of ethnic fractionalization and computed according to standard practice as one minus the Herfindahl index of ethnic groups' population shares. He found that the significance of income inequality was hardly altered after including ethnic heterogeneity as a variable (Ram, 2006: 786).

Examining the ethnic heterogeneity–population health relationship, ethnic heterogeneity had a sizable negative association with population health, with the association weakened when income inequality was included. He does note that the explanatory power of the models is stronger when the income inequality variable rather than the ethnic heterogeneity variable is used, indicating that income inequality may be a more important influence on population health (Ram, 2006: 786).

2.4 Conclusion

While the main concern for the authors was the issue of whether racial composition or income inequality affected population health, the explanation for both remains the same. Inequality or racism leads to a less socially cohesive society due to a lack of trust. As seen at the start of the chapter, social cohesion includes having equal opportunity, positive ties at the community level and an overarching institutional framework that enables for the development of a stable and integrated society.

Social inequality in particularly income inequality as the available literature has shown, weakens social cohesion, leading to a wide range of social dysfunction (Wilkinson & Pickett, 2009). A major contributor to social inequality is wide income disparities in a society. Criticisms against the income-inequality hypotheses have been addressed (Ram, 2006) and it continues to appear that income disparities have a negative effect on population health. Studies incorporating developing countries show that the concept of relative deprivation also applies and is not exclusive to developed countries (Rodgers, 1979; Fleggs, 1982; Hales et al., 1991; Waldmann, 1992; Ram, 2006).

Findings from the reviews show that the outcome of the studies is dependent on the size of the area being discussed. Studies with larger area sizes such as at the state or country level appear to show a higher correlation between income inequality and population health compared with studies done at the district or community level. This may be due to smaller area sizes being unable to capture the overall stratification prevalent in a society. Social stratification leads to certain sections of a population feeling deprived. Studies examining the link between social cohesion and population health show that feeling deprived can lead to feeling disrespected. This can manifest into unhealthy outcomes such as violence which affects society as a whole, thus reducing overall levels of trust.

While the literature on social cohesion and population has heavily focused on income disparities, of particular concern are situations where income disparity is aligned along

ethnic lines. Though ethnic minorities and indigenous groups are often the poorest in society, a situation labeled as politically dangerous by the United Nations is when an ethnic minority holds a large part of the wealth (UNDP, 2004: 65). Countries facing such situations have put in place policies to readdress the wealth imbalance often causing resentment due to improper implementation and target groups, creating further tension. This is a situation applicable to countries used as case-studies in this dissertation and this issue will be addressed in the following chapters.

CHAPTER 3

ETHNIC CLASSIFICATION AND BOUNDARIES

Research focusing on ethnic relations in plural societies often take the ethnic groups being discussed as natural categories. For example Malay-Chinese tensions and Fijian-Indian¹ tensions are simply seen and addressed as conflict between two groups, with the groups in question assumed as being homogenous. The issue of “Malayness” and “Chineseness” in Malaysia, and “Fijianness” and “Indianness” in Fiji is rarely addressed. To address the issue of ethnic social cohesion adequately, it is necessary for there to first be some examination on the historical processes that led to the formation of these groups.

While ethnic categories appear clear and fixed at a given point, a closer examination of these categories over time demonstrate that ethnic boundaries are often fluid and can be based on a variety of criteria (Hirschman 1987: 557). This chapter undertakes a comparative study on the formation of ethnic identities in Malaysia, Fiji and South Africa. Through an examination of censuses, this chapter will address the following research questions, “What are the current ethnic categories in Malaysia, Fiji and South Africa?” and “How have the boundaries between them developed over time?” This addresses the issue of saliency in ethnic boundary formation. Christopher’s (2005, 2006a) analysis of colonial and British Commonwealth censuses, and Chai’s (1996, 2005) theories on ethnic boundary formation will be used to guide discussions in this chapter.

3.1 Current Ethnic Categories: Malaysia, Fiji and South Africa

The prevailing ethnic categories in Malaysia, Fiji and South Africa are listed in table 3.1 according to the most recent censuses in each country.

¹ Indians in Fiji are also referred to as Indo-Fijians. This is the term that I prefer to use as it recognizes ties with Fiji.

Table 3.1. Current Official Ethnic Categories in Malaysia, Fiji and South Africa, listed according to population composition

Malaysia		Fiji		South Africa	
Bumiputera Malays (53%) Indigenous groups (12%)	65.1%	Fijian	57%	African-South African	79%
Chinese	26%	Indian	34%	White (Euro-South African)	9.6%
Indian	7.9%	Part European	1.3%	Colored	8.9%
Others	1.2%	Rotuman	1.2%	Indian or Asian	2.5%
		Other Pacific Islander	0.8%	Others	-
		Chinese	0.6%		
		European	0.4%		
		Others	1.5%		
Total Population (million)	21.8		0.84		44.8

Source: Malaysia (2002: 30) General Report of the Population and Housing Census; Fiji (2008: 6) Fiji Facts and Figures on Fiji Census 2007, South Africa (2003: 12) South Africa Census 2001 in brief, figures rounded up.

In Malaysia, the category *Bumiputera*, (sons of the soil) was created in the 1950s (Andaya & Andaya, 2001: 3) and covers the Malays, which are at a majority at about 53 percent and other indigenous groups, which include the Kadazan Dusun, Bajau, Murut from Sabah, and the Iban, Bidayuh and Melanau from Sarawak. The Chinese and Indian category refers to the immigrants who came from China and India to work on the tin-mines and rubber plantations, while the category Others includes a colorful mix of those that do not fall into any of the above.

In Fiji, the term Fijians refer to the indigenous Fijian population. Rotumans are from the island of Rotuma in the north of Fiji and speak a distinct language. They share closer cultural links with Tongans, but have been part of Fiji since 1881 and are recognized as being indigenous. Indo-Fijians refers to the population that was brought in from India to work on the sugar plantations in the late 19th century and later immigrants who came as

traders. The Europeans are descendants of colonial settlers who continue to play an important role in the political sector and economy. The category Part-European refers to the ethnically mixed population of European/Fijian ancestry. The Chinese refers to the population that came from China. Similar to the Indo-Fijians, the Chinese also came as indentured laborers. Other Pacific Islanders include those from neighboring island nations.

South Africa's census classification has four major categories. Africans refer to South African's majority African-South African population, which includes the Zulus who form the majority, followed by the Xhosas (South Africa, 2003: 18). The Euro-South African population refers to the European settlers, of which the Afrikaners (Dutch and French ancestry) form the majority, followed by the English (South African, 2003: 18). The Colored population consisted those of mixed parentage, and distinct communities such as the Cape Malay and Cape Colored communities in Cape Town. Infact 72 percent of the population listed as Colored reside in the Western and Northern Cape regions (South Africa, 2003). The Asian/Indian population mainly consist of the descendants of Indian laborers. It also includes other Asian communities, such as the Chinese.

The origin of these categories which have been somewhat static in the postcolonial period, can be traced back to the colonial era. The present ethnic classification system in Malaysia can be traced back to the 1891 Straits Settlements Census grouping of the population under six major headings, which were Europeans and Americans, Eurasians, Chinese, Malays and other Natives of the Archipelago, Tamils and other Natives of India, and Other Nationalities (Merewether, 1892). In the postcolonial era, the categories of European and American, and Eurasians have been subsumed under the category of Other, while the other three categories have remained.

Fiji's first census of 1881 put in place an ethnic classification scheme that is reasonably reflective today (Fiji, 1881). The 1881 census introduced six categories, all of which are still applied today, with minor modifications. "Half-caste" was changed to "Part European," and "Polynesians" into "Other Pacific Islanders." The category of Indians (Indo-Fijians) was introduced in 1891 (Fiji, 1891-1956). While the Chinese were mentioned in the 1881 and numerated together with "Other Polynesians," a separate category for Chinese was introduced in the 1911 census (Fiji, 1891-1956).

South Africa's present structure can be traced to the first Union of South Africa Census in 1911, again with amendments to the terms (Moffat, 1912). The three categories used in 1911, which were adapted from the 1875 Census of the Cape of Good Hope, were "European or White," "Bantu" and "Mixed and Other Colored" (Christopher, 2002: 402). The term "White" was dropped in preference of "European" in the 1921, 1936 and 1946 censuses. It was reintroduced in 1951 and used exclusively since (Christopher, 2002: 402). The term "Bantu" has been changed to "Black African" since 1996 (South Africa, 1999). "Mixed and Other Colored" was used from 1911–1946, when it was reduced to the term "Colored" from 1951 onwards, and continues to be used in the democratic era (Christopher, 2002: 402). The term "Asiatic" was introduced in 1921 when the British India Colonial Office wanted an account on the indentured laborers working in South Africa (Christopher, 2002: 402).

Among the three countries, Fiji has its population divided among the most number of categories. It is interesting that six ethnic categories in Fiji currently cater to a mere nine percent of its population, with three categories having less than one percent of the population. While Fiji is clearly a bipolar state, a term introduced by Milne's (1981) to refer to countries where there were two ethnic groups of equal size, both South Africa and Malaysia have a third minority group that is at least eight percent of the population. The next section concentrates on the formation of these ethnicities, with focus on the creation of the ethnicities of the dominant group in each country and the impact it has on the rest of society.

3.2 Ethnic Identity Formation: Review of Theories

Within the field of ethnic identity formation, three schools of thought prevail, which are primordialism, circumstantialism, and constructionalism. Under the primordialist approach, ethnicity is seen as being fixed, rooted and unchangeable (Geertz, 1963). Emphasis is placed on kinship and ancient history, which are regarded as "primordial attachments." This "basic group identity" as explained by Isaac (1975 in Cornell & Hartmann 1998) "consists of the ready-made set of endowments and identifications that every individual shares with others from the moment of birth by the chance of the family into which he is born at that given time in that given place."

This approach has been criticized as it ignores possible changes in ethnic affiliation and the construction of new ethnic categories, which change according to time and space. For example, it ignores situations where individuals choose to give up their ethnic identity

and adopt another as in the case of the Pathans abandoning their identities in favor of Baluchi (Barth, 1969: 117). Furthermore, ascriptive factors which influence ethnic boundaries such as phenotype, language and religion vary according to the situation. For example, (Chan, 1983: 267) points to the Dutch (Protestant) Eurasian community in Malacca, Malaysia, who converted to Catholicism, and assimilated into the larger Portuguese Eurasian population, a few generations after the end of Dutch colonial rule. A previously rigid religious boundary that divided the Protestant and Catholic churches was no longer as important.

A contrasting school of thought as been the circumstantialist approach, which regards ethnicity as deriving from its circumstances. While acknowledging that having a shared culture continues to be important, Glazer and Moynihan (1975) argue that members of ethnic groups were also linked through ties of interest. Cornell and Hartmann (1998: 58) summarize the circumstantialist approach as, “individuals and groups emphasize their own ethnic or racial identities when such identities are in some way advantageous to them. They emphasize the ethnic or racial identities of others when it is advantageous to set those others apart or to establish a boundary between those viewed as eligible for certain goods and those viewed as ineligible” Under this approach, ethnic boundaries are fluid and individuals adapt according to the situation.

Under the circumstantialist approach, a major influence affecting ethnic choices are access to economic or political opportunities. Olzak’s (1992) “competition theory” and Banton’s (Banton & Mansor, 1992) “rational choice theory,” have stressed the access to opportunities element. Other theorists include Hechter’s (1971) “cultural division of labor” theory and Bonacich’s (1972) “split labor market” theory. Thus competition and conflict between groups is featured strongly under this approach. This approach however, has been criticized as it fails to explain the continuous prominence of ethnicity once the need for cooperation is completed (Chai, 2005: 3).

The limitations of these two approaches led to a new approach known as the constructionist approach. The constructionist approach combines the primordialist and circumstantialist approaches, with individuals using their identities in pursuit of their goals, but doing little to shape, reinforce or transform their identities (Cornell and Hartmann, 1998: 73). Among the factors influencing the construction of ethnicity are shared political, economic or social interests, for example gaining employment, resistance to public policies or protection of rights from claims of other groups (Cornell

and Hartmann, 1998: 86). Other factors include having shared social institutions or culture (Cornell and Hartmann, 1998: 86), or political factors such as immigration, resource competition or political access (Nagel, 1994: 157). In contrast with the circumstantial approach, ethnic boundaries may continue to persist, even after the original interest-based reasons for their creation no longer exists. An ethnic label can either be assigned to a group by others, or the group itself may assert its own identity. Cornell and Hartmann (1998: 83) also propose that ethnic identity could be “thick” where it dominates social, political and economic organization, or “thin” where it is a much less comprehensive organizer of social life. This comprehensiveness of ethnic identities can change over time.

The constructionist approach to ethnic boundary formation is both an internal and external process as Nagel (1994: 155) clearly states, “ethnic boundaries, and thus identities, are constructed by both the individual and group as well as outside agents and organizations.” Barth (1969) describes this as a “labeling process” involving the individual and others. Fenton (1999: 10) adds that ethnicity needs to be seen as a social process, involving the moving of boundaries and identities which people themselves create.

However Barth (1969: 15) states that a group is defined by the maintenance of a boundary rather than cultural aspects such as religion and language. As he clearly states, “The critical focus of investigation from this point of view becomes the ethnic boundary that defines the group, not the cultural stuff which it encloses.” Among the factors influencing the creation of ethnic boundaries are the degree of differences among the populations, the nature of their contact, and their relative positions in the political and economic order (Hirschman, 1987: 558).

Recent literature in the area of ethnic boundary formation has focused on population size being an influencing factor (Chai, 1996: 289). Chai (1996: 289) argues that the ideal size of a group would be somewhere about half the size of the population, as a group with too few members may be overshadowed. In particular, the “optimal size of the group would be considerably larger than the number of migrants from any single community of origin” (Chai 1996: 289). However, a group must not grow too large as resources obtained from its membership will need to be shared over a larger number of individuals. This assumes all power is shared equally. Should a particular group have

more political power, its boundaries will be smaller. This theory will be applied later on in this chapter.

3.3 The Colonial Census and Malaysia, Fiji and South Africa

Colonialism often marked an important point in ethnic boundary formation (Fenton, 2003). A major tool used from the colonial period onwards in defining a population is the census. The role the colonial census in shaping ethnic identities and its implication for postcolonial states has been studied by scholars (Anderson, 1991; Cohn, 1987; Hirschman, 1987). As Anderson (1991: 184) clearly states, the census imposes a “totalizing, classificatory grid” on the population, as it provided the ability to draw distinctions and boundaries among “peoples, regions, religions, languages.” People began to see themselves as members of specific groups and communities (Anderson, 1991).

In preparing census classifications, Hirschman (1987) states that colonial authorities undertook the task of formulating a set of mutually exclusive and exhaustive ethnic categories to classify the population, changing them as circumstances changed. In what Anderson describes as an imagined community, these categories overtime became more visible and exclusively racial (Anderson, 2002). Kertzer and Arel (2002: 5) state that the use of identity categories in the census created a “particular vision of social reality.” Nagel (1994: 157) refers to this as the “political construction” of ethnicity. This would have a tremendous impact on the creation of politically influential ethnic groups (Kertzer and Arel 2002: 31).

British colonial immigration policies also resulted in changing the demographic landscape in Malaysia, Fiji, and South Africa which in turn contributed towards developing ethnic awareness. New immigrant groups became ethnic groups, with groups either assimilating into already existing ethnicities or developing their own ethnicities (Nagel, 1994: 157). Thus British colonial “divide and rule” policies required it necessary to be able to identify and quantify societies that were perceived as being fragmented (Christopher, 2006a: 343).

Christopher’s (2005: 104) analysis of the census and racial categories in the Commonwealth observed that “racial classification has been an integral part of the majority of colonial and even postcolonial censuses within the territories of the former British overseas empire.” He states that the classification system adopted in the colonies

sought to address three major issues. Firstly, it was necessary to determine the boundary between the colonizer and the colonized, secondly it was important to distinguish recognizable groups within the indigenous community and thirdly, there was a need to distinguish between the immigrant communities (Christopher, 2005).

The category of European or White existed in all the ten colonial censuses (1871-1947) available for the Straits Settlements, Federated Malay States and British Malaya (Hirschman, 1987: 571-577). In the postcolonial period, the category was relegated into the “Others” category (Hirschman 1987: 578). The category European existed in all of Fiji’s nine colonial census, and continued in its four postcolonial censuses (Fiji, 1881; Fiji, 1891-1956; Fiji, 2010). Similarly, South Africa had the category since its first census in 1865 for the Cape of Good Hope, and continued with its remaining fifteen censuses up to present day (Christopher, 2002).

The biggest challenge in setting the boundaries of Europeans or White, was defining who was a European, especially in classifying the mixed offsprings. All three countries solved the problem by introducing the category of “Eurasian,” in the case of the Straits Settlements, Federated Malay States and British Malaya, and “Part-European: in the case of Fiji. In the case of the Cape of Good Hope, Natal, Orange River Colony, Transvaal, which all later became South Africa, the categories “Mixed and Others” and “Mixed and Other Colored,” were introduced, which later changed to “Colored” (Christopher 2006b: 120). Interestingly, not all Europeans were considered suitable to be included into the “European and American.” In the Straits Settlements, Federated Malay States and British Malaya censuses, Armenians and Jews were classified separately in the censuses from 1871-1947 (Hirschman 1987: 571-577).

It is also useful to note that the creation of the “Mixed” categories did not go unchallenged, even in the colonial period. In Natal, Christopher (2005: 107) reports that the mixed population in Natal were successful in obstructing attempts to be classified separately from the Europeans in the 1891 census. In Fiji, enumerators were informed to “align the children with male parent” when unsure (Fiji 1891-1956).

Christopher (2005) reports that the colonialist attempts to classify the natives proved problematic as the boundaries between groups were fluid and the lack of knowledge among the colonial administrators led to detailed classification schemes which at times led to unmanageable outcomes. For example the 1881 British India census led to over

11,000 castes and subcastes which were later reduced to 3000 (Mohanty and Momin (1996) in Christopher, 2005: 109).

In the Straits Settlements & British Malaya, Fiji and South Africa, the British authorities' preoccupation with who is a native can be seen in the expansion of ethnicities and constantly changing criteria. For example, the 1911 Census of the Straits Settlements had twenty-two subethnicities under the major heading of Malay & Allied Races², while South Africa's expansion of ethnic categories reached its peak in 1936, where the 1936 South African census listed seventeen subethnicities under the major category of "Natives"³.

While the colonial authorities in Malaya and South Africa were keen to know the diversity within the native population, in Fiji, attempts to safeguard the native population included expanding the categories for all those regarded as immigrant. Among its previously established categories, the 1936 census adopted the categories of Polynesian, Melanesian, Micronesian, and expanded the category of "half-caste" leading to sixteen subcategories⁴ just within these four larger headings. The 1947 census led to an explosion of forty subethnicities as it sought to further explore the issue of miscegenation among the whole Fijian population.

In the censuses of the Straits Settlements and Federated Malay States, the Chinese and Indian populations were listed separately, with the subethnicities listed according to linguistic differences. South Africa included a category of "Asiatics" in the 1904 censuses in Natal and Transvaal and this continued into the censuses of the Union of South Africa from 1911 onwards (Christopher, 2002).

² Achehnese, Amboinese, Balinese, Bandong, Banjarese, Bantamese, Batak, Borneo Races, Boyanese, Bugis, Bundu, Dayak, Dusun, Javanese, Jawi Pekan, Kadayan, Korinchi, Malay, Rawanese, Sulu, Sundanese, Totong.

³ Zulu, Basuto, Xosa, Pondo, Barolong, Shangaan, Fingo, Mashona, Bechuana, Tembu, Baca, Bavenda, Ndebele, Pandomise, Swazi, Tonga, Mozambique

⁴ P.E.N.D. (Person of European and Native Descent, previously addressed as "half-caste"): Anglo-Fijians, Anglo-Polynesians, Others.
Polynesians: Cook Islanders, Ellice Islanders, Futunans, Niue Islanders, Rotumans, Samoans, Tongans, Wallis Islanders
Melanesians: New Caledonians, New Hebrideans, Solomon Islanders
Micronesians: Caroline Islanders, Gilbertese

Observing how the issue of ethnicity was handled in the postcolonial era, Christopher (2006a: 344) analyzed censuses from seventy-one countries in the Commonwealth conducted in the millennium.⁵ He found that the question of citizenship or nationality was used in 50 censuses, race or ethnic group was used in 43 censuses, while 25 censuses used language as a question. South Africa's 2001 census included all four questions—citizenship, ethnicity, language and religion. Malaysia's 2000 census included citizenship, ethnicity and religion, leaving out language, while Fiji's 1996 census had ethnicity and religion only. Questions imposed in censuses either have been or have the potential of becoming boundary marker. The issue of which ascriptive characteristic becomes the major boundary marker will be discussed in the next section.

3.4 Ethnic Boundary Formation: Peninsula Malaysia, Fiji and South Africa

Chai's (1996, 2005) theory on ethnic boundary formation using population size as a major influencing factor, will be applied in discussing ethnic boundary formation in Malaysia, Fiji and South Africa. Chai sets down five propositions influencing ethnic boundary formation. Firstly, he proposes that in societies undergoing modernizing structural changes, such as large-scale political consolidation, individuals will migrate to urban population centers (principle 1) (Chai, 1996: 286, 289). Facing competition for jobs and other scarce resources, there will be an incentive for individuals to band together in the battle for economic and political resources.

Secondly, Chai (2005) proposes that the boundaries for any large-scale group will be based on one or a combination of the four ascriptive characteristics which are race, language, religion or region of birth (principle 2). The boundaries will encompass these attributes rather than cut across them.

Thirdly, groups will incorporate members until a "minimum winning coalition" is formed (principle 3). This coalition is generally defined at slightly over fifty percent of the population, where it is then able to exert some power. If it gets any larger than needed for its purpose, resources will have to be spread over a larger number of individuals, leading to smaller portions for everyone. However according to the fourth proposition, should the group have relative greater economic and political power than its competitors, its boundaries will become more rigid at a smaller group size (principle 3a).

⁵ Census dates ranged from 1996–2006.

Fifthly, the most salient boundary in cases where there are multiple potential boundaries, will be the one where individuals share a common position within the economic and political structure (principle 4).

Finally, Chai's (2005: 12) theory implies that the boundary that becomes salient and defines the largest ethnic group, also has an influencing factor for all other ethnic groups in the country. Using this theory, the next section examines the ethnic boundary formation of the largest ethnic groups in the earliest time-period, which are the boundaries of "Whiteness" in South Africa, "Malayness" in Peninsula Malaysia and "Fijianness" in Fiji.

The discussion on the formation of "Whiteness" in South Africa is confined to the earliest British settlement which is the Colony of the Cape of Good Hope. Four censuses were conducted between 1865-1904, before the Cape Colony became part of the Union of South Africa. The discussion of "Malayness" is also confined to the earliest British settlements in colonial Malaya, which were the Straits Settlements, incorporating the states of Penang, Malacca and Singapore. Five censuses were conducted between 1871-1911, until it was merged into the Census of British Malaya in 1921.

3.4.1 South Africa: Defining "Whiteness"

South Africa attracted a large number of Europeans from different parts of Europe whose main aim was to settle.⁶ This is in contrast to Malaysia and Fiji, where most Europeans were there as colonial administrators and planters. Unlike South Africa, which went through a process to create a "White" (Euro-South African) identity, it is perhaps safe to assume that the ethnic identity of the colonialists in Malaysia and Fiji was already formed in the United Kingdom prior to arrival in the colonies. In the Cape of Good Hope, the earliest of British Colonies, the censuses of 1865 and 1875 list the Europeans as the largest group at around 36 percent and 33 percent of the total population. A comparison of the population groups from the first census of the Cape of

⁶ In fact, Lester (2001: 16) quotes, "When the first British settlers to arrive on the eastern Cape frontier were told that Britain 'had now sent her Sons and Daughters to cultivate the arts of civilized life amidst the long neglected natives of the third Quarter'³ the word 'natives' was taken to mean Afrikaners as much as it did Africans." The Dutch-speaking colonist or Afrikaner was constructed negatively under the British colonial project (Lester, 2001: 15). Many of the "problems" posed by the Afrikaners were ascribed to the effects of Dutch East India Company rule. Lester argues that "only an intermittent assimilation of new European ideas, and even then the worst kind of republication ones" were allowed to be filtered through to the Cape. (Lester 2001: 15).

Good Hope in 1865 to the final census in 1905 is provided below. Cape of Good Hope was incorporated into the census of the Union of South Africa Census in 1911.

Table 3.2. Ethnic Groups and Population Composition in the Cape of Good Hope

	European	Malay	Hottentot	Fingo	Mixed and Others	Kafir and Betsuana
1865	36%	-	16%	-	27%	20%
1875	32.8%	1.5%	13.6%	10.2%	12.1%	29.7%
1891	24.7%	0.9%	3.3%	15%	16.2%	39.8%
1905	24.1%	0.6%	3.8%	12.9%	12.4%	46.2%

Source: Censuses of the Cape of Good Hope 1865-1905: Southey, R. (1866), Mills (1877), Cape of Good Hope (1892) (1905).

The discovery of diamonds in 1867 and gold in 1886 in the Cape Colony led to rapid demographic and social change in Cape Town and throughout the Cape Colony. The increase in economic activities in Cape Town increased rural to urban migration and affected the previous relatively self-sufficient communities. Table 3.3 shows an estimate of the population of Cape Town from 1806–1904, with the population doubling with each census year. This is inline with Chai’s (1996) first principle of modernizing structural change being a condition for ethnic group formation.

Table 3.3. Population of Cape Town, South Africa

Year	Population Size
1806	16,000
1865	27,000
1875	45,000
1891	79,000
1904	170,000

Source: Censuses of the Cape of Good Hope 1865-1905: Southey, R. (1866), Mills (1877), Cape of Good Hope (1892) (1905)

Among the four possible ascriptive characteristics of phenotype, religion, language and place of birth being a boundary marker, phenotype clearly stood out as the most obvious marker based on the Chai's (2005) "minimum winning coalition" argument. The 1875 census of the Cape of Good Hope shows that about 52 percent of the total population adhered to the Christian faith, with 24 percent belonging to the Dutch Reformed Church. In Cape Town, which was the urban center, almost 77 percent of the population adhered to Christianity (Mills, 1877: 349). Any ethnic alignment along religious lines would have created an extremely large group size.

In discussing region of birth as a possible boundary marker, 95 percent of the population had been born in the Cape Colony, with 79 percent of the population classified as European or White, had been born in the Cape Colony in 1875 (Mills, 1877).⁷ Thus, any alignment based on region of birth would also be impracticable, especially when the Afrikaners no longer saw the Netherlands as their homeland. The 1865, 1875 and 1891 censuses did not collect any information based on home language as it was deemed to be too costly. However, it could be expected that this was the dominant language for the population classified as Colored, and thus would have also created an impracticable boundary marker. This just leaves phenotype as a possible suitable boundary marker, thus the creation of "Whiteness" as an ethnic identity.

It is important to note that the "White" (Euro-South African) group was not homogenous. Through a comparison of religion with birthplace, the 1891 census was able to provide estimates of the diversity within the European population. Those of Dutch and French origin were numbered at 230,000, English, Scottish, Irish at 130,000 and Other Europeans at 16,000 (Cape of Good Hope, 1892: xvii). This estimates show that the Afrikaners were the dominant group at about 61 percent. However in the urban area, the English dominated at close to 38 percent of the European congregation belonging to the Church of England while figures for European adherents of the Dutch Reformed Church was at 32 percent (Cape of Good Hope, 1892: xxxix). Table 3.4 shows how urbanized the English population was.

This had risen to 86 percent in the 1891 census (Cape of Good Hope, 1892)

Table 3.4. European / White Population and Religious Denomination, 1891

Denomination	Urban	Rural
Dutch Reformed Church	32.87	83.95
Church of England	38.12	7.70
Presbyterians	7.05	1.32
Independents	1.05	0.25
Methodist	9.98	3.59
Lutherans	4.80	1.71
Baptists	2.93	0.98
Other Protestants	2.75	0.50
Total	100	100

Source: Cape of Good Hope (1892)

It is also important to note that the English and Afrikaner did not occupy the same economic and political position. Infact Afrikaners who had been forced to migrate to the cities often entered the job market on the lowest rungs, hardly higher than the equally unskilled African labor force and far beneath the skilled English worker. The ratio of the per capita incomes of the Afrikaner and English is estimated to have been as high as 100: 300 in 1910 (Bickford-Smith, 1995).

However since there were no other contending boundary markers, phenotype appeared to be the strongest factor for group formation. Despite having political and economic dominance, the English and closer allies, Scottish and Irish, made up under nine percent of the total population in 1891, a size too small to survive. With a rapidly growing African population (referred to in table 3.2 as Kafir and Betshuana), it would have made strategic sense for the English to boost their population size by aligning with the Afrikaners based on phenotype affiliation. Presently, the Euro-South African category in South Africa includes the descendants of the early Dutch, French and British settlers.

3.4.2 Peninsula Malaysia: Defining “Malayness”

Scholars of Southeast Asia, including anthropologists, sociologists, historians, and linguists have found that the term “Malay” or what constitutes “Malayness” remains a difficult one to answer. As Barnard and Maier (2004: xiii) put it, “The nature or essence

of ‘Malayness’ remains problematic—one of the most challenging and confusing terms in the world of Southeast Asia.” Among the features defining Southeast Asia as a region is the high level of migration that occurred. The ease of migration through the region and lack of boundaries facilitated the exchange of people within Southeast Asia thus contributing to the mixture of ethnicities (Andaya, 2008).

In accordance to Chai’s (1996) principle 1, colonialism and the demographic shifts that came with it resulted in increasing ethnic awareness. Colonial immigration policies, which needed labor for tin mining and agriculture plantations resulted in a huge influx of immigrants. The large scale migration that took place from 1850-1920 contributed towards changing the demographic composition of the country (Hirschman and Suan-Pow, 1979: 2). In 1911, the Malayan Peninsula had a population size of only 2.3 million. However by 1947, this had doubled to 4.9 million with the growth being entirely due to immigration (Hirschman, 1980: 104-105). Migrant workers came from China, India, with the third largest migrant group coming from the then Dutch East Indies islands of Java and Sumatra (Kaur, 2008: 5-6). These laborers soon outnumbered the Malay population in the Straits Settlements and Federated Malay States, resulting in rapid political and economic changes (Hirschman, 1986: 336).

The Chinese made up the largest group of immigrants, and within the Straits Settlements states of Malacca, Penang and Singapore, increased from a mere 14 percent of its population in 1881 to being larger than the Malays in 1891. Table 3.5 shows the ethnic group size of both communities.

Table 3.5. Proportion of Malays and Chinese to Total Population in the Straits Settlements

	1881	1891	1901	1911	1931	1947
Malay	43%	38%	35%	29%	22%	20%
Chinese	14%	44%	49%	52%	60%	66%

Source: Censuses of the Straits Settlements 1891, 1901, 1911, Census of British Malaya 1947 (Merewether, 1892; Innes, 1901; Marriott, 1911; Vlieland, 1932; Del Tufo, 1947)

While the demographic changes were not as dramatic as in the Straits Settlements, a similar pattern can be observed in the Federated Malay States of Perak, Selangor, Negeri Sembilan and Pahang. While the Malays were in the majority at about 52 percent of the

total population in the Federated Malay States in 1891, by the following census year of 1901, they had diminished in size to 42 percent, while the Chinese were at 44 percent. This gap increased and by 1931, the Malays were 23 percent of the population in the Federated Malay States, with the Chinese almost doubling them at 45 percent.

By the early 20th century, the threat of the “Chinese invasion” had caught the attention of the Malay intellectuals, who wrote about the survival of the Malays, and set the criteria for “Malayness” which had previously been a fluid category. A Malay was defined as one who adhered to Islam, habitually spoke Malay and practiced Malay culture. Among the four ascriptive characteristics, religion and language—*agama dan bahasa*, were seen as the boundaries defining Malayness (Nagata, 1974).

Applying principle 2, religion and language appear to be the most logical boundaries to be used in order to create “a minimum winning coalition.” In a society that was predominantly East and Southeast Asians, using phenotype as a marker was clearly impossible given the similarities of features and skin tone. The place of birth criteria was also not practical as the majority of the population, including those that were categorized as “Malays and Other Natives of the Archipelago” were not born in the Malayan Peninsula. As Vlieland (1949: 61), Superintendent of the 1931 Census states, “It is commonplace that Malaya is full of ‘foreign’ Malays.” Commenting on the 1947 census, he compares the increases of the Malay population in the states of Selangor, which was at 26,600 in 1891 and had increased to 185,300 in 1947. Even with the most generous natural increase rate, he states that the “.1891 population could not conceivably have increased naturally to more than 53,200 (i.e., doubled) by 1947, it follows that 132,100 of the ‘Malays’ in Selangor were of stock immigrant since 1891. In other words, not more than 29 percent of the ‘Malay’ population in this State can be of stock settled there for more than 55 years. The actual percentage is probably lower” (Vlieland, 1949: 61). He made a similar observation of the state of Johor and calculated that the actual proportion of “Malays” “who are of even 36 years standing in the country is less than 40 percent” (Vlieland, 1949: 61).

This leaves language and religion as possible boundary markers. Religion appears to be the stronger boundary marker, as the superintendent of the 1931 census reports, “. . .most Oriental peoples have themselves no clear conception of race, and commonly regard religion as the most important, if not the determinant element” (Vlieland, 1932: 73). With over ninety percent of the population in the “Malay and Other Natives of the

Archipelago” category adherents to Islam, religion would appear to be the strongest boundary marking the Chinese / non-Chinese divide.

The first time that the question of religion was posed in the census was in 1911. Table 3.6 shows the population size for the different religious denominations in the Straits Settlements.

Table 3.6. Religious Affiliation and Population Size in 1911

Religion	Number of adherents	Percentage of total population
Chinese Religion	363,788	50.8%
Islam	266,299	37%
Hinduism	52,638	7.4%
Christianity	27,682	3.9%
Buddhist	2774	0.4%
Judaism	775	0.1%
Total Population	714,069	100%

Source: Census of the Straits Settlements 1911 (Marriott,1911)

In 1911, over half the population followed Chinese religious beliefs. While there are no data linking religion with ethnicity, it can be expected that the majority of the adherents were Chinese. Adherents to Islam were at 38 percent, smaller compared to the Chinese religion, but certainly bigger than the Malay ethnic group size of 29 percent.

However a boundary based on Islam still resulted in the boundary of Malayness being smaller than half of the population, leading to still some flexibility in who was classified as a Malay. The 1911 Straits Settlements census had an almost threefold increase⁸ in the number of sub-ethnic groups under the Malay and Other Natives heading, and this continued till the 1947 census.

⁸ Aborigines, Achinese, Amboinese, Batak, Balinese, Bandong, Banjarese, Bantamese, Boyanese, Bugis, Bundu, Dyaks, Dusun, Javanese, Jawi Pekan, Kadayan, Korinchi, Malays, Other Dutch Borneo, Rawanese, Sulu, Sundanese, Totong. Only nine sub-ethnicities were listed in the 1891 and 1901 censuses.

While religion was an important boundary marker, it was not exclusive. Non-Muslim aboriginal groups were seen to be part of the dominant Malay ethnicity. Perhaps the inclusion was seen as suitable as in spite of not fulfilling the religion criteria, these groups aligned with the place of birth criteria. A similar pattern can be observed with the Samsam. Samsam is the term given to the Siamese who intermarried with the local Malay population. The language spoken was a hybrid of Malay and Thai, with some members becoming Muslim while others retained their Buddhist faith (Nagata, 1979: 51). While the Siamese population had been recognized from the first census of 1871 until the 1947 census, the Samsam were only recognized as a separate community in the 1901 Straits Settlements census and classified under the “Malay and other Natives of the Archipelago” category (Innes, 1901).

On the other hand, not all groups or individuals who professed Islam were incorporated into the larger Malay ethnicity. The 1911 census noted that “the Muhammadan population” included 154 Chinese, yet they were classified under the Chinese category (Marriott, 1911). The Arabs, who were Muslim and had intermarried with the Malay population, and probably closest to the definition of Malayness, were classified under “Other nationalities” (Marriott, 1911).

The Arabs were an influential group in the Malay Peninsula and had a long history of intermarriage with the Malay population and its royal families (Andaya, 2001: 96). They were recognized as a separate identity by census-makers from 1881-1947 (Hirschman, 1987: 571-577), though annotations to these censuses suggest that the recorders were dubious as to the validity of these claims: “It is extremely doubtful whether those who so describe themselves ... have any real claim to be considered members of that race,” (Census Department 1911 in Nagata, 1981: 104). Though they had a long history of intermarriage and were Muslims, the Arabs were first listed alphabetically under the 1871 and 1881 censuses and then placed under the category of “Other Nationalities”/ “Other Races” in all censuses until 1947 (Hirschman, 1987: 571-577).

Despite the exceptions with the Samsams and Arabs, religion remained a powerful boundary marker for Malayness. Groups which originated from Indonesia began to adopt Malay as their language. Calculations based on the number of language speakers provided in the Straits Settlements Census of 1911 show that there were increases in the number of people who spoke Malay as a first language and a decrease in other languages for those who were classified as “Other Natives from the Archipelago.”

Table 3.7. Comparison of Ethnic Group with Language Spoken in 1911

	Ethnic group	Language speakers	Percentage increase or decrease
Achinese	224	101	-55%
Boyanese	5911	4509	-24%
Banjarese	154	34	-78%
Bugis	1335	722	-46%
Dusun	114	91	-20%
Javanese	18170	12446	-32%
Totong	191	143	-25%
Kadayan	742	543	-27%
Malays	209,008	246582	15%

Source: Census of the Straits Settlements, 1911 (Marriott, 1911).

While there is no evidence that individuals switched to Malay, it was the only language that had a remarkable higher number of speakers at 37,574, compared to its ethnic group. The 1911 Census recorded the English speaking population at 12,228, a figure that is a little less than the numbers shown for Europeans and Americans, and Eurasians. Based on the above principle, grouping migrants from Indonesia who were already viewed as being closer in culture to the Malays in the “Malays and other Natives of the Archipelago” category of the 1891 census, provided a small but significant increase to this overall category. Nagata (1979: 45) adds that the close cultural, religious and linguistic affinities of all the Malay and Indonesian-origin peoples, who almost all are Muslims, may have undoubtedly helped in this easy identification and “census assimilation.”

3.4.3 Fiji: Defining “Fijianness”

In applying Chai’s (2005) principles to ethnic boundary formation for indigenous “Fijianness” in Fiji, it departs from the usual pattern as observed with Malaysia and South Africa. While the boundaries for “Malayness” was created in opposition to “Chineseness,” and “Whiteness” in opposition to Africans, the boundaries of “Fijianness” went through two adaptations, firstly it was constructed against the Europeans, and later against the Indo-Fijians.

Ratuva (2000: 60) states that before colonization, Fiji was a heterogenous society with relatively autonomous sociopolitical entities. Voluntary migration and war led to fluid geopolitical boundaries. The land tenure systems and subcultures differed among different localities, influencing who was seen as a *i taukei* (local) or *vulagi* (visitor) (Ratuva, 2000: 60).

Through colonization, Fiji experienced modernizing structural changes with the focus surrounding the ownership of land. To prevent land from being appropriated by white capitalists, Fiji's first colonial governor, Sir Arthur Gordon set aside 83 percent of Fiji's land to indigenous Fijians. Colonial rule centralized Fijian society, bringing it under a single political identity (Norton, 1990).

The creation of the Native Administration unified the previously independent chiefdoms, and was based on the sociopolitical structures of the predominant eastern chiefdoms, which was generally more hierarchical and hereditary than the smaller, flexible, egalitarian systems in the west (Ratuva, 2000: 62). The "Fijian" language was based on an eastern missionary-developed dialect (Lawson, 1990: 67-8). The western and central regions with more egalitarian customs and smaller, decentralized political units were subordinated in the process (Norton, 1990: 20). Thus colonial native policy succeeded in reinventing a homogenous ethnic identity, which later became institutionalized (Ratuva, 2000: 87)⁹. In line with Chai's first principle, modernizing structural changes, in this case colonialization, marked a shift towards increasing ethnic awareness.

However, the creation of the indigenous Fijian identity based on place of birth as the main ascriptive characteristic resulted in the indigenous Fijian population being ninety percent of the total population in 1881. This is way over the fifty percent criteria as stated in Chai's second principle. Among the possible reasons why the group size remained feasible was firstly, it was drawn against the boundaries of "Europeanness," which as the colonial master, held the political and economic power. A large group may have felt to be necessary to counterbalance this.

⁹ Under the 1876 Native Affairs Ordinance, twelve provinces were created, each headed by existing chiefs, with provinces further divided into districts and headed by lesser chiefs. The highest assembly in this structure was the Great Council of Chiefs. This whole structure was created by colonial authorities as the "traditional" parliament for chiefs to discuss issues of concern to the indigenous Fijians. Provincial and District Councils were also created and attended by relevant chiefs. This chiefly system became institutionalized as the unquestioned political and cultural guardian of indigenous Fijians.

Secondly, as Kaplan (1998: 204) notes, Fijian identity was intricately bounded up with Fijian society, which was based on hierarchy and communalism. Fijian chiefly leadership was seen to be a necessary feature in maintaining Fijian culture and continuity (Kaplan, 1998: 204). Thus much of the boundaries of Fijianness was dependent on a few people in leadership positions, making the decisions in conjunction with the colonial master. How representative the sense of Fijianness may have been with the rest of the population remains unknown. Kaplan (1998: 211) notes opposition of the Vatukaloko, living in the north of Fiji's largest island to colonial encroachment, using this as an example of the nonhomogeneity in indigenous Fijian identity.

Finally, indigenous Fijians forming a huge majority of the population was quickly challenged over the next few decades. Colonial policies which brought in indentured laborers from India to work on the plantations, work which they saw as being unsuitable for Fijians, shifted the ethnic balance in Fiji. Table 3.8 shows the ethnic distribution in colonial Fiji from the first census in 1881 till the last one in 1966.

Table 3.8. Ethnic Distribution in Fiji from 1881-1966

	1881	1891	1901	1911	1921	1936	1946	1956	1966
Fijian	90%	87%	79%	62%	54%	49%	45%	43%	42%
Indian (Indo-Fijian)	0.5%	6%	14%	29%	39%	43%	46%	49%	51%
European	2.1%	1.7%	2%	2.7%	2.5%	2%	1.8%	1.9%	1.4%
Part-European	0.6%	0.9%	1.3%	1.7%	1.8%	2.3%	2.4%	2.3%	2%

Source: Fiji (2010): Key Statistics: Population by Ethnicity 1881-2007.

By 1911, the Indian population was almost a third of Fiji's population and the boundaries of "Fijianness" began to be seen in opposition with "Indianness." The ascriptive criteria of place of birth, became closely tied with membership of *mataqali* (clan). The colonial authorities were keen for the boundaries of Fijianness to remain firm. The 1936 census defined a Fijian as "a Native whose name has been recorded as a member of a landowning family by the Native Lands Commission" (Fiji, 1891-1956: Burrows, 1936: 10).

Kaplan (1998: 205-206) reports of a case in 1912 where a formerly indentured Indian man married a local Fijian woman and petitioned to be “treated as a native.” He was already working as a member of his village community and willing to assume all related taxes. While the local officials, and the British secretary for Native Affairs approved his request to be registered as a member of the clan, the Governor in Council expressed concern and did not grant approval. What was of concern was the issue of opening access to land. Thus the boundary defining Fijianness, extended beyond place of birth, to membership of a clan and the land rights that it incorporated. The requirement for membership of a clan in addition to place of birth was deemed necessary, as by 1936, almost three-quarters of the Indian population was born in Fiji.

Table 3.9. Percentage of Indians (Indo-Fijians) born in Fiji

	1911	1921	1936	1946
Born in Fiji	27%	44%	72%	85%

Source: Fiji (2010): Key Statistics: Population by Ethnicity 1881-2007.

Ethnic awareness was heightened by the mid 1930s, when Indo-Fijians were given minor representation in the Legislative Council, and were campaigning for democracy. By 1936, Kaplan (1998: 207) reports that the Indo-Fijian population was portrayed as being threatening and disorder by the colonial authorities and Fijian chiefs.

What is interesting in Fiji’s case is despite facing an “Indian” invasion and falling to below fifty percent of the population from 1936 onwards, the boundaries of “Fijianness” which were place of birth and membership to a clan, continue to hold against other ethnic groups. The 1936 census adopted the classification of Polynesian, Micronesian and Melanesian (Fiji, 1891-1956 in census of 1936: 10), further distinguishing the migrant population. The Melanesian population included Solomon Islanders and New Hebrideans who were recruited to work on the cotton plantations that were established during the American Civil War. This group had previously been classified as “Polynesian” in previous censuses. While some members intermarried with Fijian women, most were repatriated. The children of the relationships continued to be classified as “Polynesian.” The Part-European population, which had always been small enough to be absorbed into the Fijian ethnicity remained unassimilated. Other non-Fijian Pacific Islanders also remained unassimilated into Fijian society. The boundaries of place of birth together with membership of a clan, remained strongly adhered to despite decreasing numbers. It

is perhaps arguable that Chai's principle 3a applies here as groups with more economic and political power will be of smaller size. Next to the Europeans, the Fijians had their place well-preserved due to the Deed of Cession of 1874. Though experiencing a sharp decrease in population size, they remained about forty percent and their chiefs still held power.

3.5 Conclusion

In each country, a different ascriptive characteristic became salient for the largest ethnic group. South Africa adopted phenotype as a boundary marker, while religion was a boundary marker in Malaysia. In Fiji, place of birth together with membership to a clan drew the boundaries of "Fijianness." The boundaries of the excluded ethnic groups have developed against these boundaries, with there being an impact on ethnic social cohesion.

With phenotype being such a strong determinant of ethnicity in South Africa, ethnic groups developed along the color line as can be seen with the creation of the Cape Colored community. While ethnicities based on other ascriptive characteristics such as religion developed, eventually a color-based boundary took precedence. For example the Cape Malay population which was based on religion (Islam) as the major boundary marker eventually become subsumed with the Cape Colored population. This is despite the term "Malay" being in use longer than the term "Colored" (Bickford-Smith, 1995).

In Malaysia, religion plays a dominant role in how people organize themselves. While the Islam / non-Islam boundary marker continues divide the population, the saliency of religion as a boundary marker can be observed in other ethnic groups as well. For example, "Indianness" is associated with being Hindu, and "Chineseness" with Buddhism / Taoism, and to a certain extent Christianity. The non-Muslim indigenous groups are under pressure to convert to Islam and ethnic tensions in Malaysia are currently being expressed in religious terms.

In Fiji, the place of birth together with *mataqali* (clan) criteria strongly creates an insider / outsider dichotomy. Despite residing in the country for generations, non-Fijians, which include Indo-Fijians, Europeans, Part-Europeans, and Other Pacific Islanders, continue to be seen as outsiders. Conflicts center on indigenous rights, which negatively affect ethnic social cohesion. This will be further explored in chapter five.

CHAPTER 4

ETHNIC RELATIONS AND INCOME INEQUALITY

4.1 Background

Malaysia, Fiji and South Africa are postcolonial plural societies and have faced challenges in maintaining socially cohesive environments. Since independence, Malaysia has had five notable incidents of conflicts with ethnic undertones. Khoo (2005) notes conflicts in Pangkor in 1957, Penang in 1963, the May 1963 riots which centered in Kuala Lumpur, but also affected other urban centers, violence in Kampung Rawa, Penang in 1998 and Kampung Medan, Selangor in 2001. He also notes that Malay-Chinese ethnic tensions ran dangerously high in 1987 due to the economic recession in 1985-86 (Khoo, 2005: 217). While the first three conflicts involved Malay-Chinese relations, the latter two conflicts centered on Malay-Indian relations, with the Kampung Rawa incident having Hindu-Islam undertones.

Fiji has had four coups, with related ethnic violence since gaining independence in 1974. The first coup on May 14, 1987 and the second coup later the same year on September 25, resulted in ethnic unrest with a notable incidence of Indo-Fijians being attacked by Fijian militants in Albert Park and the streets of Suva on May 20, 1987, with the police and military watching and not intervening (Trnka, 2008: 206). Indo-Fijians in Suva had businesses destroyed in a rampage on September 21, 1987. In 2000 and 2006, Fiji underwent another two coups and at present time is still under a military government.

South Africa's shift from British control to Afrikaners apartheid domination in 1948 and democracy in 1994, has also been marked by incidents of conflict. Horowitz (2001) notes conflicts between Indians and Africans in Durban in 1949, 1953 and 1985, violent protests in Soweto in 1976, and conflicts in Umbumbulu in 1985, Natal in 1989 and Transvaal in the 1990s. South Africa is also experiencing a high increase in crime, which appears to have racial undertones, and there has also been an increase in violence towards African immigrant workers in the townships.

A major challenge in maintaining social cohesion in Malaysia, Fiji and South Africa has been ethnic tension. Much of this tension has centered on resource allocation, with income inequality between ethnic groups, being seen as a major factor. As reviewed in chapter two, Wilkinson (1996) identified income inequality as a major factor negatively affecting social cohesion. In plural societies where income inequality is (or is perceived)

to be divided along ethnic lines, a potentially explosive situation exists. While often it is ethnic minorities and indigenous groups that are marginalized and are the poorest sectors in a country, situations also exist where minorities may have a dominant economic role (but not political) leading to a tensed, conflictual situation. Malaysia, Fiji and South Africa fall into the latter category where the Chinese have played a dominant role in Malaysia's economy, Indo-Fijians in Fiji's economy and Afrikaners and English in South Africa's economy. Affirmative actions policies have been put in place to address these imbalances.

This chapter first looks at the level of income inequality in Malaysia, Fiji and South Africa. It then provides a background to ethnic tensions in these countries and the rise of affirmative action policies. The chapter follows on with an examination of the effectiveness of the policies in reducing poverty and in reducing ethnic disparities.

4.2 Income Inequality in Malaysia, Fiji and South Africa

The established method for measuring income inequality in a country is the Gini coefficient index. The Gini coefficient measures the distribution of income or expenditure in a country, and represents the deviation from the line of equality. The coefficient varies between 0, which reflects perfect equality, and 1, which indicates complete inequality (World Bank, 2009).

Using the World Income Inequality Dataset (WIID) published by the United Nations University's World Institute for Development Economics Research (UNU-WIDER, 2005), and supplemented by Babones (2009) Standardized Income Distribution Database (SIDD-3), Malaysia, Fiji and South Africa show a high level of income inequality. WIID uses a scale of 0-100, with 0 denoting perfect equality and 100 complete inequality. From the 143 countries surveyed, Malaysia, Fiji and South Africa are among the top 30 percent of countries whose Gini coefficient had reached 50 or more at some point between the period of 1960-2005 (UNU-WIDER, 2005).

South Africa, together with Kenya, Jamaica, Namibia and Columbia, have had Gini coefficient rates of 65 or more between 1960–2005. In 2005, South Africa had the highest Gini coefficient rate at 67.7, next to Namibia at 67.6. Malaysia's rate in 2005 was 37.1, while the only available data for Fiji was in 1998 at 43.3 (UNU-WIDER, 2005; Babones, 2009). Figure 4.1 tracks the changes in Gini rates for Malaysia, Fiji and South Africa from 1960–2005 based on available data.

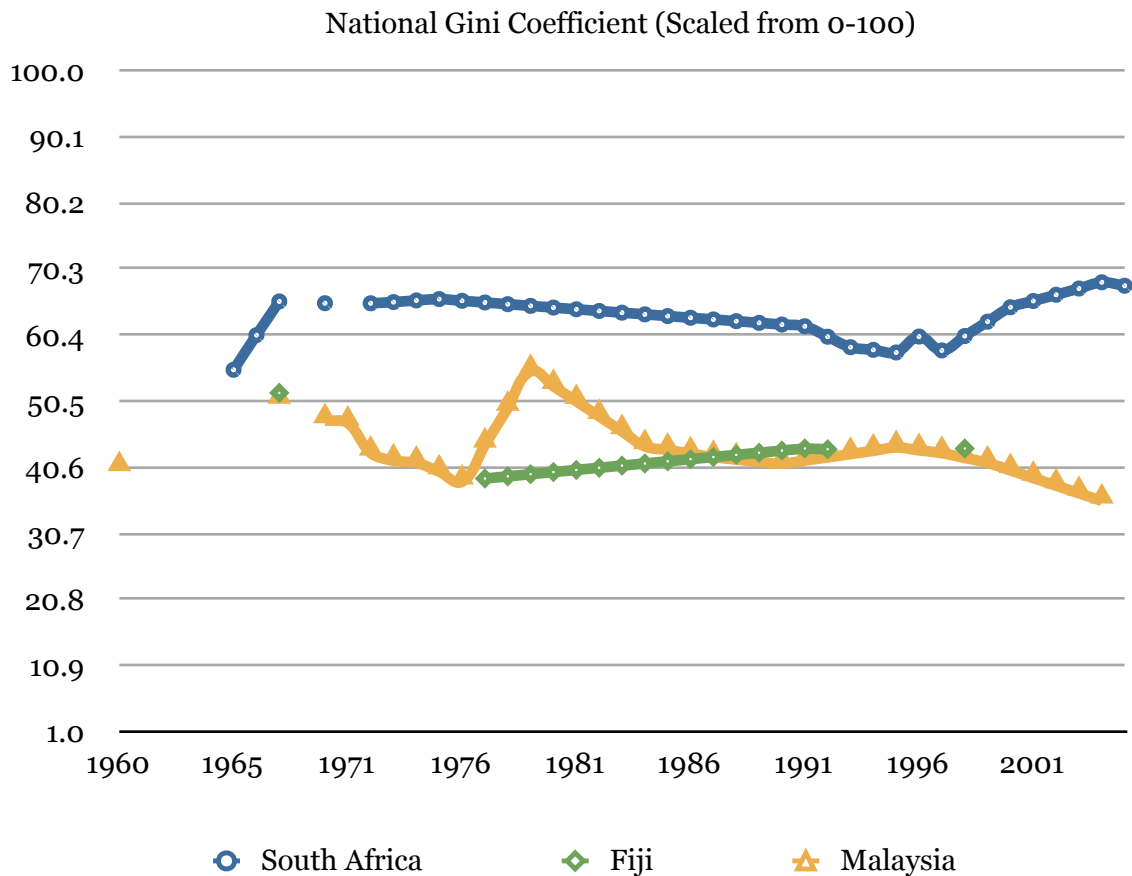


Figure 4.1. Gini coefficient rates in South Africa, Fiji and Malaysia (1960–2005)

Source: United Nations University’s World Institute for Development Economics Research (UNU-WIDER). (2005). World Income Inequality Database Version 2.0. Babones (2009), Standardized Income Distribution Database (SIDD-3).

As seen in figure 4.1, South Africa and Fiji’s high Gini rates have remained fairly stable despite the introduction of policies to redress poverty and income disparity between ethnic groups. Malaysia’s pattern reflects more fluctuation and it is noteworthy that it peaked in 1979 at close to 55, almost a decade after its New Economic Policy to readdress income imbalance was put in place.

4.3 Ethnic tensions in Peninsula Malaysia, Fiji and South Africa

4.3.1 Peninsula Malaysia

Postcolonial Malaysia experienced its major incident of ethnic disturbances on May 13, 1969. The riots erupted after the election results were announced, when the National Alliance failed to obtain a two-third majority vote. Tensions however, had been brewing

before the elections with a sizable pool of Chinese and Indians feeling marginalized by the Alliance government. It is useful to note that Malaysia's Gini coefficient the year before the conflict was at 50 (UNU-WIDER, 2005). A new non-communal party, Gerakan Rakyat Malaysia (Malaysian People's Movement) aligned with the Democratic Action Party (DAP) and campaigned under the slogan of "equality, justice and equal opportunity for all," gaining support from those who were dissatisfied with the Alliance government (Andaya, 2001: 297). Arguments for ethnic equality, cultural pluralism, ending Malay special privileges and quality in education contributed towards fueling tensions.

Factors identified as contributing towards ethnic mobilization included a funeral procession a day before the election of a young Chinese man, allegedly with communist links. Around 10,000 people gathered protesting his death by the police (Andaya, 2001: 296). This was matched by supporters of UMNO objecting to culturally offensive behavior of jubilant opposition supporters and of political manipulation (Jomo, 2005: 184).

The outcome was four days of bloody fighting with official figures listing 196 dead and 409 injured, though Andaya (2001: 298) states that the figures are higher with most of the victims being Chinese. About 6,000, mainly Chinese residents in Kuala Lumpur had their homes and property destroyed (Andaya, 2001: 298). A state of emergency was declared on May 14 and the constitution suspended (Andaya, 2001: 298). Though a state of order was restored, Andaya (2001: 298) states that communal violence persisted for two months. The conflict brought to light the prevailing tensions and has been largely framed as Malay dissatisfaction with being economically marginalized and demanding greater share of the country's wealth.

4.3.2 Fiji

Fiji has faced similar tensions, at a more severe level with four military coups over the past 20 years and its aftermath. Fiji's first coup in 1987 occurred 17 years after gaining independence, overthrowing its newly elected Fiji Labor Party (FLP)–National Federation Party (NFP) multiethnic coalition government which for the first time since independence displaced the Alliance government (Norton, 1990: 134, Lal, 1998). The second coup which took place four months later was designed to uphold a pro-Fijian position, in particular the favorable position of the chiefly elites (Robertson, 2008: 25). Finin (2007: 2) emphasizes the ethnic dimension of the first two coups, which was to

“ensure that government was controlled by indigenous Fijians, and not by a coalition that included Fijians of Indian ancestry.”

Nevertheless, while the 1987 coup may have been framed in ethnic terms, it is also important to note its class dimensions. Working class Fijians and those from the western side supported the FLP–NFP, viewing the Alliance as corrupt. The 1980s recession contributing towards bitter wage disputes with public servants, resulted in many Fijians doubting the ability of the Alliance Fijian government and hence turned to the Fiji Labor Party (Robertson, 2008: 28). Similarly, the president of the Indian Alliance upheld that their land rights were better protected under the Alliance government because of their closer links with the Council of Chiefs, whose support was crucial in securing “our leases.” He claimed, “the Fijians in the Labor Party want to destroy the chiefly system because once the chiefs are removed the Indians (Indo-Fijians) will go next” (Norton, 1990: 134). A class conflict can certainly be noted within the prevailing ethnic tensions.

In spite of a new 1990 constitution which blatantly upheld “Fijian paramountcy” and strengthened Fijian traditional leadership by providing new power and resources to the Great Council of Chiefs and a revised constitution in 1997, though undertaken through a democratic process and was, “still based on the flawed racial divisions that had fueled nationalist tensions in the past” (Robertson, 2008: 31), Fiji experienced its third coup in 2000. Fiji’s third coup continued along ethnic lines and displaced Indo-Fijians from government, disposing its first Indo-Fijian Prime Minister (Finin, 2007: 2).

Interestingly, the fourth coup in December 2006 also with ethnic undertones, marked a reverse in attitudes towards Indo-Fijians. Commodore Bainimarama’s reason for taking over the government was to end corruption and to narrow ethnic cleavages, which had been created by aggressive affirmative action policies favoring indigenous Fijians (Finin, 2007: 3). Robertson (2008: 36) notes that the fourth coup marked a shift from a previously ethno-nationalistic position to one proposing national unity. Finin (2007: 3) states that initial reactions to the fourth coup have been, “generally positive within the Indo-Fijian community, and more muted among indigenous Fijians.”

4.3.3 South Africa

Among the three countries, South African society has probably experienced the most intense level of tensions. From the onset of the apartheid period, South African society has been marked by protests and violence. State violence against protest to its racist

policies include police opening fire on unarmed crowds in Sharpeville in the Transvaal, and at Nyanga and Langa near Cape Town on March 21, 1960. Participants to this protest organized by the Pan Africanist Congress, had gathered in front of police stations without their passes in order to be arrested. Sixty-nine people were killed with many shot in the back, 186 wounded, ninety-eight Euro-South Africans, thirty-six colored people, ninety Asians and 11,279 Africans were detained, and both the ANC and PAC were banned (Deegan, 2001: 31, 32; Worden, 2000: 121). This led to international condemnation by the United Nations.

In contrast to the 1950s, the period of economic growth between 1963–1973 contributed to relative calmness. However rising inflation rates and the recession years of 1973–1976 resulted in another series of protests involving mining workers and students. The students' protest in Soweto in 1976 marked a turning point in South African history. A march of 15,000 students through Soweto protesting the compulsory use of the Afrikaans language in schools also resulted in brutal police suppression with students being killed. This set off a chain event of protests and by the end of 1976, 575 people were killed and 2389 had been wounded in conflicts (Deegan, 2001: 46).

After this incident, the state introduced riot squads to manage crowd control and the expenditure of the Department of Law and Order increased by 800 percent between 1975 and 1986 (Deegan, 2001: 62). Vigilante groups funded by the state carried out attacks and killings on anti-apartheid supporters. Homes of anti-apartheid supporters were ransacked or fire-bombed, the offices of the Congress of South African Trade Unions (COSATU), the headquarters of the South African Council of Churches and the Southern African Catholic Bishops' Conference were demolished by bombs, and between 1977 and 1989, forty-nine activists were assassinated (Deegan, 2001: 66). By mid 1980s, a virtual civil war existed in many parts of the country (Worden, 2000: 6).

What was of particular concern with the vigilante groups is that it contributed towards "African-South African-on-African-South African" aggression, which in turn sought to legitimize the apartheid state as a necessary safeguard for everyone's protection. The activities of the vigilante groups were also seen as being dissociated from the apartheid state and thus attracted less international condemnation (Deegan, 2001: 64).

Other noted violence among people of color in South Africa were the anti-Indian riots in Durban in 1949 at the onset of apartheid. The riots lasted a week, with 200 people killed,

more than a 1,000 injured and 20,000 made homeless (Horowitz, 2001: 10). The riots involved Zulus looting and burning blocks of Indian shops and homes, and shifted from targeting the Indian middle-class to Indian working class neighborhoods. The riot was sparked off by an assault on an African teenager by an Indian adult, which escalated into interethnic fights that required invention by the police (Horowitz, 2001: 90). Horowitz (2001: 140) notes that though these riots occurred after a deterioration of Euro-South African–African-South African relationship due to the introduction of apartheid, no Euro-South Africans were targeted in the riots.

Two possible explanations regarding the Durban riots have been put forward. Firstly, the riots could have been due to direct grievances against the Indians, as it was an economically difficult time and Indian shopkeepers and landlords had increased their prices and rates (Horowitz, 2001: 140, 327). This, combined with anti-Indian views of the Euro-South African government may have created a feeling of justification towards attacking the Indians (Horowitz, 2001: 346). Secondly the rigid color stratification system could have increased frustrations which were displaced on Indians (Horowitz, 2001: 140). Following the riots, African traders moved into market areas where Indian business had been disrupted and they were allocated more transport licenses as well (Horowitz, 2001: 456).

As late as in 1990, the apartheid state was still involved in violence within the African community. The Xhosa-Zulu killings in Transvaal in 1990 due to struggles between the largely Xhosa-led but multiethnic African National Congress and the Zulu party, Inkatha (Horowitz, 2001: 232) was more than competition over community groups. It was later discovered that the South African military intelligence had secretly trained and funded Inkatha members (Deegan, 2001: 65; Worden, 2000: 158). While there have been no major ethnic unrest in the post-apartheid period, South African society has experienced an escalation in crime, though Worden (2000: 166) points out that crime had always been present in the township and the removal of segregation made it more visible as it spread into wealthier suburbs. There is also growing aggression against immigrant workers from neighboring African countries. South Africa has the world's highest Gini coefficient, making it the world's most unequal society. Social problems in South Africa have been linked to the unequal distribution of wealth and resources.

4.4 Response to Addressing Ethnic Tensions: Affirmative Action Policies

All three countries have attempted to address these tensions by implementing affirmative action policies. Affirmative action policies take on various forms and the terms used vary, ranging from “positive discrimination” in Britain, “standardization” in Sri Lanka, “reflecting the federal character of the country” in Nigeria, and “sons of the soil” preferences in Malaysia (Sowell, 2004: 2). Some affirmative action policies exist for minorities and others for majorities. Malaysia, Fiji and democratic South Africa all have affirmative action policies that benefit the majority.

Malaysia’s affirmative action policies were implemented as the New Economic Policy (NEP) and adopted in the Second Malaysia Plan 1970-1975 (Malaysia, 1971: 1). This policy sought to “eradicate poverty irrespective of race” and to “restructure society to eliminate the identification of race with economic function” in order to create national harmony (Malaysia, 1971: 1). The NEP was implemented as a twenty year plan and set major targets to reduce poverty in Peninsular Malaysia from the present rate of 49.3 percent in 1970 to 16 percent in 1990, and increase Malay and other indigenous people’s capital ownership and management to at least 30 percent by 1990 (Malaysia, 1971: 158). An expanding robust economy at an average annual growth rate of 8 percent was expected to provide the resources needed for development and, “thus in the implementation of this policy, the government will ensure that no particular group will experience any loss or feel any sense of deprivation” (Malaysia, 1971: 1, Jomo, 2005: 185).

While affirmative action policies had been in existence in Fiji since the colonial era, postcolonial Fiji introduced affirmative action policies with the aim of readdressing interethnic income inequality. Fiji’s Sixth Development Plan (1971-75), stated that “the moderation of increasing income disparities within Fijian society is perhaps the most important single objective.” Fiji’s twenty year plan (2001-2020), promoted under the slogan of “50/50 by 2020,” set the target for indigenous Fijians and Rotumans to undertake and/or own 50 per cent of all economic activities in Fiji by the year 2020. According to the plan, “socioeconomic status and ethnicity directly coincide (1.5.1) and that seeking to redress interethnic inequality will ‘resolve some of the issues of political stability (1.13.2)’” (quoted in Ratuva. 2000).

However, after the 1987 coup and related ethnic violence, Ratuva (2000: 302) states that a more ethno-nationalist slant was adopted. As he states, (Ratuva, 2000: 302), “after the

coup, the line between affirmative action as a means of ameliorating disparity and affirmative action as a projection of ascendancy became increasingly blurred.” The two coups in 1987 brought forth the notion that there needed to be greater indigenous Fijian control of the state and economy for national integration and stability. In other words, the instability was felt to be due to indigenous Fijians being marginalized both politically and economically.

South Africa’s first democratic election in 1994 was greeted with enthusiasm as a time for change and improvement. Under the Reconstruction and Development Program (RDP), post-apartheid South Africa introduced a series of affirmative action programs to redress the injustices under apartheid. The RDP was described as “an integrated socioeconomic framework aimed at building a democratic, nonracial and nonsexist community” (Gauteng Provincial Government 1995 quoted in Deegan, 2001: 115). It aimed on providing “the right to basic needs such as shelter, food, health care, work opportunities, income security and all those aspects that promote the physical, social and emotional wellbeing of all people in our country, with special provision made for those who are unable to provide for themselves because of special problems” (quoted in Seekings and Nattrass, 2005: 346).

The newly elected ANC government aimed on adopting labor-market policies and promote major structural adjustments towards a high-wage, high productivity, economy as a means to solve prevailing inequalities inherited from its apartheid past. However facing a massive debt left behind by the old apartheid government, the government was forced to adopt more fiscal measures and create an environment more suited for investment. The Growth, Employment and Redistribution strategy (GEAR) was adopted in 1996.

Affirmative action in South Africa aimed at increasing the promotion of designated groups which included the African, Colored, Indians and all women in the labor market and moving them into higher paying jobs (Seekings and Nattrass 2005: 343). The Employment Equity Act, 1998 put pressure on employers to implement affirmative action. The Black (African-South African) Economic Empowerment Act (BEE) was passed in 2003 as a means to create an African-South African middle class. The following section examines how effective these measures have been both in terms of reducing overall poverty rates which had been high in all countries at the start of these policies and also reducing interethnic disparities.

4.4.1 Poverty Reduction: Malaysia, Fiji and South Africa

When the New Economic Policy was implemented in Malaysia in 1970, almost half of the Malaysian population was living below the poverty line. In 1990, the end period of the New Economic Policy, overall poverty had been reduced to 16.5 percent in Peninsula Malaysia and 17.1 percent in the nation as a whole (Malaysia, 1996). While there is no doubt that Malaysia has made remarkable progress towards reducing the overall level of poverty, the effectiveness of the NEP in reducing poverty has been questioned.

Among the criticisms on the official statistics on poverty rates is the change in measurement and reduction of poverty lines (Jomo, 2005: 187). The poverty line set in 1970 was at RM33.00 per capita per month, while the poverty line in 1987 was at RM30.30 in 1970 prices. Alternatively, in 1987 prices, it was at RM74.15 in 1970 and RM68.09 in 1987 (Jomo, 2005: 211). With all things held constant, a lowering of the poverty line will naturally reflect lower poverty rates. Though disputes on this have been dismissed as being rather insignificant and academic, Jomo (1991: 472) points out that in late 1983, the head of the youth section of UMNO stated that poverty rate was at 43 percent based on a survey by the Socioeconomic Research Unit of the Prime Minister's Department, a 25 percent difference in the published figures of the Fifth Malaysia Plan at 18 percent. Jomo (1991: 472) argues that such a discrepancy can hardly be said to be academic since it involved a quarter of Malaysia's population, which was about four million people in 1984.

Variations in the cost of living between rural and urban areas have also not been taken into account, thus undermining urban poverty (Jomo, 2005: 211). He also states that poverty rates have declined in Thailand and Indonesia, neighboring countries which did not have similar policies (Jomo, 2005: 182).

Measures implemented to eradicate rural poverty under the NEP can be broadly divided into programs that are directly geared towards raising the productivity of the poor and those focusing on increasing access and control over productive assets (Nair, 2007: 121). However these have been subjected to criticisms as only a portion of the rural population have benefited from these measures (Andaya, 2001: 303; Nair, 2007: 118-123). Rural development schemes such as the Rubber Industry Smallholders Development Authority (RISDA) program benefited those with land and income, those who could wait for the cash-crops to matured, thus marginalizing landless and poorer farmers (Andaya, 2001: 303). Any betterment of the conditions of peasant agricultural laborers have been due to

other extraneous reasons, such as full employment or productivity increases raising their wages, rather than as a consequence of the NEP poverty eradication measures (Jomo, 2005: 192).

Fiji unfortunately, has not been as successful as Malaysia in reducing national poverty rates. National poverty rates increased during the years of affirmative action policies from a national average of 25.5 percent in 1990 to 34.4 percent in 2002. There was also a huge increase in rural poverty from about 24 percent to around 38 percent in 2002 (World Bank, 2009; Fiji, 2008: 12). Much of these can be attributed to a declining economic growth rate. Except for a brief decline in the mid-80s, Malaysia clocked in an impressive economic growth rates of almost seven percent from 1980-1990. Fiji's economy struggled at the rate of 0.3 percent during the same time-period (World Bank, 2009).

Ratuva (2000: 90) further argues that Fijian traditional institutions, such as the Fijian Affairs Board, Native Land Trust Board and Ministry of Fijian Affairs played a major role in policy implementation, a concept which he found ironic as these were the same structures which created conditions for economic retardation in the first place. This is in contrast to Malaysia where the implementation of these policies was under state direction with the focus on modernization and without interference from traditional values (Ratuva, 2000: 303).

South Africa too has faced a huge struggle in reducing poverty. At the start of its post-apartheid era in 1995, almost 40 percent of its population lived on less than US\$ 2 a day. This increased to 42.9 percent in 2000 (World Development Indicators, 2009). The government did increase its social spending on the poor by 34 percent between 1994–1997, and in 2000, 57 percent of its spending was directed to the poorest of South Africans, while only nine percent went to the wealthiest 20 percent (van der Westhuizen, 2002: 118). Between March 1994 and 1997, 3.5 million people gained access to water, electricity was connected to more than 1,200 households a day in 1996 and 1997, and 777,591 houses were built between April 1994 and May 1999 (van der Westhuizen, 2002: 118).

However the problems of poverty are structural and Seekings and Nattrass (2005: 340) argue that the persistence of inequality has much to do with the present government inheriting the late-apartheid distributional regime. Opportunities tend to be

concentrated in urban areas. The poor are concentrated in rural areas and face a lack of access to land, while population pressure has resulted in overcrowding and a growth of massive urban slums (Moyo 2005: 250).

Between the three countries, Malaysia appears to have had most success in reducing its national poverty rates compared to Fiji and South Africa. While some credit can be attributed to its poverty reduction policies under the NEP, Malaysia, together with other countries in the region were also experiencing a boom in the economy.

4.4.2 Addressing Interethnic Inequalities

A major reason justified for the implementation of these policies in Malaysia, Fiji and South Africa was to reduce interethnic inequalities, which was seen to be the source of ethnic tensions as discussed earlier.

In Peninsular Malaysia, poverty was the highest among the Bumiputera with close to 65 percent of Bumiputera households living below the poverty line in 1970. This had dramatically fallen to almost 24 percent in 1987. Table 4.2 shows poverty rates and the distribution of income according to ethnicity between 1970–1990, the duration when the New Economic Policy was in effect.

Table 4.1. Comparison of Poverty Rates among the Ethnic Groups in Peninsula Malaysia.

	Poverty incidence (percentage)				
	1970	1976	1984	1987	1990
Bumiputera	64.8	46.4	25.8	23.8	
Chinese	26.0	17.4	7.8	7.1	
Indian	39.2	27.3	10.1	9.7	
Others	44.8	33.8	22.0	24.3	
<i>Overall</i>	<i>49.3</i>	<i>35.1</i>	<i>18.4</i>	<i>17.3</i>	<i>16.5</i>
Rural	58.6				21.1
Urban	24.6				7.1

Source: Malaysia (1989: 55), Mid-term Review of the Fifth Malaysia Plan, 1986–1990; Malaysia (1996), Seventh Malaysia Plan 1996–2000.

While the NEP has been successful in reducing overall poverty and definitely rural Malay poverty, its success affected other groups (Jomo, 2005: 192; Nair, 2007: 119). Though classified as Bumiputera, the Orang Asli¹⁰ have failed to benefit from the NEP and continue to be among the poorest in the country with poverty rates reaching 80 percent. Not only have they failed to benefit, they have sometimes been adversely affected by NEP policies. Rural development projects such as building dams, logging and clearing land resulted in displacing many Orang Asli who were pressured into moving to permanent settlement sites, which were contrary to their semi-nomadic lifestyle (Andaya, 2001: 306). With access to the jungle becoming more restrictive, many Orang Asli have had to turn to farming or hire themselves out as contract laborers. Andaya (2001: 306) points to the irony that while the New Economic Policy's emphasis was on modernization, a section of the population was being encouraged to grow rubber (Andaya, 2001: 306). Jomo (2005: 192) attributes a major decline in poverty has been due to a reduction in the population involved in occupations which had high levels of poverty such as rice cultivation, small-scale rubber growing, fishing and plantation labor. Thus, pushing a subsection of its population, in this case the Orang Asli, into a sector deemed unprofitable seemed contrary to the principles of the NEP.

As for the non-Bumiputeras, the Tamilian Indian plantation workers were seriously disadvantaged with NEP's policy of limiting employment to Malaysian citizens. About 60,000 Indian plantation workers whose papers were not in order lost jobs and while many took up the offer of free repatriation, others drifted into the cities for work (Andaya, 2001: 305). Those who remained on the plantations were disadvantaged as plantations were considered to be outside of the government's responsibility. "Chinese New Villagers" and the urban poor were also neglected due to the official attitudes that identified poverty as rural poverty (Khoo, 2005: 223).

Besides reducing poverty, the goals of the Malaysian NEP was also to "restructure society," which was removing the association of occupation with ethnicity and also to increase Bumiputera capital ownership. Numerous policies were put in place affecting education, employment and economy contributed towards creating this shift. A major development during the NEP was the expansion of a Bumiputera middle class which by 1990 made up almost a third of the workforce. Government statistics produced in table 4.2 suggest that employment restructuring has largely been achieved (Jomo, 2005: 200).

¹⁰ Literally means original people or aboriginals (Andaya, 2001: 3)

Table 4.2. Employment by Area of Occupation and Ethnic Groups 1970/1990.

Occupation	Bumiputera	Chinese	Indian	Others
Professional and technical	47.0 / 55.6	39.5 / 30.3	10.8 / 12.1	2.7 / 2.0
Administrative and Managerial	24.1 / 27.5	62.9 / 66.6	7.8 / 5.0	5.2 / 0.9
Clerical and related workers	35.4 / 55.1	45.9 / 35.2	17.2 / 9.2	1.5 / 0.5
Sales and related workers	26.7 / 38.2	61.7 / 55.7	11.1 / 6.0	0.4 / 0.1
Service workers	44.3 / 59.0	39.6 / 29.4	14.6 / 10.4	1.5 / 1.2
Agricultural workers	72.0 / 75.6	17.3 / 16.4	9.7 / 7.5	1.0 / 0.5
Pr., transport and other workers	34.2 / 45.8	55.9 / 42.3	9.6 / 11.3	0.3 / 0.6
Total	51.8 / 56.6	36.6 / 33.6	10.6 / 9.1	1.0 / 0.7

Source: Malaysia (1989: 66), Mid-term Review of the Fifth Malaysia Plan 1986–1990.

From the table, it is clear Bumiputeras have made great strides, consisting of over half of the professional and technical and also clerical personal. While there has still been an underrepresentation of Bumiputera participation in the eight prized professions¹¹ in 1990 at 29 per cent, this is a huge increase from 4.9 per cent in 1970. Jomo (2005: 204) states that official concerns have now shifted from Bumiputera share of school enrollment and tertiary education to involvement in the lucrative professions (Jomo, 2005: 204).

A major preoccupation of the NEP was in wealth restructuring with emphasis placed on ownership of the corporate sector. This has perhaps been the most controversial aspect of the NEP. Bumiputera wealth ownership was at 2.4 percent in 1970 and according to official statistics reached 19.3 percent in 1990, still falling short of the set target of 30 percent (Jomo, 2005).

Arguments have been put forward that Bumiputera share ownership is higher than the rates present and may actually surpass the target rate of 30 percent (Jomo, 2005: 195). The category of “Other Malaysian residents,” includes ethnically unidentifiable residual shares of companies which could not be assigned to specific groups. This grew from 12.2 percent in 1969 to as high as 21.2 percent in 1988 (Jomo, 2005: 195). Ownership of locally controlled companies was also classified separately from Bumiputera ownership. This was estimated at 11.8 percent in 1985. Jomo (2005: 195) argues that if we estimate these shares divided to the ethnic proportions, then Bumiputera share would rise to at

¹¹ Architects, accountants, engineers, dentist, doctors, veterinary surgeons, surveyors, lawyers

least 22 percent. He also states that official figures also apply nominal share values. As shares held by Bumiputeras tend to be concentrated in the larger, more successful firms, it is likely that Bumiputera wealth is considerably higher if market values are considered, with the possibility of the 30 percent benchmark being received (Jomo, 2005: 195).

However it was the failure to reach the set target of 30 percent and imbalance in income equality were used as reasons to extend affirmative action policies after 1990. The New Development Policy, with similar principles as the NEP, was implemented from 1990–2000, and Vision 2020 has been implemented after 2000.

In Fiji, the interim government after the first coup took measures to address inequalities between the indigenous Fijian and Indo-Fijians through its “Nine-Point Plan.” The plan provided loans, business training, established compulsory savings schemes and reserved half of all government contract and resource-based activities for indigenous Fijians. The public service was also indigenized with similar expectations made of the private sector (Chand, 2008: 92). After the third coup, the government introduced an ambitious policy agenda, “Blue Print for the Advancement of Fijians and Rotumans” to “improve the economic and social positions of the indigenous population in Fiji society” (quoted in Chand, 2008).

Data on socioeconomic inequality in Fiji is limited to the Household Income and Expenditures Surveys (HIES) of 1977, 1990-1991 and 2003. Table 4.3 shows the gross weekly household income for the three time-periods. A basic analysis of income distribution shows that Indo-Fijians are wealthier than indigenous Fijians, thus justifying affirmative action policies favoring indigenous Fijians.

In 1977, indigenous Fijians earned 83 percent of what Indo-Fijians earned and 87 percent of the national average, and by 1990-91, the gap had widen with indigenous Fijians earning 80 percent of Indo-Fijians (Sriskandarajah, 2003: 311, 312). The gaps have reduced by 2003 but it is important to note that national averages have been partly propped up by the high income of “Others.”

Table 4.3. Gross Weekly Household Income in Fijian dollars.

	1977	1990-1991	2003
Indigenous Fijian	65.25	173.65	56.88
Indo-Fijian	78.63	217.89	59.76
Others	119.77	271.08	89
National average	74.96	199.31	59.51

Source: Fiji (2009), 2002-2003 Household Income and Expenditure Survey.

Focusing on poverty eradication, the policies implemented targeted the indigenous Fijians at the expense of Indo-Fijians. Chand (2008: 83) states that measures taken to eradicate poverty have been based on ethnicity, due to “...the (false) premise that only the indigenous population is poor.”

In Fiji, it is clear that poverty is prevalent in both communities and Chand (2008: 88) further argues that “at least in statistical terms, it is not correct to suggest that the incidence of poverty was higher amongst ethnic Fijians compared to Indo-Fijians in either of the two recent HIES.” As seen from table 4.4, Indo-Fijians households are slightly over-represented among households living in poverty.

Table 4.4. Households Living in Poverty in 2002/03.

	Percentage of population	Living in poverty
Indigenous Fijians	51	50
Indo-Fijians	46	47
Others	3	3
Total	100	100

Source: Fiji (2010b) Incidence of Poverty

More importantly, households living below the food poverty line are concentrated in urban squatter settlements with no access to land. While the incident of poverty between both communities is marginal in rural areas, Indo-Fijians experience a higher rate of poverty in urban areas (Chand 2008: 84), as illustrated in table 4.5. Observing the high level of disparity within the Indo-Fijian community and poor economy performance of Fiji due to the coups, it is not surprising that poverty has increased, with a higher number of households from both communities living in poverty.

Table 4.5. Households Living in Poverty (Urban/Rural) in 2002/03

	1990/ 1991	2002
Total Indigenous Fijian	27.7	33.8
Total Indo-Fijian	31.0	34.9
National Average	25.5	34.4
Urban Indigenous Fijian	NA	29.9
Urban Indo-Fijian	NA	33.9
Urban average	27.6	31.8
Rural Indigenous Fijian	NA	37.3
Rural Indo-Fijian	NA	39.2
Rural Average	24.3	38.1

Source: Fiji (2010b); Chand (2008)

The New South Africa, while facing problems in reducing overall poverty, has had some success in reducing interethnic disparities. Race and class were closely correlated in South Africa's pre-apartheid society. Middle-class occupations and monopoly of skilled jobs was largely in the control of Euro-South Africans, while Indians and coloreds were slowly moving into semiskilled occupations, though many were still unskilled workers. Africans provided unskilled labor or were involved in subsistence agriculture (Seekings and Natrass 2005: 66). Due to economic changes that went on, by the end of the apartheid period, while there was still a link between race and class, it was not as clear as it used to be. African, Coloreds and Indians had made inroads into professional and managerial occupations, though it was still predominantly Euro-South African. The semiprofessional, intermediate and petty trader positions were predominantly African, while the marginal classes were overwhelmingly African (Seekings & Natrass, 2005: 258). However, it was clear that there were still huge interethnic disparities and affirmative action policies sought to reduce these disparities. While there has been an explosion in the availability of data on inequality in democratic South Africa, Seekings and Natrass (2005: 336) do note that analysis is affected by the highly uneven quality of available data (Seekings & Natrass 2005: 336). In a short timeframe of 5 years, there have been changes in the racial distribution of income. Table 4.6 shows the changes in racial distribution of income from 1970 to 1996.

Table 4.6. Racial Income Shares, 1970–2000

Racial income shares	Africans	Colored	Asian	Whites (Euro-South African)
1970	20%	7%	2%	71%
1980	25%	7%	3%	65%
1991	30%	7%	4%	60%
1996	36%	8%	4%	52%

Source: Census data published in Seekings and Nattrass (2005: 305)

The percentage income share of Africans has increased by six percent at the end of the apartheid period in 1991 to 1996. The Euro-South African population's income share declined by about eight percent, while limited gains were made by the Colored population and none by the Asians. These changes are clearly reflected in the changing racial composition in the highest two deciles, as illustrated in Table 4.7.

Table 4.7. Racial Composition of the top two income deciles, 1975–2000

		1975	1991	1996
Decile 10	African	2	9	22
	White (Euro-South African)	95	83	65
	Colored	2	4	7
	Asian	1	3	5
	Total	100	100	100
Decile 9	African	7	22	39
	White (Euro-South African)	83	61	42
	Colored	7	11	12
	Asian	3	6	7
	Total	100	100	100

Source: Census data published in Seekings and Nattrass (2005: 306)

The proportion of Africans in decile ten has more than doubled from 1991 to 1996, while Coloreds and Asians have also made smaller gains. The proportion of Africans in decile nine has also increased, almost doubling from 1991. In both decile nine and ten, the proportion of Euro-South African has decreased by about twelve percent. Considering these, it can be said that South Africa has made some inroads into reducing disparities between racial groups.

4.5 Conclusion

Social stratification, especially income disparity between ethnic or racial groups has been a major source of ethnic tension in Malaysia, Fiji and South Africa. To readdress this economic imbalance with the ultimate goal of improving ethnic relations, affirmative action policies were implemented in these countries. Malaysia's NEP goes beyond being merely an economic policy, but is actually a "sociopolitical policy with a very lofty goal: that is to help create a united Malaysian nation" (Goh, 1991: 92). Fiji's affirmative action policies have also attempted to work towards national unity by reducing ethnic disparity between ethnic groups. South Africa seeks to create a "rainbow nation" for equal opportunity for all. A major difference in the creation and implementation of these policies in contrast to those implemented in the United States and United Kingdom is that these policies served to benefit an ethnic group that had political power.

In Malaysia and South Africa, economic development and economic affirmative action were more directly supervised by the state and took place relatively independently of the traditional sociocultural formation, while in Fiji there was direct influence by the traditional communal mode of organization into the various aspects of economic development and affirmative action (Ratuva, 2000: 299). While the problem of poverty was addressed more vigorously in Malaysia, compared to Fiji and South Africa's "more muted" approach, poverty continues to be a major issue of concern. In all three countries there is a need for land-reform, a potentially explosive area, both in terms of ethnicity and class (Husin, 1991; Ratuva, 2000; Moyo, 2005).

Though the ethnic preference system was designed to resolve some of the problems created by ethnicity, it also reinforces ethnicity by increasingly defining issues in ethnic terms. Marginalized populations who became "lost" in the process of wealth distribution such as with the Tamilian population in Malaysia, rural Indo-Fijians and Cape Coloreds in South Africa have grown resentful. Furthermore, while these countries have had some success in reducing interethnic / racial disparities, on careful analysis, it appears that disparities within each group is greater than disparities between groups, causing a new form of tension. The next chapter examines how effective these policies have been in improving ethnic social cohesion.

CHAPTER 5

ETHNIC SOCIAL COHESION IN MALAYSIA, FIJI AND SOUTH AFRICA

Affirmative action policies implemented in Malaysia, Fiji and South Africa work under the official umbrella of readdressing economic imbalances with the ultimate aim of improving ethnic relations. The underlying theme of all these policies was to build socially cohesive societies, with the major aim of reducing ethnic tensions. Applying indicators to measure social cohesion, this chapter assesses how effective affirmative action policies have been in “creating a united Malaysian nation,” “national unity in Fiji” and South Africa’s “rainbow nation.” In particular, it focuses on *ethnic social cohesion*, which I define as the ethnic relations dimension of social cohesion, particularly the relationship between ethnic groups towards each other and also towards the nation state.

5.1 Building the Concept of Ethnic Social Cohesion

The discussion in chapter two shows that income inequality negatively affects the social fabric, thus reducing social cohesion. In introducing the ethnic heterogeneity dimension into the “income-inequality and social cohesion” discussion, there were two opposing opinions. One school of thought believed that ethnic heterogeneity and the resulting tensions between ethnic groups, resulted in lowering social cohesion, while the other school of thought felt that income disparity was still the major cause of lower social cohesion. Both opinions are relevant to the case-studies in this dissertation. The countries being used as case-studies are firstly, ethnically heterogeneous, with less than amicable relationships between the ethnic groups. Secondly, these countries also have high levels of income inequality, as seen in chapter three. Thirdly and perhaps most importantly, these income disparities are perceived to be divided along ethnic lines. Each factor on its own could contribute towards reducing social cohesion, all together, could (and have) create a potentially explosive situation. In attempting to create indicators to measure social cohesion, Jenson (2010, 22-23) proposes both income inequality and ethnic heterogeneity as possible indicators.

Chapter three discussed the ethnic composition in Malaysia, Fiji and South Africa. Applying ethnic boundary formation theory (Chai, 1996, 2005), it focused on which of the four racial / ethnic ascriptive attributes, which are phenotype, language, religion and place of origin became salient as an ethnic boundary marker. From the discussions, it appeared that religion was a defining boundary marker for Peninsula Malaysia, while South Africa focused on phenotype. In Fiji, place of origin with membership to a clan

was a defining ethnic boundary marker. The chapter argues that these markers became salient due to having a feasible population size that provided the ethnic group sufficient power for gaining access to resources. This chapter takes the argument further and explores how increases beyond the optimal population size affects social cohesion within the group, and hence ethnic social cohesion in the country as a whole.

Chapter four looked at the sources of tensions in these countries which seem to point to socioeconomic disparities between ethnic groups. With income inequality being a clear indicator to assess social cohesion, chapter four examined the distribution of income in the country as a whole and between ethnic groups. The findings show that these countries have high income inequality rates as a whole, which in itself is a predictor of social tensions. The chapter then looked at the affirmative action policies implemented with the aim of reducing income disparities and hence, improving ethnic relations between the ethnic groups. As discussed, while some policies were successful, such as reducing overall levels of poverty in Malaysia and creating a Bumiputera (Malay and indigenous groups) middle-class, not everyone benefited.

Chapter five will discuss how effective these policies have been in working towards ethnic social cohesion. In focusing on the ethnic diversity component of social cohesion, Jenson (2010: 5) noticed that the earlier definition of social cohesion created by the Council of Europe in 2001 carefully avoided stressing homogeneity. However by 2004, the Council of Europe's Strategy for Social Cohesion had shifted, with ethnic and religious diversity being seen as a threat to social cohesion (Jenson, 2010: 7). Individual countries in Europe, such as the United Kingdom and the Netherlands began to focus on the need to build a "successful integrated society" (Jenson, 2010: 8). There was fear in some countries that immigration was creating a society that was too diverse to be socially cohesive (Cheong et al., 2008: 27).

Recognizing that the concept of social cohesion lacks proper indicators for measurement, Chan et al.'s (2006: 290) and Jenson (2010: 24-25) suggest basic indicators to measure social cohesion, which include a sense of belonging, trust and other social attitudes. I will also be using Kawachi and Berkman's (2000: 175) definition of social cohesion which includes absence of social conflict, as an indicator to measure ethnic social cohesion in Malaysia, Fiji and South Africa.

5.2 A Sense of Belonging: Changes in Population Composition

A strong indicator of ethnic social cohesion is whether people of all ethnic groups feel a sense of belonging to their respective countries. One possible measure to assess a sense of belonging will be to see the changes in population composition over time and understand the shifts. Peninsular Malaysia, Fiji and South Africa have experienced changes in the relative population composition among their ethnic groups, with the biggest changes experienced by Fiji. This is illustrated in table 5.1 which shows the changing ethnic composition of the countries during the postcolonial period for Malaysia and Fiji, and in democratic South Africa.¹²

The figures for the tables were taken from official government publications such as the census. While table 5.1 discusses South Africa and Fiji on a national level, Malaysia was handled at a regional level. The Malaysian 2000 census provided ethnic composition figures for Malaysia as a whole, and also separately for Sabah and Sarawak. Figures for Peninsula Malaysia were derived by deducting the figures for Sabah and Sarawak from the total population. Figures for the Malaysian ethnic Indian composition was based on personal estimations. I do want to note that while based on personal estimation, the figures for Peninsula Malaysia provided in table 5.1 reflect similarly to those provided by UNDP Malaysia (2005).

¹² Also know as the post-apartheid period. I prefer to use the term democratic South Africa.

Table 5.1. Changing Ethnic Composition from 1970s–2000s.

	70s	80s	90s	00s
Peninsula Malaysia				
Bumiputera	52.7%	55.3%	58.3%	62.4%
Chinese	35.8%	33.8%	29.4%	27.4%
Indian	11%	10.2%	9.5%	9.4%
Others	0.5%	0.7%	2.8%	0.8%
Total	100%	100%	100%	100%
Fiji				
Fijian	44.2%	46%	50.8%	56.8%
Indians (Indo-Fijians)	49.8%	48.7%	43.7%	37.5%
Europeans and Part-Europeans	2.5%	2.1%	2.1%	1.9%
Others	3.5%	3.2%	4.2%	3.8%
Total	100%	100%	100%	100%
South Africa				
African			76.7%	79%
White (Euro-South African)			10.9%	9.6%
Coloured			9%	8.9%
Asian			3%	2.5%
Total				100%

Source: Khoo (1995), General Report of the Population Census, 1: 44; Malaysia (2002), General Report of the Population and Housing Census: 30; Fiji (2010), Population of Fiji by Ethnicity. Fiji Facts and Figure 2010; South Africa (2005), Achieving a better life for all: Progress between Census 1996 and 2001

In Peninsula Malaysia, the population size of the Malay and indigenous population, collectively known as the Bumiputera¹³ has grown by almost ten percent, from about fifty-three percent in 1970 to sixty-two percent in 2000. The ethnic Chinese composition has decreased by over eight percent in the past four decades, while the ethnic Indian composition has faced a smaller decline of about two percent.

5.2.1 Fertility

Part of the changes in population composition have been due to different levels of fertility rates, with the Malay population having higher fertility rates than the Chinese and Indians. The average age of marriage for Malay females was slightly below the national average of 25 years, at 24.5 years, while the average age for marriage for Chinese females was at 27 years and Indian females at 25.4 years (Malaysia, 2002: 56). In 2003, the natural crude rate of natural increase¹⁴ for Malays was 17.5, compared with 10.2 for the Chinese and 13.1 for the Indians (Malaysia, 2008: 41-42).

Changes in Fiji's ethnic composition can also be attributed to different rates of natural increase. In 2006, indigenous Fijians experienced a natural rate of increase at 17.2 compared with 8.5 for the Indo-Fijians (Fiji, 2008: 5). The report of the 2007 census recognizes that Indo-Fijian fertility rate has dropped below replacement level and states that the population will decrease in size even if there is a halt in further emigration (Fiji 2008: 5).

South Africa's population composition also shows slight shifts in percentages with an increase of the proportion of the African population and a decline for all others. However, while the shifts are much smaller than Fiji and Malaysia, the magnitude is expected to be larger as South Africa's population of 44.8 million is more than double Malaysia's population and over 44 times of Fiji's. Furthermore, while the shifts in Malaysia and Fiji are measured in 10 year gaps, these changes in South Africa occurred in five years from 1996–2001.

5.2.2 Emigration

While part of the shifts in all three countries can be attributed to lower fertility rates among the minority communities, a major reason has been due to high levels of

¹³ As the indigenous population makes up an extremely small proportion of the Bumiputera category, I will be using the term Malay when referring to ethnic relations between communities.

¹⁴ Crude birth rate minus crude death rate (per thousand population)

emigration due to the loss of trust in society. In Malaysia, the sense of alienation due to the New Economic Policy, led to a massive brain-drain. From 1976–1985, there was a capital flight of some US\$ 2 billion, half of which was Chinese owned (Means, 1983: 114). The Malaysian census report (Malaysia 2002: 32) recognizes that part the decline in the Chinese is due to emigration. Similarly, the Fiji census report also notes that emigration over the last two decades has contributed to shrinking the composition of Indo-Fijians in Fiji. This has been the pattern even in the early 80s, as Milne’s (1983) noted that emigration removed as many people from Fiji as natural deaths, with Indo-Fijians making up 95% of these émigrés, leaving at a rate of 2,000 a year.

Among the three countries, South Africa seems to maintain the best record on the number of South Africans emigrating, though their numbers are also seen to be underrepresented. Stern and Szalontai (2006) state that this could be because those emigrating fail to report to the authorities, and those who plan to leave temporarily end up staying permanently. Supplementing information provided by the South African authorities with data from immigrant receiving countries, Stern and Szalontai (2006: 142) calculated that between 1994–2003, 368,829 South Africans emigrated. The top five recipient countries in descending order were the United Kingdom, Australia, United States, New Zealand and Canada. Out of these emigrants, about 17 percent were in the “professionals, technicians and associate professionals” category (Stern and Szalontai, 2006: 126), thus creating a substantial brain drain for South Africa.

While emigration data is lacking in Malaysia and Fiji, censuses for Australia and New Zealand show a sizable presences of individuals from these countries living there. Table 5.2. shows the number of people from South Africa, Malaysia and Fijian living in Australia.

Table 5.2. Number of South Africans, Malaysians and Fijians in Australia: 1996 and 2001

	Australia		
	1996	2001	% of population
South Africa	55,756	79,425	0.4%
Malaysia	76,255	78,858	0.4%
Fiji	37,104	44,261	0.2%

Source: Australia (2003: 4-6), People of Australia (from Australian 2001 census).

Between 1996–2001, there had been an increase of 23,669 South Africans (42.5 percent). Malaysians increased by 3.4 percent, while Fijians increased by 19.3 percent. Emigration from South Africa and Malaysia continues and table 5.3 shows the number of persons provided with permanence resident status in Australia

Table 5.3. Number of South Africans and Malaysians provided with permanent residence status in 2007–2010.

	Australia		
	2007–08	2008–09	2009–10
South Africa	7,178	11,729	11,081
Malaysia	4,842	5,029	5,220

Source: Australia (2008: 6), (2009: 5), (2010: 5).

South Africa has been the fourth highest sender of immigrants to Australia, while immigration from Malaysia has moved up from seventh place in 2007 to sixth in 2008 and 2009 (Australia, 2008: 6, 2009: 5, 2010: 5). This clearly indicates that there is a constant flow of people leaving Malaysia and South Africa.

The level of South African permanent immigration to New Zealand is especially revealing from the way New Zealand classifies its ethnic migrant population—Europeans, South Africans, Chinese and Indians. South Africans consist of nine percent of New Zealand’s migrant population.

The Report on the New Zealand Census 2001 (New Zealand, 2003: 6) recognizes a high level of migration from South Africa and Fiji. South Africa, Fiji and Malaysia were among the top ten source countries for professional and skilled labor for the 2001/02 financial year (New Zealand, 2003: 21).

A steady flow of emigration is a clear indicator that certain sections of society do not feeling a sense of belonging and hence, a need to depart. When emigration is dominated by a particular ethnic group, it is a clear indicator that the country is struggling to maintain its ethnic social cohesion.

However, while emigration has been a constant feature in these countries, Malaysia and South Africa also experience a high level of immigration. Non-Malaysian citizens make up 5.5 percent of Malaysia's population (Malaysia 2002: 34). South Africa has about one million documented immigrants who mainly come from neighboring countries (South Africa, 2005: 162). A large presence of immigrants who share similar ascriptive characteristics and hence challenge prevailing ethnic boundaries, has created new tensions in society. This will be explored later in this chapter.

5.3 Absence of Social Conflict

While there have been numerous articles on Malaysia's New Economic Policy (NEP) and on ethnic relations, the impact of the NEP on building social cohesion can best be assessed in relation to activities occurring after the Asian economic crisis in 1998 to present day. In far contrast to the upheaval that went on in neighboring Indonesia at the onset of the crisis with its Chinese population being targeted for aggression, things in Malaysia appeared calm. Malay-Chinese relations, which Khoo (2005: 217) describes as "the country's most destabilizing form of ethnic conflict," did not become a source of tension. Crouch (2001: 227) also notes that the vicious political struggle that took place within the government during the economic crisis did not affect ethnic tensions in the ways that might have been anticipated.

5.3.1 *Ethnic Relations and Social Cohesion in Malaysia, Fiji and South Africa*

In assessing the impact of the NEP on Malay-Chinese relations, strong economic growth was the crucial factor in preventing ethnic conflict (Crouch, 2001; Khoo, 2005). This enabled for the NEP's goal of creating a Malay business class to be implemented, especially in the early years without confiscatory measures against the Chinese. Means (1983: 114) does suggest that a shrinking economy would have severely strained ethnic relations and probably forced the abandonment of the goals and strategies of the NEP. While Malay-Chinese ethnic relations were tensed during the economic decline of 1985-1987, both Crouch (2001: 227) and Khoo (2005: 217) feel that the NEP was a success as there was a significant absence of Malay-Chinese tensions during the Asian economic crisis in 1997-1998. Furthermore Crouch (2001: 252) adds that Malaysian society in the 1990s was dominated by a strong middle-class drawn from all three ethnic groups that had a strong interest in political and social stability. The Ninth Malaysia Plan estimated the middle-class to be at 47.9 percent in 2002 (Malaysia 2006, 63).

In comparison, Fiji's experiment with affirmative action as a means to avoid conflict has been less successful than Malaysia. Unlike Malaysia, Fiji did not enjoy high economic growth and in fact had been facing a decline in its economy. It is important to note that before the coup of 1987, Fiji's economic growth was the lowest it had been since independence. The average gross domestic product (GDP) rate from 1981–1985 was at 2.3 percent per annum compared with 9.7 percent in 1970–1975. Average per capita GDP growth rate had declined from 7.5 in 1970–1975 to -3.1 in 1981–1985 (World Development Indicators, 2009). Natural disasters, a world recession, a slump in commodity prices and high international rates worsened Fiji's economic situation, leading to Fiji having trouble serving its debts (Durutalo, 1986). The International Monetary Fund imposed structural adjustment policies which led to a freeze on the civil service and wage freezes, creating an unhappy urban population (Durutalo, 1986).

Interestingly, this period of economic downturn saw the birth of Fiji's first multiethnic party form which Durutalo (1986) argues, is a direct consequence of the implementation of the structural adjustment programs. Previous coalitions cutting across ethnic lines include a multiethnic workers strike and riots of 1959, thus rebuking the idea that "class affiliation does not exist" (Ratuva, 2000: 40).

However efforts to build up ethnic social cohesion in Fiji appears to be short-lived. The multiethnic coalition between the Fiji Labour Party (FLP) and Indo-Fijian National Federation Party (NFP), which succeeded in winning the April 1987 elections was soon overthrown by a military coup. The 1990 constitution implemented after the coup was seen as being ethno-nationalistic, in that it sought to safeguard the "paramountcy of Fijian interests." In the name of affirmative action, there was a deliberate process of marginalization of Indo-Fijians in various areas such as licensing, scholarships and civil service employment, thus creating conditions for potential conflict (Ratuva, 2000: 302). Interestingly, the affirmative action provisions of the 1990 Constitution was based on the Malaysian Constitution which entrenched the "special position of Malays" as political justification for affirmative action.

Within indigenous Fijian society, there has been uneven regional development with the eastern regions receiving more economic assistance than the west. The 1990 constitution was felt to have marginalized the western region, as it did not provide for recognition of western chiefs, nor did it address their demands for a "Fourth Confederacy" (Ng, 1991: 111). Except for the brief tenure of the FLP / NFP government in 1987, "the highest

offices in Fiji have been held by eastern chiefs” (Ng 1991: 110). Ng (1991: 11) also states that the failure to recognize the western chiefs was a “move probably aimed at ‘punishing’ western Fijians for breaking with overall Fijian solidarity vis-à-vis the Indians.”

Ratuva (2002b: 5) states that national and worldwide condemnation of the constitution which was deemed to be highly discriminatory led to the adoption of the 1997 constitution. The 1997 constitution was seen as being multiethnic and “from being an instrument of communal ascendancy, affirmative action was re-conceptualized as a means of national integration” (Ratuva, 2000). However, the first elections held in 1999, after the adoption of the constitution resulted in Fiji’s first Indo-Fijian Prime Minister being overthrown a year later. The new government introduced the “Blueprint for the Enhancement of Indigenous Fijian and Rotuman Participation in Commerce and Business” and in 2002 introduced a 20 year development plan with similar aims, referred to as “50: 50 by 2020” (Cottrell & Ghai, 2007: 240, Chand, 2008). Once again, the purpose was to safeguard the positions of the Fijians and Rotumans. As can be seen, Fiji has been struggling since independence to maintain ethnic social cohesion.

Fiji’s 2006 coup has led to an interesting turn in the efforts to build up ethnic social cohesion. While Military Forces Commander Commodore Frank Bainimarama appears to be on a mission to end divisive “ethnic politics” and clean up corruption (Ramesh, 2010: 493), both of which have been a hinderance to ethnic social cohesion, it has come at the expense of democracy, which is arguable a basic element for social cohesion. An outcome of the coup has been Fiji’s suspension from the Pacific Islands Forum, from the Commonwealth, and removal of sugar subsidies from the European Union (Ramesh, 2010: 494, 495, 497). The latter has had serious consequences for Fiji’s economy, with there being expected increases in socioeconomic inequalities, which in turn will negatively affect social cohesion.

Among the three countries, South Africa has had a relative shorter timeframe to work towards a more ethnically, cohesive society. Among the biggest source of tension was Euro-South African–African-South African disparities of wealth. As seen in chapter four, inroads have been made to redistributed wealth with the proportion of Africans in the highest two income deciles increasing from nine percent in 1976 to 61 percent in 1996. Seekings (2008: 6) also notes that among individuals, there has been a shift from a sole

identification based on race as in the apartheid period to encompassing a class-based identity such as working-class, middle-class or poor.

However race is still a salience feature in South African society and Bradshaw (2008: 186) notes that many of the conflicts that occur “still take place along fault-lines of race and social identity constructed during the apartheid era.” Bradshaw (2008: 188) also points to the differences between Euro-South Africans (57 percent) and other races (80 percent) in desiring to create a united South African nation. South Africa continues to face high levels of crime of which 81 percent of South Africans see as a threat to democracy (Bradshaw, 2008: 187) and hence, to social cohesion. Furthermore, the slow pace of land reform and the accompanying farm murders, though not in large numbers but often excessively brutal, continues to create fear in South Africa’s small, Euro-South African farming community (Bradshaw, 2008: 191). General social cohesion remains a challenge to maintain in South Africa, let alone ethnic social cohesion.

5.3.1.1 Rising Malay-Indian tensions

While Khoo (2005: 217, 232) does note two incidents of Malay-Indian tensions in 1998 and 2001, he still feels that there are positive lessons to be learned from Malaysia’s NEP in terms of managing ethnic relations. This opinion however, has not been shared by all scholars. Nair’s (2007) and Nagarajan’s (2008) assessments’ on the impact of the NEP and NDP on ethnic relations, focusing in particular on the Malaysian Tamils, conveys a different analysis from Khoo (2005) and Crouch (2001). Nair (2007: 114) points to the gaps in poverty alleviation policy which neglected certain population groups, including the Tamils living on plantations¹⁵.

The rapid urbanization and industrialization which Malaysia enjoyed over the past two decades resulted in changing land usage, which adversely affected the Indian plantation communities.¹⁶ Nagarajan (2008: 377) states that more than 300,000 Tamils were uprooted from the plantations between 1980 and 2000. There was no direct government intervention in resettling these communities, only weak policy declarations made that

¹⁵ In spite of the Indian plantation communities being recognized as being marginalized, they continued to be ignored by government poverty eradication programs, due to plantations being classified as private property (Nagarajan, 2008: 377).

¹⁶ Plantation land in Peninsular Malaysia has shrunk, with employment in the rubber plantations declining from 163,577 in 1979 to about 13,000 in 2004 (Department of Statistics Malaysia, Handbook of Rubber Statistics, 1985: 196; Monthly Rubber Statistics Malaysia, May 2004: 24 in Nagarajan, 2008: 377)

the plantation companies must provide alternative housing and adequate compensation, which were never implemented (Nagarajan, 2008: 381).¹⁷

When evicted from the plantations, plantation Tamils lost their jobs, and also housing, childcare centers, basic amenities, socio-cultural facilities and the community support system built up over decades (Nagarajan, 2008: 378). The displaced ended up as squatters in the fringes of urban areas, contributing to the urban poor.¹⁸

The riots in Kampung Medan in 2001 were a clear indicator of the existence of prevailing Malay-Tamil tensions. However, while the media pointed to poverty as being a major source of the problem, Willford (2008: 441) notes that the violence did not in fact occur within the squatter villages themselves, but rather along the major intersections of the housing estates, with the majority of the victims being Indian. Of the six dead, five were Tamils and one was Indonesian, while of the thirty-seven injured, thirty-four were Tamils and three were Malays.¹⁹ Rather than blaming poverty as a problem, this incident appeared planned as Willford (2008: 445) notes a victim claiming that he was informed a few days before the attack that Malays had told him, they “had better get out because there is going to be trouble.” Based on this incident, opposition leader Lim Kit Siang commented that ethnic relations in Malaysia have gone from “bad to worse” (Willford, 2008: 437).

5.3.1.2 Increase of intraethnic inequality

It is interesting to note that despite the different ways in which affirmative action have been implemented in these countries, a common effect has been that it has actually reinforced intraethnic inequality. In Fiji, the direct beneficiaries were the few individual bureaucrats who had links with banks, financial institutions and state power. Due to their status and relative independence from communal mobilization, they were able to use affirmative action for personal accumulation (Ratuva, 2000: 302). Fiji’s communal

¹⁷ Nagarajan (2008: 381) points to the irony that it was government investment agencies that bought over the major plantation companies from the British shareholders in the 1980s as part of the NEP restricting exercise. Nevertheless, these companies which include Kumpulan Guthrie Bhd., Golden Hope Plantations Bhd. and Sime Darby Bhd. also ignored the housing policy (Nagarajan, 2008: 394).

¹⁸ The plantation economy is marked by poor standard of education in Tamil schools, non-conducive home environments, leading to poor academic performances and a general lack of marketable skills, making a large section of this community unemployable in the urban setting.

¹⁹ Willford (2008: 436) points to the inaccuracy of the media in portraying this incident as Malays being the victims of Tamil gang-related aggression.

capitalism structure hindered the majority of Fijians from benefitting fully from affirmative action programs (Ratuva, 2000: 302), thus increasing income disparities among the Fijians.

In Malaysia, income disparities among the Malays has also increased. The Nine Malaysia Plan reports that between 1999-2004, “All ethnic groups recorded an increase in the Gini coefficient during the period. The inequality among Bumiputera ²⁰ was the highest compared with the Chinese and Indians (Malaysia, 2006: 332). A review of the Malaysian Plans show an interesting pattern in the reporting on income distribution.

The Second Malaysia Plan (Malaysia 1971: 8-17) had a whole chapter on income distribution between and within ethnic groups, with statistical information on mean, median and income distribution provided. This reporting pattern continued throughout the 70s and 80s (Malaysia, 1979: 43-55; Malaysia, 1984: 6-8). However, by the Seventh Malaysia Plan (Malaysia 1996: 89-92), it was only possible to get statistical information on income disparities between ethnic groups, with information no longer provided for disparities within groups. The Ninth Malaysia Plan had one page on income distribution, noting the rising disparity in each ethnic group (Malaysia, 2006: 332).

In South Africa, Intraracial disparities have also increased as seen in table 5.4, and what is of particular concern is that there is an upward trend. Intraracial inequality rose the quickest for Africans between 1991 to 1996, and taking into account figures in 1975, the African community has experienced major structural changes, compared with other communities.

Table 5.4. Intraracial Inequality: Gini Coefficients for the Distribution of Household Income

	1975	1991	1996
African	0.47	0.62	0.66
White (Euro-South African)	0.36	0.46	0.50
Colored	0.51	0.52	0.56
Asian	0.45	0.49	0.52
All South Africa	0.68	0.68	0.69

Source: Census data published in Seekings and Nattrass (2005: 307)

²⁰ Referring to Malays.

Using a Theil-T index measurement to monitor changes between interracial and intraracial inequality, Seekings and Natrass (2005: 308) found that in 1975, interracial inequality was at 62 percent while intraracial inequality was at 38 percent. By 1996, this had reversed to 33 percent for intergroup inequality and 67 percent for intra-group inequality.

Perhaps what is more important to note in the discussion on inequality is South Africa's Gini coefficient is among the world's highest and there is a huge disparity between the income levels. For example, in 1993 the mean monthly income for decile ten was R9,341 while it was only a little over a third of this at R3,491 in decile nine. The mean monthly income for decile one was R92! Calculations show that about six percent of the population has more than 40 percent of the country's income. Those in the top decile earned almost as much as the rest of the deciles put together (Seekings & Natrass, 2005: 190). While the present government's emphasis on deracialization covered labor-market policies, public education and social welfare policies, Seekings and Natrass (2005: 341) state that the "the major emphasis was on the promotion of a black (African-South African) economic elite and middle class," thus further increasing intraethnic disparities.

5.3.1.3 Intraethnic Tensions and Ethnic Group Boundaries

Chai's (1996, 2005) theory on ethnic boundary formation states that the optimal size for an ethnic group is to be larger than the other ethnic groups and usually around fifty percent of the total population, but not much larger. This is because if the group becomes too large, the benefits that it obtains will need to be spread over a larger number of individuals, hence less for everyone else in the group.

As seen from table 5.1, the Malay ethnic group in Malaysia was at an optimal size in the 1970s, grew a little larger in the 80s, and by 2000, it was over sixty percent. The indigenous Fijian population reached the optimal size in the 1990s. South Africa's African population had always been over fifty percent. However social, economic and political power was highly skewed during the apartheid period and it can be argued that a larger group was needed for survival.

A larger group size means that all beneficiaries get less. An outcome of the NEP in Malaysia has been an increase in intra-Malay tensions, especially in periods of economic downturn. While the NEP did create a Malay middle-class, it did also increase intraethnic economic inequality leaving many in the community feeling marginalized

and disenchanted with what they view as nepotism, cronyism and corruption within the government (Lee, 2005: 220). Intra-Malay tensions began to rise in the 80s and it is especially noticeable in the 2000s.

5.3.1.3.1 Malaysia: Increased Religiosity

The disenchantment has led to increased religiosity among the dissident Malays, with the resurgence of Islam as an ideological rallying point (Khou, 2005). This was certainly an unintended consequence of NEP's rapid transformation of Malay society. Increased religiosity has led to amendments to Shari'a criminal laws and enabled official moral policing of Muslims who do not follow Muslim laws and customs. For example, Muslims can be charged for not fasting during the month of Ramadan, consuming alcohol, dressed immodestly and being in proximity (khalwat) with non-family members of the opposite sex (Yeoh, 2005: 635, 636).

This hardening of religious boundaries among the Malays has been mirrored by the respective hardening of religious boundaries of Christianity, Hinduism, Buddhism and Sikhism as well (Lee, 1988: 405), thus contributing to increased tensions and negatively affecting ethnic social cohesion. Non-Muslim communities face difficulty in getting land to build churches and temples, and for burial, a problem that is prevalent in mixed urban settings (Yeoh, 2005). Yeoh (2005: 634) states that there are cases where permission may be forthcoming from the local municipal council but then is obstructed by protests from local Muslim residents and associations. The destruction of small Hindu roadside shrines in the 2000s riled up working-class Hindu devotees (Yeoh, 2005: 634) and became a point for mobilization for the Hindu Rights Action Force (HINDRAF) movement.²¹

Of particular interest to the issue of ethnic social cohesion is the attitude of the dominant Malay-Muslim government towards immigrant workers. Since the 1990s, Malaysia has been the largest labor-importing country in Southeast Asia (Kaur, 2008: 7). Indonesians consist of the largest group of migrants, and share similar ascriptive characteristics with

²¹ The HINDRAF led massive demonstration in front of the British Commission in Kuala Lumpur on November 25, 2007 continues to illustrate the dissatisfaction of many Malaysian Tamils on their present position. Despite being banned by the authorities, the demonstration attracted between 20,000 to 50,000 people who felt discriminated under the NEP (Lee, 2007: 190). Over 190 people were arrested and dozens injured during scuffles with the riot police. Malaysia's Internal Security Act which allows for imprisonment without trial for up to two years was used to arrest five HINDRAF leaders (Lee, 2007: 190). HINDRAF's activities of questioning the NEP have been viewed by the majority of Malays as being seditious and even anti-Islamic (Lee, 2007: 191).

the Malays. The Malaysian 2000 census reports that 82.1 percent of all non-Malaysian citizens in Malaysia were Muslim with about sixty percent coming from Indonesia (Malaysia, 2005: 61, 65).

Of particular concern is the Malaysian government's draconian treatment of migrant workers. Kaur (2008: 13) notes provisions in the Immigration Act of 2002 which allows for caning for foreign workers who work without a permit. Domestic workers who run away from abusive work environments are also treated as being illegal and detained in detention camps (Kaur, 2008: 13). In 2003, 42,935 foreigners of which almost half were Indonesian, were arrested under Malaysian immigration laws, of which nine thousand of those sentenced were physically punished (Kaur, 2008: 14).

It is ironic for so much hostility to be shown to the same community which previously under the colonial period, had assimilated easily into the larger Malay community, as seen in chapter three. Such hostility can only be explained by the Malay dominated government feeling threatened by a segment of the population that could challenge the boundaries of Malayness and hence affect its group size and distribution of resources. According to the 2000 census, Malaysian-Muslims made up almost 61 percent of the population (Malaysia, 2005: 58). This is already over the optimal size for a group to remain effective and thus measures needed to be taken to prevent the group from getting any larger.

Further efforts to safeguard the boundary of Malayness have included becoming a lot more rigid in defining Malay identity. While previously the notion of Malay and Muslim were interchangeable, where one who converts to Islam was automatically regarded as Malay²² (Milner, 1998), this no longer appears to be the case. Sixty-five percent of those classified as "Others"²³ in the Malaysian 2000 census were Muslim, of which the majority were from Indonesia (Malaysia, 2005: 60). A review of the census categories show that from the colonial period and until the 1980 census, Indonesians were classified under the "Bumiputera" category. The 1991 census marked a depart from this and placed the Indonesians under the "Others" category (Malaysia, 1995: 182). The 2000 census continued with this system of classification (Malaysia, 2005: 191).

²² Except for Chinese converts, who were still categorized as Chinese.

²³ This category refers to Malaysian citizens who do not fall under any of the three major official ethnic categories.

This current phenomenon appears to uphold the argument that ethnic group boundaries are dependent on population size. Once it gets too large, there will be fragmentation. Efforts to safeguard the group boundary of Malayness has resulted in a vulnerable section of the population being further marginalized, hence negatively affecting ethnic social cohesion.

5.3.1.3.2 South Africa: Xenophobic Violence

A similar phenomenon can be observed in South Africa. In May 2008, there were violent attacks against immigrants and refugees in townships surrounding South Africa's largest cities (Coplan, 2009: 369). For about fourteen days mobs from South Africa's poorest neighborhoods attacked African neighbors based on their foreign identity. The outcome was 62 deaths, thousands injured, 30,000 people displaced, property damaged or looted, with 1,384 people arrested (Coplan, 2009: 369, Steenkamp, 2009: 469).

This incident introduced the term "xenophobic violence" into the literature on social cohesion in South Africa (Coplan, 2009: 368; Steenkamp, 2009). While xenophobia towards foreigners cuts across all races in South Africa, the violence of May 2008 was directed at African non-South Africans by African-South Africans (Steenkamp, 2009: 442). The violence demonstrated a shift in attitudes towards immigrant Africans who under the apartheid regime had integrated into African-South African townships, intermarried with the locals and seen as comrades in the struggle against apartheid (Steenkamp, 2009: 442). The dismantling of apartheid resulted in a larger number of African immigrants and hence a change in attitudes towards them.

While African-South Africans were always numerically over fifty percent of the population, throughout the apartheid period they were marginalized politically, economically, and socially. The shift to democratic South Africa resulted in a shift of power to African-South Africans. However an extremely large group and rising intraethnic disparities has led to intense competition over limited resources, thus increasing intraethnic tensions. The large presence of immigrants are seen to be in competition with these resources (Steenkamp, 2009: 445). As with Malaysia, the citizenship distinction in South Africa has become a rigid boundary marker among African-South Africans affecting ethnic groups which previously had easily assimilated. Distinctions between immigrants are made with immigrants from Botswana, Lesotho and Swaziland viewed as being more desirable than those from Zimbabwe and Mozambique. (Morris, 1998 in Steenkamp, 2009: 442). The government's official

discourse of immigrants as threatening the economic and social security of South Africa further contributes towards increasing hostility (Steenkamp, 2009: 441). More importantly, the May 2008 violence also included incidents of Zulus expelling other ethnic African-South Africans from townships (Steenkamp, 2009: 445). The ethnic group boundary for African-South Africans appears to be fragmenting under population pressure hence reducing ethnic social cohesion, both within and between ethnic groups in South Africa.

5.4 Element of Trust

In assessing the element of trust component, data from the World Values Survey, administered by the World Values Survey Association will be used in this section. The World Values Survey began in 1981 to measure social attitudes in countries. Undertaken in four stages and covering fifty-seven countries, table 5.5 uses data collected in the fourth stage. Unfortunately Fiji was not included in this survey and this section focuses on South Africa and Malaysia. Trinidad and Tobago is included for comparison purposes as a postcolonial plural society, with similar ethnic diversity and population composition. Tables 5.5, 5.6 and 5.7 consists of information put together from seven questions posed in the survey. The average national sample size for Malaysia was 1,200 persons, 2,988 for South Africa and 960 for Trinidad and Tobago. While the Malaysian sample represented its ethnic composition, the South African sample was silent on this. The survey was urban based.

Table 5.5. Measurements of Attitudes Towards Ethnic Diversity

	Sample average	South Africa	Malaysia	Trinidad and Tobago
Ethnic diversity enriches my life / erodes a country's unity				
Ethnic diversity erodes a country's unity	11.3%	4.3%	0.7%	7.6%
Ethnic diversity enriches my life: All positive agreement	65.3%	83.3%	83.6%	74.1%
Ethnic diversity enriches my life: Strongly agree	28.8%	37.8%	24.7%	46.5%
Ethnic diversity enriches my life: Some agreement	36.5%	45.5%	58.9%	27.6%

Source: World Values Survey Association. World Values Survey

In assessing overall attitudes towards ethnic diversity in the respective countries, less than one percent of Malaysians felt that it eroded national unity, making it the country with the lowest percentage (among all countries in the survey) of people having a strong negative opinion towards ethnic diversity and well below the sample average. Under five percent of South Africans and about eight percent of Trinidadians shared a similar attitude.

Over eighty percent of South Africans and Malaysians felt that ethnic diversity enriched their lives, well above the sample average. Close to seventy-five percent of Trinidadians shared the same opinion. However on closer examination, less than a quarter of Malaysians felt strongly about this with the majority providing lower ratings. Compared to Malaysians, a higher number of South Africans and certainly a higher number of Trinidadians were clearer on their position that ethnic diversity enriched their lives. Based on results in table 5.5, especially when taking into account the extreme indicators of ethnic diversity erosion / positively enriches my life, it would appear that Malaysians value their ethnic diversity and are non-discriminatory towards their ethnic neighbors. South Africa appears to be a little more bias against ethnic diversity.

However on comparing the ethnic diversity erosion / enrichment indicator with other indicators, there is a reverse in the pattern on acceptance of diversity. Table 5.6 provides a summary on indicators measuring ethnic and religious prejudice, and levels of trust.

Table 5.6. Levels of Ethnic and Religious Prejudice

	Sample average	South Africa	Malaysia	Trinidad and Tobago
<i>Would not like to have as a neighbor (ethnic diversity indicators):</i>				
People of a different race	17.8%	8.1%	20.8%	2.6%
People of a different religion	17.8%	4.5%	22.6%	2.2%
People who speak a different language	13.7%	7.9%	19.7%	5.8%
Immigrants / foreign workers	22.7%	24.9%	57.2%	5.0%
<i>Lack of Trust</i>				
People from your neighborhood	26.0%	27.1%	18.9%	38.5%
Person of another religion	51.8%	36.6%	64.4%	36.7%
Person of another nationality	57.5%	51%	81%	42.5%
<i>Important in life: Religion</i>				
Very important	49.1%	70.3%	80.5%	76.8%
A religious person	70.0%	81.3%	89.1%	84.1%

Source: World Values Survey Association. World Values Survey

Despite having the lowest number of respondents believing that ethnic diversity erodes national unity, Malaysia is above the sample average for not wanting to live next to persons of a different race, religion, language and immigrants. In fact Malaysia came in fourth in the sample after Hong Kong, Jordan and Iran as having a major dislike towards immigrants / foreigners. This is also reflected in the trust indicator for “person of another nationality.”

The level of prejudice in South Africa was less than half compared to Malaysia, with under five percent of South Africans feeling bothered by a person’s religion. South Africans appear most concerned with living next to an immigrant / foreign worker compared to living next to a person of a different race, religion or speaking a different language. Trinidadians appear the least prejudiced compared to Malaysians and South Africans.

In comparing South Africa with Malaysia, Malaysia appears to be more ethnic conscious with a higher level of discriminatory attitudes. This is made clearer when assessing general social attitudes without an ethnic or religious dimension as seen in table 5.7.

Table 5.7. General Social Attitudes

	Sample average	South Africa	Malaysia	Trinidad and Tobago
<i>Would not like to have as neighbor:</i>				
Heavy drinkers	67.5%	68.9%	73.4%	65.0%
Homosexuals	48.6%	45.9%	71.3%	68.0%
People who have AIDS	40.0%	7.3%	70.5%	21.1%
Unmarried couples living together	22.2%	9.9%	50.4%	6.3%
Militant minority	6.6%	NA	0.2%	2.4%
Total	72549	2927	1188	967
Homosexuality never justifiable	47.3%	48.5%	43.0%	73.0%
Never justifiable for a man to beat his wife	74.2%	63.1%	43.3%	80.8%

Source: World Values Survey Association. World Values Survey

Both South Africans and Malaysians share similar levels of concern of living next to drug addicts and heavy drinkers. South Africans appear much more compassionate towards persons with HIV / AIDS compared with Malaysians and much less judgmental of cohabitation. Using the domestic violence question as an indicator to measure patriarchy, Trinidadian society appears most egalitarian, and Malaysia, the least.

While the trust indicator from the World Values Survey is used in statistical analysis as an indicator to measure social cohesion, other related indicators can also be used as a measurement for social cohesion. Malaysia's general social cohesion appears to be negatively affected by an acceptance of high levels of patriarchy, homophobia and discrimination towards people living with HIV / AIDS. In contrast, South Africa appears to be more generally socially cohesive. Using the ethnic diversity indicators as a way to assess ethnic social cohesion, again Malaysia fell below South Africa as having less ethnic social cohesion.

Based in these results, it can be deduced that despite having a dark history with reference to ethnic relations, South Africa has made great strides forward. Malaysia on the other hand, appears to be struggling to maintain general and ethnic social cohesion.

5.5 Conclusion

While the Malaysian NEP has reduced ethnic stratification and prevented ethnic conflict, whether it has contributed towards increasing ethnic social cohesion remains doubtful. High rates of emigration, hostility towards immigrants and a general lack of trust towards people of different ethnicities and religions indicate that much needs to be done to improve social cohesion.

Among the three countries, Malaysia's affirmative action policies appear to have been the most successful in reducing social conflict. High economic growth rates was crucial in its success as it prevented confiscatory measures from being implemented against the non-Malays. Fiji on the other hand, did not have a strong economy. The implementation of its policies created a greater sense of marginalization among the Indo-Fijians compared with the Chinese in Malaysia. Political instability combined with high emigration rates, indicate that Fiji is struggling to maintain ethnic social cohesion.

However, while the absence of Malay-Chinese tensions is seen as an indicator that the NEP was successful, it must be noted that the large presence of immigrant workers in Malaysia cushioned the effect for Malaysians (Khuo, 2005). Immigrant workers bore the brunt of the crisis, as the Malaysian government's earliest response was to expel immigrant workers. Malay-Indian tensions also started to emerge during the Asian economic crisis.

South Africa's shift to democracy has also created a sense of insecurity for groups which were previously privileged. Similar to Malaysia and Fiji, emigration rates for South Africa are also high. However an assessment of the World Values Survey show that South Africans are less prejudicial than Malaysians, indicating at some level a higher level of social cohesion in South Africa than in Malaysia.

However, growing intraethnic disparities and changes in population composition have led to a hardening of ethnic boundaries as seen in Malaysia and South Africa. This has created new tensions such as increased religiosity in Malaysia and violence against foreigners in South Africa, thus negatively affecting social cohesion. While all three countries have taken efforts to increase ethnic social cohesion, there is still a need to reexamine the way these policies are implemented and to deal with the new tensions that arise, in order to build ethnically cohesive societies.

CHAPTER 6

REVIEW AND CONCLUSION

Chapter six focuses on answering the dissertation question “Does ethnic social cohesion have an impact on population health?” To answer this question, this chapter first reviews the discussions on the various components that make up ethnic social cohesion. Following this, the chapter examines the impact of ethnic social cohesion on population health by using a sample of ten postcolonial countries.

6.1 Social Cohesion and Inequality: Upper Middle Income countries

In chapter two, Wilkinson (1996, 2009) puts forward the income-inequality hypothesis stating that in developed countries, it is the level of inequality prevalent in a society that has an impact on health rather than a country’s absolute income. While absolute income is a precondition for improved population health at the early stages of economic development, after a certain point, it evens out and increases in average income start having less of an impact on population health. Wilkinson’s (1996, 2009) hypothesis has mainly focused on high-income OECD countries and to a lesser extent on high-income non-OECD countries. In developing countries, he states that it is still crucial to raise standards of living (Wilkinson, 2009: 30). Inequality in developing countries hurt because people have less access to essential good and services (Wilkinson, 2009: 30).

The term “developing countries” covers a whole range of countries at various stages of economic and social development. Malaysia and Sudan, at two very different stages of development, fall into the same category. Recognizing that the simple developed / developing country divide is unpractical in categorizing countries, the United Nations Development Program (UNDP) and the World Bank have created their own schemes, with the UNDP focusing on levels of human development and the World Bank adopting an income based approach.

Applying the World Bank’s classification scheme, I applied Wilkinson’s (1996, 2009) hypothesis to countries categorized as “upper middle income.” Forty-seven countries, including Malaysia, Fiji and South Africa are placed in this category. However for this analysis, nineteen countries²⁴ had to be left out due to insufficient or outdated data. Data

²⁴ Algeria, Antigua & Barbuda, American Samoa, Botswana, Cuba, Dominica, Gabon, Grenada, Lebanon, Libya, Montenegro, Mayotte, Namibia, Palau, St. Lucia, St. Kitts and Nevia, St. Vincent and the Grenadines, Seychelles and Suriname.

for infant mortality rates, life expectancy rates and GDP per capita in constant US\$ was taken from the World Development Indicators dataset, with data from 2008–2009. Data for Gini coefficients was taken from the World Income Inequality Database (WIID), with information for Fiji supplemented from the Standardized Income Inequality Database (SIID-3) (UNU-WIDER, 2005, Babones, 2009). Gini coefficient data ranged from 2000–2008. Figure 6.1 shows the relationship between Gross Domestic Product (GDP) per capita (constant US\$ 2000) with infant mortality rates.²⁵

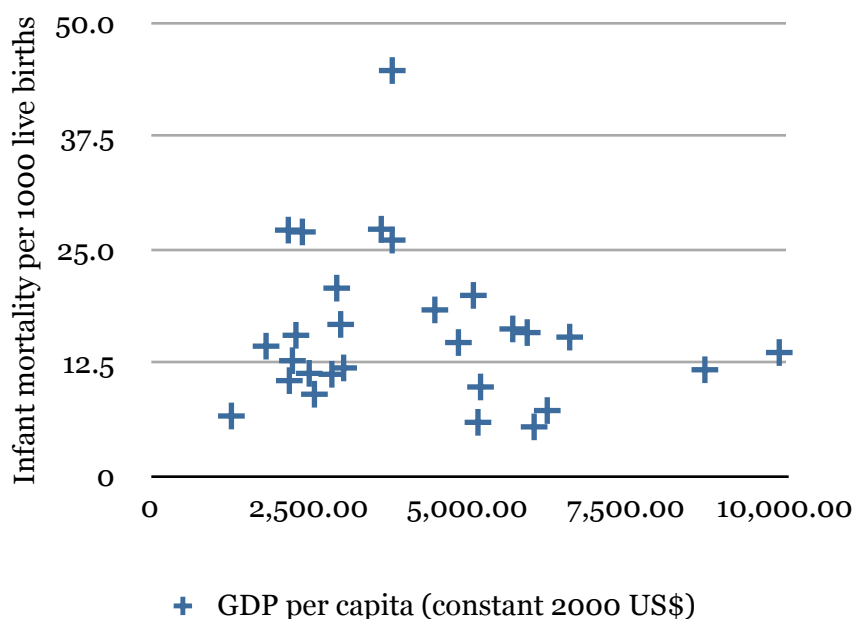


Figure 6.1: GDP Per Capita and Infant Mortality Rates

Source: World Bank databank: <http://data.worldbank.org/data-catalog>

Figure 6.1 shows a range of GDPs per capita from around US\$ 1,800 to US\$ 9,000, with the majority of countries having similar infant mortality rates at 14-18 per 1,000 live births. Infant mortality rates are sensitive to changes in GDP, especially at lower income levels. However Fiji, with its GDP per capita at US\$ 2,278, has a similar infant mortality rate of 15.5 with Mexico at 15.3, whose GDP per capita is at US\$ 6,592.

Figure 6.2 shows the relationship between GDP per capita and life expectancy rates in upper middle income countries. Again a similar pattern is observed, countries with different GDP per capita rates have similar life expectancy rates. Both Malaysia and Macedonia have life expectancy rates of 74 years. Malaysia’s GDP per capita at US\$ 5,146

²⁵ Deaths of infants under 1 year of age, per thousand births.

is double that of Macedonia at US\$ 2,174, again indicating that there is more than income which has an impact on population health, for upper-middle income countries.

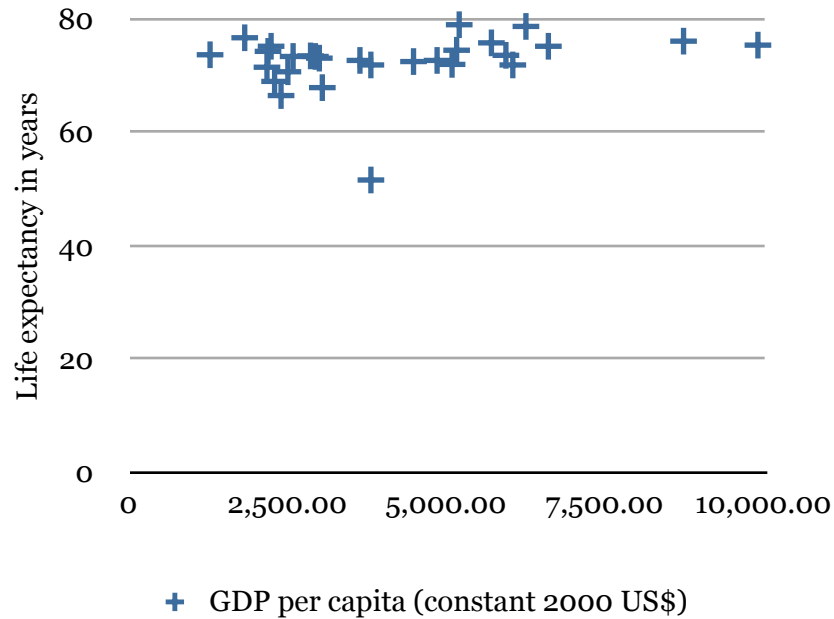


Figure 6.2: GDP Per Capita and Life Expectancy Rates

Source: World Bank databank: <http://data.worldbank.org/data-catalog>

Figures 6.3 and 6.4 show the relationship between Gini coefficient with infant mortality and life expectancy rates. The scatterplots in both tables show similar patterns, with Gini coefficient having a negative impact on population health.

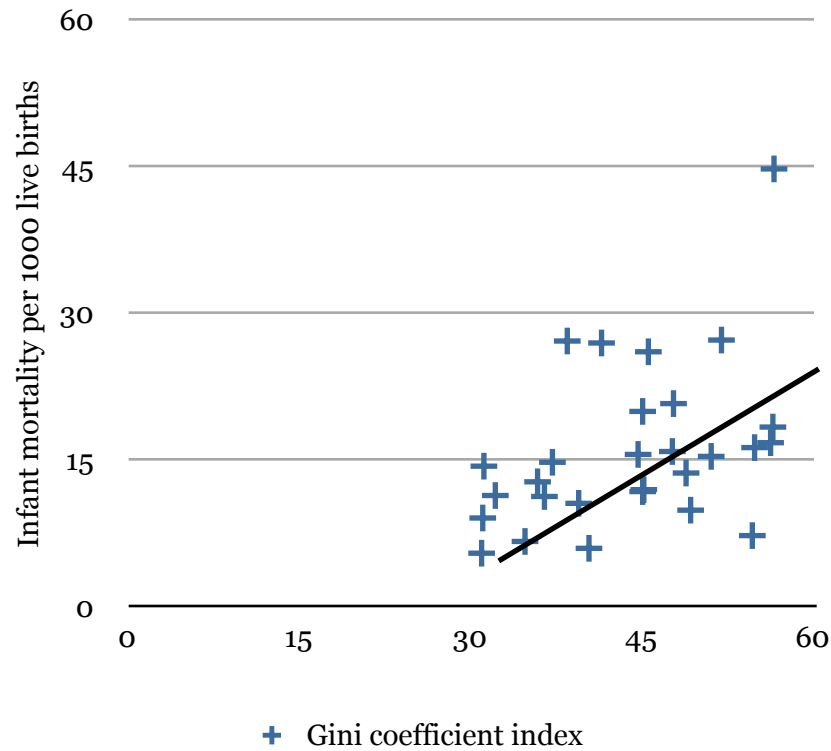


Figure 6.3: Gini Coefficient and Infant Mortality Rates

Source: World Bank databank: <http://data.worldbank.org/data-catalog>
 UNU-WIDER (2005); Babones (2009).

As with OECD countries, population health in upper-middle income countries also seem to be affected by income inequality. Figure 6.3 shows that the higher the Gini coefficient rate in individual countries, the higher the level of infant mortality. Figure 6.4 demonstrates that countries with higher Gini coefficient also face lower life expectancy rates.

The income inequality hypothesis of inequality having a negative impact on population health can be applied to upper-middle income countries as well. However it needs to be noted that some countries in this bracket face both the problems of relative deprivation and absolute deprivation, hence lowering their social cohesion.

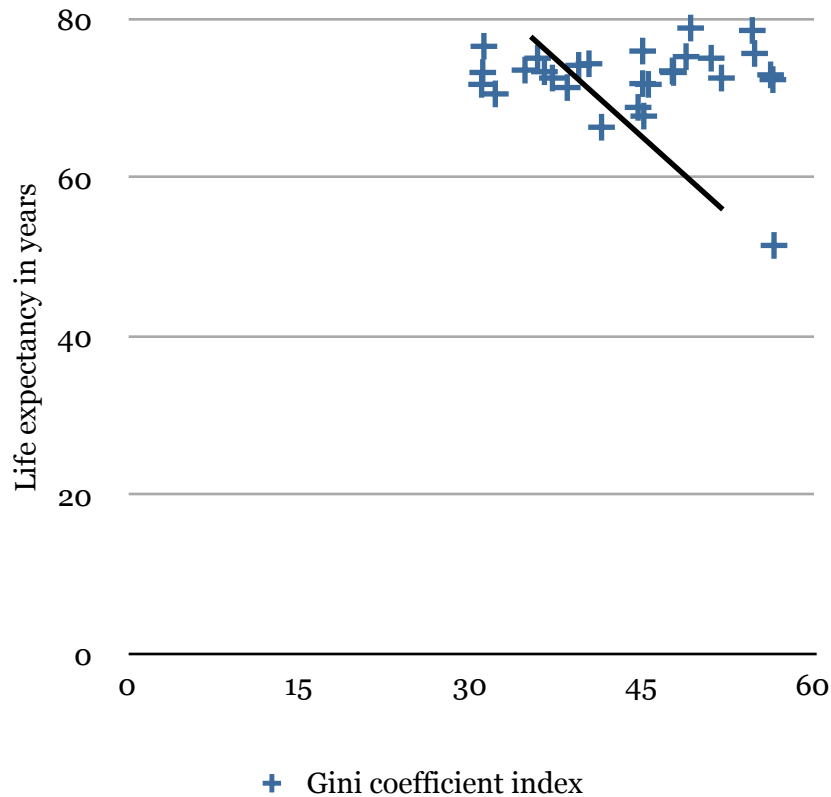


Figure 6.4: Gini Coefficient and Life Expectancy Rates

Source: World Bank databank: <http://data.worldbank.org/data-catalog>
 UNU-WIDER (2005); Babones (2009)

6.2 Ethnic boundaries, ethnic stratification and ethnic social cohesion

The formation of ethnic group boundaries and their impact on intra and intergroup relations was examined in chapters three and five. The saliency of an ascriptive attribute for the dominant group, such as religion, phenotype or place of birth can be affected by changes in population size, thus affecting the social cohesiveness within the ethnic group and also ethnic relations between different ethnic groups. Depending on the nature of the changes, a particular ethnic group may be positively or negatively affected. As seen in chapters three and five, while the various Indonesian communities in Peninsula Malaysia were easily assimilated into the boundaries of Malayness under the colonial period, current newcomers from the same communities face hostility.

Chapter four reviews the challenges Malaysia, Fiji and South Africa have had in maintaining socially cohesive societies. Ethnic stratification was seen as a major source of tension. Policies put in place to build up ethnic social cohesion at the national level

appear to have been successful in some areas but failing in others. Among the three countries, Malaysia seems to have been more successful in addressing overall poverty rates and creating a middle-class compared to Fiji and South Africa. While all three countries have made strides in reducing ethnic stratification between ethnic groups, income disparity within the nation as a whole remains high, which in itself has a negative effect on social cohesion.

As chapter five notes, the policies put in place to build ethnic social cohesion have resulted in unforeseen circumstances. All three countries have experienced and continue to experience high rates of emigration from communities feeling marginalized by the policies, hence creating a brain drain. This has led to changing ethnic group composition, especially in Fiji and Malaysia. While high rates of emigration, especially along ethnic lines can be seen as an indicator that a country is struggling to maintain ethnic social cohesion, it also has an impact on ethnic group size. This could result in boundary reformation and related tensions that derive from it. A combination of the above and intraethnic income disparities have created new tensions, such as increased religiosity in Malaysia and xenophobic violence in South Africa. While attempting to build ethnic social cohesion, these countries are facing new challenges that need to be addressed.

6.3 Assessing Ethnic Social Cohesion and Population Health

Having built up the concept of ethnic social cohesion, this section will address the question of, “does ethnic social cohesion have an impact on population health?” To have a larger sample of postcolonial plural countries to address this question adequately, all countries which were former British colonies were selected from the list of upper-middle income countries from the World Bank dataset, as used in figure 6.1.

To determine the level of ethnic diversity in these countries, Alesina, Devleeschauwer, Easterly & Kurlat’s (2003) Ethnic Fractionalization Index was used. Alesina et al.’s (2003) dataset contains an index on countries fractionalized according to ethnicity, religion or language. It is important to note that this index just measures the extent of diversity in a country and not the level of conflict. Measured on a scale of 0 to 1, an index of 0 means complete ethnic homogeneity, while an index of 1 means complete heterogeneity. Countries which had an index rating of 0.50 or more were included.

To further supplement this list, Alesina et al.’s (2003) index was applied to all countries listed with the Commonwealth Secretariat. The complete list contained twelve countries

which were Fiji, Malaysia, South Africa, Grenada, Jamaica, Mauritius, Namibia, Botswana, all of which were upper middle income, Sri Lanka and Guyana, which were lower middle income, and Trinidad and Tobago, which was high income. Grenada and Namibia had to be dropped due to lack of statistical information, thus making this a sample of ten postcolonial plural societies.

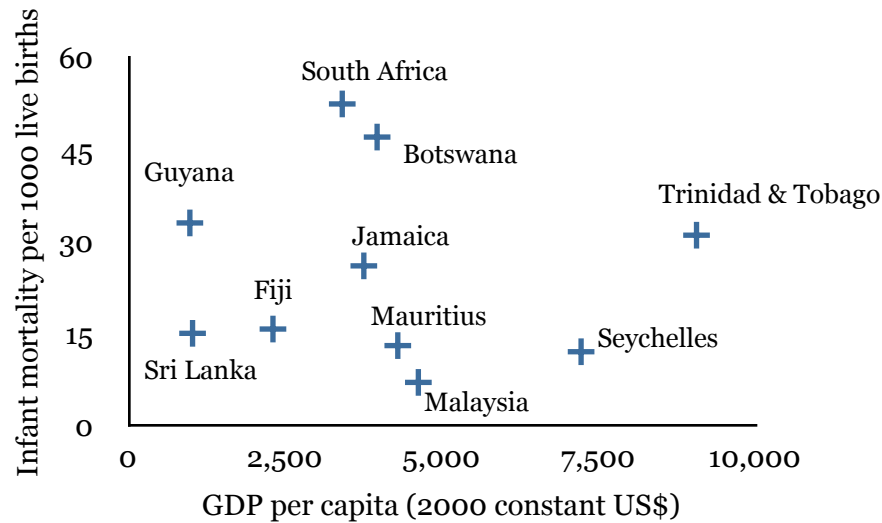


Figure 6.5. GDP Per Capita and Infant Mortality Rates

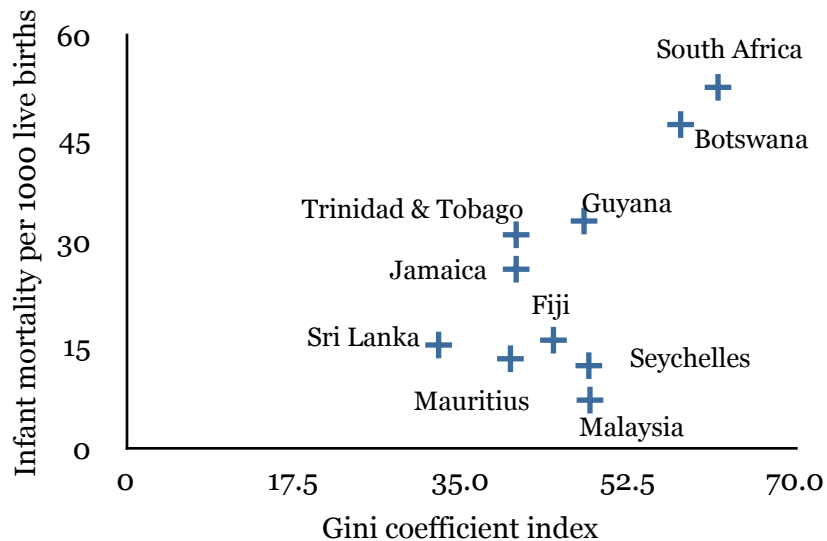


Figure 6.6. Gini Coefficient and Infant Mortality Rates

Source (figures 6.5 and 6.6): World Bank databank: <http://data.worldbank.org/data-catalog>; UNU-WIDER (2005) Alesina (2003): Ethnic Fractionalization Index

Figures 6.5 and 6.6 show the patterns of GDP and infant mortality rates, and Gini coefficient and infant mortality rates. Among all ten countries, South Africa has the highest infant mortality rate per 1,000 live births at 52.4, followed closely by Botswana at 47. Malaysia has the lowest infant mortality rate at 7 per 1,000 live births. Trinidad and Tobago, the only country from the high income bracket, has double the income of Malaysia, yet does not fare as well at 31 deaths per 1,000 live births. Sri Lanka, with the second lowest GDP per capita among all ten countries, fares very well with its infant mortality rate at 15 per 1,000 live births.

Table 6.5 shows an interesting pattern where despite different income levels, countries with similar Gini coefficient rates appear to have similar infant mortality rates. For example, Trinidad and Tobago, and Jamaica have the same Gini coefficient rate at 40.7, and their infant mortality rates are at 31 and 26 per 1,000 live births respectively. Interestingly, Jamaica with a GDP per capita of US\$ 3,742, less than half of Trinidad & Tobago at US\$ 9,051 has better population health. HIV prevalent rates for the percentage of population between 15–49 for both countries was at 1.5.

Alesina et al. (2003) notes Jamaica's ethnic fractionalized index to be at 0.61 for religious diversity, while Trinidad & Tobago's index was at 0.79 for religious diversity and 0.64 for ethnic diversity. While Trinidad and Tobago has had a history of ethnic tensions between Afro-Trinidadians and Indo-Trinidadians (Wilson 2005, Meighoo 2008), Jamaica seems relatively peaceful in terms of ethnic relations.

Another comparison can be made between Trinidad and Tobago with Malaysia. Both countries share similar ethnic fractionalization indexes, with religious diversity being higher in Trinidad and Tobago, and linguistic diversity higher in Malaysia (Alesina et al., 2003). Trinidad and Tobago is twice as wealthy as Malaysia and its Gini coefficient is lower than Malaysia's. Comparing Trinidad and Tobago, Malaysia and Mauritius, Sriskandarajah (2005) notes that these countries are seen as success stories in terms of being able to balance ethnic diversity and achieve rapid economic growth. Since 2003, Trinidad and Tobago has joined the UNDP ranking of high human development countries, a position which Malaysia just achieved in 2009. All these are indicators for improved population health, yet Malaysia fares better than Trinidad and Tobago, both in terms of infant mortality rates and life expectancy.

A possible explanation for this could be Malaysia having higher ethnic social cohesion than Trinidad and Tobago. Sriskandarajah (2005: 67) notes an increase in ethnopolitical rivalry in Trinidad and Tobago despite the reduction of interethnic income disparities. Racial tensions have been prominent since the 1956 elections leading up to independence and continued to feature prominently in the almost deadlocked elections of 2000, 2001 and 2002 (Sriskandarajah, 2005: 76). Meighoo (2008) however, challenges the notion that Trinidad and Tobago is marked by African-Indian rivalry and points out the many other divisions in societies. He states that Indian interest is divided among Hindu, Muslim and Presbyterian, and African interests are divided among Afro-Saxon, Garveyite, Butlerite and Tobagonian (Meighoo, 2008: 124). Regardless of how the conflict plays out, both scholars have pointed to the divisions in Trinidadian society and the difficulties in maintaining ethnic social cohesion. It can be argued that this in turn has had a negative impact on population health, as seen in table 6.1.

Table 6.1. Comparison of Life Expectancy Rates from 1960–2005

	1960	1970	1980	1990	2000	2005
Sri Lanka	58	63	68	70	71	74
Malaysia	54	61	67	70	73	74
Mauritius	59	62	66	69	72	72
Seychelles	NA	NA	69*	70	72	72
Jamaica	64	68	70	71	71	71
Tr.& Tobago	64	66	67	69	68	69
Fiji	56	60	64	67	67	68
Guyana	56	60	61	62	62	65
South Africa	49	53	57	61	56	52
Botswana	50	54	60	64	51	51

Source: World Bank databank: <http://data.worldbank.org/data-catalog>;

* figures for 1982

While Trinidad and Tobago had the highest life expectancy in 1960 among all countries in the sample, by 1980 Malaysia and Jamaica had caught up. In 2005, Trinidad and Tobago had dropped to sixth place. Malaysia and Jamaica, with lower GDP per capita but higher levels of ethnic social cohesion, have been able to achieve higher life expectancy rates over time.

The ethnic social cohesion and population health argument is further supported by looking at evidence from Fiji and Guyana between 1960–1980. Guyana’s current per capita at US\$ 966 is the lowest among all countries in this sample. Fiji’s GDP per capita on the other hand is at US\$ 2,293. In 1960, Guyana’s and Fiji’s GDP per capita were closer in range, US\$ 679 for Guyana and US\$ 757 for Fiji. Both countries had similar life expectancy rates throughout the 1970s and into the 1980s. Unfortunately comparisons with infant mortality rates for this time-period cannot be made due to missing data.

Comparing Fiji and Guyana in 1970s, Norton (1977: 144) observed that Guyana was marked by violent ethnic conflict right after independence, in spite of Afro-Guyanese and Indo-Guyanese sharing a common culture, living side by side and racial distinctions not being recognized by the political institutions. On the other hand, ethnic tensions have been contained in Fiji as “manipulation of racial loyalties in political action has been restrained by the recognition of the racial division in building social and political structures” (Norton, 1977: 146).

Interestingly, the very same structure that has been the source of conflict from the late 1980s onwards, was seen as favorable for ethnic social cohesion in the 1970s. Nevertheless, with all things being equal between Fiji and Guyana in the 1960s and early 1970s, better management of ethnic relations in Fiji and hence comparatively higher ethnic social cohesion seems to have had a positive impact on population health.

While the above two examples have attempted to provide a link between ethnic social cohesion and population health, Sri Lanka appears to be an anomaly. Despite having gone through a long civil war, Sri Lanka currently has the highest life expectancy among all countries in the sample and has had impressive life expectancy rates since the 1960s. Ng’s (1991) comparative study assessing political stability in Malaysia, Fiji and Sri Lanka found that in terms of general civil order and the capacity for non-disruptive change, Malaysia has enjoyed the highest level of stability while Sri Lanka has experienced the most instability. It would be expected that political instability especially along ethnic lines would diminish ethnic social cohesion and have a negative impact on population health. However this does not seem the case and Sri Lanka’s impressive rates cannot be assumed to be due to ethnic social cohesion.

Riley (2008: 69) attributes Sri Lanka’s life expectancy gains and low infant mortality rates to a variety of health initiatives. Significant public health improvements were

implemented as early as 1910, such as the campaign against hookworms which causes anemia. In the 1930s and 1940s, the government embarked on creating a “welfare system” which included free education with school meals and subsidies and free healthcare for pregnant women, infants and young children (Riley 2008: 69). All these form components of primary healthcare, which has been essential in improving health standards.

Sri Lanka’s Maternal and Child Health (MCH) clinics combined with outreach home visits by Public Health Midwives is seen as an important factor in lowering infant, child and maternal mortality rates. Programs which support family planning, such as family spacing and reduction in home deliveries play an important role in reducing mortality rates (UNDP Sri Lanka, 2005: 53). The United Nations also feels that reforms which introduced free education in the 1940s significantly contributed to increasing female literacy, which in turn had a long term beneficial effect on increasing the uses of healthcare services and hence reducing mortality rates (UNDP Sri Lanka, 2005: 64).

However while Sri Lanka’s overall infant mortality rates have been impressive, there are large regional disparities. The North-Central provinces have an infant mortality rate that is doubled the national average, while infant mortality rates in the Eastern provinces is half the national average. Sri Lanka also faces high child malnutrition rates with one in three children being considered underweight (World Bank, 2005). The paradox between low infant mortality and high child malnutrition is explained by infant mortality rates being dependent on the use of healthcare services while malnutrition is depended on food and dietary practices. It is recognized that feeding practices of babies and children needs improvement (World Bank, 2005). The present situation is resulting in undernourished children, who remain healthy enough to survive to adulthood due to complementary inputs to their health such as prompt use of healthcare services, access to immunization and good hygiene (World Bank, 2005).

Other factors affecting this analysis include the HIV / AIDS epidemic. Both South Africa and Botswana have similar GDP per capita, US\$ 3,397 for South Africa and US\$ 3,954 for Botswana. Both countries have extremely high Gini coefficient rates at 52 for South Africa and 47 for Botswana. With Botswana having a much lower ethnic fractional index, higher GDP per capita and lower Gini coefficient compared to South Africa, it would be expected that ethnic social cohesion would be relatively higher and thus resulting in better population health indicators. However while this may have been the case from the

1960s–1990s when life expectancy rates in Botswana were higher than South Africa, these gains have been reversed. The HIV prevalence rate for Botswana is 25 percent compared to 18 percent for South Africa. Population health gains due to higher levels of social cohesion in the 1960–1990s have been wiped out by the HIV/AIDS epidemic.

6.4 Conclusion

Inequality is a powerful phenomenon that adversely affects population health by reducing social cohesion. Wilkinson’s income inequality hypothesis, as discussed in chapter two appears to be applicable to upper middle income countries as seen in figures 6.3 and 6.4. Infact, a similar though much weaker outcome can also be seen in lower middle income (LMIC) and lower income countries (LIC). Figures 6.7-6.10 illustrate this²⁶.

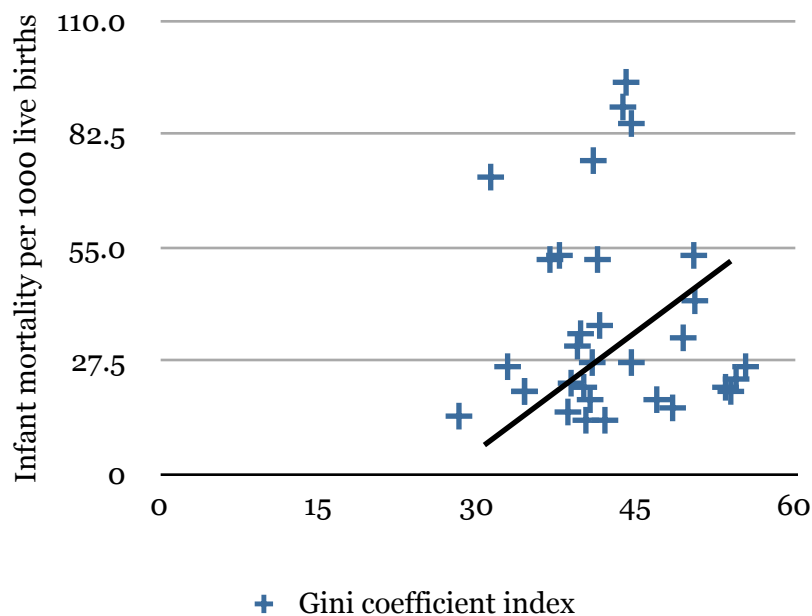


Figure 6.7: Gini Coefficient and Infant Mortality Rates (LMIC)

²⁶ The World Bank categorizes fifty-six countries as lower middle income and forty countries as lower income. Due to gaps in data, thirty-two countries form the sample for LMICs and twenty-two countries for LIC.

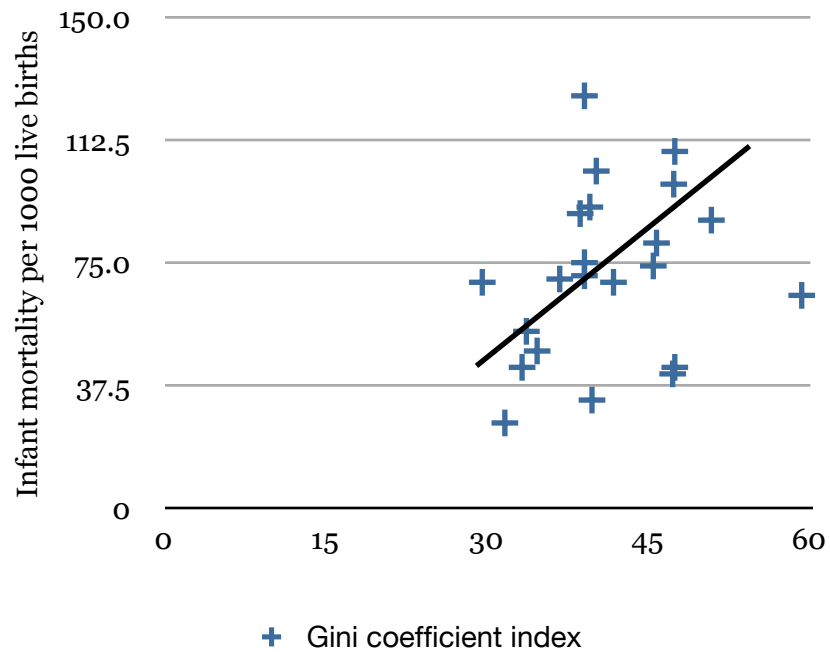


Figure 6.8: Gini Coefficient and Infant Mortality (LIC)

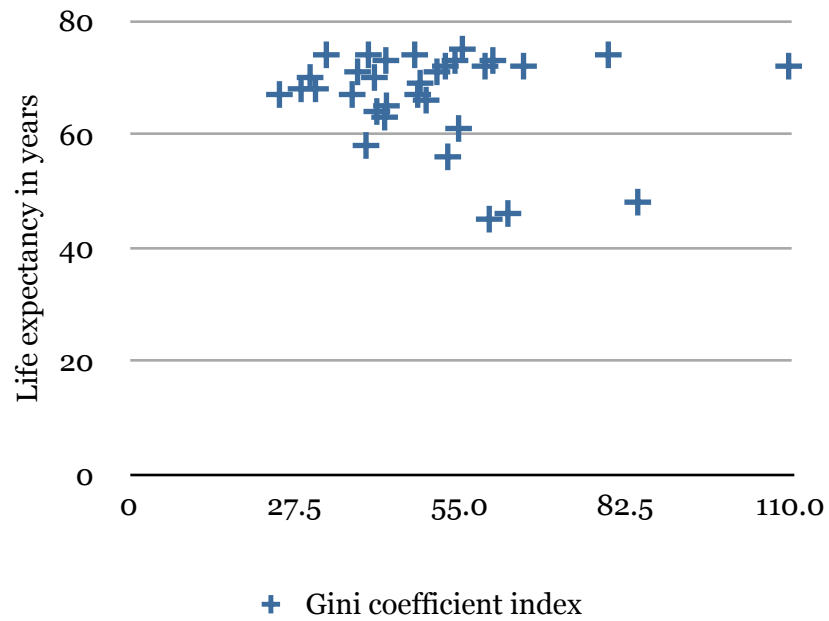


Figure 6.9: Gini Coefficient and Life Expectancy Rates (LMIC)

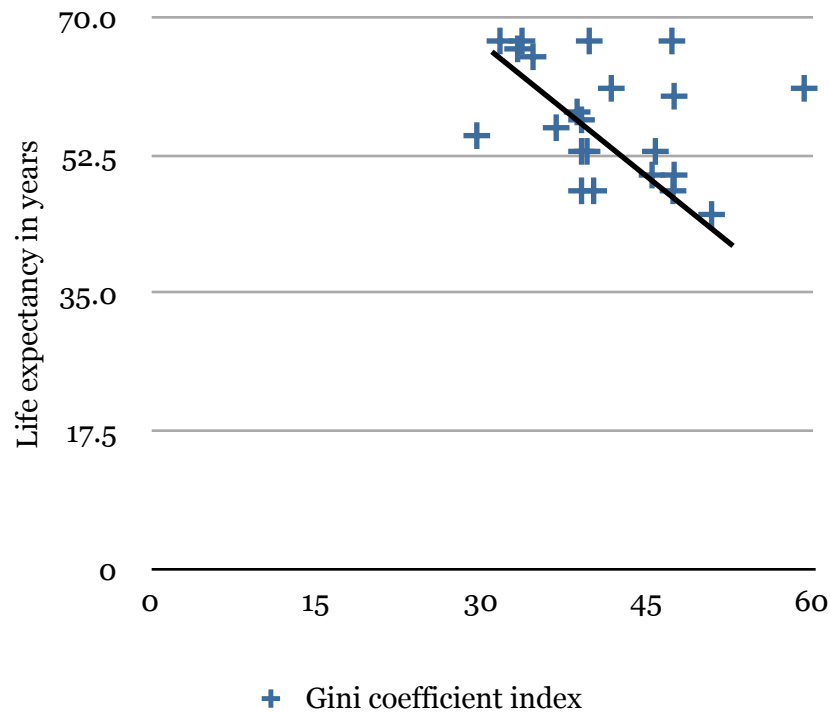


Figure 6.10: Gini Coefficient and Life Expectancy Rates (LIC)

Source (figures 6.7–6.10): World Bank databank: <http://data.worldbank.org/data-catalog>; UNU-WIDER (2005); Babones (2009)

For lower middle-income countries (LMIC), there is a weak relationship between Gini coefficient and infant mortality rates, and no relationship between Gini coefficient and life expectancy rates. For lower income countries (LIC), there appears to be a relationship between Gini coefficient for both infant mortality rates and life expectancy rates.

In plural societies which face ethnic tensions, income inequality can further adversely affect ethnic relations. Income inequality is a strong factor affecting ethnic social cohesion, which in turn affects population health. Among all three countries, Malaysia presently appears to have the highest level of ethnic social cohesion as reflected in its population health indicators, compared to South Africa and Fiji. Comparing Malaysia and Sri Lanka at independence, scholars would have predicted that Malaysia had a higher probability of experiencing ethnic conflict (Horowitz, 2007). This prediction was reversed with Sri Lanka being embroiled in 25 years of civil war and Malaysia being relatively stable. However despite the war, Sri Lanka has managed to maintain high population health standards. Sri Lanka's impressive performance has been due to a

strong primacy healthcare strategy. However as noted, regional disparities are wide and the country's averages conceal this.

At this stage, there appears to be some findings that ethnic social cohesion does appear to have some impact on population health. This can especially be seen when comparing Trinidad and Tobago with Malaysia and Jamaica. Despite having more favorable economic indicators that would imply better population health, Trinidad and Tobago did not fare as well as Malaysia. Jamaica with a similar Gini coefficient rate and half of Trinidad and Tobago's GDP, also had better population health indicators. A longitudinal comparison of life expectancy rates further show that Trinidad and Tobago did not make the expected health gains despite having the highest life expectancy rates among all countries in this study in 1960. From 1960–2005, Trinidad and Tobago only managed to increase its life expectancy rates by an additional five years while Malaysia increased its life expectancy rates from 54 years to 74 years.

For there to be further conclusive work in this area, steps need to be taken to develop a composite index for ethnic social cohesion. This dissertation has taken the first step in identifying the various components contributing toward ethnic social cohesion. Indexes on ethnic fractionalization have taken the ethnic groups as being given and often equate the level of fractionalization with ethnic tension. This dissertation suggests that an ethnic social cohesion index needs to go beyond a simple identification of ethnic groups. There is first a need to carry out an examination on ethnic boundaries influencing the formation of ethnicity and an evaluation on its continuing influence. As chapter three shows, factors which influenced the formation of ethnic boundaries of the dominant group such as Islam for the boundary of Malayness in Malaysia and connection to land for Fijiness in Fiji, continue to have a strong influence on ethnic relations, hence affecting social cohesion.

Gini coefficient rates between and within ethnic groups is also another factor affecting ethnic social cohesion. Studies on ethnic inequality have often focused on the mean income of different ethnic groups. This dissertation suggests for a more accurate understanding of ethnic inequality by examining median income or Gini coefficient between AND within ethnic groups. In the three major case-studies, Gini coefficient within ethnic groups was larger than Gini coefficient between ethnic groups, yet the source of tension appears to be ethnic rather than class based. Thus any ethnic social

cohesion index will need to include Gini coefficient rates both between and within ethnic groups.

Chapter five examined the impact of policies to reduce inequality and its resulting outcomes. Possible measurements for ethnic social cohesion which include observing changes in ethnic composition as an indicator to measure a sense of belonging and using the World Values Survey to assess the level of prejudice, were discussed. Chapter five also reviewed the levels of tension under the social cohesion component indicator of “an absence of conflict.” For further work in this area, there appears to be a possibility to integrate all these components into a composite index in order to be able to carry out more rigorous statistical analysis to measure ethnic social cohesion.

While this dissertation focused on infant mortality rates and life expectancy rates as possible indicators to measure a nation’s well-being, the Sri Lankan case-study demonstrates that averages can hide regional disparities. Infant mortality rates in Sri Lanka also failed to capture the high levels of child malnutrition. Future research could consider the inclusion of additional variables such as child malnutrition rates and perhaps even suicide rates to have a more accurate reflection on a nation’s well-being.

In conclusion, this dissertation took the first step in examining the link between ethnic relations and population health. Through this process, it developed the concept of ethnic social cohesion by identifying and discussing various components such as ethnic boundary formation, ethnic stratification, a sense of belonging, trust and an absence of conflict. There is a possibility for all these components to be quantified and included in a composite ethnic social cohesion index for statistical analysis. Ethnic social cohesion does appear to have an impact on population health. With further qualitative and quantitative research in this area, new lessons can be learnt and more contributions to improving ethnic social cohesion in plural societies can be made.

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