Experiences and Responses to Microaggressions on Historically White Campuses: A Qualitative Interpretive Meta-Synthesis
Y. Kafi Moragne-Patterson and Tracey M. Barnett

Civic Engagement and Institutional Trust among South Africans
Yoosun Chu and Ce Shen

How the Immigration and Deportation Systems Work: A Social Worker’s Guide
Carol Cleaveland

Immigrant Health Disparities: Does Neighborliness Improve Health?
Kofi Danso

Are Older Adults Who Participate in the Supplemental Nutrition Assistance Program Healthier Than Eligible Nonparticipants? Evidence from the Health and Retirement Study
Jin Kim

When ‘Places’ Include Pets: Broadening the Scope of Relational Approaches to Promoting Aging-In-Place
Ann M. Toohey, Jennifer A. Hewson, Cindy L. Adams, and Melanie J. Rock

Social Networks in the Context of Microfinance and Intimate Partner Violence in Bangladesh: A Mixed-Methods Study
Nadine Shaanta Murshid and Allison Zippay
Explaining Support for Structural Attribution of Poverty in Post-Communist Countries: Multilevel Analysis of Repeated Cross-Sectional Data

Nazim Habibov, Chi ho Cheung, Alena Auchynnikava, and Lida Fan

BOOK REVIEWS

David Garland
Reviewed by Huibing Ke

The Politics of Resentment: Rural Consciousness in Wisconsin and the Rise of Scott Walker
Katherine J. Cramer
Reviewed by Edward U. Murphy

The Slow Professor: Challenging the Culture of Speed in the Academy
Maggie Berg and Barbara K. Seeber
Reviewed by Daniel Liechty

Corresponding Authors
Experiences and Responses to Microaggressions on Historically White Campuses: A Qualitative Interpretive Meta-Synthesis

Y. Kafi Moragne-Patterson
Dominican University

Tracey M. Barnett
University of Arkansas at Little Rock

According to the U.S. Department of Education (2011), only 59% of students who sought bachelors’ degrees from four-year postsecondary institutions in 2006 completed the degree within six years, and among African American/Black students, only 40% finished college within six years. Despite efforts to quantify factors that contribute to low retention rates among African American students, less is known about the qualitative experiences of students who remain on campuses across the United States. This qualitative interpretive meta-synthesis examines the microaggressive encounters experienced by African American undergraduate college students (ages 17-22) at historically White, four-year colleges and universities to better understand how African American students experience, make sense of, and resist microaggressions occurring at the intersection of race and gender.

Key words: microaggressions; African American/Black; qualitative interpretive meta-synthesis; college retention; higher education
Literature Review

According to the U.S. Department of Education (2011), only 59% of students who sought bachelor’s degrees from four-year postsecondary institutions completed the degree within six years, and among African American/Black students, only 40% finished college within six years. When compared to White, Latinx, and Asian peers, African Americans exhibit a notably higher risk for not achieving a four-year college degree. For more than three decades, many scholars have discussed the topic of retaining African Americans in higher education (Hurtado, 1992; Parham & Helms, 1985; Ponterotto, Alexander, & Grieger, 1995; Sedlacek, 1987; Thompson, Gorin, Obeidat, & Chen, 2006). Although minorities are increasingly seeking higher education, an achievement gap still remains. Students are unable to complete their educational quests, which, when coupled with the potential stressors of intergenerational poverty and changes in the skillsets needed to thrive in the American labor market, can contribute to “detrimental psychological consequences associated with low self-esteem and subjective well-being” that impede economic self-sufficiency (Sue, 2010a, p. 236).

While the issues of poor academic performance are multifactorial, Sue (2010) states that low academic achievement and high dropout rates can be grouped into two categories: (a) causation resides internally, within the individual, group, or culture; and (b) causation resides externally in the system of the academic classroom and societal environment. Although internal factors may contribute to academic underperformance, external factors such as discrimination based on social group membership(s), institutional racism, and the internal biases of college-level administrators have also been shown to impact retention. Numerous studies reported that African American students perceive the classroom climate and teaching styles of historically white, four-year colleges and universities to be hostile and uncomfortable for learning and engaging peers and faculty (Boysen, Vogel, Hubbard, & Cope, 2009; Watkins, Green, Goodson, Guidry, & Stanley, 2007). Thus, there appears to be tension between the college-level institutional practices of administrators/faculty/staff and the actual lived campus experiences of African American students.
Microaggressions on Historically White Campuses

Previous research suggests that negative encounters at the intersection of race and gender are a major factor contributing to lower college retention rates among African Americans. As an intersectional framework for understanding the cumulative impact of daily stressors resulting from one’s marginalized group status, the study of microaggressions becomes an important tool for understanding the relationship between college experience, psychological well-being, and retention among African American students. Microaggressions are defined as “brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative ... slights and insults” (Sue et al., 2007, p. 271). When conveyed carelessly without thought, derogatory and insulting microaggressions can impart harmful and negative behavioral, cognitive, and emotional scares that can negatively impact a person (Sue, 2010b). Stress related to racism is a daily occurrence for most African Americans (Carter, 2007; U.S. Department of Health and Human Services, 2001). Microaggressions can occur in a variety of contexts, but the most damaging microaggressions are likely to transpire between power hierarchies: those who hold the most power and those who likely hold very little power (Sue, Capodilupo, Nadal, & Torino, 2008). College campuses offer an important space for examining keen power differentials and hierarchies between and among students, faculty, staff, and administrators.

College students experience myriad daily stressors such as academic issues, financial insecurity, and homesickness (Ross, Niebling, & Herkert, 1999). In addition to this, African American students face race-related stressors (Watkins, LaBarrie, & Apppio, 2010). Extant research indicates that racism continues to impact and mold the experiences of college students of color (Johnson & Arbona, 2006; Utsey, Chae, Brown, & Kelly, 2002). Due to the traumatic effects of racism on predominately White campus spaces, students of color find it challenging to navigate the stressful effects of racism (Ancis, Sedlacek, & Mohr, 2000; Solórzano, Ceja, & Yosso, 2000). Although there has been research on microaggressions and the experiences of African American college students who attend historically White, four-year colleges and universities, less is known about the ways students experience racial identity as a buffer against
racial microaggressions and the ways they make meaning of racial and gendered microaggressive experiences in these often hostile spaces. Despite efforts to quantify factors that contribute to lower retention rates among African American students, less is known about the qualitative experiences of students who remain on campuses across the United States. The purpose of this meta-synthesis is to examine the microaggressive encounters experienced by African American undergraduate college students at historically White, four-year colleges and universities. The goal is to understand how students experience, make sense of, and resist microaggressions occurring at the intersection of race and gender. A note on terminology: the authors use the term “gender” in lieu of “sex” to describe the manifestation of discrimination informed by the larger society’s assumption that one’s experience and presentation of their own gender follows the sex they were assigned at birth. Additionally, the terms African American and Black are used interchangeably.

Method

Qualitative Interpretive Meta-Synthesis (QIMS) was employed for this study. This method is a means to synthesize a group of studies on a related topic to create an enhanced understanding of the topic of study wherein the position of each individual study is changed from an individual pocket of knowledge of a phenomenon into part of a web of knowledge about the topic where a synergy among the studies creates a new, deeper and broader understanding (Aguirre & Bolton, 2013, p. 8).

Historically, the field of nursing is widely known for synthesis of qualitative research. However, Aguirre and Bolton (2013) adapted this approach for social work practice and research in the form of QIMS. Qualitative studies often include small sample sizes which are not representative of the sample and setting. In QIMS, the sample size is determined by the number of participants, not the number of studies. According to Aguirre and Bolton (2013), the components of this method include: (a) instrumentation; (b) sampling the literature; (c) data extraction; and (d) translation of data into a synergistic understanding of the phenomenon under study.
Instrumentation

The use of epoche, or bracketing, when investigators abrogate their experiences as much as possible (Husserl, 1970), is rarely ever perfectly achieved (Moustakas, 1994). In typical qualitative research, the authors are the main instruments in the study. Therefore, the following is a brief description of our credibility to conduct this study.

First Author. I am an African American/Black, cisgender, heterosexual woman who has encountered microaggressions rooted in racial and gender biases in multiple settings of higher education. As a student, I attended three highly selective, predominately White, four-year institutions. I encountered and fought to resist the perpetuation of microaggressions related to marginalized group status at these institutions and continued this work as my career advanced. Currently, as the only African American/Black tenure-track professor in my department, I also experience microaggressions in the form of challenges to my own qualifications and competency as an assistant professor. I also spend a significant amount of time advising and counseling minority students on college campuses attempting to navigate numerous sites of inequality.

Second Author. Like my coauthor, I am also an African American/Black, heterosexual woman who has encountered microaggressions rooted in racial and gender biases in multiple settings of higher education. During my undergraduate and graduate school years, I attended predominately White, four-year institutions. As a tenure-track assistant professor, minority students often come to me with microaggressive scenarios they have experienced on campus. Due to unavoidable power differentials, students often come to me for advice on how to appropriately address and resist these encounters.

Sample of the Literature

To locate scholarly articles for this QIMS, Google Scholar, LexisNexis, and Social Work Abstracts were searched for titles and abstracts containing a combination of the following terms: African Americans, microaggressions, PWIs (predominantly White institutions), focus groups, phenomenology, grounded
theory, ethnography, narrative, and qualitative. Inclusion criteria were that studies: (a) addressed microaggressions among undergraduate African American college students; (b) only sampled undergraduate African American college students attending PWIs; (c) were conducted in the United States, and (d) were qualitative in nature. No limits were put on publication dates. We searched titles and abstracts using combinations of categories of search terms related to African Americans (i.e., Black), microaggressions, predominately White institutions, and method (i.e. qualitative, phenomenology, narrative, interviews, focus groups, grounded theory, interviews, ethnography).

A total of 921 articles were retrieved and examined for inclusion. One hundred seventy-four duplicate studies were removed. With 747 studies remaining, the first and second author reviewed titles and abstracts to decide which studies should be viewed more closely. After this, 706 studies were removed for various reasons including: (a) the sample consisted of Black psychologists, university faculty, staff, pre-tenure professors; (b) the setting was a historically Black college or university; (c) the sample included college graduates; (d) the sample was LGBTQ specific; (e), the studies were conducted outside the U.S.; and (f) the studies used a mixed methods approach or were literature reviews.

With a sample of 41 studies, the authors both reviewed the full text of each article and removed 37 for the following reasons: (a) the study was not peer-reviewed; (b) the study focused on non-African Americans, doctoral students, Black graduate residential assistants, Black graduate students in college leadership positions; or (c) the study was a literature review or quantitative in nature. The resulting sample for this QIMS is composed of four studies published between 2001-2012 yielding descriptions of the experiences of 108 African American undergraduate students enrolled in PWIs. While a sample of four studies may appear small, other studies have been published in which the samples included three, (Frank & Aguirre, 2013; Smith & Aguirre, 2012), four (Bowers, 2013) and five studies (Brownell & Praetorius, 2015; Schuman 2016). Table 1 provides a detailed description of the demographics of each study.
Table 1. Demographics of Four Studies Included in the Qualitative Interpretive Meta-Synthesis

<table>
<thead>
<tr>
<th>Author, Year</th>
<th>Data Collection Strategy</th>
<th>N</th>
<th>Age</th>
<th>Recruitment, Setting, and Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baber (2012)</td>
<td>semi-structured interviews and journal entries</td>
<td>15</td>
<td>18+</td>
<td>mid-size, PW research institution in mid-Atlantic region</td>
</tr>
<tr>
<td>Jaggers &amp; Iverson (2012)</td>
<td>focus group</td>
<td>23</td>
<td>18-23</td>
<td>residence halls of PWI in Midwest</td>
</tr>
<tr>
<td>Smith et al. (2007)</td>
<td>focus group</td>
<td>36</td>
<td>18+</td>
<td>Harvard University; Michigan State University; University of California, Berkley (UC Berkeley); University of Illinois at Urbana-Champaign; University of Michigan; and the University of Michigan Law School</td>
</tr>
<tr>
<td>Solorzano et al. (2000)</td>
<td>focus group</td>
<td>34</td>
<td>18+</td>
<td>3 elite PW, research 1 universities</td>
</tr>
</tbody>
</table>

**Data Extraction**

This step involved extracting original themes from the four qualitative articles that were chosen for the QIMS (See Table 2). To ensure the integrity of each study, we used the exact language presented in the studies to represent the themes extracted. This guaranteed that the original researchers’ interpretations were maintained in using this as data for this QIMS.
The next step was to synthesize and translate the themes that were extracted into a new synergistic understanding of how undergraduate African American college students experience and interpret microaggressions at PWIs. Synthesis involved evaluating which themes extracted were comparable to one another and collapsing these into related categories. Once themes were synthesized, the translation followed, which led to a new synergistic understanding of the phenomenon. Noblit and Hare (1988) define translation as an activity that:

maintains the central metaphors and/or concept of each account in their relation to other key metaphors or concepts in that account. It also compares both the metaphors and concepts and their interactions in one account with the metaphors or concepts and their interactions in other accounts. (p. 28)
To ensure the accuracy of our findings, we used several methods of triangulation in addition to the triangulation inherent in the original studies: a) studies were from different disciplines (i.e., triangulation of sources); and b) we triangulated with each other during a four-month period (i.e., triangulation of analysts). An integral part of this process involved us keeping each other aware of our personal experiences and biases, as African American doctoral educated women who have experienced and still experience microaggressions at PWIs.

**Results: Synergistic Understanding**

The purpose of this QIMS was to understand how African American university students experience and make sense of racial and gender-based microaggressions at PWIs. Analysis of the four studies identified six overarching themes: (a) isolation; (b) lack of institutional support; (c) intersections of race and gender-based fatigue; (d) countering the internalization of microaggressions through the cultivation of affirming Black spaces; (e) responding to tests of Black “authenticity” and criminality; and (f) balancing performances of Black masculinity at home and on campus. Following is an interpretive discussion of each theme.

**Theme 1: Isolation**

The first theme that emerged from the literature is isolation. Operating in silos with no one to identify with produced an atmosphere of loneliness. Students shared their feelings of racial tension and perceived low expectations. One student said:

They look at you [and think], “Oh that’s another dumb Black girl in the class.” That’s how they make you feel … So you don’t feel like [saying], “Well, maybe it isn’t me” ‘cause you second-guess yourself. You’re by yourself. If you have more African American students there, then there would be more of a voice, beside your one single voice… [I]f there’s more backup [other African American students] there, then you’ll feel more comfortable … Then you [won’t] say, “Maybe I’m stupid! Maybe I don’t understand what’s going on.” (Solorzano et al., 2000, p. 66)
Similarly, another student described the way their institution arbitrarily paired the small number of Black students with the larger population of White students in an effort to foster unity. Without additional supports from the institution, the student discussed the tensions that resulted from this institutional practice:

If you’re from an all-White school or if you’re from a Black hood school, they’ll throw you in there together, to try to force you … to be in harmony, but that’s not what happens.” Patrick added, “It gets real uncomfortable … Everybody else is Caucasian… having fun … but we’re just kicked out of the box. (Jaggers & Iverson, 2012, p. 192)
In line with feelings of isolation, across the studies, students also reported feeling a lack of support from their respective institutions when microaggressive encounters occurred. In fact, students described being unprepared for the ways administrators, faculty, and institutional agents (i.e., resident advisors, campus police, academic advisors) would themselves espouse microaggressions in their encounters with students. One student recalls an encounter with a faculty member who believed he cheated on a math exam because of the high score he earned. The student explained:

… I was doing really well in the class, like math is one of my strong suits … We took a first quiz … and I got like a 95 … he [the professor] was like, ‘Come into my office. We need to talk,’ and I was like,” Okay.” I just really knew I was gonna be [told], ‘great job,’ but he [said], ‘We think you’ve cheated … We just don’t know, so we think we’re gonna make you [take the exam] again.’ … And [then] I took it with just the GSI [graduate student instructor] in the room, and just myself, and I got a 98 on the exam.” (Solorzano et al., 2000, p. 66)

Heightened surveillance and distrust were not only the purview of professors. Students also felt overly targeted by the efforts of campus police. When recounting an experience with campus police responding to an anonymous call describing someone entering the computer lab as “suspicious,” a male student said:

… He told me that it was his job to follow up on those types of calls. I told him that they should have their callers define ‘suspicious.’ Anyway, that shit pissed me off. I guess someone saw a Black man walk into the computer lab and assumed I was there to steal instead of study. (Smith et al., 2007, p. 564)

A similar experience was shared by another student who discussed the overwhelming police response to Black students playing football in a designated campus space for outdoor activities. He said:
And so now, we’re up to three police cars. We’re still discussing that [students play football in Underhill lot] and then, finally, here comes a fourth car, one of the vans or whatever, the UCBP vans and they swoop up. Then there are two bike cops who come over. So now, there are like a total of four or five cars and then we have two cops on the bike, all here for us [Black male students], who are not displaying any type of violence or anything like that towards [one another or authority], but we’re upset. (Smith et al., 2007, p. 566)

**Theme 3: Intersections of Race and Gender-based Fatigue in the Classroom**

Across the many institutions of higher education included in this analysis, students used the language of intersectionality to make meaning of the resulting fatigue they felt on a daily basis. Classrooms were a particularly psychologically draining space for students because of the sheer frequency with which they experienced racially insensitive comments and actions in a given academic term. A student succinctly described the notion that Black students constantly needed to prove their competence to faculty and White peers, regardless of their proven record of academic success. She said, “… they [professors] don’t know what I got last semester, so I feel like I have to prove myself again.” (Baber, 2012, p. 75)

Relatedly, other students felt drained by the mere anticipation of potential microaggressive encounters with institutional agents. One student described constantly feeling like they needed to be on “guard” when speaking with most people in positions of power on campus. The student said:

“It’s not fair on the African American students. [I have] to be on my guard every time I go in to talk to a professor, every time I go in and talk to the advisor, every time I go and talk to anybody. I’m like, are they here really to help me or are they going to lead me down the path that I don’t want to go down? (Solorzano et al., 2000, p. 69)

Inherent in these stories was the narrative of exhaustion and fatigue. Students were tired of having to prove their entitlement to the rights they perceived were automatically conferred to their White peers.
Theme 4: Countering the Internalization of Microaggressions through the Cultivation of Affirming Black Spaces

Students in our sample expressed the need for locating affirming Black spaces where they could relate to people with similar racialized experiences and affirm their identities. Feeling comfortable, having one’s experiences validated, and being able to freely express oneself without the fear of offending someone was an imperative need. One student said:

“It’s just more of a comfortability (sic) because they have similar views, you can talk about the things they relate to and you don’t have to try and … nobody has to hold themselves back from speaking to you because they feel like they’re going to offend you or anything. (Baber, 2012, p. 73)

In addition to needing to be connected with a group of like-minded individuals, students expressed their desires to join formal organizations that were created specifically for African Americans. Students viewed these organizations as an encouraging scholastic environment. This student commented:

“You know how you have African American crews, African American fraternities, and so forth. And then my sophomore year here, I was thinking about joining an African American sorority, and [a White fellow student] said, “Why do you want to join an African American sorority? Are those other sororities not good enough? You think that we’re only White?” I said, “I don’t think they’re only White. It’s just that … I don’t want to say [they’re] anti-African American, but I don’t feel welcome in your sorority.” And she said, “What do you think we are, the Klan?” [and] I was like, “Okay, we’re not going to go there. (Solorzano et al., 2000, p. 70)

Students noticed an increase in their social capital once they joined organized groups. They also witnessed improvements in their grades and overall self-esteem. Another student said:

“... the benefit that I have gained from [a study group of African American students] is that my involvement in the African American community has grown, and that’s where I found a lot of my support. Even in terms of academics, I go study with
the “homies” all the time. Go to [certain student lounge] and you’re going to see a million African American faces, and it’s going to be cool...You might not get that much studying done, but it’s a cool little network that’s created because classes are so uncomfortable. (Solorzano et al, 2000, p. 71)

Students found it particularly difficult when faculty and staff were unable, or unwilling, to relate to their experiences. Finding someone who looked like them was a necessity. Due to the numerous microaggressions experienced on campus with peers, some students felt as though they could only relate to and be understood by African American faculty and staff. This student shared the following:

... I just feel more comfortable dealing with African American people in every aspect ... counseling, financial aid. I just look for the first African American face I find because I feel like they’re going to be more sympathetic. (Solorzano et al., 2000, p. 70)

**Theme 5: Responding to Tests of Black “Authenticity” & Criminality**

In addition to having their academic integrity scrutinized, students also had to combat preconceived notions associated with Blacks being hyper-criminal and one-dimensional. Routinely being watched and dismantling negative preconceived notions were often too common among this group of students. This student shared his experience:

You have to prove yourself that you are not this criminal Black man that [will] be raping people at three o’clock in the morning ... and it shouldn’t really be like that, ‘cause it’s already a preconception that “oh man, it’s a Black man, watch you don’t prop your door open too long ‘cause your 32-inch LCD is gone.” (Solorzano et al., 2000, p. 70)

Black male students felt as if they were constantly being tested, even in spaces that should have provided respite. When recounting the ways White males “tested” Black males in the dorms, a student said:
White males like to test you. They hear the music and watch BET and they want to know “Are you as hard as 50 Cent?” and they’ll do stupid stuff to test my manhood. They’ll ask you, “Do you want to go out for some chicken with me?”... I’ve had a White person [a roommate] who I told him “you know, brother, we can share everything; just don’t touch my shoes though.” [Later] I’m in a [residence hall] lounge, and this man runs down the hall in my shoes. So I went real eth-nic on him in the room and I got into a lot of trouble, but that’s what he wanted. They [White males] want you to push your limits. (Jaggers & Iverson, 2012, p. 193)

Another student had a similarly poor encounter with his White roommate. He said:

I had a Caucasian roommate. [On] my second day, he mis-placed his wallet. He’d put it inside his laptop so then he woke up tripping. Basically he was trying to plot that I’d done took his wallet … That’s why I’d rather room with a Black person; somebody I’m more comfortable with that’s not gonna jump and just try to automatically assume I’m trying to steal his wallet. (Jaggers & Iverson, 2012, p. 193)

Resisting one-dimensional racial perceptions was an experience many students said they had been battling since high school. While male students experienced assumptions of delinquency, Black women often faced challenges to their outward presenta-tion of self (e.g., hairstyles, dress, music taste, etc.). One student described the way her friend contested the idea that Black wom-en could not enjoy music by White artists such as John Mayer. She said:

When he said it, we were the only two Black people there and it was this whole group of White people. And all of the White people were really, really uncomfortable … I wasn’t go-ing to cause a scene … But, when (Imani’s peer) was yelling at him, she was saying everything I thought. She was like, ‘How dare you tell me about being Black? You don’t even know! You don’t know anything about me! Because I like John Mayer, I’m not Black?’ And he was like, ‘I was joking!’ But that’s not funny. It’s not appropriate. (Baber, 2012, p. 75)
Theme 6: Balancing Performances of Black Masculinity at Home and On Campus

The final theme, balancing the performance of Black manhood when returning home for academic breaks (Baber, 2012; Jaggers & Iverson, 2012) and while on campus (Baber, 2012; Jaggers & Iverson, 2012; Smith et al., 2007; Solorzano et al., 2000) was discussed as a way students, particularly men, navigated tenuous spaces in the included studies. While this QIMS looks at the on-campus experiences of students, it is important to note that home-based challenges to manhood while on academic breaks reduced the likelihood that male students could let their guard down and discuss stressful campus encounters with family and friends. When discussing the ways he had to navigate the stresses of college while at home, one of the participants said:

You make friends along the way. But most of us are coming here as the only male in their family going to college. There’s no support. You can’t call nobody back home and say ‘well, I’m struggling’... because they going to tell you ‘I never went to college; what am I supposed to tell you.’ Adam added, “We got to make it on our own ... We have to keep struggling and pushing forward.” (Jaggers & Iverson, 2012, p. 194)

Another male participant described his recent need for more racial diversity when returning home and the desire to connect with people who looked like him in order to maintain sanity while visiting home. The student said:

I want more diversity now, because my family goes to a mostly White church, and it’s not very diverse. I can’t relate with them sometimes. I began to realize that I don’t even like these people that much, so I want to kind of find a new church where its more people like me. (Baber, 2012, p. 74)

Black males experienced the burden of double-consciousness (Du Bois, 1953) because they felt they needed dual identities to vacillate between home and academic spaces.

Black male students said they needed to be tough when returning home and not complain about their negative campus encounters, but once returning to campus they had to constantly
renegotiate the appropriate level of toughness that would keep White students from harassing them, but also not land them in disciplinary proceedings or feed into negative stereotypes about Black manhood. One participant stated, “And, we’re saying at the same time, we’re feeling restricted because if we act in a way that we want to react-number one, we’re going to jail; number two, it’s just going to feed into the stereotype that they think we’re supposed to be violent or whatever” (Smith et al., 2007, p. 566). Finally, another male said: “They [Whites] expect me to act like what they see on TV. They expect me to hurt them, take their money. I’m not that type of person. What I hate the most is how I have to combat these negative stereotypes of what they expect me to be. It’s real draining.” (Jaggers & Iver-son, 2012, p. 193)

Discussion

Through an iterative process of constant comparison among the four articles in this QIMS, six reoccurring themes emerged as they related to understanding the ways Black undergraduate students at four-year, predominately White colleges/universities experienced and resisted microaggressions occurring at the intersection of race and gender. For the discussion, these themes were converged into two larger groups: experiencing microaggressions and resisting microaggressions. The results from this study contribute to a wider body of research, which suggests that the stress of microaggressions impacts one’s psychological, physical, emotional, and mental health. Important for this study, racial microaggressions have been linked to significant physical health risks among minority populations (Brondolo et al., 2008; Clark, Anderson, Clark, & Williams, 1999), cognitive disruption stemming from stereotype threat that can lead to academic underperformance (Steele, 1997), and increased levels of anxiety and rage that lead to exhaustion and depression (Jack-son et al., 1992; Sue, 2003). Thus, the effects of microaggressive encounters can have long-lasting effects that stay with students even after they leave their respective college campuses.
Experiencing Microaggressions: Isolation, Lack of Institutional Support, and Intersections of Race and Gender-based Fatigue

These three themes are discussed together because they highlight the singular idea that feelings of loneliness and exhaustion permeated the college experiences of underrepresented Black undergraduates across the synthesized studies. The results highlight the ways having to prove one’s intelligence, credibility, authenticity, and right to campus resources (e.g., computer labs, dormitories, cafeterias, and classrooms) on a consistent basis created heightened psychological strain for students. Among the most important messages in the results was that while students may have gone on to matriculate, they may have done so with significantly more mental and physical strain than their White peers. This ultimately may have impacted the quality of their college experience and created stressors that research indicates remain with racial minorities beyond the time of encounter (Sue, 2010b). Thus, retention should not be the only bar for determining whether microaggressions are impacting students’ educational experiences. While students may exhibit resilient ways of creating affirming spaces, they still feel the burden of institutional racism and sexism. Moreover, they are particularly hurt by racist interactions with college faculty and staff, people they believe should be held to higher standards than their contemporaries. A major revelation of this meta-synthesis aligns with previous work which suggests that institutional characteristics, not student-level traits, contribute most to students’ experience of a particular campus (Alon & Tienda, 2005; Bowen, Chingos, & McPherson, 2009).

Resisting Microaggressions: Countering the Internalization of Microaggressions through the Cultivation of Affirming Black Spaces, Responding to Tests of Black “Authenticity” & Criminality, and Balancing Performances of Black Masculinity at Home and On Campus

These three themes are discussed together because they highlight the resilient ways Black students countered pervasive microaggressions by unapologetically seeking refuge in the identification of Black faces and the creation of Black spaces. Students openly challenged the racialized assumptions of
Whites on campus in discussions about what it means to be Black, and navigating a life of double consciousness between the expectations of home and campus life. These results suggest that Black students are actively enacting coping mechanisms to thrive in spaces that have, and continue, to deny their full humanity. These findings are significant because they refute the work of college “mismatch” supporters such as Sander (2004) and more recently, Supreme Court Justice Anton Scalia, who argued that Blacks should attend “slower” colleges better suited to their diminished academic capacity. Instead, results suggest we look at the ways academic institutions are failing to support a vibrant and resilient student population that actively strives to remain in college and often academically outperforms their White peers when provided with the necessary supports. A major revelation of this study was that Black students’ success at historically White, four-year colleges and universities occurred in part by adopting a hyper-racial conscious identity in academic spaces that often purported to be colorblind. Thus, it is not unanticipated that Black students in this study who came from diverse backgrounds and had given little consideration before college to issues of race and gender noted the need for seeking out people that looked like them once in college.

Implications

The identification and convergence of these six aspects of college experience provide durable and identifiable sites for policy and practice intervention by college administrators, staff, and faculty committed to improving the physical, social, and psychological conditions of Black students attending historically White, four-year colleges and universities. By identifying these reoccurring themes in student experience, college staff can more easily identify existing policies and practices that may be oppressive, combat them with new policy, and work to identify the role individuals play in the creation of a truly inclusive undergraduate experience for students who have been historically marginalized from four-year educational settings.

Sue (2010a) suggests that in cases of perceived racial discrimination, racial minorities tend to provide more accurate accounts of the situation and are also more often correct in their
assessment of being recipients of discriminatory events, as compared to White bystanders. Therefore, a significant step in creating inclusive campuses is first listening to and believing the accounts of bias put forth by marginalized populations on predominantly White campuses. Acknowledging the occurrence of microaggressions is a crucial step that prefaces any future progressive policy and/or practice intervention.

After this acknowledgment has been made, mandatory professional development training and evaluation on the topic of microaggressions that are linked to tenure and promotion are an important policy direction that can help faculty and administrators identify the ways they may be unintentionally, or intentionally, perpetuating inequality within student interactions. Additionally, acknowledging and publicly rewarding the programmatic work of faculty and administrators who support minority students (e.g., additional stipends, course reductions) can generate new knowledge about how academic institutions can be responsive to students in ways that enhance their own educational outcomes, bolster retention which supports institutional status and funding, and encourage minority students to create programs and outlets that reassert power over their own identity and consciousness. Similar training and incentives for staff (e.g., resident advisors, dormitory staff, campus police, student health) on the perpetuation of microaggressions would also serve to remove institutional barriers Black students face on college campuses inside and outside of the classroom setting.

Research implications are numerous, particularly as they relate to using qualitative work resulting from QIMS to enhance evidence-based practice in the fields of education and social welfare. Currently, few studies of college-going capture the ways specific institutional characteristics (e.g., housing assignment, course scheduling, group assignments, etc.) drive certain policies and traditions that serve to isolate marginalized students. The synergistic findings of this qualitative interpretive meta-synthesis suggest a move towards research that foregrounds the characteristics of institutions to locate mechanisms that support Black student success, retention, and well-being in an effort to use evidence to create policies that support marginalized populations.
Limitations

While this QIMS provides a closer look into the lives of African American college students and their interpretation of racial microaggressions at historically White, four-year colleges and universities, some limitations are present. Although we systematically reviewed all known exploratory articles on this topic, only four fit our inclusion criteria. Thus, our sample, while larger than the original studies individually, was still constrained by missing variables. One major limitation of this study is that not all available studies were used. Dissertations and theses were not included in the review. Had we included these, we could have possibly located additional studies that may have led to a broader understanding of the phenomenon. However, we chose to remain with only scholarly journal articles, since these undergo the blind, peer-review process.

References


Civic Engagement and Institutional Trust Among South Africans

Yoosun Chu
Boston College

Ce Shen
Boston College

The importance of institutional trust and its key determinants have been widely acknowledged in developed countries. However, in developing countries, where institutional trust has not been well established, its structural causes have not received adequate research emphasis. The aims of our study are: (1) to examine the direct effect of civic engagement on institutional trust; and (2) to examine the mediating effects of government dysfunction and government performance on the relationship between civic engagement and institutional trust. We conducted a structural equation modeling (SEM) analysis using data from the 2004 Afrobarometer Round 2.5 survey in South Africa (N = 2,400). We found a positive direct effect of civic engagement on institutional trust and indirect effects of civic engagement on institutional trust, mediated by government dysfunction and government performance, both individually and sequentially. Findings suggest that the development and implementation of policies enhancing civic engagement and good governance are needed to increase institutional trust. South Africa, a country with over 20 years of democracy, is on the path to enhancing civic engagement and building institutional trust. These goals can be achieved through building a society in which government is based on democratic values and civil society.

Key words: institutional trust, civic engagement, government dysfunction, government performance, South Africa, structural equation modeling
The discussion of trust has gained increasing attention since the early 1990s and is still a topical issue, especially in developing countries (Cook & Cook, 2011; Llewellyn, Brookes, & Mahon, 2012). One of the reasons for this increasing interest in trust is its association with other important concepts at both the individual and societal levels, such as social capital, regime support, social stability, and socio-economic development. It is important to recognize that trust can be distinguished into two main dimensions: social trust and institutional trust (Cook & Cook, 2011; Zmerli & Newton, 2008). Social trust, also known as interpersonal trust, refers to trust in other people—this may include close friends, family, or people in general (Mishler & Rose, 2005; Taylor, Funk, & Clark, 2007). Institutional trust, interchangeable with political trust, refers to trust in public institutions consisting of multiple layers, from political actors to institutional personnel (Morris & Klesner, 2010). In this paper, we focus on institutional trust and conceptualize it as citizens’ confidence in public institutions, including local or national government, politicians, political parties, parliament, police, judges, and the military.

Institutional trust is considered important in many ways, particularly in the context of developing countries, where institutional trust, in general, is low (Godefroidt, Langer, & Meuleman, 2015). Institutional trust enables a political system to establish legitimacy, especially as it relates to democracy (Boda & Medve-Bálint, 2014; Kuenzi, 2008; Sedláčková & Šafr, 2008). Democracy is principally constituted by its citizens, and requires their trust (Vlachova, 2001). In developing countries such as South Africa, where the concept of democracy is relatively new, the link between institutional trust and the legitimacy of democracy becomes particularly important (Boda & Medve-Bálint, 2014; Kuenzi, 2008). Also, the level of institutional trust is associated with the effective functioning of government institutions—specifically, citizens’ adherence to the law (Marien & Hooghe, 2011). Low trust in institutions can lead to lower law compliance and vice versa (Marien & Hooghe, 2011). Thus, societies with higher levels of trust can govern and legitimate political systems at lower transaction cost or costs related to coercion and enforcement (Fukuyama, 1995; Murphy, 2004; OECD, 2013). Another important aspect of institutional trust lies
in its association with socio-economic development. High levels of trust in government institutions lead to increased cooperation among citizens and could attract long-term investment that increases socio-economic development (Algan & Cahuc, 2013; Putnam, 1993). Also, increased trust is negatively related to economic inequality, which is a major hindrance to economic development in many countries, including developing countries (Rothstein & Stolle, 2002). This association of institutional trust with socio-economic development is evident in several studies on developing countries (see Lekovic, 2012; Montalvo, 2010).

This study aims to examine the structural causes of institutional trust in South Africa. Specifically, we investigate the relationship between civic engagement and institutional trust and determine whether this relationship is mediated by government dysfunction and performance. This topic is important not only in terms of enhancing the theoretical understanding of factors that may be related to institutional trust, but also in providing insight and highlighting implications for policy and practice in South Africa. Two thousand fourteen marked the 20th anniversary of the end of Apartheid and the installation of democracy in South Africa (Amtaika, 2015). The road to democracy in South Africa was marked by centuries of racial and economic discrimination and oppression, as well as by sacrifice and unyielding resistance of the oppressed people (Seidman, 2001). Further, given this significant change, South Africa has shown a relatively low level of institutional trust (Daniel & De Vos, 2002).

**Theoretical Frameworks**

This study is guided by two theoretical perspectives: social capital theory (Putnam, 1995) and institutional theory (Newton & Norris, 2000). First, the study draws upon social capital theory to explicate how civic engagement may be associated with institutional trust. A number of studies have conceptualized social capital as connections among individuals that facilitate collective actions to achieve shared goals, such as group membership and participation in associations (Putnam, 1995; Zhang, 2014). Civic engagement, involving people in public processes that affect them, is considered a critical part of social capital
One of the main arguments of social capital theory is that the greater the social capital, the greater the confidence in government (Putnam, 1995). Thus, civic engagement increases citizens’ confidence in government institutions and representatives (Duvsjö, 2014).

Institutional theory is one of the most commonly adopted theoretical perspectives for analyzing institutional trust. In this study, institutional theory is used to explain possible mediating effects of governance-related factors on the relationship between civic engagement and institutional trust. The core feature of institutional theory is that the structure and characteristics of institutions affect the behavioral outcomes of individuals (Amenta & Ramsey, 2010). According to Neale (1987), “motives lead people to engage in particular activities, but what they do and how they do it depend upon the structure of institutions” (p. 1188). Among different schools within institutional theory, the institutional performance theory focuses on the performance of governments as key to understanding citizens’ confidence in government and hypothesizes that higher performance will lead to greater trust in institutions, while lower performance will result in lower levels of trust. Also, the theory assumes that “all citizens are exposed to government actions” (Newton & Norris, 2000, p. 7), and citizens evaluate government performance rationally (Newton & Norris, 2000).

The Figure 1 shows a conceptual framework of the study.

A Review of the Literature

Civic Engagement and Institutional Trust

A number of studies have been conducted to investigate factors related to institutional trust. Civic engagement is identified as one of the most studied factors (e.g., Brehm & Rahn, 1997; Keele, 2007; Levi & Stoker, 2000; Putnam, 1993; Veenstra, 2002). However, there is controversy in the literature, particularly depending on whether the study is focused on developing or developed countries (Blind, 2007; Stoyan, Niedzwiecki, Morgan, Hartlyn, & Espinal, 2015). The dominant trend in studies of developed countries is that higher civic engagement is related to enhanced trust in government. Guided by social capital theory,
Figure 1. Theoretical Model
Putnam (1993) found that civic engagement leads to increased trust in government institutions in Italy. That is, higher civic engagement fosters citizens’ belief that they are making changes or have control over government institutions. Keele (2007) found that U.S. citizens with lower levels of civic engagement do not develop favorable attitudes towards their government and are more likely to distrust it.

Several studies on the association between civic engagement and institutional trust for developing countries reported somewhat contradictory findings (Blind, 2007; Stoyan et al., 2015). Some scholars have found that there is no significant relationship between the factors. Using the dataset of the Dominican Republic, Espinal, Hartlyn, and Morgan (2006) found that civic engagement is not statistically associated with institutional trust. Stoyan and colleagues (2015) also reported similar findings in Haiti and the Dominican Republic. Conversely, Finkel, Sabatini, & Bevis (2000) have argued that more civic engagement and participation gives Dominican citizens increased awareness of the negative aspects of their government, which actually develops critical attitudes towards governments. These studies were mainly conducted in the specific population of the Dominican Republic, which limits the generalizability of the findings.

Civic Engagement and Governance

Some studies have examined the effect of civic engagement on governance-related factors, namely government performance and dysfunction. Government performance is a well-established concept in literature, and many studies have measured it as the performance of economic, political, or social policies (e.g., Kestilä-Kekkonen & Söderlund, 2015). Several investigators have argued that citizens who are more engaged in civic activities are more likely to endorse their government’s policies (Frey & Stutzer, 2005). This trend is mainly due to the fact that more civic engagement gives citizens opportunities to see the more desirable aspects of the government (Lam, 2012). In short, citizens who have experience with high levels of civic engagement are more likely to have high satisfaction with government performance.
In the literature, government dysfunction is less clearly defined and conceptualized than government performance. Instead, corruption has been used to show the failure of governance. In this study, corruption and inaccessibility of public services were used as one latent concept, government dysfunction, as many studies have found that corruption and low quality of public service delivery are closely related to each other (see Lavallée, Razafindrakoto, & Roubaud, 2008). Also, the perception of public service delivery has been identified as a predictor of institutional trust (Kampen, De Walle, & Bouckaert, 2006). More civic engagement could be associated with a higher perception of government dysfunction, because it provides opportunities for closer monitoring of government dysfunction (Treisman, 2000).

Governance and Institutional Trust

Guided by institutional performance theory, governance has received much attention regarding its relationship with institutional trust at the societal level (Keele, 2007). Particularly, government performance has been considered a dominant factor in deciding citizens’ trust in government (Campbell, 2004; Keele, 2007). Kestilä-Kekkonen and Söderlund (2016) confirmed that trust in institutions is shaped primarily by citizens’ rational perceptions of institutional performance. Campbell (2004) also found that government performance, specifically economic performance, is strongly associated with institutional trust. Chang and Chu (2006) found that citizens’ perceptions of government performance on the economy are positively associated with their level of trust in their government institutions.

In terms of government dysfunction, the importance of corruption to institutional trust has been confirmed in many studies conducted in various contexts. Based on the studies of 10 post-communist European countries, Mishler and Rose (2001) found that higher levels of corruption were related to lower levels of political trust. Chang and Chu (2006) found a strong eroding effect of political corruption on institutional trust in several Asian countries. Particularly related to the context of this study, Armah-Attoh, Gyimah-Boadi, and Chikwanha (2007) demonstrated that corruption negatively influences trust in democratic
institutions and concluded that “corruption is a major, perhaps the major, obstacle to building popular trust in state institutions and electoral processes in Africa” (p. iv). Using the Afrobarometer data (Bratton, Mattes, Chikwanha, & Magezi (2004), which is the same data set used in this paper, Lavallée et al. (2008) also confirmed the negative impact of corruption on citizens’ trust in political institutions.

Another component of government dysfunction is inaccessibility of public services. Inadequate public service delivery is often referred to as one of the largest challenges facing governments in Africa (Akinboade, Mokwena, & Kinfack, 2014). People who have the poorest access to government services have the lowest level of institutional trust (Meyer et al., 2013). We also assume that the level of government dysfunction affects citizens’ perception of government performance. Anderson and Tverdova (2003) reported that higher levels of corruption are linked to negative evaluations of government performance, which in turn lowers trust in both emerging and established democracies. That is, if citizens are not satisfied with the government services delivered, their perception of government performance is expected to be low.

The Current Study

A plethora of studies have been conducted on institutional trust and several related factors. However, the conceptualization of institutional trust varies across the studies. For example, Espinal et al. (2006) only measured citizens’ trust in three institutions: the presidency, the congress, and the judiciary. This measurement does not sufficiently capture the concept of institutional trust. Moreover, Mishler and Rose (2005) included items only related to the Russian context, such as federal security service. These different measurements could lead to the aforementioned contradictory results among the studies. This study uses validated measurements for the key concepts discussed above from extant studies using the same Afrobarometer data set that was used for this study. Also, using a confirmatory factor analysis (CFA) of institutional trust, this study confirms the construct validity of institutional trust in South Africa. Addressing these measurement
issues, our study aims to examine the relationship between civic engagement and institutional trust in South Africa.

This study also examines the serial multiple mediating effect through both government dysfunction and performance sequentially, with dysfunction affecting performance. To our understanding, no such body of literature exists on the multiple mediating effects of governance-related factors. One of the benefits of this model is that it allows analysis of the sequential mediating effect of governance-related factors and provides a chance to compare effect sizes of indirect effects through different mediators.

In line with the theoretical and empirical evidence, we aim: (1) To examine the direct effect of civic engagement on institutional trust; (2) To examine the mediating effect of government dysfunction on the effect of civic engagement on institutional trust (civic engagement → government dysfunction → institutional trust); (3) To examine the mediating effect of government performance on the effect of civic engagement on institutional trust (civic engagement → government performance → institutional trust); and (4) To examine the effects of serial multiple mediators on civic engagement on institutional trust, through both government dysfunction and performance sequentially, with dysfunction affecting performance (civic engagement → government dysfunction → government performance → institutional trust).

Data and Methods

Data

This paper uses data from the Afrobarometer: Round 2.5 Survey of South Africa, 2004. The Afrobarometer measures African citizens’ attitudes towards democracy, governance, and society in 36 African countries since 1999. This 2004 Afrobarometer, Round 2.5 in particular, measured the attitudes and opinions of South Africans. The individual face-to-face interviews based on questionnaires were conducted with a randomly selected sample of 2,400 respondents aged 18 years or older. More specifically, the data set uses multi-stage random sam-
pling with probability proportionate to population size (PPPS) in order to reflect the population density across South Africa. The data used in this study were obtained from the Inter-university Consortium for Political and Social Research (ICPSR). To handle missing data, we used multiple imputation to create five imputed data sets. Thus, the entire sample \((N = 2,400)\) was used for this study. See Table 1 for demographic information on the participants.

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex: male</td>
<td>1,202</td>
<td>50.08</td>
</tr>
<tr>
<td>Age: years, mean (SD)</td>
<td>40.86 (42.58)</td>
<td></td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black/African</td>
<td>1,719</td>
<td>71.63</td>
</tr>
<tr>
<td>White/European</td>
<td>277</td>
<td>11.54</td>
</tr>
<tr>
<td>Colored/Mixed Race</td>
<td>269</td>
<td>11.21</td>
</tr>
<tr>
<td>South Asian</td>
<td>131</td>
<td>5.46</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>0.16</td>
</tr>
<tr>
<td>Education Level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Formal Schooling</td>
<td>146</td>
<td>6.08</td>
</tr>
<tr>
<td>Informal schooling only</td>
<td>26</td>
<td>1.08</td>
</tr>
<tr>
<td>Some Primary</td>
<td>366</td>
<td>15.25</td>
</tr>
<tr>
<td>Complete Primary</td>
<td>199</td>
<td>8.29</td>
</tr>
<tr>
<td>Some Secondary</td>
<td>855</td>
<td>35.63</td>
</tr>
<tr>
<td>Complete Secondary</td>
<td>564</td>
<td>23.50</td>
</tr>
<tr>
<td>Post-secondary</td>
<td>244</td>
<td>10.17</td>
</tr>
<tr>
<td>Employment Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not working</td>
<td>1,684</td>
<td>70.17</td>
</tr>
<tr>
<td>Part-time</td>
<td>235</td>
<td>9.79</td>
</tr>
<tr>
<td>Full-time</td>
<td>480</td>
<td>2.00</td>
</tr>
<tr>
<td>Don’t know</td>
<td>1</td>
<td>0.04</td>
</tr>
<tr>
<td>Area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urban</td>
<td>1,576</td>
<td>65.67</td>
</tr>
<tr>
<td>Rural</td>
<td>824</td>
<td>34.33</td>
</tr>
</tbody>
</table>
Measurement

Our structural equation models include four latent factors: civic engagement, government dysfunction, government performance, and institutional trust. A detailed explanation of each of the latent factors and observed indicators follows.

Institutional trust. The outcome variable, institutional trust, is composed of two indicators: (1) trust in political system, and (2) trust in law enforcement. This is measured by eight items: the president, parliament/national assembly, electoral commission, ruling party, opposition political parties, military, police, and courts of law. As mentioned above, due to the multidimensionality of the concept, CFA for a two-factor model (Rothstein & Stolle, 2002) was first conducted to assess the dimensionality of the items. Several fit indices confirmed that the model fit the data acceptably (\( \chi^2 = 308.19; \) GFI = .962; RMSEA = .081, SRMR=0.047). The results suggest that the trust in political system included five items: president, parliament/national assembly, electoral commission, ruling party, and opposition political parties; and the second indicator, trust in law enforcement, included three items: military, police, and courts of law. The responses to these indicators ranged from (0) not at all to (3) a lot with a higher score reflecting more trust, and responses were calculated by averaging the scores of each item. The trust in political system indicator shows good internal consistency (Cronbach’s alpha = .84). The trust in law enforcement scale demonstrated also shows good reliability (Cronbach’s alpha = .75).

Civic engagement. Civic engagement consists of three indicators: (1) membership in the civic organizations, (2) attendance at civic activities, and (3) contact with influential people, and responses were calculated by calculating the mean for the following items.

First, membership in the civic organizations was measured as follows: “Could you tell me whether you are an official leader, an active member, an inactive member, or not a member?” The civic organizations include the following: religious groups, trade unions or farmers associations, professional or business associations, and community development associations. Each item had four response categories, ranging from (0) not a member, (1) inactive member, (2) active member, and (3) official leader. We
logged the variables to improve the normality of the data. Although the operationalization of the four items on the membership variable is based on the literature, we measured the internal consistency among transformed items and found that Cronbach’s alpha coefficient was .77, signifying satisfactory internal consistency.

Second, the respondents’ attendance at civic activities was composed of three items: attendance at a community meeting, a get together with others to raise an issue, and attending a demonstration or protest march. Respondents were asked whether they had ever been at any of the above meetings or would do this if they had the chance. Items were presented with five response categories: (0) No, would never do this, (1) No, but would do if I had the chance, (2) Yes, once or twice, (3) Yes, several times, and (4) Yes, often. The items were slightly positively skewed; therefore a log transformation was applied to improve the normality. Log-transformed items revealed good evidence of internal reliability (Cronbach’s alpha = .76).

Last, civic engagement was also measured by whether the respondents contact influential persons for help solving a problem or to give them their views. The influential persons included local government council, national assembly representatives, officials of a government ministry, political party officials, religious leaders, traditional rulers, or other influential people. Each item was presented on a four-point scale with response options ranging from (0) never to (3) often. A log transformation was applied to improve the normality of the distribution. The Cronbach’s alpha for the seven items was .88, which indicates that the transformed scale is highly reliable.

Government dysfunction. Two indicators were used to measure citizens’ perception towards government dysfunction: (1) corruption and (2) inaccessibility of public services. We created the indicators by averaging the scores of each item.

First, we used the Perceived Corruption Index, which has been validated in a number of studies that also used the Afrobarometer data set (see Konold, 2007). The Perceived Corruption Index has 10 items: the corruption of the office of the presidency, members of parliament, local government councilors, national government officials, local government officials, police, tax officials, judges and magistrates, health workers, and teachers and
school administrators. The items were on a four-point Likert scale ranging from (0) none to (3) all of them. Higher scores imply a greater level of government dysfunction. The Cronbach’s alpha value was .92, an excellent level of internal consistency of the scale. Other studies that used the same Afrobarometer data set reported a similar level of internal consistency (Konold, 2007).

Second, the inaccessibility of public services has been validated in studies using the Afrobarometer data set (see Armah-Attoh et al., 2007). It measures the degree of access to government services in five items: getting ID documents, school admission, household services, help from the police, and medical treatment. The items were on a four-point Likert scale ranging from (1) very difficult to (4) very easy. To facilitate comparisons with other items, we reversed the direction of the coding so that high scores imply more inaccessibility of public services. The Cronbach’s alpha was equal to .75, which is satisfactory and higher than the value of .67 reported by Armah-Attoh et al. (2007).

**Government performance.** Government performance was represented by two indicators: (1) satisfaction with government handling of economic policy and (2) satisfaction with government handling of social policy. These indicators were created by calculating the mean for the items. Higher scores imply a greater level of satisfaction with government performance.

First, economic issues include the following items: managing the economy, creating jobs, keeping prices stable, and narrowing income gaps. This indicator has been used in several Afrobarometer studies under the name of Approval of Government Performance Index (see Armah-Attoh et al., 2007). The items were on a four-point Likert scale ranging from (1) very badly to (4) very well. The internal consistency of the indicator is fair (Cronbach’s alpha = .70) and similar with the value of .73 reported by Armah-Attoh et al. (2007).

The respondents’ satisfaction with government handling of social issues includes the following items: reducing crime, improving basic health services, addressing educational needs, delivering household water, ensuring enough to eat, fighting corruption, combating HIV/AIDS, promoting affirmative action, uniting all South Africans, and distributing welfare payments. The items were coded in the same way as satisfaction with the indicator of economic policy. The social policy indicator
produced a high level of internal consistency (Cronbach’s alpha = .85).

Covariates. A range of important socio-demographic characteristics were included in the analysis as controls. Age is a continuous variable, ranging from 18 to 91. Gender is binary (Male = 1 and Female = 2). Race includes Black/African, White/European, Mixed, South Asian, and others. Education ranges from ‘no formal schooling’ to ‘postgraduate.’ The respondents’ employment status and whether they live in urban or rural areas were also controlled.

Analytic Strategy

Structural equation modeling is a useful technique when the goal is to assess a theoretical model that hypothesizes how sets of variables define latent constructs and how these constructs are related to one another (Jöreskog & Sörbom, 1996). As listed in Figure 1, we will investigate the direct effect of civic engagement on institutional trust. Also, by using the Sobel test, we test the mediating effects of government dysfunction and performance on the relationship between civic engagement and institutional trust both individually and sequentially. LISREL 9.2 was used to perform the SEM analysis using Maximum Likelihood Estimation. Preliminary data management, including data examination, transformation, and multiple imputation, was conducted using Stata 14.0 prior to the SEM analysis.

Results

Prior to testing our main hypotheses, the model with covariates was tested to ascertain whether possible control variables (age, gender, race, level of education, employment, and areas) have impact on the institutional trust in this model. None of the demographic variables were statistically significant. For the purpose of parsimony, covariates that were non-significant were removed from the further analysis. Therefore, below we will focus on the model without covariates.
Correlation Matrix

Table 2 presents the means, standard deviations, and Pearson’s correlation matrix of the nine observed variables. The levels of correlation were generally low to moderate. Among civic engagement items, memberships and contact were positively correlated with government dysfunction. Also, membership and attendance were positively correlated with government performance. Similarly, attendance and contact showed a positive correlation with institutional trust. Government dysfunction items correlated negatively with government performance and institutional trust. Government performance showed a positive correlation with institutional trust.

Table 2. Descriptive Statistics and Pearson Correlations for Study Variables (N=2,400)

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. (X1) Membership</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. (X2) Attendance</td>
<td>.21*</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. (X3) Contact</td>
<td>.40*</td>
<td>.39*</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. (Y1) Corruption</td>
<td>.12*</td>
<td>.01</td>
<td>.13*</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. (Y2) Inaccessibility</td>
<td>.03</td>
<td>-.04*</td>
<td>.06*</td>
<td>.28*</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. (Y3) Economic Policy</td>
<td></td>
<td>.04</td>
<td>.16*</td>
<td>.03</td>
<td>-.23*</td>
<td>-.24*</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. (Y4) Social Policy</td>
<td></td>
<td>.01</td>
<td>.19*</td>
<td>.06*</td>
<td>-.25*</td>
<td>-.26*</td>
<td>.70*</td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td>8. (Y5) Political System</td>
<td></td>
<td></td>
<td>.04</td>
<td>.19*</td>
<td>.06*</td>
<td>-.21*</td>
<td>-.21*</td>
<td>.43*</td>
<td>.51*</td>
</tr>
<tr>
<td>9. (Y6) Law Enforcement</td>
<td></td>
<td></td>
<td></td>
<td>.02</td>
<td>.17*</td>
<td>.09*</td>
<td>-.22*</td>
<td>-.18*</td>
<td>.31*</td>
</tr>
<tr>
<td>M</td>
<td>.28</td>
<td>.68</td>
<td>.14</td>
<td>1.02</td>
<td>2.19</td>
<td>2.23</td>
<td>2.57</td>
<td>1.60</td>
<td>1.47</td>
</tr>
<tr>
<td>SD</td>
<td>.27</td>
<td>.51</td>
<td>.23</td>
<td>.61</td>
<td>.67</td>
<td>.74</td>
<td>.73</td>
<td>.73</td>
<td>.80</td>
</tr>
</tbody>
</table>

Notes: * p < .05 (two-tailed tests).
Membership, Attend, and Contact: Logged scores.

Measurement Model

In this study, the measurement model specifies how the four latent variables—civic engagement, government dysfunction, government performance, and institutional trust—are indicated by the observed variables. As shown at the top of Table 3,
all factor loadings of the indicators were statistically significant and in the expected direction. For model identification, the first item of each latent factor is fixed to 1. The R² values, the explained variance by the latent factor, were satisfactory, ranging from .23 to .82.

**Structural Equation Model**

The results of the structural model are presented graphically in Figure 2 and Table 3, which present the direct, indirect, and total unstandardized and standardized effects of each variable in the model. Our mediation model follows the suggestion of Hayes, Preacher, and Myers (2011). A *direct effect* is a path between two variables without mediating variables. An *indirect effect* is the product of the direct effects involved in the mediating relationship. In a model with multiple mediators, like our model, each path through a given mediator is referred to as a *specific indirect effect*, and the sum of all the specific indirect effects in a model is called a *total indirect effect*. The sum of the direct and all the indirect effects in the model is called a *total effect*.

The fit statistics of the model estimation indicate a good fit to the data ($\chi^2 = 183.70$ with 21 df, $p < .001$, RMSEA = .057, GFI = .983, and SRMR = .049).

First, Aim 1 examines the direct effect of civic engagement on institutional trust. The result showed that increased civic engagement is associated with higher institutional trust when other variables are constant in the model. The results showed that with each standard deviation increase in civic engagement, institutional trust increases by .11 standard deviations.

Second, Aim 2 examines the mediating effect of government dysfunction on the relationship between civic engagement and institutional trust. Our study found that increased civic engagement is associated with increased perception of government dysfunction ($p < .05$), and this increased perception of government dysfunction is associated with decreased institutional trust ($\beta = -.23, p < .05$). In sum, increased civic engagement is associated with declined institutional trust through government dysfunction ($-.05 = .20 \times -.23, p < .05$).

Aim 3 examines the mediating effect of government performance on the relationship between civic engagement and
Figure 2. Structural equation model showing standardized path coefficients.
institutional trust. Our results found that increased civic engagement is associated with increased perception of government performance ($\beta = .22$, $p < .05$). And, increased perception of government performance is associated with increased institutional trust ($\beta = .48$, $p < .05$). Summing up, the results showed that increased civic engagement is associated with increased institutional trust via government performance ($R^2 = .11 = .22 \times .48$, $p < .05$).

Finally, Aim 4 sequentially examines the relationship between civic engagement and institutional trust via the serial...
Civic Engagement and Institutional Trust

multiple mediators of government dysfunction and performance. In short, it is expressed as follows: civic engagement → government dysfunction → government performance → institutional trust. This model is called a serial multiple mediator model, or multiple-step multiple mediator model (Hayes et al., 2011; Hayes, 2013). This serial multiple mediating model derives from the assumption that increased government dysfunction is associated with decreased government performance, which is supported by the results (β = -.60, p <.05). Moreover, the indirect effect of civic engagement on institutional trust via both government dysfunction and performance is supported (β = -.06, p <.05).

In the relationship between civic engagement and institutional trust, there are three indirect effects (Aims 2, 3, and 4). As showed above, all three of these specific indirect effects were statistically significant (p <.05). However, the total indirect effect, the sum of these specific indirect effects, was not statistically significant (p <.05). According to methodological researchers (Hayes, 2009; Preacher & Hayes, 2008), in the model with two or more mediators, it is possible that the specific indirect effects appear to be significant, but the total indirect effect is insignificant, which is the case in our model. One possible explanation is that the signs of the indirect effects differ and the magnitudes are similar, which leads to an insignificant overall relationship (Hayes, 2013; MacKinnon, Krull, & Lockwood, 2000). This result is also aligned with the fact that government dysfunction and performance measure contradictory concepts with different signs. Moreover, when interpreting this inconsistency, Hayes (2013) pointed out that the theoretical value of the total indirect effect should be considered, and stated, “inference and interpretation of a multiple mediator model usually focus more on the direct and specific indirect effects, not the total indirect effect” (p. 159). In line with this logic, in our model, the important finding is that each individual specific indirect effect is significant, rather than examining the aggregate of all three specific indirect effects simultaneously.

Discussion

The results of this study showed that increased civic engagement is associated with increased institutional trust, which
is consistent with existing literature conducted in the context of developed countries (see Putnam, 1993). This finding highlights that policy developers and decision-makers should strengthen mechanisms for active civic engagement, such as civic education and participatory public policy making. Despite the importance of civic engagement, citizens in many societies have little chance of learning about their rights and the public policy environment. For example, as suggested in our study, contacting influential people to express citizens’ opinions appeared to be an important part of civic engagement. However, research showed that advocates are less likely to use the most effective way to reach policy makers, such as in-person communications (Englin & Hankin, 2012). Through civic education, citizens can be informed about their rights and how to effectively communicate with policy environments. Policy makers should include civic education as an important policy agenda and should also encourage curricula for the younger generation. Additionally, policy makers should ensure that citizens’ voices are heard. For instance, public hearings or community advisory boards should be guaranteed by law.

Citizens’ active engagement is even more important in the context of developing countries. Civil societies in developing countries are usually characterized as fragmented, which limits their role in the policy making process (Haladjian-Henriksen, 2006). Also, many developing countries have limited experience in developing democracy and building trust for it, which takes a long time (Shen & Williamson, 2005). In particular, in South Africa, which has a relative short history of civil society, citizens’ engagement and strong civil societies are essential. However, civic engagement in South Africa is still challenging, even after the end of apartheid era (Lehman, 2008). According to Mattes, Denemark, and Niemi (2012), there is no substantial difference in ‘Demand for Democracy’ between South Africa’s first post-Apartheid generation and the older generation.

Another important finding of this study is that citizens who actively participate in civic activities are more aware of their government’s corruption or failure of service delivery (Treisman, 2000), which ultimately decreases institutional trust. This finding highlighted that citizens’ active engagement is not a choice but serves a mandatory ‘watchdog’ function of
government activities, which ensures public accountability (Sharma, 2008). South Africa is not an exception in its failure of governance, as this is found in many developing countries, even the most successful ones (Khan, 2006). Despite the establishment of democracy, South Africa has dropped in rank in the global corruption perception index from 33rd in 1997 to 61st in 2015, indicating a growth in corruption (Transparency International, 1997, 2015). Also, the serious inequalities in accessing basic services in South Africa still remain (Nnadozie, 2013). Thus, the role of civil societies and citizens in modern South Africa should have increased emphasis.

Furthermore, this study shows that when controlling government dysfunction, citizens’ active engagement increases their positive evaluation of government performance, which in turn increases their institutional trust. This result is consistent with the findings of existing literature (Campbell, 2004; Sedláčková & Šafr, 2008) and also aligns with the institutional performance theory that guides this paper. In other words, improving public perception of government performance would help to promote citizens’ institutional trust. However, citizens’ perception of government performance can often be biased due to dependency on incorrect information (Rainey, 1997). Our study highlighted that active engagement in public matters can provide opportunities for acquiring more information on policies that can lead to more solid observations. This requires efforts of not only citizens but also decision makers and policy developers. Policy makers should make the information transparent in each step of policy-making and ensure this information is easily accessible by citizens.

This study is a unique contribution to a relatively scarce body of literature, examining both government dysfunction and performance in one model. This allows us to examine the relationship between government dysfunction and performance, as well as the serial mechanism between civic engagement and institutional trust via government dysfunction and performance. First, our study found that increased government dysfunction is strongly related to high amounts of decreased perception of government performance. Next, the serial mechanism suggests a similar implication. Although increased civic engagement is directly related to increased institutional trust, through
government dysfunction and performance, the relationship became negative. In short, the negative effect of government dysfunction is stronger than the positive effect of government performance on institutional trust. Thus, this suggests that more efforts and strategies to deter corruption and to increase service delivery would be necessary to increase institutional trust.

Limitations

Several limitations of this study are recognized. One limitation is the use of a cross-sectional design, which limits the ability to establish a causal relationship between civic engagement and institutional trust. In other words, there may be an endogeneity issue; the relationship between civic engagement and institutional trust can be reciprocal or reverse. For example, it may be that people with higher levels of institutional trust are more likely to participate in civic activities, or that people who are not satisfied with government performance are less likely to attend civic activities (see Uslaner & Brown, 2005). Thus, further research should examine whether these findings hold true in panel data. Second, for future research, the applicability of this study should be cross-validated in other developing countries using the same data sets. Although this study contributes to the knowledge of the relationship between civic engagement and institutional trust in South Africa, it has limited generalizability to other developing countries of similar socio-economic development level and political background. Finally, due to the limitation of data availability, the specific government context of South Africa, such as African National Congress and political regime change, was not addressed.

Conclusion

Our results highlight the importance of civic engagement for institutional trust in South Africa. Additionally, civic engagement provides opportunities for citizens to be aware of government corruption and failure of service delivery. On the one hand, civic engagement also gives citizens increased perception of government performance, which ultimately increases trust towards institutions. Increased perception of government dysfunction is
Civic Engagement and Institutional Trust

strongly related to negative attitudes towards government performance. These findings are valuable for understanding the mechanisms between civic engagement and institutional trust. Based on our findings, different approaches to increasing civic engagement, such as civic education, participatory policy-making, and transparent policy making, are suggested.

References


Lam, H. (2012). Better civic engagement—how it can enhance the governance of Hong Kong (Master thesis). The University of Hong Kong, Hong Kong.


Malik, K., & Waglé, S. (2002). Civic engagement and developing: Introduc-
ducing the issues. In S. Fukuda-Parr, C. Lopes, & K. Malik (Eds.), Capi-
tality for development: New solutions to old problems (pp. 85–100).
New York: Earthscan and United Nations Development Program.
pirical investigation into the relation between political trust and
support for law compliance. European Consortium for Political Re-
search, 50(2), 267–291.
Mattes, R., Denemark, D., & Niemi, R. G. (2012). Learning democra-
Prepared for presentation at the 7th General Conference of the
European Consortium for Political Research. Bordeaux, France,
Meyer, S. B., Mamerow, L., Taylor, A. W., Henderson, J., Ward, P. R.,
& Coveney, J. (2013). Demographic indicators of trust in federal, state and
Mishler, W., & Rose, R. (2001). What are the origins of political trust?
Testing institutional and cultural theories in post-communist soci-
esties. Comparative Political Studies 34(1), 30–62.
Mishler, W., & Rose, R. (2005). What are the political consequences of
trust? A test of cultural and institutional theories in Russia. Com-
parative Political Studies, 38(9), 1050–1078.
Americas Barometer Insights Series, 35. Nashville, TN: Latin Ameri-
can Public Opinion Project, Vanderbilt University.
considerations and evidence from Mexico. Comparative Political Studies, 43(10), 1258–1285.
Murphy, K. (2004). The role of trust in nurturing compliance: A study
Newton, K., & Norris, P. (2000). Confidence in public institutions:
Faith, culture, or performance? In S. J. Pharr & R. D. Putnam
(Eds.), Disaffected democracies: What’s troubling the trilateral coun-
South Africa: What has changed? Measuring on a relative basis.
Preacher, K. J., & Hayes, A. F. (2008). Contemporary approaches to as-
sessing mediation in communication research. In A. F. Hayes, M.
D. Slater, & L. B. Snyder (Eds.), The Sage sourcebook of advanced data
analysis methods for communication research (pp. 13–54). Thousand


How the Immigration and Deportation Systems Work: A Social Worker’s Guide

Carol Cleaveland
George Mason University

Not only is the question of immigration controversial, it is complex—laden with legal nuances as well as implications for human and civil rights. This article provides an overview of what happens to an immigrant who seeks to enter the country ‘legally,’ as well as the challenges for an immigrant who enters the country without authorization. Social workers who serve immigrants may find themselves called on to advocate for clients as they traverse a labyrinthine court system. I introduce this system to help practitioners and students understand the paths to legal immigration in the United States, as well as barriers to those who cannot access this system. I explain the system to offer insight into why 11.9 million immigrants have entered the U.S. without authorization rather than attempt legal means to immigrate.

Key words: immigration, Mexico, law, legal system, Latino

The stump speeches are familiar by now. A candidate seeking public office stands before admirers arguing that illegal immigration is a scourge on the economy and a danger to communities. The speech resonates with the candidate’s followers, voters who likely think of immigrants as “illegals,” “illegal immigrants,” or “illegal aliens.” Such characterizations have been argued by sociologists to render the presence of all Latinos and foreign-born residents suspect, heightening social exclusion and enforcing the idea that all such persons should be subject to deportation (Chavez, 2007). The question of immigration is complex, laden with legal nuances and implications for human as well as civil rights. This article provides an overview of what happens to an immigrant who seeks to enter the country.
‘legally,’ as well as the challenges for an immigrant who enters the country without authorization.

As will be seen in the discussion, undocumented immigrants may be detained and/or deported. A legal permanent resident—an immigrant who has a ‘green card’ and who may hope to one day become a citizen—may also be deported if convicted of a misdemeanor. I seek to provide practitioners and students an overview of what may happen to immigrants when they must navigate the U.S. Immigration Court system. This article does not present research or strengthen theory. Rather, it is designed to help social workers and students understand the potential legal experiences of immigrant clients, with particular focus on those who cross the border without permission. To give readers an understanding of why so many enter the U.S. without permission, I describe paths to authorized immigration, including application for resident visas using the family or merit-based immigration systems.

This article encompasses the following: (1) The question of why 11.9 million people living in the U.S.—about 5 percent of the workforce—entered the country without authorization (Passell, 2015), and thus became eligible for deportation by Immigration and Customs Enforcement; (2) Obstacles to authorized entry, including a potential 20-year wait to receive a visa under the family-based immigration program; (3) The potential arrest, detaining and deporting of undocumented immigrants; and (4) Recommendations for social work practice. Though undocumented immigrants are the minority in a population of 43.5 million U.S. immigrants (Zong & Batalova, 2015), I primarily focus on those who either crossed the border without authorization or who remained here despite the expiration of their visas. Given that this population is subject to arrest, legal proceedings and possible deportation, social workers are likely to encounter them while working not only in courts and detention centers but in a variety of advocacy and faith-based organizations serving immigrants.

Unauthorized Immigration

The prospect of jobs and opportunity, the hope of escape from persistent violence in countries such as El Salvador
and Honduras, as well as the wish to join family here, may compel an immigrant to cross the U.S. border without authorization, (Massey, 2005; Zong & Batalova, 2015). Immigrants have been encouraged by the promise of jobs in construction, landscaping, house cleaning, childcare and restaurants (Hondagneu-Sotelo, 2007), work that might not be sought by Americans. As noted by Hanson (2010), half of U.S.-born adult workers had not completed a high school diploma in 1960, compared to 8 percent today. As the proportion of low-skilled native-born workers has fallen, employers continue to require work in agriculture, food processing, construction, cleaning and other low-end jobs (Hanson, 2010).

Since 2000, approximately 500,000 people have crossed the border each year without authorization (Passell & Cohn, 2009). In 2014, an estimated 66 percent of the nation’s 4.5 million undocumented immigrants were believed to have entered the United States by overstaying a visa; the remainder would have crossed the border without authorization (Warren & Kerwin, 2017). Of the nation’s total undocumented population, approximately 75 percent are Latino, with 59 percent having come from Mexico and another 18 percent from Central and South American (Passel & Cohn, 2009). Demographers note that others are from Asia (11 percent), the Caribbean (four percent) and a small minority (less than two percent) are from the Middle East (Passel & Cohn, 2009).

‘Legal’ Immigration

Americans often argue that prospective immigrants should just ‘get in line’ and enter the country legally—a process that, as will be explained below, is easier to discuss than to do. In order to support social workers’ knowledge of this process for potential advocacy, this section will focus on the restricted avenues for legal immigration. I address a common misconception in the nation’s immigration debate: the idea that immigrants have avenues to come here legally if they simply wait their turn. For all but a handful of immigrants, however, options for legal residency simply do not exist. Someone who hopes to become an immigrant has few opportunities to do so. “There is no line available for them and the ‘regular channels’ do not include
them” (National Immigration Council, 2013, para. 2). Immigrants can qualify for visas and ‘green cards’ (legal permanent residency status) through three channels: (1) meeting the need for highly skilled labor such as neurosurgery, aerospace engineering or professional sports; (2) via sponsorship by a ‘legal’ family member; or (3) by being admitted as a refugee from political, religious or ethnic persecution.

Only 140,000 work visas will be granted in 2017 (U.S. Department of State, Bureau of Consular Affairs, 2017, Table 2). Work visas may be granted to employers who prove that they face dire staff shortages. As noted by the Bureau of Consular Affairs (n.d.), these visas are typically for workers with advanced degrees in such fields as science and engineering. H1-B visas—capped at 85,000 annually—allow companies to bring in workers on a temporary basis, if they establish that Americans cannot be found to do the jobs (Park, 2015). Though these visas do not provide an avenue to permanent residency, they have become controversial because of allegations that technology companies use them to undercut U.S. worker salaries (Park, 2015).

The U.S. allows 140,000 people to immigrate with permanent employment annually, including those who fit the following criteria: Persons of “extraordinary ability” in the arts, science and education, as well as CEOs of multinational corporations (40,000 slots); persons with “extraordinary ability” who hold advanced degrees (40,000 slots); less skilled workers, not counting seasonal laborers (40,000 slots); people who will invest $500,000 to $1 million to create jobs here (10,000 slots); and another 10,000 visas for foreign service workers and religious organizations (American Immigration Council, 2016).

Low-skilled workers would not typically be able to immigrate with a work visa. Instead, they are likely to try to receive permission to live here within the U.S. family-based system immigration system. Of 4.4 million people seeking permission to permanently live here, 4.3 million have applied through the family-based system (U.S. Department of State, Bureau of Consular Affairs, n.d.). The U.S. typically admits immigrant family members at a rate of approximately 480,000 annually, a fraction of those still awaiting permission to live here (American Immigration Council [AIC], 2016). Unfortunately, this route is fraught with obstacles, including per country quota systems, as well as
priorities for certain categories of family members, such as naturalized citizens who want to bring in adult children. A legal permanent resident immigrant who wants to bring in a spouse and/or children is second on the list of priorities (AIC, 2016). A permanent resident who hopes to bring in siblings is last on the list. Since adult children of naturalized citizens are given priority for visas, an immigrant who marries a U.S. citizen is not guaranteed a visa for permanent residency.

Immigrants from countries that have a large number of people applying for visas, such as Mexico or the Philippines, are disadvantaged simply by virtue of numerical odds. A prospective Mexican immigrant has many more competitors in the per country quota system than a rival from a European state with a relatively low rate of emigration. State Department statistics show that though a spouse or child of a country with relatively few applicants may wait only three years for a visa, a sibling from Mexico will wait 20 years with no promise of ever receiving a visa. Not wanting to be thwarted by this backlog, some resort to entering the U.S. without authorization, thus becoming ‘illegal.’

While awaiting permission to enter legally, immigrants and family members are uncertain as to how long it might be before they are given a visa—or if they will even receive a visa, as one is never guaranteed. “Children who were infants at the time the permanent resident emigrated may become teen-agers before visas become available” (Hatch, 2010, p. 5). In addition, only immigrants with legal residency may try to bring family through the legal system; immigrants who came without authorization are left hoping that they can enter the country without permission (Marquez, 2012).

Sociologist Cecelia Menjívar detailed the experience of one woman whose son finally came here without authorization, via human smuggling from El Salvador:

A Salvadoran woman I interviewed in San Francisco laughed endlessly when she told me about her encounter with her son, whom she had left a child in El Salvador and had not seen in 10 years. When she went to meet him at a coyote’s house in Los Angeles, she kissed and hugged the wrong man because she could no longer recognize her own son. (Menjívar, 2006, p. 1025)
Problems obtaining asylum—granted to refugees from war and/or political, religious/ethnic persecution—also contribute to immigration without authorization. The numbers of undocumented immigrants from El Salvador, Honduras and Guatemala have increased steadily since 2010, while the rate of entry from Mexico has declined slightly in the same time period (Hanson, 2010). Fueling these demographic shifts are both an improved Mexican economy and gang crime in Central America. Gang violence has rendered Central America’s northern triangle of Honduras, El Salvador and Guatemala the most dangerous region of the world; high homicide rates stem from civil wars and political destabilization during the 1990s, as well as extreme income inequality and being located between two of the world’s largest producers (Colombia) and consumers (United States) of illegal drugs (Ribando, 2007).

A study of unaccompanied migrant children (n = 322) in El Salvador who were deported after crossing the U.S. border found that violent crime and gang threats were the strongest determinants informing decisions to emigrate (Kennedy, 2014). Though asylum claims may be granted in U.S. immigration courts to those who prove they would be subject to persecution for their religion, ethnicity or religious beliefs, statistics indicate that petitions based on criminal rather than political violence are less likely to succeed.

A review of petitions for asylum in the United States showed that while almost 46 percent of Chinese applicants were granted refuge here in 2013, less than two percent from El Salvador were awarded asylum (Executive Office of Immigration Review, 2014). As is the case for immigrants who hope to enter legally through the family-based immigration system, the possibility of admission based on petitions to escape Central America’s pervasive criminal violence is limited.

**Arrest, Detention and Deportation**

The U.S. Supreme Court ruled in 1896 that the 14th Amendment’s equal protection clause extends to foreign nationals. “The Fourteenth Amendment of the United States Constitution is not confined to U.S. citizens ... These provisions are universal in their application to all persons” (Wong v. United States). This
ruling has been upheld in subsequent Supreme Court decisions, most recently in 2001, when the court ruled that an immigrant can not be incarcerated after a deportation order has expired (Zadvydas v. Davis). But legal scholars note that, while the Supreme Court has upheld the right of undocumented immigrant children to attend public school (Pyler v. Doe, 1982), debate persists over questions about whether it is Constitutional for police to question a suspected ‘illegal’ immigrant solely on the basis of race or ethnicity.

Legal Framework

Despite 14th Amendment protections for immigrants against illegal search of homes or arrest without probable cause, all non-U.S. citizens can legally be deported. Of 485,000 immigrants deported in 2013, approximately 49,000 were legal permanent residents, those known colloquially as “green card holders” (Pew Research Center, 2014). Though a green cardholder can work legally and apply to become a U.S. citizen, he or she also may be deported for minor infractions, such as failing to notify immigration officials of a change of address. The 1996 Illegal Immigrant Reform and Immigrant Responsibility Act (IIRIRA) expanded the list of crimes for which permanent residents may be deported, including receipt of stolen property and non-violent drug charges. U.S. courts have upheld forced deportations for such crimes as possession of stolen transit passes, petit larceny, shoplifting and turnstile jumping, as these offenses were said to constitute moral turpitude (Harvard Law Review, 2015).

An immigrant may face challenges in the criminal justice system that a citizen would not. For example, a low-income immigrant charged would be provided a public defender in criminal court, but consultation with counsel to fight deportation is not provided by the justice system. The immigrant must cover those costs because immigration hearings are considered civil rather than criminal proceedings (Global Detention Project, 2010). Additionally, there are legal vicissitudes: a criminal lawyer may advise an immigrant to take a guilty plea to avoid prison time, whereas an immigration lawyer would encourage the immigrant to fight the charges to avoid deportation (Bray, n.d.).
The number of deportations per year peaked in 2013, when the U.S. deported about 438,421, more than double the total in 2001 (Pew Research Center, 2014). The deported included people who had green cards, overstayed a visa, or entered the country illegally. Less than half had a criminal conviction (Pew Research Center, 2014). An immigrant's risk of deportation depends to a large extent on the policy priorities of the President. The Obama Administration dramatically reduced deportations in 2013, after ordering the departments of Justice and Homeland Security to focus efforts on terrorists, convicted criminals, and recent undocumented arrivals (Markon, 2015).

**Border Enforcement**

Two recent policies shape what happens to immigrants at the Mexico/U.S. border, as they attempt to swim across the Rio Grande or navigate a stretch of the Sonoran Desert in Arizona so deadly the U.S. Border Patrol avoids it (Urrea, 2008). The first, Operation Gatekeeper, was designed to escalate arrests with more police and high technology military equipment, including drones. The second, Operation Streamline, seeks to increase criminal penalties for unlawful border crossing. An immigrant apprehended near the border will likely experience a different journey through the legal system than someone who is arrested by local police in New Jersey for a crime such as drunk driving, or during a raid by Immigration and Customs Enforcement at a North Carolina meat processing plant.

Operation Gatekeeper began in 1994 and since then, the U.S. has more than doubled the number of Border Patrol officers policing the borders in California, Arizona, New Mexico and Texas (Nevins, 2010). Federal appropriations for immigration enforcement have spiraled from $232 million in 1989 to $3.8 billion in 2010 (Ribando, 2014). That money is used for motion detectors, drones, towers, reinforced steel fences, video surveillance, and thermal imaging sensors, as well as officers and dogs. In addition to preventing unauthorized immigration, the Border Patrol is charged with policing drug smuggling and illegal entry by terrorists.

Immigrants who cross without authorization do so via clandestine routes, journeys made more treacherous with the
Deportation Systems

border’s militarization, as immigrants seek more remote routes in the Sonoran Desert. When Gatekeeper began, 14 immigrant deaths were reported near the Mexico/U.S. border, but by 1998, when more people began crossing through the desert to avoid arrest, 147 died (Michalowski, 2007). By 2005, as border militarization stretched from San Diego to El Paso, approximately 500 people began dying annually (Michalowski, 2007). The intensified policing is designed to deter people from attempting to immigrate, though some scholars question whether this strategy is effective, given the widespread use of human smugglers (Nevins, 2010). “Gatekeeper has pushed migrants from urban areas into more unforgiving and risky terrain and forced them to rely on high-priced smugglers ... Growing numbers of migrants perish beyond the media spotlight in the mountains and deserts of California’s border region” (Nevins, 2004, p. 80).

A second border enforcement initiative, the Department of Homeland Security’s Operation Streamline, now determines what happens to an immigrant arrested near the border. Prior to Streamline, unauthorized immigrants were given the option by Border Patrol agents to be voluntarily returned to their home countries or given the opportunity to plead their case through the civil immigration system (Lydgate, 2010). Criminal prosecution was reserved for people with criminal records, or for those who made repeated attempts at an unlawful crossing. After Operation Streamline was initiated in 2005, prosecutorial discretion was eliminated and all undocumented immigrants were required to be prosecuted in criminal civil immigration courts. The initiative’s goal is simple: to deter undocumented immigrants by treating them as criminals.

Border Patrol officers typically bring detainees to holding cells near the border; there, they are subject to expedited processing (Ribaldo, 2014). An immigrant may be moved from a holding cell to a criminal court and sent home in a single day, with a public defender who represents as many as 80 clients in a single day (Lydgate, 2010). They are tried en masse.

Men and women arrested along the border, the chains around their ankles and wrists jingling as they move, are gathered to answer to the same charges—illegal entry, a misdemeanor, and illegal re-entry, a felony. They have not had an opportunity to bathe since they set off to cross the desert;
the courtroom has the smell of sweaty clothes left for days in a plastic bag. Side by side in groups of seven as they face the bench, they consistently plead guilty to a lesser charge, which spares them longer time behind bars. The immigration charge is often their only offense. (2014 February 11, The New York Times)

Once convicted, a sentence of up to six months may be imposed for a single entry; an immigrant who has crossed illegally more than once could face up to 20 years in prison. People incarcerated under these circumstances spend an average of four to 72 days in prison until being transferred to custody of Immigration and Customs Enforcement for deportation or an asylum hearing (Global Detention Project, 2010).

Human rights organizations are advocating against the expedited reviews, arguing that detainees who need to petition for asylum are often not provided the opportunity to do so (Puhl, 2015). Legal scholar Emily Puhl described an immigrant who was ‘processed’ through expedited removal: A 51-year-old woman fled her home in Mexico City following her husband’s efforts to kill her. In the first attempt, he set her on fire. The second time, he tried to run her over with a truck. The woman paid a coyote for a falsified green card, which she showed to a U.S. customs official as she attempted to enter the U.S. near Ciudad Juarez. She begged a border patrol officer and a detention center nurse for an interview to apply for asylum. She was denied the hearing and returned to Ciudad Juarez following her 4-month incarceration for fraudulent use of a document. Still afraid that her husband would kill her, she tried again to cross into the U.S., only to be arrested. After spending another 10 months in federal prison, she succeeded in her request for an asylum hearing, finally winning her case 11 months later with the help of a pro bono attorney from a local nonprofit. She was awarded asylum based on her persecution as the wife of a violent husband in Mexico (Puhl, 2015).

Border Patrol officers have been known to disregard the credible fears voiced by border crossers, preferring instead to send them back to their dangerous homes. This results in frustrating situations like (the woman’s) where refugees are convicted of non-violent crimes, serve significant time
in prison, face subsequent removal, and later must meet a higher legal standard to qualify for refugee protection in the United States. (Puhl, p. 89)

**Interior Enforcement**

Undocumented immigrants often consider themselves to be at less risk for apprehension once they migrate northward from the border and its heavy law enforcement. An immigrant can still be arrested, detained, and deported, however, through enforcement tactics such as workplace raids. These are controversial because of fear and family disruptions. Social workers and agencies have found themselves facing obstacle courses while trying to ensure safety for immigrant children following raids. In 2007, Massachusetts child welfare workers went to extraordinary lengths to reunite children with parents following an Immigration and Customs Enforcement (ICE) raid that apprehended 350 allegedly undocumented workers (Padilla, Shapiro, Fernandez-Castro, & Faulkner, 2008). Teams of bilingual workers flew to detention centers in Texas to advocate for the release of detainees who were primary caregivers of children. Even with the reunification of 90 detainees with children, local social service and community-based organizations found themselves “ill-prepared for the devastating impact” of the raid (Padilla et al., 2008, p. 7).

Earlier this year, the Trump Administration ordered ICE to conduct raids in Los Angeles, Chicago, Atlanta, San Antonio, and New York, among other U.S. cities; 21,362 people were arrested between January and March, which compares to 2,500 arrested for deportation during that same period in 2016 (Sheth, 2017). Though President Trump claimed the raids targeted criminals with serious records, half of the detained had no criminal records or traffic records (Sheth, 2017).

As a department under the Department of Homeland Security, ICE is part of Executive Branch of the U.S. government, and therefore the President dictates enforcement priorities. Under a program called “Secure Communities,” President Obama focused ICE efforts on identifying inmates in U.S. jails who may be in the country without authorization. An immigrant who is arrested for any charge, ranging from a misdemeanor assault (a
bar fight, for example) or a serious felony, could face deportation as well as a criminal penalty. Jails in municipalities in the program submit inmates’ fingerprints to immigration databases as well as criminal databases, which allows ICE access to information on people who have been charged with a crime.

Immigration rights advocates objected to Secure Communities because many who were deported had only immigration violations and no criminal convictions (American Immigration Council, 2011). Secure Communities was stopped in 2014 and replaced with the Priority Enforcement Program. Under the modified program implemented in 2015, ICE is supposed to prioritize deportation/removal of immigrants convicted of a serious crime or who pose a threat to national security. The U.S. deported 409,849 in 2012 compared to 315,943 in 2015 (ICE, 2015). The ratio of people with criminal convictions to immigration violations rose in that period as well: from 55 percent in 2013 to 59 percent in 2015 (ICE, 2015).

Detention

Thirty-thousand immigrants are detained daily in U.S. jails and detention centers—six times the number incarcerated 20 years ago (IHRC, 2008). The United States spends $5.5 million daily for immigration incarceration, for a total $2 billion annually (National Immigration Justice Center, n.d.). To understand how the detention system may affect even an immigrant with legal permanent residence (a green card), this section will begin with discussion of a case study recently analyzed in the Harvard Law Review (2015). Robert Cuellar-Gomez, who was admitted to the U.S. as a legal permanent resident in 1992, twice pled guilty to misdemeanor marijuana charges. Following the second conviction in 2008, the Department of Homeland Security initiated removal proceedings. He spent four years in a detention center as he challenged the initial ruling through appeals in the immigration court system before deportation in 2012. The 1996 Illegal Immigrant Reform and Immigrant Responsibility Act (IIRIRA) permits releasing immigrants to await adjudication only in very rare circumstances; otherwise, they are to be incarcerated as they await immigration court hearings (Harvard Law Review, 2015). Cases such as Cuellar-Gomez’s are now fairly common
and explain why the U.S. is spending more money than ever to incarcerate immigrants.

Once incarcerated, an immigrant may be housed in one of 13 ‘Criminal Alien Requirement’ detention facilities (American Civil Liberties Union [ACLU], 2014). Human and legal rights advocacy organizations are alarmed by the length of incarceration for immigrant defendants, as well as the conditions and treatment in detention (ACLU, 2014). An immigrant may also be encouraged to sign a voluntary consent to return, which leads to deportation without seeing a judge. Advocates are concerned that immigrants have been pressured to sign these documents without understanding them.

As noted above, a substantial proportion have no criminal record; they are being held while advocating to be allowed to remain in the United States as refugees from violence or persecution. An analysis using an ICE database found 32,000 inmates being housed in ICE detention facilities on Jan. 25, 2009 (Kerwin & Lin, 2009). The Associated Press investigation showed that 18,690 had no criminal conviction, not even for minor crimes such as trespass or illegal re-entry to the U.S. Four hundred of the non-criminal detainees had been incarcerated for more than one year. Noncriminal detainees had been held for a mean of 65 days. Immigration statutes and regulations do not establish any limits to the period of time a non-citizen may be held in immigration detention (Global Detention Project, 2010). In other words, an immigrant faces the risk of being held for a lengthy stay, despite a clean record.

Seventy percent (18,990 of the 32,000) of the detained immigrants were held in cells leased by ICE at local jails and state prisons. The others were in ICE detention facilities, which are leased for-profit private prisons. Though some with criminal convictions included very serious crimes, such as homicide (n = 156) and sexual offenses (n = 430), more were being held for driving offenses (n = 1,738) and immigration offenses (n = 812) such as fraud or reentry. (source??)

In June 2015, the Associated Press reported that among those being held in leased detention were 5,000 children with family members. More than half the children were newborns to age 6 (Human Rights First [HRF], p. 1). Families are petitioning for asylum as they flee Central America; Honduras
and El Salvador have the world’s the highest homicide rates, as well as cities controlled by gangs (HRF).

Advocacy organizations have filed lawsuits seeking to end family incarceration as they await asylum hearings. In July 2015, 29 members of the House of Representatives wrote the Department of Homeland Security demanding an investigation of the for-profit prison provider, GEO Group Inc., for allegations of medical maltreatment and neglect at detention centers. One man who had been detained five years died of intestinal cancer, a condition that had not been diagnosed until three days prior to his death (U.S. Congress, p. 1). The Representatives noted that a partially paralyzed inmate developed an infection after he was instructed by medical staff to reuse his catheters—an unsanitary practice. Hunger strikes and one riot have erupted as inmates complained of being forced to eat spoiled food, some of it infested with insects, as well as suffering verbal and physical abuse by guards (U.S. Commission on Civil Rights, 2015). In short, an immigrant who seeks asylum as she escapes violence in Honduras or El Salvador may endure months of harsh conditions in a U.S. detention center or jail.

Discussion: Implications for Practice

Despite discourse to the contrary, an immigrant does not have an easy road to legal status and incorporation into the United States. Social workers need to be aware that when working with families, many may be of ‘mixed status’—which means that some immigrants in a family may be naturalized citizens, legal permanent residents, holders of temporary visas, or may be undocumented. By understanding immigration law, a social worker could advise an immigrant who has been arrested to consult an immigration attorney before deciding whether to accept a guilty plea. Social workers are also advised to take detailed information on families to find out if a relative is being held in detention (National Association of Social Workers [NASW], 2011). In these cases, a social worker could assist the family in finding affordable or pro bono legal counsel, since an attorney is not provided for immigration court proceedings. Clients may need to be informed that relatives can assist an inmate by putting money in an account to make purchases from
Deportation Systems

the detention center or jail canteen. Families may not know that an inmate can make collect calls. Relatives may also be in duress because they do not know where a loved one is being incarcerated. In that case, social workers may assist by searching ICE’s online prisoner locator website. However, if an immigrant is being incarcerated in a jail, he or she will not appear in the locator. It is then up to the social worker to help the family to call local jails and prisons for that information.

In addition, immigrant families may be coping with severe disruption if a parent has been detained.

When parents are held in detention, the subsequent family separation poses great risks for their children. Whether as a result of witnessing their parents’ arrest or simply not understanding why their parents cannot come home, children are likely to face multiple consequences when separated from their primary caregivers. Children experience emotional trauma, safety concerns, economic instability, and diminished overall well-being. This can lead to interruptions in these children’s schooling, depression, aggression and rebellion. (NASW, 2011, pp. 1–2)

Additionally, child welfare workers may need to advise family court judges why a parent may not be able to appear for a custody hearing (NASW, 2011).

In its position paper on immigration law and detention, NASW (2011) encouraged social workers to discuss the issues of immigration and detention with other practitioners as well as the community to raise awareness, and to form or join grassroots coalitions to advocate for improved conditions in detention centers and jails. Finally, NASW noted that the Code of Ethics (1999) applies to social workers with the following imperatives: (1) Social workers are ethically obligated to engage in social and political action to ensure that all people have access to resources, employment and opportunity to develop fully; and (2) Social workers are ethically obligated to ensure that no group is subject to discrimination based on race, ethnicity, origin or immigration status. Thus, social workers have an ethical imperative to advocate for broader policy reforms to ensure that immigrants have paths to legalization in the United States.
References


Immigrant Health Disparities: 
Does Neighborliness Improve Health?

Kofi Danso

Minnesota State University—Mankato

Using data from the California Health Interview Survey, this cross-sectional study examined the differential role of neighborhood social capital and other socio-demographic variables in predicting the health of immigrants and native-born Americans. The results revealed a statistically significant association between age, marital status, and poverty level, English proficiency, education and employment, self-reported health, and immigrant and non-immigrant status. With the exception of neighborhood trust, neighborhood social capital indicators such as social cohesion, neighborhood safety, and civic participation were found to significantly predict both immigrant and non-immigrant health. Neighborhood trust was significant for non-immigrants, but was not predictive of immigrant health. This study emphasizes the importance of neighborhood social interactions as vital to individuals’ health and well-being.

Migrant movements and transnational migration globally continue to influence population dynamics of most countries, including the United States. The population of immigrants in the United States is projected to grow from 40 million in 2010 to 81 million by 2050 (Grieco et al., 2012). The vulnerability of immigrants (see Aday, 2001; Derose, Escarce, & Lurie, 2007; Finch, Kolody, & Vega, 2000; Timmins, 2002), coupled with the potential consequences of their social environment, makes it imperative that we explore further the impact of social capital, particularly neighborhood social capital, on their health outcomes and disparities. Similarly, the growing ethnic diversity resultant from the increasing immigrant population in the U.S. offers a unique opportunity to explore the impact of social capital on diverse groups of people (Arneil, 2006; Putnam, 2007) and their health.
The application of social capital framework is relevant in this study since most immigrants may not have their families, friends, neighbors, and other networks as they used to have in their countries of origin, thereby increasing the tendency for isolation, coupled with the stress associated with migration and acculturation (Kao, 2004; Lassetter & Callister, 2009). As a result, immigrants may have fewer obligations or expectations, less information, and different social norms associated with relationships and networks (Kao, 2004) in their host country. Available studies on heath disparities demonstrate that race, ethnicity, socioeconomic status, and nativity influence the health and treatment of individuals and families, especially in a multicultural society like the United States (Danso, 2016; Isaacs & Schroeder, 2004; Keppel, 2007; Lasser, Himmelstein, & Woolhandler, 2006; Smedley, Stith, & Nelson, 2002). Even though social capital may be useful for any population, limited studies exist on social capital and immigrant health as compared to their native-born counterparts (Zhao, Xue, & Gilkinson, 2010). Again, less research has been conducted to understand the broad spectrum of neighborhood social connections involved in the complex mix of social determinants and their relationship to immigrant health disparities. Therefore, this study applied neighborhood social capital theory as a conceptual framework.

Neighborhood Social Capital and Health Outcome

In this study, we examined the role of neighborhood social capital on immigrant and non-immigrant health. Specifically, this conceptual framework suggests that immigrants and non-immigrants with limited or no neighborhood social capital (i.e., lower or negative) are more likely to have poor health outcomes compared with those with higher or positive neighborhood social capital. This perspective recognizes that the health of individuals cannot be understood only through the biomedical model, but rather it should incorporate a better understanding of the local context and the quality and quantity of social network interactions available.

Broadly speaking, the concept of social capital, according to Dasgupta (2000), is a multifaceted phenomenon that can be considered a public good with the potential to positively influence
health outcomes. Social capital is the quality and quantity of social interactions experienced by individuals in the family and neighborhood or community (Coleman, 1990; Putnam, 1993). Community-based or neighborhood social capital is traceable to the early works of Bourdieu (1986), Coleman (1988), and Putnam (1993, 2000). The use of neighborhood social capital is grounded in the original conceptualization of Bourdieu’s (1986) postulation of the relevance of neighborhoods or community as a resource available to individuals because of their membership to a group or social networks.

According to Coleman (1988) and Carpiano (2007, 2008), community or neighborhood social capital resides outside of the family and exists in geographically bounded locations. These are ties or interrelations between individuals and families in communities. The consideration of neighborhood social capital suggests that in addition to community socio-economic and physical characteristics, the social interactions of individuals and families in neighborhoods are equally important determinants of individual’s health and functioning (Carpiano et al., 2008; Halpern, 2005; Kawachi, Subramanian, & Kim, 2008; van Hooijdonk, Droomers, Deerenberg, Mackenbach, & Kunst, 2008). These group-level social norms are characteristic of civic participation, and a sense of reciprocity and trust that are reinforced through social interactions in the community (Putnam, 2000).

In two major studies using the Longitudinal Survey of Immigrants to Canada, Zhao (2007) and Zhao, Xue, and Gilkinson (2010) found that recent immigrants with a network and social support of friends had a decreased risk of health status decline. The findings of Zhao, Xue, and Gilkinson (2010), in particular, indicated that social capital in the form of friendship networks, density, ethnic diversity of friendship, membership in groups and organizations, and existing family ties during the initial four years after arrival had significant positive relationships to the health of immigrants. Newbold (2009) found that recent economic immigrants’ health starts to decline two years after arrival, though it is better than that of refugees. However, social group membership and having family and friends in close proximity was not found to be significant in his research. Immigrants who engaged in monthly social interactions with family and friends were less likely to report poor health, compared
to diminished health for those whose contact was less than a monthly interval. Newbold’s study certainly pointed to the fact that not all social interactions have positive health outcomes.

Using the Los Angeles Family and Neighborhood Survey for a study grounded in Bourdieu’s formulation and theoretical foundation, Carpiano (2007, 2008) found that specific forms of social capital (i.e., neighborhood social support, social leverage, informal social control, and neighborhood organization participation) have different health behavior and health outcomes. In a cross-sectional investigation using a national representative sample, Mohnen, Groenewegen, Völker, and Flap (2011) found a positive association between neighborhood social capital and individual health. In their study, the relationship of social capital was particularly profound for individuals residing in urban neighborhoods. In a recent study, Carpiano and Hystad (2011) also demonstrated that although the measure of a sense of community was associated with measures of network-based social capital, neighborhood network-based social capital was significantly associated with the health and mental health of urban residents as compared to rural residents. This was particularly the case when dealing with the number of people that individuals know in a community.

One of the elements that is considered as a function of social capital is neighborhood safety. Scholars have explored the usefulness of perceived neighborhood safety on health. In a study of neighborhood life, social capital, and health, researchers found that neighborhood safety was related to physical and mental health (Ziersch, Baum, MacDougall, & Putland, 2005). A similar result was found in a study conducted by Baum, Ziersch, Zhang, and Osborne (2009). They found that differences in place of residence contributed to health disparities of residents, especially considering residents’ perception of neighborhood safety and cohesion. Furthermore, in a cross-sectional study of the association between neighborhood social capital and mortality, Lochner, Kawachi, Brennan, and Buka (2003) found that factors such as trust, reciprocity, and civic participation were associated with lower neighborhood death rates after controlling for material deprivation.

Recognizing the growing interest in social determinants of health and health disparities, we explored neighborhood social
capital such as neighborhood civic engagement, neighborhood trust, neighborhood safety, social cohesion, and its potential impact on health outcomes. Our investigation was grounded in the socio-environmental or ecological perspective espoused in social science research. This perspective emphasizes the contributory role of the various influences within the social environment on human behavior (Haight & Taylor, 2006).

Therefore, our investigation had two main objectives: (a) to examine the influence of neighborhood social capital on health; and (b) to ascertain whether the health effects of the various dimensions of neighborhood social capital vary with immigrant status (i.e., immigrant or non-immigrant).

Methods

Data for this study were from the 2011–2012 California Health and Interview Survey (CHIS) Public Use Files, which is a biannual cross-sectional population-based health survey of non-institutionalized population residing in California. Participants in the CHIS were randomly selected using a random-digit dial (RDD) telephone survey of about 42,935 adults using a multi-stage sample design. The sample for this study consisted of 25.9% (11,134 participants) immigrants and 74.1% (i.e., 31,801 participants) non-immigrants.

Measures

The outcome measured for this study was self-reported health. The self-rated health status was related to the question: “Would you say that your health is excellent, very good, good, fair, or poor?” This was measured using a 5-point Likert scale response from “excellent” (5) to “poor” (1), with the least score denoting the worst health; this was used as an ordinal variable.

Age, race, gender, education status, immigrant status, and poverty levels provided some socio-demographic information on respondents. Age of the respondents was categorized into an age distribution, such as 18–24, 25–49, 50–64, and 65 and above. Race was categorized into the following dummy variables: White (reference group), African Americans, Asian, and Hispanic. Gender was measured as female (reference group) or
male. Educational attainment was measured based on five categories. Each of the educational levels was coded as dummy variables: less than high school diploma (reference group), high school diploma, bachelor’s degree, and education beyond bachelor’s degree. The poverty level test measured family income as a percent of federal poverty line (FPL), which was income to poverty ratio based on the federal poverty line (i.e., at or below and above federal poverty line). These were grouped into four levels: 0–99% (reference group), 100%–199%, 200%–299%, and 300% or more. Other independent variables included the following: respondent’s employment status (employed or not employed), whether the participant was insured (yes or no), whether the participant spoke English (yes or no), and marital status (married or not married).

The main independent variable is neighborhood social capital, which consists of multiple dimensions and questions related to respondents’ perception of their neighborhood such as neighborhood safety, neighborhood trust, social cohesion, and civic engagement or participation. For neighborhood safety, respondents were asked the question “Do you feel safe in your neighborhood all of the time, most of the time, some of the time, or none of the time?” The item related to social cohesion and a sense of reciprocity was, “People in my neighborhood are willing to help each other.” With regard to neighborhood trust, participants responded to, “People in this neighborhood can be trusted.” The responses to these items were scored using a 4-point Likert-type scale with: strongly agree = 4, agree = 3, disagree = 2, and strongly disagree = 1. These responses were recoded for the highest value to constitute higher neighborhood social capital, with the exception of civic engagement or participation.

There was also a question related to participants’ civic participation in their community. Respondents were asked, “In the past 12 months, have you done any volunteer work or community service that you have not been paid for?” The response to this question was either yes (1) or no (0). Similar to other studies conducted in the past, this study uses these dimensions of neighborhood social capital as individual measures, rather than as a composite measure (see Alegria, Sribney, & Mulvaney-Day, 2007; Carpiano, 2007, 2008; Putnam, 2000) since there is no single agreed upon measure of the construct.
Results

Univariate analyses were conducted on the characteristics of immigrants and non-immigrants (i.e., native-born) on all the variables in the study using SPSS software version 22.0. The descriptive statistics of participants in the study are shown in Table 1. Table 1 shows that for immigrants, the typical respondent in this study was female (59.0%), between 25–49 years of age (42.0%), mostly Hispanic (35.6%) with good health (31.0%), and most of them were married (59.2%). Additionally, most immigrants in the study had a college degree or higher (38.9%). About 33.6% of immigrants had an income greater than or equal to 300% of the federal poverty line, with 53.2% of the respondents employed. Over half (53.9%) of the immigrants were proficient in the English language. Non-immigrants were predominately White (75.9%), 65 or older (35.9%), with very good health (34.5%). The majority of the non-immigrants were females (58.2%), and most of them (59.4%) had an income greater than or equal to 300% of the federal poverty line. Among non-immigrants, about 46.4% and 49% were married and employed, respectively.
Table 1. Sample Characteristics by Immigrant Status (n=42,935)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Category</th>
<th>Immigrants 11,134 (25.9%)</th>
<th>Non-immigrants 31,801 (74.1%)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-rated health</td>
<td>Excellent</td>
<td>1588 14.3</td>
<td>6142 19.3</td>
<td>***</td>
</tr>
<tr>
<td></td>
<td>Very Good</td>
<td>2369 21.3</td>
<td>10968 34.5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Good</td>
<td>3520 31.6</td>
<td>9056 28.5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fair</td>
<td>2778 25.0</td>
<td>4011 12.6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Poor</td>
<td>879  7.9</td>
<td>1624  5.1</td>
<td></td>
</tr>
<tr>
<td>Race</td>
<td>White</td>
<td>2228 20.0</td>
<td>24148 5.9</td>
<td>***</td>
</tr>
<tr>
<td></td>
<td>Asian</td>
<td>3363 30.2</td>
<td>190 2.8</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Black</td>
<td>163  1.5</td>
<td>19166 6.0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hispanic</td>
<td>3962 35.6</td>
<td>2491 7.8</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other race</td>
<td>1418 12.7</td>
<td>2356 7.4</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>18–24</td>
<td>519  4.7</td>
<td>2514  7.9</td>
<td>***</td>
</tr>
<tr>
<td></td>
<td>25–49</td>
<td>4674 42.0</td>
<td>7707 24.2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>50–64</td>
<td>3244 29.1</td>
<td>10162 32.0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>65+</td>
<td>2697 24.2</td>
<td>11418 35.9</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>Female</td>
<td>6570 59.0</td>
<td>18517 58.2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>4564 41.0</td>
<td>13284 41.8</td>
<td></td>
</tr>
<tr>
<td>Marital status</td>
<td>Not married</td>
<td>4540 40.8</td>
<td>17034 53.6</td>
<td>***</td>
</tr>
<tr>
<td></td>
<td>Married</td>
<td>6594 59.2</td>
<td>14767 46.4</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>Less than high school</td>
<td>3463 31.1</td>
<td>1648 5.2</td>
<td>***</td>
</tr>
<tr>
<td></td>
<td>High school</td>
<td>2288 20.5</td>
<td>7445 23.4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Some college</td>
<td>1052  9.4</td>
<td>5914 18.6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>College/higher</td>
<td>4331 38.9</td>
<td>16794 52.8</td>
<td></td>
</tr>
<tr>
<td>Employment status</td>
<td>Not employed</td>
<td>5216 46.8</td>
<td>16208 51.0</td>
<td>***</td>
</tr>
<tr>
<td></td>
<td>Employed</td>
<td>5918 53.2</td>
<td>15593 49.0</td>
<td></td>
</tr>
<tr>
<td>Insurance coverage</td>
<td>No insurance</td>
<td>2415 21.7</td>
<td>2864  9.0</td>
<td>***</td>
</tr>
<tr>
<td></td>
<td>Insured</td>
<td>8719 78.3</td>
<td>28937 91.0</td>
<td></td>
</tr>
<tr>
<td>Federal poverty line</td>
<td>Less than 100% of FPL</td>
<td>3049 27.8</td>
<td>3178 10.0</td>
<td>***</td>
</tr>
<tr>
<td></td>
<td>100–199% of FPL</td>
<td>2886 25.9</td>
<td>5028 15.8</td>
<td></td>
</tr>
<tr>
<td></td>
<td>200–299% of FPL</td>
<td>1418 12.7</td>
<td>4690 14.7</td>
<td></td>
</tr>
<tr>
<td></td>
<td>300% of FPL</td>
<td>3736 33.6</td>
<td>18905 59.4</td>
<td></td>
</tr>
<tr>
<td>English proficiency</td>
<td>Not proficient</td>
<td>5132 46.1</td>
<td>124  0.4</td>
<td>***</td>
</tr>
<tr>
<td></td>
<td>Proficient</td>
<td>6002 53.9</td>
<td>31677 99.6</td>
<td></td>
</tr>
</tbody>
</table>

*p<0.05, **p<0.01, ***p<0.001
Estimations of averages and standard deviations of the neighborhood social capital variables were considered. Each of them ranged from 1–5, where the higher numbers indicated stronger agreement or endorsement of the item, with the exception of civic engagement (for which respondents either participated in a civic activity or not). Immigrants reported a mean score of $3.31 (SD = 0.80)$, $2.91 (SD = 0.67)$, and $2.91 (SD = 0.68)$ on neighborhood safety, trust, and social cohesion respectively, with a range of 1–4. A small number of immigrant respondents (29.5%) participated in civic activities in their neighborhoods. With regard to the neighborhood social capital dimensions, non-immigrants had slightly higher mean scores of $3.45 (SD = 0.67)$, $3.11 (SD = 0.69)$, and $3.14 (SD = 0.69)$ on neighborhood safety, trust, and social cohesion respectively. About half of the participants (49.6%) engaged in civic activities in their neighborhoods.

Again, chi-square and one-way analysis of variance (ANOVA) tests were conducted to compare immigrants and non-immigrants on sample characteristics. A chi-square test of independence was performed to examine the relation between gender and health. The relation between these variables was not significant, $\chi^2(5, N = 42,934) = .79, p = .793$. A chi-square test of independence was performed to examine the relation between marital status and health. The relation between these variables was significant, $\chi^2(5, N = 42,934) = 94.65, p < .001$. Those who were married reported fewer health conditions compared to those not married. A chi-square test of independence was performed to examine the relation between employment status and health. The relation between these variables was significant, $\chi^2(5, N = 42,934) = 3166.88, p < .001$. Those who were employed reported better health than those unemployed. Also, a chi-square test was performed to examine the relation between having insurance and overall health. The relationship between these variables were significant, $\chi^2(5, N = 42,934) = 666.39, p < .001$. Individuals who had insurance reported fewer health conditions.

Additionally, ANOVA procedures were used to determine any statistically significant difference between the two groups based on immigrant status. An analysis of variance showed significant difference for health $F(5, 42,929) = 67.998, p < 0.001$, income $F(3, 42,931) = 1198.105, p < 0.001$, race $F(4, 42,930) = 5940.62, p < 0.001$, age $F(3, 42,931) = 477.58, p < 0.001$, and education $F(3,
42,931) = 2073.65, \ p < 0.001. Post-hoc tests (least squared difference) comparing differences between the two groups revealed that immigrant and non-immigrant health disparities were significant. Broadly speaking, the chi-square and ANOVA results suggest that immigrants have health disadvantages compared to non-immigrants.

Hierarchical linear regression analyses were undertaken separately for immigrant and non-immigrant subgroups with results summarized in Tables 2 and 3. Each multivariate analysis had two models. The neighborhood social capital dimensions were entered last to allow for the observation of any significant contribution to the model. In Table 2, Model 1 of the hierarchical multiple regression analyses indicated a positive association between younger age, especially for individuals 18–24 (\( \beta = 0.12, \ p < .001 \)) and 25–49 (\( \beta = 0.14, \ p < .001 \)), and very good to excellent health among immigrants, compared to their counterparts who were 65 or older.

Immigrants between the ages of 50–60 years were not found to have significantly better health than those 65 or older. With regard to race/ethnic groups, Asian (\( \beta = -0.12, \ p < .001 \)), Hispanics (\( \beta = -0.06, \ p < .001 \)), and other racial groups (\( \beta = -0.04, \ p < .001 \)) were found to have negative health compared to Whites (i.e., European origin). Also, married immigrants (\( \beta = 0.04, \ p < .001 \)) reported better health. Similarly, immigrants with higher education (\( \beta = 0.16, \ p < .001 \)) had better health than those with less than high school diploma.
Immigrants who were employed (\( \beta = 0.11, p < .001 \)) had better health compared to those who were unemployed. The study also found that proficiency in the English language (\( \beta = 0.18, p < .001 \)) and an income greater or equal to 300% above the poverty line were significant predictors of better health among immigrants, compared to immigrants who were not proficient in English and had an income less than 100 percent of the federal poverty line. Surprisingly, health insurance coverage was not found to be a
significant predictor of immigrant health. Also, gender was not a predictor of immigrant health. Model 1 of Table 2, which has individual-level demographic and socioeconomic information, explained about 27% of the variance in immigrant health. Again, for immigrants, the inclusion of the neighborhood social capital variables such as social cohesion ($\beta = 0.05, p < .001$), neighborhood safety ($\beta = 0.08, p < .001$), and civic engagement ($\beta = 0.07, p < .001$) in Model 2 were found to have significant associations with immigrant health disparities. Neighborhood trust ($\beta = 0.02, p < .05$) was moderately associated with immigrant health with the overall Model 2, and explained about 28% of the variance in immigrant health disparities. Overall, both Models 1 and 2 were found to be positively associated with immigrant health disparities.

Generally, for non-immigrants, most of the socio-demographic variables were found to be statistically significant for their health, as seen in Model 1. Among U.S.-born citizens, race and age were found to be significant. Likewise, employment status ($\beta = 0.16, p < .001$), insurance coverage, marital status ($\beta = 0.06, p < .001$), and gender ($\beta = 0.04, p < .001$) were found to be significant predictors of health disparities of U.S.-born citizens. Similar to immigrants, higher levels of education were predictive of the health of native-born Americans. Compared to individuals with less than a high school diploma, those with a high school diploma and higher had better health (i.e., high school diploma ($\beta = 0.09, p < .001$), some college ($\beta = 0.10, p < .001$) and college or higher ($\beta = 0.20, p < .001$), as shown in model two. Poverty levels contributed significantly to the determination of the health of native-born Americans in both Models 1 and 2. Model 1 explained about 15% of the variance in the health of non-immigrants. The addition of neighborhood social capital variables (social cohesion, neighborhood trust, neighborhood safety, and civic engagement) in Model 2 helped to explain 18% of the variance in non-immigrant health disparities. Both models one and two were found to be statistically significant.

Discussion

The purpose of our study was to examine the role of neighborhood social capital in predicting the self-rated health of immigrants and non-immigrants simultaneously. Our results
indicated a number of relevant findings that illustrated the importance of neighborhood social capital on the health of immigrants and non-immigrants, and the overall systematic differences in the pattern and magnitude in health disadvantage that existed between the two subgroups. It further clarified the health and social environment nexus for shaping the development of policies and programmatic interventions to minimize health disadvantage. The initial findings from the
chi-square and ANOVA analyses indicated major differences between immigrants and non-immigrants on a number of socio-demographic and neighborhood social capital dimensions, such as social cohesion, neighborhood trust, safety, and civic engagement. More importantly, immigrants were found to have poorer health compared to non-immigrants. 

Among the various dimensions of neighborhood social capital, civic engagement, neighborhood safety, and social cohesion were found to play predictive roles in the health of both immigrants and non-immigrants. Certainly, individuals who contribute to their community through civic engagement activities had a stake in the community, which consequently positively impacted their health. These kinds of community engagements may be directed toward projects that are health-promoting for community members. The profound impact of a safe neighborhood on the health of non-immigrants was consistent with previous studies (Baum et al., 2009; Macintyre & Ellaway, 2000). Safe neighborhoods certainly make it easier for neighbors to interact and enjoy each other’s company. However, a dangerous or unsafe neighborhood may breed suspicion, fear, and lack of trust, and have the tendency to limit physical activity of neighbors even on pavements in the neighborhood, including playing with kids or gardening.

Conversely, neighborhood trust had differential health impacts on immigrants and non-immigrants. Trust was not a significant predictor of immigrant health disparities; however, for non-immigrants it was found to be significant. A plausible explanation is, when immigrants live closer together in immigrant enclaves, they may naturally gravitate toward each other, especially based on country of origin, for emotional help and support. Therefore, the issue of trust and its impact is neutralized, since immigrants do not see trust as a problem. Trust may have the potential to minimize neighborhood tensions and intergroup hostility. Neighborhood trust demonstrates the potential willingness on the part of neighbors to cooperate on matters of mutual importance, including sharing health-promoting information and issues that are related to individuals and their families. Neighborhood trust of one another may be important for mobilizing community resources for health improvement. In our study, we pointed to neighborhood environment as an
essential social determinant of immigrant and non-immigrant health and health disparities.

Another interesting finding was the fact that English language proficiency was found to be positively associated with immigrant health disparities, but not for native-born Americans. That is, for immigrants, lack of English language proficiency exacerbated health disparities. As a result, programs should be geared toward improving the English fluency of immigrants to minimize health disadvantage. The economic conditions of respondents were also significant for both immigrant and non-immigrant health disparities. The disproportionality of poverty among immigrant and non-immigrant families had an alarming consequence for their future health. Having employment and income above the federal poverty line had a significant effect on health disparities for both immigrants and non-immigrants. Therefore, improving services for poor families to improve their conditions is vital for counteracting the harmful effect of poor socio-economic status on health.

As expected, we unearthed health differentials between and within groups (i.e., racial and ethnic groups), suggesting drastic public health policy measures to be taken to bridge or reduce health inequalities among groups. This was consistent with previous research where researchers found health disparities among racial or minority groups in the U.S. using different variables (Williams & Mohammed, 2013). Unfortunately, many members of our society are not aware of the existence of such disparities among populations (Benz, Espinosa, Welsh, & Fon-tes, 2011), or are not inclined to take appropriate action toward resolving the problem.

A fair and just society is impossible when there is prolonged unequal distribution of health among the population based on race, socio-economic status, national origin or gender. For immigrants, the situation becomes complex, since their health outcomes are intermingled not only with health insurance coverage, poverty, social isolation, and welfare, among others, but also with the prevailing social conditions or interactions in neighborhoods. The embeddedness of health in social interactions and networks is pertinent to social science, and has important implications for social and community psychology, public health practice, and research. Indeed, immigrant status
should not be a criterion in determining who is attended to with respect to health policies and programmatic interventions. This is due, in part, to the fact that an immigrant today could become a citizen in the future with a disproportionate burden of disease and/or chronic illness; this would have the potential to escalate health care costs.

Changing health outcomes through effective community interventions is a vital component of social work public health, and therefore understanding the full spectrum of influences is important. From a practice perspective, one can argue that programs and services for the promotion of health and reduction of risk behaviors have to be directed at population groups with the most need, while at the same time they need to reinforce the protective factors that contribute to the betterment of health conditions. More importantly, neighborhood social capital should be maximized through the development of health education and promotion programs and interventions. Equally important is addressing interpersonal factors within neighborhoods known to influence health outcomes, since peers and other environmental factors have a tendency to influence immigrants about healthy choices.

The differences in health based on immigrant status highlights the need to intensify public health educational activities on diseases and health in immigrant communities to promote behavior change for better overall health outcomes. Such educational activities should target health improvement and eventually to reduce the rate of health risk behaviors such as smoking, alcohol consumption, drug and substance abuse, poor nutrition, exercise, etc. Public health education should help improve the flow of, and access to, information and resources. These efforts must be grounded in cultural competency, especially with immigrants, to avoid cross-cultural miscommunication. There should also be programs and services to improve the socio-economic conditions of families for better health.

In summary, any approach intended to modify behavior and improve health through social interventions and programs should take into consideration the social environment and ways to improve social networks in communities. This is in consonance with the ecological model, which presupposes that health disparities can be attributable not only to biological and genetic
functioning and predispositions, but also to behaviors, social networks, relationships, and the environment, thereby influencing the health of individuals, families, and communities. Consequently, development of community-based or place-based interventions can be helpful for specific health promotional activities. Tapping into the social capital in neighborhoods can contribute to minimizing the health disadvantages among that specific population.

**Limitations**

Our study had some limitations. Our design was cross-sectional and therefore, the findings do not allow causal inferences to be made. Using a longitudinal study may expand our understanding of the direction and long-term consequences of neighborhood social capital on health, which our study did not offer. Similarly, because data for our study was not a nationally representative sample, it limited our ability to generalize the findings to other populations in other parts of the United States. In addition, the domains of neighborhood social capital were based on an individual’s perceptions. Therefore, there may have been subjectivity in perceptions of what actually transpired in neighborhoods with regard to social networks, interactions, or neighborhood social relationship.

Another limitation of this study was associated with the aggregation of all immigrants into a single category of immigrant group. That was done for the purpose of the analyses. However, that assumption presupposes that immigrants are homogenous groups. That did not allow for the unique characteristics and differences of each immigrant group (based on country of origin) to be observed. As a result, our study did not demonstrate the health disparities of specific immigrant groups based on country of origin and the intra- and inter-group health disparities between the immigrants and the native-born Americans that may help to understand all the group differences in health and social capital.

Overall, this study contributes to the literature on social capital and health disparities. More specifically, we attempted to fill gaps in the areas of social capital or neighborhood social capital and immigrant health disparities. We applied social
capital theory in determining intergroup disparities in health, especially among immigrants and non-immigrants.

References


Are Older Adults Who Participate in the Supplemental Nutrition Assistance Program Healthier Than Eligible Nonparticipants? Evidence from the Health and Retirement Study

Jin Kim
Northeastern Illinois University

This research examined the impact of participation in the Supplemental Nutrition Assistance Program on the health of older adults. The study used panel data from the 2004-2012 Waves of the Rand version of the Health and Retirement Study to estimate regression models of self-reported health and the number of doctor-diagnosed conditions, controlling for individual characteristics and time fixed effects. The findings revealed that program participants did not maintain or improve their health status relative to non-participants during the study period. Thus, the study confirms that program participation confers negligible benefits in maintaining and improving the health status of older adults.

Key words: Supplemental Nutrition Assistance Program, SNAP, food insecurity, self-reported health, doctor-diagnosed health

Background and Significance

As of 2013, approximately 4.2 million individuals ages 65 and older in the U.S. were living in poverty, according to the most recently available Census data (U.S. Bureau of the Census, 2015). Among the public programs that provide protection against poverty (and near-poverty) for older adults is the Supplemental Nutrition Assistance Program (SNAP) that serves, on average, 46.5 million individuals in the U.S., of which 9% are reported to be age 60 and older, with total benefits exceeding $69.9 billion.
billion in fiscal year 2014 alone (U.S. Department of Agriculture, 2017). Given the magnitude of the program in terms of the number of older Americans served and the amount of public spending incurred, the program’s potential anti-poverty impact, and more specifically, its ability to address hunger and malnutrition among economically vulnerable older adults cannot be ignored.

Prior studies assessing the impact of the Supplemental Nutrition Assistance Program (SNAP), as well as other food assistance programs, on the health and nutrition status of older adults in the U.S. have generally found the programs to be somewhat effective, at best, and ineffective, at worst, in attaining favorable health and nutrition outcomes (Edwards, Frongillo, Rauschenbach, & Roe, 1993; Lee & Frongillo, 2001a; Millen, Ohls, Ponza, & McCool, 2002; Ponza et al., 1996). These extant studies, however, used non-randomized, and in some cases, cross-sectional designs that may have been susceptible to selection effects, whereby any presumed relationship that was revealed between program participation and unfavorable health or nutrition outcomes may have been due to a greater propensity among older adults with poor(er) health to enroll in a food assistance program in the first place.

Admittedly, implementing randomized study designs presents ethical and design challenges that make it difficult to identify an appropriate comparison group of nonparticipants that is as similar as possible to those receiving program benefits so as to isolate program effects. As such, prior studies evaluating the effectiveness of food assistance programs have attempted to circumvent this issue generally in one of two ways. One approach to addressing this challenge has been to match SNAP participants and non-participants on key economic, health, and sociodemographic characteristics, or at least sample a comparable group of nonparticipants (Edwards et al., 1993; Millen et al., 2002; Ponza et al., 1996), but these studies have been criticized for neglecting level of need for food assistance in the matching process. The other major approach to ensuring comparability between program participants and nonparticipants has been to use statistical controls, most notably through the use of multivariate regression techniques (Lee & Frongillo, 2001a), relying on the proposition that level of need for food assistance should be among the key characteristics upon which participants and
nonparticipants should be compared (Roe, 1990; Rose, Gundersen, & Oliveira, 1998; Vailas, Nitzke, Becker, & Gast, 1998).

While the latter group of studies makes a compelling case for the importance of a key control characteristic (i.e., level of need for food assistance), they used cross-sectional regression models where the time order between program participation and health and nutrition outcomes necessary to infer program effects could not be distinguished. As such, this study contributes to the existing body of knowledge regarding the effectiveness of food assistance programs, namely, the Supplemental Nutrition Assistance Program, in two important ways. First, this study incorporates an income-based measure of level of need for food assistance as a key control characteristic to account for likely selection effects. Second, the study uses panel data regression models so as to observe changes in health over an extended period, so as to infer program effects that may not be contemporaneous with health status.

**Specific Aims**

Accordingly, this study examines: (1) the ways in which SNAP participants differ from eligible nonparticipants to confirm level of need for food assistance as a key control characteristic; and (2) whether the effects of SNAP participation on the health of older adults differs across level of need for food assistance, to address the broader issue of whether older adults who participate in SNAP maintain or improve their health relative to non-participants over time.

**The Literature**

The Supplemental Nutrition Assistance Program (SNAP), formerly known as the Food Stamp Program, was formally established under the Lyndon Johnson administration as part of the Food Stamp Act of 1964. As an integral part of the overall economic safety net provided by the federal government, the program is now estimated to lift upwards of 5 million individuals out of poverty annually and currently serves more than 4 million individuals aged 60 and older (U.S. Department of Agriculture, 2017). SNAP relies on Electronic Benefits Transfer
(EBT), a payment system now implemented in all fifty states, whereby recipients authorize transfer of benefits from a Federal account to a retailer to pay for goods purchased (U.S. Department of Agriculture, 2017).

Prior studies assessing the impact of participation in SNAP, as well as other food assistance programs, on health- and nutrition-related outcomes have generally been split as to whether such programs produce favorable effects. Extant studies using matching designs (Edwards et al., 1993; Millen et al., 2002; Ponza et al., 1996) have revealed somewhat favorable outcomes in the way of reduced risk of hospitalizations, better nutrition and dietary practices, and higher levels of socialization among program participants, while studies using statistical controls for level of need for food assistance (i.e., food insecurity), have reported similar or worse health and nutrition outcomes among program participants (Lee & Frongillo, 2001a), often depending on the nature of benefits being provided.

In one study assessing the impact of an in-kind assistance program (i.e., the Elderly Nutrition Program [ENP]), on nutritional health, Millen et al. (2002) matched a nationally representative sample of ambulatory and homebound ENP participants with a sample of nonparticipants from the U.S. Healthcare Financing Administration’s Medicare beneficiaries listings. The nonparticipant sample was selected from the same zip codes as ENP participants, and was screened for age, income, disability status, and program participation. The screened sample was then stratified by income and disability into six income/disability cells, from which random samples were drawn to ensure comparable distribution of income and disability statuses across participants and nonparticipants. Compared with nonparticipants, ENP participants had up to 31% higher average daily nutrient intakes and 17% higher average monthly social contacts based on self-reported nutrient intake and socialization patterns.

In another study subsumed under the category of a matching design, Edwards et al. (1993) evaluated the benefits of home-delivered meals for the diabetic elderly. The study sample consisted of diabetic elderly persons who were receiving home-delivered meals across New York state (i.e., the program or treatment group), who were then compared against another
group of diabetic elderly on the program waiting list. Unlike Millen et al. (2002), where program participants were matched to nonparticipants according to zip code, income, and disability status, this was a direct assessment of program and comparison groups across three outcomes: the risk of hospitalization, food insecurity, and dietary practices. Compared with those on the waiting list, diabetic elderly persons receiving home-delivered meals were significantly less likely to have been hospitalized as a result of hyper- or hypo-glycemia, less likely to report food insecurity, and more likely to have regular eating patterns and a greater diversity in their diets based on a combination of self-reports and information provided by physicians.

While the aforementioned studies subsumed under the category of matching designs reported favorable outcomes as a result of participating in the respective food assistance programs, they have been criticized for neglecting level of need for food assistance as a key control characteristic. As such, a separate line of studies (Lee & Frongillo, 2001a; Lee & Frongillo, 2001b; Roe, 1990) assessing the effectiveness of food assistance programs have incorporated measures of food insecurity to proxy level of need for food assistance, hypothesizing that program participation might generate larger effects for those with greater levels of need.

In Lee & Frongillo (2001a), variables related to food insecurity and participation in the Supplemental Nutrition Assistance Program were combined to produce four subgroups for comparison: food insecure participants; food insecure nonparticipants; food secure participants; and food secure nonparticipants (the reference group). Incorporating level of need for food assistance in this manner, the study revealed that among food insecure elderly persons, program participants had similar or poorer self-reported health status; hospitalization; mortality risk; nutrient intakes; skinfold thickness; and nutritional risk as compared with food secure nonparticipants. Meanwhile, food secure program participants had similar (but not poorer) health and nutritional outcomes as compared with food secure nonparticipants.

Thus as a whole, the current body of research lacks consensus on the overall effectiveness of food assistance programs on health- and nutrition-related outcomes. The most straightforward interpretation of existing research could be that, assuming
the accuracy of findings, these are distinct programs being evaluated whereby in-kind services (i.e., the Elderly Nutrition Program and Home Delivered Meals) are being compared with near-cash assistance (i.e., SNAP). Interpreted differently, however, it could be that the disparate outcomes are due to the different research designs being used.

In the case of the former interpretation, this is easily remedied in subsequent research by simply distinguishing the nature of program benefits being assessed. In the case of the latter interpretation, at least three key points deserve mention and provide direction for the current study. As food insecurity, standing alone, has been revealed to be a significant determinant of health and nutrition outcomes for older adults (Lee & Frongillo, 2001b; Roe, 1990), it may be worth investigating whether the effects of food assistance program participation differ across levels of food insecurity. Secondly, and perhaps more importantly, even where controls for food insecurity have been implemented by way of regression techniques, the cross-sectional regression models that were used in prior studies do not establish the time sequencing between program participation and health and nutrition outcomes that is vital to inferring program effects. Third, while a prospective, matching design with level of food security as one of the matched variables would indeed help to clarify time order between program participation and health and nutrition outcomes (and hence, provide a strong test of program effectiveness), this can be weighed against the statistical power that an already existing, large-scale dataset would offer. With these considerations in mind, this study uses secondary panel data and incorporates a longitudinal design with statistical controls to help strengthen our current understanding of the impact of food assistance programs.

Data and Methods

This study used panel data from the 2004-2012 Waves of the Rand version N of the Health and Retirement Study (hereinafter referred to as the “Rand HRS”) to estimate fixed effects regression models of both self-reported and doctor-diagnosed health. The Rand HRS is a cleaned and processed data file derived from all waves of the original Health and Retirement
Study, and contains information on six birth year entry cohorts, including the original study sample (b. 1931-1941); the AHEAD cohort (b. before 1924); Children of the Depression (b. 1924-1930); the “War Babies” (b. 1942-1947); Early Baby Boomers (b. 1948-1953); and Mid-Baby Boomers (b. 1954-1959). The overall interview response rates for each sample are quite high, ranging from a low of 86.4% to a high of 90.1% in 2004 (the first year of the study sample). Meanwhile, the data file contains detailed information about various income sources, including government transfers, as well as various health-related measures, and is thus well-suited for a study assessing the impact of SNAP participation on the health-related outcomes of older adults.

The study sample included individuals ages 60 and older from Waves 7 through 11 (2004-2012), since age 60 is the first year in which individuals may become categorically eligible for SNAP on the basis of age. This initial sample of individuals was followed for a minimum of two years and a maximum of 10 years until individuals first became income eligible for SNAP benefits.

Income eligibility was determined using the established program thresholds of (1) 130% of poverty for gross monthly income, and (2) 100% of poverty for net monthly income, both taking into account household size. While the gross monthly income test is a straightforward income-to-threshold application (taking into account household size), net monthly income was determined by applying the standard deduction for all households (which varies according to household size and by year) and the 20% earned income deduction. Other allowable deductions, most notably for medical expenses exceeding $35 per month for elderly or disabled, were ignored in determining net monthly income, due to considerable missing data, specifically related to out-of-pocket medical expenses incurred.

The first sample, then, used to determine whether SNAP participants differ from eligible non-participants consisted of 4,264 individuals ages 60 and older who were estimated to be income eligible to receive SNAP benefits during the study period. Any individual who became ineligible for SNAP benefits during the study period was dropped from the analysis beginning with the first period of ineligibility. Sample members who became ineligible were dropped due to their higher levels of income.
Since it is well established that individual/household income and individual health (as well as food security) are strongly, positively correlated, dropping these individuals from the analysis likely resulted in underestimating the favorable impact of program participation on health-related outcomes. Meanwhile, the final analytical sample used to determine whether the effect of SNAP participation on older adult health differs across level of need for food assistance included 19,447 individuals ages 60 and older who were each observed for up to five two-year periods, totaling 65,371 person-periods to examine changes in both self-reported health and doctor-diagnosed health during the study period.

Key Measures

The main outcome variables in this study were: (1) SNAP participation, which was operationalized as a dichotomous variable with “participation” versus “eligible non-participation”; (2) a self-reported health rating of 1 to 5 wherein the value “1” denoted excellent health and the value “5” denoted poor health; and (3) the number of doctor-diagnosed health conditions from among high blood pressure, diabetes, cancer, lung disease, heart problems, stroke, psychiatric conditions, and arthritis. Note that the self-reported health variable was recoded for the final analysis, such that a value of “1” denoted poor health and “5” denoted excellent health, for ease of interpretation. Meanwhile, the number of doctor-diagnosed health conditions variable was operationalized as a straightforward numerical count ranging from 0 to 8.

Thus, in the first (logistic) regression model examining the determinants of SNAP participation, the key measures included variables related to the level of need for food assistance, (i.e., food insecurity), health and functioning, and socio-demographics. These specific variables were included so as to be consistent not only with prior studies assessing the effectiveness of food assistance programs, but also with the broader welfare participation literature for which the determinants of welfare program participation are mostly well established (Currie, 2004; Moffitt, 1983). Be that as it may, the Rand HRS contains a derived variable that measures the household income-to-poverty ratio. This
particular variable was used as the selected measure of level of need for food assistance. Given the range of possibilities for how to define the notion of food insecurity (Pinstrup-Andersen, 2009), this particular income-based measure appeared to be most consistent with how prior studies have both conceptualized and operationalized the construct (Burt, 1993; Lee & Frongillo, 2001a, 2001b; Quandt & Rao, 1999; Wolfe, Olson, Kendall, & Frongillo, 1996).

Meanwhile, health status as another potential determinant of SNAP participation included a series of dichotomous variables indicating the presence or absence of the eight doctor-diagnosed health conditions named above (i.e., high blood pressure, diabetes, cancer, lung disease, heart problems, stroke, psychiatric problems, and arthritis). A separate variable capturing functional limitations included three mutually exclusive categories: “no ADL difficulties” “1 to 2 ADL difficulties,” and “3 or more ADL difficulties.” Last were a series of categorical variables capturing socio-demographics, including educational attainment (“no high school;” “high school or GED;” and “some college or more”); age (“60 to 69” “70 to 79” and “80+”), gender (“male” and “female”); race-ethnicity (“non-Hispanic White;” “non-Hispanic Black;” “Hispanic;” and “non-Hispanic other”); and living status (“living alone,” “living with others,” and “living as married”).

In the second and third panel data regression models assessing the impact of SNAP participation on self-reported health and doctor-diagnosed health, respectively, separate variables related to level of need for food assistance (hereinafter referred to as “food insecurity”), baseline health status, and SNAP participation were combined and classified into eight categories that included: (1) food secure-healthy-non-participants; (2) food secure-healthy-participants; (3) food secure-unhealthy-non-participants; (4) food secure-unhealthy-participants; (5) food insecure-healthy-nonparticipants; (6) food insecure-healthy-participants; (7) food insecure-unhealthy-nonparticipants; and (8) food insecure-unhealthy-participants. Note that “food insecurity” for the purpose of this analysis was operationalized as a dichotomous variable, such that any individual reporting a household income to poverty ratio of less than 2.0 was coded as “food insecure,” and any individual reporting a household
income to poverty ratio equal to or greater than 2.0 was coded as “food secure.” In other words, any individual with income less than 200% of the federal poverty line was determined to be food insecure. Moreover, baseline health status for the self-reported health measure was operationalized as a dichotomous variable with “good,” “very good,” or “excellent” ratings denoting “healthy” status, and “fair” or “poor” ratings denoting “unhealthy” status. Further, baseline health status for the doctor-diagnosed health measure was also operationalized as a dichotomous variable, with “less than two conditions” denoting “healthy” status, and “two or more conditions” denoting “unhealthy” status.

Meanwhile, individual characteristics related to educational attainment levels, functioning, age, gender, race-ethnicity, living situation, and health insurance status, as well as time fixed effects were also included in the panel data regression models. Time fixed effects, i.e., dummy variables indicating the time period in the study (1 to 5), were included so as to mitigate the possibility of omitted variable bias, and specifically, possible bias related to those omitted variables, wherein their effects vary across time but not across entities or individuals. Meanwhile, the variables related to individual characteristics were retained from the first participation model and operationalized in the same manner described above.

Using the key measures constructed and prepared for analyses, and with respect to the initial investigation of whether SNAP participants might be systematically different from non-participants, it was expected that SNAP participants would be likely to report greater levels of need for food assistance (as measured by the income-to-poverty ratio) relative to non-participants. With respect to the main research question of whether the effects of SNAP participation on both self-reported health and doctor-diagnosed health would differ across levels of need for food assistance, it was expected that:

1) Among individuals who are food secure and healthy at baseline, SNAP participants would maintain their health;
2) Among individuals who are food secure and unhealthy at baseline, SNAP participations would improve their health;

3) Among individuals who are food insecure and healthy at baseline, SNAP participants would maintain their health; and

4) Among individuals who are food insecure and unhealthy at baseline, SNAP participants would improve their health.

Results

Table 1 reports the odds ratios, 95% confidence intervals, and p-values from a logistic regression model examining the determinants of SNAP participation. The model revealed that a lower income-to-poverty ratio, poor health and functioning, non-White race-ethnicity, and living with others were positively and significantly associated with SNAP participation. Most notably, individuals with an income-to-poverty ratio between .50 and .99 were 43.7% (95% CI: 1.153-1.795) more likely to participate in SNAP relative to individuals with an income-to-poverty ratio equal to or greater than 1.00, suggesting that those with greater levels of need for food assistance were indeed more likely to participate in the program.

Conversely, educational attainment, older age, and a living status as married or partnered were negatively associated with SNAP participation. Interestingly, individuals in the 70 to 79 age category were 44.8% (95% CI: 0.459-0.663) less likely to participate in SNAP, while those in the 80+ age category were 64.5% (95% CI: 0.278-0.452) less likely to participate in SNAP, both relative to individuals in the 60 to 69 age category.

Table 2 reports regression coefficients and standard errors for the effects of food insecurity and SNAP participation on self-reported health. Columns 1 through 4 present the results for the OLS regression of self-reported health, with each model controlling for individual characteristics and time fixed effects. Among older adults who were food secure and healthy at baseline, the coefficient on SNAP participation was negative and statistically significant at the .01 level, indicating that program
Table 1. Odds Ratios, 95% Confidence Intervals, and P-Values from a Logistic Regression Model of SNAP Participation: Health and Retirement Study 2004-2012

<table>
<thead>
<tr>
<th></th>
<th>OR</th>
<th>95% CI</th>
<th>P-Values</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income-to-Poverty Ratio</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than .50</td>
<td>0.859</td>
<td>(0.659-1.121)</td>
<td>p=.264</td>
</tr>
<tr>
<td>.50 to .99</td>
<td>1.437**</td>
<td>(1.153-1.795)</td>
<td>p=.001</td>
</tr>
<tr>
<td>1.00+ (Reference)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Educational Attainment</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No high school (Reference)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High school or GED</td>
<td>0.676**</td>
<td>(0.560-0.817)</td>
<td>p&lt;.001</td>
</tr>
<tr>
<td>Some college or more</td>
<td>0.524**</td>
<td>(0.422-0.650)</td>
<td>p&lt;.001</td>
</tr>
<tr>
<td><strong>Doctor-Diagnosed Health Conditions</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High blood pressure</td>
<td>0.954</td>
<td>(0.797-1.142)</td>
<td>p=.609</td>
</tr>
<tr>
<td>Diabetes</td>
<td>1.114</td>
<td>(0.939-1.321)</td>
<td>p=.216</td>
</tr>
<tr>
<td>Cancer</td>
<td>1.027</td>
<td>(0.819-1.288)</td>
<td>p=.819</td>
</tr>
<tr>
<td>Lung disease</td>
<td>1.587**</td>
<td>(1.283-1.964)</td>
<td>p&lt;.001</td>
</tr>
<tr>
<td>Heart problem</td>
<td>1.089</td>
<td>(0.909-1.304)</td>
<td>p=.357</td>
</tr>
<tr>
<td>Stroke</td>
<td>1.120</td>
<td>(0.883-1.422)</td>
<td>p=.349</td>
</tr>
<tr>
<td>Psychiatric problem</td>
<td>1.774**</td>
<td>(1.482-2.124)</td>
<td>p&lt;.001</td>
</tr>
<tr>
<td>Arthritis</td>
<td>1.218*</td>
<td>(1.015-1.462)</td>
<td>p=.034</td>
</tr>
<tr>
<td><strong>Functional Limitations</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No ADL difficulties (Reference)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 to 2 ADL difficulties</td>
<td>1.422**</td>
<td>(1.168-1.731)</td>
<td>p&lt;.001</td>
</tr>
<tr>
<td>3 or more ADL difficulties</td>
<td>1.297*</td>
<td>(1.006-1.673)</td>
<td>p=.045</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>60-69 (Reference)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>70-79</td>
<td>0.552**</td>
<td>(0.459-0.663)</td>
<td>p&lt;.001</td>
</tr>
<tr>
<td>80+</td>
<td>0.355**</td>
<td>(0.278-0.452)</td>
<td>p&lt;.001</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male (Reference)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>1.039</td>
<td>(0.870-1.241)</td>
<td>p=.675</td>
</tr>
<tr>
<td><strong>Race-Ethnicity</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Hispanic White (Reference)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Hispanic Black</td>
<td>1.875**</td>
<td>(1.548-2.271)</td>
<td>p&lt;.001</td>
</tr>
<tr>
<td>Hispanic</td>
<td>1.630**</td>
<td>(1.310-2.029)</td>
<td>p&lt;.001</td>
</tr>
<tr>
<td>Other</td>
<td>1.385</td>
<td>(0.865-2.216)</td>
<td>p=.175</td>
</tr>
<tr>
<td><strong>Living Status</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Living alone (Reference)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Living with others</td>
<td>1.255*</td>
<td>(1.027-1.534)</td>
<td>p=.027</td>
</tr>
<tr>
<td>Living as married</td>
<td>0.707**</td>
<td>(0.576-0.866)</td>
<td>p=.001</td>
</tr>
<tr>
<td>Intercept</td>
<td>0.194</td>
<td></td>
<td>p&lt;.001</td>
</tr>
<tr>
<td>Log-Likelihood</td>
<td>-2,038.326</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>4,264</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Notes: **p<.01; *p<.05
Table 2. Regression coefficients and standard errors of the effects of food insecurity and SNAP participation on self-reported health, HRS 2004-2012 (N=65,371)

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Food Secure at T1</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Good, Very Good, Excellent Health at T1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Participation (Reference)</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participation</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>-0.084**</td>
<td>(0.022)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Fair or Poor Health at T1</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Participation (Reference)</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participation</td>
<td>0.009</td>
<td>(0.027)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Food Insecure at T1</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Good, Very Good, Excellent Health at T1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Participation (Reference)</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participation</td>
<td>-0.170**</td>
<td>(0.022)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Fair or Poor Health at T1</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Participation (Reference)</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participation</td>
<td>-0.045**</td>
<td>(0.018)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Individual Characteristics</strong></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Time Fixed Effects</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>R Square</td>
<td>0.121</td>
<td>0.160</td>
<td>0.141</td>
<td>0.150</td>
</tr>
<tr>
<td>Number of Observations</td>
<td>37,199</td>
<td>9,725</td>
<td>10,111</td>
<td>8,609</td>
</tr>
</tbody>
</table>

Notes: **p<.01; *p<.05
participants reported a health rating that was .084 units lower on average relative to non-participants. Among older adults who were food insecure and healthy at baseline, the coefficient on SNAP participation was also negative and statistically significant at the .01 level, indicating that program participants reported a health rating that was .170 units lower on average relative to non-participants. Among older adults who were food insecure and unhealthy at baseline, the coefficient on SNAP participation was again negative and statistically significant, indicating that program participants reported a health rating that was .045 units lower on average relative to non-participants.

### Table 3. Regression coefficients and standard errors of the effects of food insecurity and SNAP participation on the number of doctor-diagnosed conditions, HRS 2004-2012 (N=65,371)

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Secure at T1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than two doctor-diagnosed conditions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Participation (Reference)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participation</td>
<td>0.042</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(0.030)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Two or more doctor-diagnosed conditions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Participation (Reference)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participation</td>
<td>0.269**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(0.027)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food Insecure at T1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than two doctor-diagnosed conditions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Participation (Reference)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participation</td>
<td>0.062*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(0.030)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Two or more doctor-diagnosed conditions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Participation (Reference)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participation</td>
<td>0.306**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(0.024)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Individual Characteristics: Yes Yes Yes Yes
Time Fixed Effects: Yes Yes Yes Yes
R Square: 0.173 0.073 0.183 0.169
Number of Observations: 18,224 28,700 5,292 12,828

Notes: **p<.01; *p<.05
Table 3 reports regression coefficients and standard errors for the effects of food insecurity and SNAP participation on the number of doctor-diagnosed health conditions. Columns 1 through 4 present the results for the OLS regression of the number of doctor-diagnosed health conditions with each model controlling for individual characteristics and time fixed effects. Among older adults who were food secure and unhealthy at baseline, the coefficient on SNAP participation was positive and statistically significant at the .01 level, indicating that program participants had .269 more diagnosed conditions on average relative to non-participants. Among older adults who were food insecure and healthy at baseline, the coefficient on SNAP participation was also positive and statistically significant at the .01 level, indicating that program participants had .062 more diagnosed conditions on average relative to non-participants. Among older adults who were food insecure and unhealthy at baseline, the coefficient on SNAP participants was again positive and statistically significant, indicating that program participants had .306 more diagnosed conditions on average relative to non-participants.

Discussion

This research examined the impact of participation in the Supplemental Nutrition Assistance Program on self-reported health ratings and the number of doctor-diagnosed conditions, under the expectation that, contrary to prior research incorporating statistical controls for level of food insecurity, the program would reveal favorable health outcomes among program participants. The findings, however, revealed that among older adults who were food secure and healthy at baseline, SNAP participants reported worse health relative to non-participants, thus suggesting that program participants did not maintain their healthy status during the study period. Among older adults who were food insecure and healthy at baseline, SNAP participants again reported worse health relative to non-participants, reinforcing that program participants did not maintain their healthy status during the study period. Among older adults who were food insecure and unhealthy at baseline, SNAP participants reported worse health relative to non-par-
ticipants, suggesting that program participants did not improve their health status during the study period.

Incorporating an alternate measure of health did not alter the overall conclusions. Among older adults who were food secure and unhealthy at baseline, SNAP participants reported more doctor-diagnosed conditions relative to non-participants, thus suggesting that program participants did not improve their health status during the study period. Among older adults who were food insecure and healthy at baseline, SNAP participants again reported more doctor-diagnosed conditions relative to non-participants, suggesting that program participants did not maintain their healthy status during the study period. Finally, among older adults who were food insecure and unhealthy at baseline, SNAP participants reported more doctor-diagnosed conditions relative to non-participants, reinforcing that program participants did not improve their health status during the study period.

Implications

As such, this study confirms that older adults who participate in the Supplemental Nutrition Assistance Program indeed fare worse with respect to health-related outcomes relative to those who do not participate in the program. While prior cross-sectional studies that use statistical controls left open the possibility that any observed relationship between SNAP participation and poor health-related outcomes may be due to selection effects (whereby older adults with poor[er] health are more likely to enroll in the program in the first place), the panel data regression models used in this study allowed for extended observation of the effects of program participation and subsequent health changes over time, but favorable health outcomes never materialized.

The results are indeed surprising, but point to a disconnect between receiving SNAP benefits, subsequent changes in an older adult’s ability to acquire or purchase food, and the actual purchase or allocation of resources to acquire healthy and nutritious food (Pinstrup-Anderson (2009). Among older adults who are food secure (i.e. defined herein as having income above 200% of federal poverty), not maintaining or improving one’s
health over time might be attributed to the manner of (SNAP) resource allocation, given higher income levels among food secure individuals. On the other hand, among older adults who are food insecure (i.e. defined herein as having income below 200% of federal poverty), not maintaining or improving one’s health might be an issue pertaining to access, and in more extreme cases, sacrifices that are being made, given the relatively higher price of healthy foods such as fruits and vegetables accompanied by lower income levels.

Another notable dimension to the research were the findings generated by the initial logistic regression model examining the determinants of SNAP participation, so as to uncover potential selection factors. As expected, the model revealed that program participants were indeed systematically different from eligible nonparticipants, in revealing lower income-to-poverty ratios, and hence, greater levels of need for food assistance (i.e., food insecurity). Interestingly, older adults in the lowest income-to-poverty ratio category of less than .50 who might be labeled as extreme in their level of food insecurity, were not significantly more likely to participate in SNAP relative to older adults with income-to-poverty ratios equal to or greater than 1.00, thereby suggesting that those with the most extreme levels of need lack adequate access to public food assistance. Another interpretation may be that older adults displaying the most extreme levels of need for food assistance face significant challenges to participation that cannot be overcome, such as lack of information about the program(s) or difficulty in completing the applications (Currie, 2002; Moffitt, 1983).

Limitations

The major finding that older adults who participate in SNAP generally fail to maintain or improve their health relative to eligible non-participants should be interpreted with caution. For one, there is no way to confirm whether program benefits are actually going to the elderly recipient or that the food purchased is indeed healthy and nutritious. That is, SNAP participation has not been correlated with actual purchase and consumption of food in this study.
An additional concern in the initial model of SNAP participation pertains to accurately estimating income eligibility for the SNAP program, which in turn may affect the comparability of participants and nonparticipants in subsequent analyses. That is, individuals in the sample who reported receiving SNAP benefits but who were estimated to be ineligible were presumably errors likely deriving from either the eligibility estimation procedure or in the survey respondents’ reporting of income and/or receipt of SNAP benefits. In this study, of the 2,275 individuals in the original sample who reported receiving SNAP benefits, 454 were estimated to be ineligible, yielding an error rate of 20.0%. While a direct comparison of the extent of error is not possible since prior studies assessing the impact of food assistance programs place less emphasis on potential selection factors, it should be noted that compared to studies in other related policy contexts, namely, in studies examining the factors associated with participation in the Supplemental Security Income program, Davies, Huynh, Newcomb, and O’Leary (2001-2002) reported an error rate of 31.5% while McGarry (1996) reported an error rate of 22.2%.

Conclusion

In sum, prior studies correlating contemporaneous SNAP participation with health outcomes have indicated that program participants fare worse than non-participants in the way of self-reported health and hospitalization risk, while studies with matching designs have revealed more favorable health outcomes. This study used panel data regression models using an income-based measure of food insecurity to confirm that program participation confers negligible benefits in maintaining and improving the health of older adults.
Appendix

Baseline Characteristics of Sample Members by Food Insecurity, Health, and SNAP Participation Statuses

Table A1 describes the baseline characteristics of sample members by food insecurity status, self-reported health rating, and SNAP participation status. Among older adults who were food secure and in good health at baseline, SNAP participants reported worse health on average relative to non-participants at baseline (3.56 vs. 3.73). Among older adults who were food insecure and in good health at baseline, SNAP participants reported worse health on average relative to non-participants at baseline (3.42 vs. 3.59). Among older adults who were food insecure and in fair or poor health at baseline, SNAP participants reported worse health on average relative to non-participants at baseline (1.61 vs. 1.68).

Table A2 describes the baseline characteristics of sample members by food insecurity status, the number of doctor-diagnosed health conditions, and SNAP participation status. Among older adults who were food secure and with two or more conditions at baseline, SNAP participants reported more health conditions on average relative to non-participants at baseline (3.11 vs. 2.86). Among older adults who were food insecure and with less than two conditions at baseline, SNAP participants reported fewer health conditions on average relative to non-participants at baseline (0.67 vs. 0.68). Among older adults who were food insecure and with two or more conditions at baseline, SNAP participants reported more health conditions on average relative to non-participants at baseline (3.42 vs. 3.08).
## Table A1. Baseline Characteristics of Sample Members by Food Insecurity, Self-Reported Health Rating, and SNAP Participation: Health and Retirement Study 2004-2012

| Educational Attainment (%) | Food Secure | Food Insecure |  |  |  |  |  |  |  |  |  |  |
|---------------------------|-------------|---------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
|                           | Participant | Non-Participant | Participant | Non-Participant | Participant | Non-Participant | Participant | Non-Participant | Participant | Non-Participant | Participant | Non-Participant | Participant | Non-Participant | Participant |
|                           |             |               |             |               |             |               |             |               |             |               |             |               |             |               |             |
| No high school            | 0.269       | 0.123         | 0.406       | 0.264         | 0.491       | 0.302         | 0.617       | 0.515         |             |               |             |               |             |               |             |
| High school or GED        | 0.358       | 0.354         | 0.327       | 0.382         | 0.328       | 0.402         | 0.245       | 0.311         |             |               |             |               |             |               |             |
| Some college or more      | 0.373       | 0.533         | 0.289       | 0.354         | 0.179       | 0.298         | 0.136       | 0.174         |             |               |             |               |             |               |             |
| Functional Limitations (%)|             |               |             |               |             |               |             |               |             |               |             |               |             |               |             |
| No ADL difficulties       | 0.897       | 0.941         | 0.615       | 0.675         | 0.816       | 0.883         | 0.568       | 0.596         |             |               |             |               |             |               |             |
| 1 to 2 ADL difficulties   | 0.082       | 0.091         | 0.269       | 0.231         | 0.131       | 0.092         | 0.275       | 0.261         |             |               |             |               |             |               |             |
| 3 or more ADL difficulties| 0.022       | 0.008         | 0.113       | 0.094         | 0.054       | 0.022         | 0.154       | 0.140         |             |               |             |               |             |               |             |
| Age (%)                   |             |               |             |               |             |               |             |               |             |               |             |               |             |               |             |
| 60-69                     | 0.764       | 0.637         | 0.745       | 0.501         | 0.631       | 0.677         | 0.715       | 0.488         |             |               |             |               |             |               |             |
| 70-79                     | 0.195       | 0.254         | 0.256       | 0.299         | 0.256       | 0.282         | 0.189       | 0.266         |             |               |             |               |             |               |             |
| 80+                       | 0.041       | 0.109         | 0.058       | 0.201         | 0.112       | 0.240         | 0.094       | 0.246         |             |               |             |               |             |               |             |
| Gender (%)                |             |               |             |               |             |               |             |               |             |               |             |               |             |               |             |
| Male                      | 0.599       | 0.685         | 0.560       | 0.503         | 0.542       | 0.369         | 0.395       | 0.371         |             |               |             |               |             |               |             |
| Female                    | 0.401       | 0.315         | 0.440       | 0.497         | 0.458       | 0.631         | 0.605       | 0.629         |             |               |             |               |             |               |             |
| Race-Ethnicity (%)        |             |               |             |               |             |               |             |               |             |               |             |               |             |               |             |
| Non-Hispanic White        | 0.603       | 0.829         | 0.469       | 0.737         | 0.389       | 0.695         | 0.519       | 0.537         |             |               |             |               |             |               |             |
| Non-Hispanic Black        | 0.245       | 0.301         | 0.291       | 0.131         | 0.394       | 0.181         | 0.546       | 0.224         |             |               |             |               |             |               |             |
| Hispanic                  | 0.106       | 0.051         | 0.218       | 0.109         | 0.186       | 0.098         | 0.279       | 0.214         |             |               |             |               |             |               |             |
| Other                     | 0.046       | 0.019         | 0.022       | 0.025         | 0.052       | 0.024         | 0.061       | 0.025         |             |               |             |               |             |               |             |
| Living Situation (%)      |             |               |             |               |             |               |             |               |             |               |             |               |             |               |             |
| Living alone              | 0.156       | 0.170         | 0.131       | 0.156         | 0.358       | 0.429         | 0.341       | 0.395         |             |               |             |               |             |               |             |
| Living with others        | 0.238       | 0.063         | 0.291       | 0.125         | 0.231       | 0.112         | 0.265       | 0.194         |             |               |             |               |             |               |             |
| Living as married         | 0.452       | 0.540         | 0.462       | 0.549         | 0.308       | 0.328         | 0.296       | 0.562         |             |               |             |               |             |               |             |
| Health Insurance Status (%)|             |               |             |               |             |               |             |               |             |               |             |               |             |               |             |
| No public or private insurance | 0.332   | 0.287         | 0.367       | 0.311         | 0.407       | 0.415         | 0.400       | 0.450         |             |               |             |               |             |               |             |
| Public or private insurance| 0.668       | 0.713         | 0.633       | 0.689         | 0.593       | 0.585         | 0.600       | 0.570         |             |               |             |               |             |               |             |
| Health Status             |             |               |             |               |             |               |             |               |             |               |             |               |             |               |             |
| Mean Self-Reported Health Rating (1 to 5) | 3.558   | 3.731         | 3.782       | 1.745         | 3.417       | 3.588         | 1.605       | 1.679         |             |               |             |               |             |               |             |
| Number of Observations (n) | 416       | 9,853         | 275         | 2,879         | 597         | 2,436         | 933         | 1,845         |             |               |             |               |             |               |             |
Table A2. Baseline Characteristics of Sample Members by Food Insecurity, Number of Doctor-Diagnosed Health Conditions and SNAP Participation: Health and Retirement Study 2004-2012

<table>
<thead>
<tr>
<th></th>
<th>Less than two conditions</th>
<th>Two or more conditions</th>
<th>Less than two conditions</th>
<th>Two or more conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Non-Participant</td>
<td>Participant</td>
<td>Non-Participant</td>
<td>Participant</td>
</tr>
<tr>
<td>Educational Attainment (%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No high school</td>
<td>0.299</td>
<td>0.114</td>
<td>0.333</td>
<td>0.168</td>
</tr>
<tr>
<td>High school or GED</td>
<td>0.348</td>
<td>0.242</td>
<td>0.343</td>
<td>0.286</td>
</tr>
<tr>
<td>Some college or more</td>
<td>0.355</td>
<td>0.544</td>
<td>0.322</td>
<td>0.460</td>
</tr>
<tr>
<td>Functional Limitations (%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No ADL difficulties</td>
<td>0.930</td>
<td>0.957</td>
<td>0.724</td>
<td>0.832</td>
</tr>
<tr>
<td>1 to 2 ADL difficulties</td>
<td>0.055</td>
<td>0.032</td>
<td>0.198</td>
<td>0.129</td>
</tr>
<tr>
<td>3 or more ADL difficulties</td>
<td>0.015</td>
<td>0.010</td>
<td>0.076</td>
<td>0.059</td>
</tr>
<tr>
<td>Age (%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>60-69</td>
<td>0.796</td>
<td>0.707</td>
<td>0.741</td>
<td>0.532</td>
</tr>
<tr>
<td>70-79</td>
<td>0.184</td>
<td>0.232</td>
<td>0.200</td>
<td>0.297</td>
</tr>
<tr>
<td>80+</td>
<td>0.020</td>
<td>0.081</td>
<td>0.059</td>
<td>0.161</td>
</tr>
<tr>
<td>Gender (%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>0.458</td>
<td>0.479</td>
<td>0.361</td>
<td>0.470</td>
</tr>
<tr>
<td>Female</td>
<td>0.542</td>
<td>0.521</td>
<td>0.639</td>
<td>0.530</td>
</tr>
<tr>
<td>Race-Ethnicity (%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Hispanic White</td>
<td>0.527</td>
<td>0.803</td>
<td>0.559</td>
<td>0.842</td>
</tr>
<tr>
<td>Non-Hispanic Black</td>
<td>0.264</td>
<td>0.098</td>
<td>0.263</td>
<td>0.114</td>
</tr>
<tr>
<td>Hispanic</td>
<td>0.159</td>
<td>0.075</td>
<td>0.157</td>
<td>0.056</td>
</tr>
<tr>
<td>Other</td>
<td>0.050</td>
<td>0.024</td>
<td>0.031</td>
<td>0.017</td>
</tr>
<tr>
<td>Living Situation (%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Living alone</td>
<td>0.174</td>
<td>0.155</td>
<td>0.135</td>
<td>0.173</td>
</tr>
<tr>
<td>Living with others</td>
<td>0.239</td>
<td>0.060</td>
<td>0.267</td>
<td>0.087</td>
</tr>
<tr>
<td>Living as married</td>
<td>0.423</td>
<td>0.522</td>
<td>0.469</td>
<td>0.562</td>
</tr>
<tr>
<td>Health Insurance Status (%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No public or private insurance</td>
<td>0.378</td>
<td>0.280</td>
<td>0.333</td>
<td>0.301</td>
</tr>
<tr>
<td>Public or private insurance</td>
<td>0.622</td>
<td>0.720</td>
<td>0.667</td>
<td>0.699</td>
</tr>
<tr>
<td>Health Status</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean number of doctor-diagnosed conditions</td>
<td>0.657</td>
<td>0.667</td>
<td>3.112</td>
<td>2.856</td>
</tr>
<tr>
<td>Number of Observations (n)</td>
<td>201</td>
<td>4,950</td>
<td>490</td>
<td>7,782</td>
</tr>
</tbody>
</table>
References


*Supplemental Nutrition Assistance Program (SNAP)*. Alexandria, VA.
When ‘Places’ Include Pets: Broadening the Scope of Relational Approaches to Promoting Aging-In-Place

Ann M. Toohey
University of Calgary

Jennifer A. Hewson
University of Calgary

Cindy L. Adams
University of Calgary

Melanie J. Rock
University of Calgary

Aging-in-place is a well-established concept, but discussions rarely consider that many older adults live with pets. In a ‘pet-friendly’ city, we conducted semi-structured interviews to explore perspectives of community-based social support agencies that promote aging-in-place, and those of animal welfare agencies. Applying a relational ecology theoretical framework, we found that pets may contribute to feeling socially-situated, yet may also exacerbate constraints on autonomy experienced by some older adults. Pet-related considerations at times led to discretionary acts of more-than-human solidarity, but also created paradoxical situations for service-providers, impacting their efforts to assist older adults. A shortage of pet-friendly affordable housing emerged as an overarching challenge. Coordination among social support and animal welfare agencies, alongside pet-supportive housing policies, will strengthen efforts to promote aging-in-place in ways that are equitable and inclusive.

Key words: companion animals, older adults, aging-in-place, community services, affordable housing
With population aging now well underway, we have witnessed global efforts to initiate coordinated, cross-sectoral strategies to support older adults in ways that promote independence and social inclusion (Steels, 2015). In particular, there are growing efforts underway to promote ‘aging-in-place,’ a policy orientation that has the goal of enabling older adults to live independently and to lead meaningful lives while remaining in their homes and neighbourhoods for as long as possible (Menec, Means, Keating, Parkhurst, & Eales, 2011; Stewart, Crockett, Gritton, Stubbs, & Pascoe, 2014). This strategy is also well-aligned with the preferences of older adults themselves (Gitlin, 2003; Stewart et al., 2014; Wiles et al., 2009; Wiles, Leibing, Guberman, Reeve, & Allen, 2011).

Promoting independence and social inclusion via aging-in-place hinges upon efforts to support the physical, emotional and social well-being of older adults (Rowe & Kahn, 1997). To date, the aging-in-place literature has viewed this endeavour through an anthropocentric lens, positioning aging-in-place as an exclusively human activity. Yet, in most Western countries, between a quarter and a third of older adults, defined as those at or above 65 years old, live in the company of a pet (Himsworth & Rock, 2013; McNicholas, 2014; Peak, Ascione, & Doney, 2012), and pet-ownership is also on the rise in Japan and China (Hansen, 2013; Headley, Na, & Zheng, 2007). Even so, few aging-in-place strategies acknowledge the likelihood that a pet will be present in many older adults’ lives. Similarly, consideration of relationships between older adults and pets are missing from prevalent understandings of qualities of physical and social environments needed to create equitable opportunities to age-in-place.

The potential of pets to contribute to older adults’ aging-in-place experiences is far-reaching and holistic. Older adults, especially those who live alone, are likely to spend substantial amounts of time with their pets, upwards of 80% of their day (McNicholas, 2014). Such companionship positions these relationships to be key sources of well-being for many older adults (Enders-Slegers, 2000; Knight & Edwards, 2008; Lago, McConnell, & Knight, 1983; Mahalski, Jones, & Maxwell, 1988; Raina, Waltner-Toews, Bonnett, Woodward, & Abernathy, 1999; Wilson & Netting, 1987). The companionship of a pet may also help offset the negative mental health impacts of loneliness and grief.
experienced later in life (Garrity, Stallones, Marx, & Johnson, 1989; Knight & Edwards, 2008; Krause-Parello, 2012; Mahalski et al., 1988; Stanley, Conwell, Bowen, & Van Orden, 2013; Wells & Rodi, 2000), although pet loss may also become a substantial source of grief for some (Adams, Bonnett, & Meek, 2000; McCracken, 1987; Morley & Fook, 2005). Beyond companionship, having a pet may also help to support physical function as people age (Branson, Boss, Cron, & Kang, 2016; Curl, Bibbo, & Johnson, 2016; Raina et al., 1999; Thorpe et al., 2006). Together, these factors may contribute to maintaining independence throughout old age, a desired outcome that drives aging-in-place initiatives (Menec et al., 2011; Steels, 2015; World Health Organization, 2012).

At the same time, older adults’ relationships with pets may also challenge our idealized conceptions of aging-in-place. Older adults may, for instance, ignore their own health issues in order to accommodate a pet’s needs, particularly to avoid being parted from their pets (McNicholas, 2014; Wells & Rodi, 2000). Older adults may also divert scarce financial resources to meet their pet’s needs alongside, or even before, their own. Indeed, this situation prompted the Meals on Wheels Association of America to initiate pet-meal programs in several communities (Huss, 2013). Older adults may also delay transitioning into appropriate housing situations if they are not allowed to remain with their pets (McNicholas, 2014; Morley & Fook, 2005; Ormerod, 2012; Shore, Petersen, & Douglas, 2003).

While housing supply is a key and pressing priority for aging-in-place (Menec et al., 2011; Steels, 2015; Stewart et al., 2014), there is a shortage of both private and subsidized rental housing that is both affordable and pet-friendly (Huss, 2005, 2013; Ormerod, 2012; Power, 2016). This situation is particularly concerning if we consider that older adults living in vulnerable circumstances (e.g., having lower incomes and facing increasing social isolation) may also benefit the most from the companionship of a pet (Anderson, Lord, Hill, & McCune, 2015; Lago et al., 1983; Mahalski et al., 1988; Morley & Fook, 2005; Ormerod, 2012; Smith, Seibert, Jackson, & Snell, 1992; Wilson & Netting, 1987). Furthermore, denying older adults the choice to age-in-place with pets may also impede efforts to promote social inclusion and autonomy, desired goals of formal efforts to promote aging-
in-place (Menec et al., 2011; Steels, 2015; World Health Organization, 2012).

Importantly, our inattention to pets’ contributions to aging-in-place experiences has troubling consequences for the animals themselves. Pet-prohibitive housing policies constitute one of the main reasons why pets are relinquished to shelters (Coe et al., 2014; Shore et al., 2003). Arguments used to defend pet-prohibitive rental policies, including concerns around older adults’ abilities to care for their pets, may be unfounded (Huss, 2013; Mahalski et al., 1988; McNicholas, 2014). Even in the U.S., where responsible pet ownership is considered a civil right (Huss, 2013), there are few statutory provisions that ensure that older adults who rent homes can keep a pet (Huss, 2005, 2013).

To our knowledge, only one municipal aging-in-place initiative, “GenPhilly,” has formally identified pets as a priority within its government-sanctioned, multi-sectoral efforts to sustainably support aging-in-place (Clark, 2014). Thus far, this initiative has generated a comprehensive online resource that connects older adults with pet-related information and services, in addition to raising broader awareness of the need to support older adults and their pets (Clark, 2014). To date, it appears that no resources have been directed towards offsetting systemic challenges like pet-friendly housing supply, although valuable efforts along these lines continue to progress (Hoffman & Clark, 2012).

As researchers whose interests span gerontology, social work, and veterinary medicine, we are concerned with the prevailing anthropocentric conception of aging-in-place. Few studies have paid explicit attention to ways that human-animal relationships are influenced by the physical and social environments that ultimately enable or constrain aging-in-place experiences. Nor do we understand how the reluctance to formally position pets as a potential source of health and well-being—or conversely, as a source of anxiety and concern—may also be impacting the effectiveness of our organized efforts to promote independence and social inclusion via aging-in-place.

Agencies that provide support services designed to assist vulnerable older adults to age-in-place may offer invaluable, experientially-informed insights into ways that relationships with pets may shape clients’ lives, yet these perspectives are rarely considered within the literature on aging and pets. Similarly,
little attention has been paid to ways that population aging may be affecting animal welfare agencies, whether through rates of surrenders, the condition of animals being received, difficulties with rehoming older pets, or other types of challenges. Our study was designed to shed light upon these gaps in understanding by garnering the perspectives of community agency employees and volunteers who work directly with older adults, either through human social support services or through animal welfare programs. In particular, we explored perspectives on roles that pets play in relation to older adults’ aging-in-place experiences and ways that pet-related considerations may shape their own efforts to assist older adults.

In approaching this study, we applied a relational ecology theoretical framework (Putney, 2013) to build our understanding of human-animal relationships as both influencing and being influenced by experiences of aging-in-place. This novel framework highlights ways that relational contexts shape human-animal bonds and contribute to psychological well-being amongst older people. Putney’s framework interweaves concepts derived from developmental theory, relational theory, anthropology, and ecology in order to highlight contextually-contingent interdependencies between people and pets. More specifically, Putney’s (2013) relational ecology theory is built upon five overarching theoretical premises, that human-animal relationships may: (1) enable older adults to adapt to aging through a continual evolution of self-identity via productive activity and experiences of both dependence and independence; (2) influence other definitions of self, including self-efficacy, self-confidence, and self-acceptance; (3) assist with developing and maintaining feelings of stability, security, and safety, in addition to those of self; (4) provide continuity throughout transitions that occur with increasing frequency later in life; and (5) mirror ecological inter-dependencies that manifest in both similarities and differences, but without devaluation of things that are considered to be “other.” These theoretical underpinnings, however, tend to rest exclusively upon inter-personal experiences of creating and maintaining a particular social identity throughout the aging process. Below, we elaborate upon Putney’s work by shifting our attention towards ways that broader social contexts, including policies, practices, and ethical considerations, may further
influence older adults’ relationships with their pets, as well as their experiences of aging. We draw upon current understandings of relational public health ethics frameworks (Baylis, Kenny, & Sherwin, 2008) and of relational coordination theory (Gittell, 2011) as we consider relational ecologies, pets and aging-in-place.

Methods

This study represents one component of a multiple case study (Yin, 2009) designed to understand ways that human-companion animal relationships shape experiences of aging-in-place in a Canadian city known for having progressive policies around pet-ownership (Rock, 2013). In this article, we focus specifically upon the perspectives of community agencies whose staff and volunteers bear witness to a range of situations that involve older adults and their pets. This is an important source of knowledge that is underrepresented within the study of pets and aging. Ethical clearance for this study was granted by the Conjoint Health Research Ethics Board at the University of Calgary.

Case Selection

Our location lends itself to a case study on aging-in-place with pets for several reasons. First, Calgary is recognized across Canada and beyond as a ‘pet-friendly’ city, based in part on the City’s policies on responsible pet-ownership (Rock, 2013). Additionally, Calgary is in the process of implementing a municipal age-friendly strategy (City of Calgary Community & Neighbourhood Services, 2015). Thus, there is a current policy interest in planning and evaluating efforts to respond to the needs of the aging population. While pet ownership is not specifically mentioned, the municipal strategy emphasizes social inclusivity for all older adults, and also attends to the specific needs of older adults living in vulnerable circumstances, including lower household income and social isolation.
Sampling Strategy and Description

Our sampling strategy was purposive. We recruited participants based on our interest in elaborating upon Putney’s (2013) relational ecology framework for understanding human-animal relationships, specifically by considering the policy and practice contexts in which aging-in-place is experienced. As such, we garnered contextual information from several sources (Yin, 2009).

Interviews. Our main sample comprised 14 semi-structured interviews: 6 participants representing four local community agencies that support vulnerable older adults; 5 participants representing three local animal welfare organizations; 2 family physicians whose practices include older adults; and 1 senior policy analyst who had been involved in a review of subsidized seniors’ housing pet policies in another Canadian setting. Both paid employees and volunteers were included in our sample, representing both front-line service delivery and administration. Specific participants were identified at the discretion of each organization’s senior administration. The majority of participants (10 of 14) were women, and a majority (9 of 14) had their own companion animals at the time of the interview. For the analysis that follows, we focused specifically on our subset of 11 interviews with representatives of community-based social service (SS) and animal welfare (AW) agencies, as described in Table 1. The additional interviews with physicians and the policy analyst served to inform our interpretations of our primary interviews, but are not referenced directly in our findings.

We obtained informed consent from each participant. Interviews were semi-structured and were conducted using an interview guide designed to establish rapport and to draw out insights and experiences relating to companion animals and aging-in-place in our local context. While examples of general interview questions are listed in Table 2, each specific interview guide was tailored to reflect the participating organization’s mandate, and was also shaped by a priori knowledge of the participating individual’s position within that organization. The interview guide was adapted iteratively as data collection proceeded, and as specific themes and issues began to emerge.
Table 1. Description of participants interviewed as part of a case study exploring opportunities and benefits of companion animals for older adults who are aging-in-place in an urban Canadian setting

<table>
<thead>
<tr>
<th>Description of Represented Organization</th>
<th>ID/Description of Position</th>
<th>Has Pet</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social support agency (not-for-profit organization)—social support, older adult-specific</td>
<td>SS1/ employee, front line*</td>
<td>No</td>
</tr>
<tr>
<td>Social support agency (not-for-profit agency)—social support, vulnerable older adult-specific</td>
<td>SS2/ employee, administration</td>
<td>Yes</td>
</tr>
<tr>
<td>Social support agency (charitable, non-profit organization)—material support, lower income-specific</td>
<td>SS3/ employee, front line</td>
<td>No</td>
</tr>
<tr>
<td>Social support agency (not-for-profit organization)—material support, older adults and other vulnerable populations</td>
<td>SS4/ employee, administration</td>
<td>No</td>
</tr>
<tr>
<td>Animal welfare agency (regulating body)—impounding, shelter, adoption, spay/neuter (dogs and cats)</td>
<td>SS5/ employee, administration</td>
<td>No</td>
</tr>
<tr>
<td>Animal welfare agency (registered charity and humane society)—rescue, shelter, adoption, spay/neuter services (cats)</td>
<td>SS6/ volunteer, front line</td>
<td>Yes</td>
</tr>
<tr>
<td>Animal welfare agency (non-profit charitable organization)—rescue, adoption (cats)</td>
<td>AW1/ employee, front line</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>AW2/ employee, front line and administration</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>AW3/ volunteer, front line and administration</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>AW4/ employee, front line</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>AW5/ volunteer, front line and administration</td>
<td>Yes</td>
</tr>
</tbody>
</table>

*NOTE: SS1 requested that the interview not be audio-recorded. The first author took detailed fieldnotes and shared these with the participant within 24 hours of the interview. The participant verified the accuracy of the written record.*
Table 2: Sample interview questions used to facilitate semi-structured interviews with research participants

<table>
<thead>
<tr>
<th>General topics covered*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of daily activities as employee/volunteer for organization, and contextualization of activities within broader mandate of organization</td>
</tr>
<tr>
<td>Description of target population for services</td>
</tr>
<tr>
<td>Discussion of impact of aging population on current service provision</td>
</tr>
<tr>
<td>Reflections on situations that have arisen, that have involved pets and older adults</td>
</tr>
<tr>
<td>Regularity with which situations involving pets arise, and descriptions of such situations</td>
</tr>
<tr>
<td>Descriptions of any formal training received around pets (for human social support agencies) and communication with older adults (for animal welfare agencies)</td>
</tr>
<tr>
<td>Discussion of any formal organizational policies or practices relevant to pets and aging-in-place</td>
</tr>
<tr>
<td>Identification of any formal organizational partnerships between human social support and animal welfare agencies</td>
</tr>
<tr>
<td>Reflections on services and supports that would assist older adults with having pets</td>
</tr>
<tr>
<td>General views on roles of companion animals in older adults’ lives, including both benefits and challenges</td>
</tr>
<tr>
<td>Perspectives on approaches for addressing situations where interventions are needed, for safety of older adults and/or companion animals</td>
</tr>
<tr>
<td>Personal experiences with pets</td>
</tr>
</tbody>
</table>

*NOTE: Each specific interview guide was tailored to reflect the participating organization’s mandate, and was also shaped by *a priori* knowledge of the participating individual’s position within that organization. Questions were adapted iteratively as specific themes and issues began to emerge.
The first author conducted all interviews between November 2014 and June 2015. Most interviews took place in-person and on-site at participating organizations’ facilities. One interview was conducted by telephone (AW5), and one took place at a local café (SS4). All interviews were digitally audio-recorded and transcribed, with the exception of SS1, who did not wish to be audio-recorded. For this exception, extensive fieldnotes were taken, and SS1 reviewed and approved the written record within 24 hours. Interviews were on average an hour in length, ranging from 40 to 90 minutes.

Meetings. As our study progressed, we became aware of repeated concerns around the lack of affordable pet-friendly housing in our city, both within the subsidized housing supply and in the private market. As a result, the first author initiated two additional meetings with local organizations that provide subsidized housing to lower income older adults. One of these organizations serves older adults with underlying mental health concerns, and was in the process of revoking its pet-tolerant tenancy practices. The second organization provides one of our

Table 3: Sample questions used to facilitate meetings with housing providers

<table>
<thead>
<tr>
<th>General topics covered*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of target population for housing and housing application process</td>
</tr>
<tr>
<td>Discussion of both past and current pet-related rental policy, including rationale</td>
</tr>
<tr>
<td>Reflections on demand for pet-friendly (subsidized) housing</td>
</tr>
<tr>
<td>Descriptions of situations that staff have experienced, involving pets and older adults</td>
</tr>
<tr>
<td>Regularity with which situations involving pets arise, and descriptions of such situations</td>
</tr>
<tr>
<td>Identification of any formal organizational partnerships between housing providers and animal welfare agencies</td>
</tr>
<tr>
<td>Reflections on services and supports that would assist older adults with having pets</td>
</tr>
<tr>
<td>General views on roles of companion animals in older adults’ lives, including both benefits and challenges</td>
</tr>
</tbody>
</table>

*NOTE: Meeting guides were tailored for each housing provider.
city’s only pet-friendly subsidized residences for independent, lower income older adults, and allows tenants to have cats. To our knowledge, our city offers no comparable subsidized housing options that allow dogs of any size or breed.

Both meetings were attended by multiple employees, each of whom provided informed consent. The first meeting occurred in October 2015; the second in May 2016. We opted not to audio-record these conversations. Instead, the first author took extensive fieldnotes. Informal meeting guides were crafted for each meeting, to ensure that discussions remained focused and relevant (see Table 3 for sample questions). Participants were provided with an electronic copy of the final documentation within 24-48 hours, and were invited to review and revise the written record. The perspectives shared during these meetings alerted us to practical complexities of providing affordable rental housing that allows pets, which we recognize must be considered in relation to the perceived shortage of such housing supply.

Companion animals and aging research symposium. In addition to our interviews and meetings, the first author organized a research symposium on companion animals and aging, which took place under the umbrella of a national gerontology conference held in October 2015, in the city where our research took place. The symposium brought together both academic scholars and representatives of animal welfare agencies in order to discuss emerging practical issues and scholarly research related to pets and the aging population (Canadian Association on Gerontology, 2015). The content presented, together with the discussion that ensued, evolved our understanding of aging-in-place with pets, within our local context and also within the broader Canadian setting.

Data analysis

Digital audio recordings of interviews were transcribed verbatim. Transcription was shared by the first author and a professional hired to assist with this project. The first author reviewed all transcripts for accuracy and corrected errors and omissions. During this process, the first author also wrote extensive research memos to capture post-hoc reactions and reflections, drawing iterative comparisons both within each interview and
between interviews, while also maintaining reflexivity and self-awareness. Data were reviewed multiple times by the first author, who led the inductive thematic content analysis (Braun & Clarke, 2006), combining first-level coding of manifest themes with a process of immersion and crystallization (Borkan, 1999) that led to identifying latent themes. At this point, all authors reviewed a sample of transcripts and discussed proposed themes, which were then refined. The first author continued coding the data set in its entirety and refining themes based on iterative and evolving understandings of the data. All authors met to discuss transcript content and theme derivation, and utilized e-mail correspondence to remain in communication until consensus was achieved. QSR-NVivo10 was used to manage the data analysis.

Findings

We designed our interviews to explore participants’ perspectives on ways that relationships with pets contributed to their clients’ experiences of aging-in-place, and also on the ways that clients’ pets impacted their own efforts to assist older adults. Accordingly, the themes discussed below are organized within these two overarching categories.

Pets and older adults’ experiences of aging-in-place

In reflecting upon their clients’ relationships with pets, all of our participants remarked on ways that having pets seemed to help older adults to situate themselves socially. At the same time, participants also observed situations where pets became conduits through which older adults experienced socially-patterned barriers that constrained their autonomy as individual citizens. Both of these perceptions are explored below.

Social situatedness. Throughout the entirety of our interviews, we were repeatedly struck by ways that pets were viewed as enabling older adults to feel both purposeful and intrinsically valued. For many older adults, having a pet also meant participating in a valued cultural practice that could transcend the bounds of age and isolation. This view was aptly expressed by a long-time volunteer involved in front line work serving lower
When ‘Places’ Include Pets

income and isolated older adults, “… ‘cause a lot of these seniors, they’re living by themselves, they have all these issues and it’s almost like they become the center of the universe. Whereas to me, I like to put it, if you’re a pet owner you become part of the universe” [SS6].

Several participants also reflected on the sense of purpose that pets provided for older adults who were aging-in-place, and especially for those living in lower income situations and having weak social networks. This sense of the connection between having a pet and having a valued position in society was reflected in the view of a front-line employee with an animal welfare organization:

This animal is so important to them because it is what keeps them going … fine, they don’t have a lot of money. But they’re doing the best for this animal that they can do with the money that they have. And they will subsidize (sic) their own food to be able to feed this animal the best that they can, and take care of it the best that they can. And if that’s what they need to make them happy, and feel like a person in society that really means something, then go for it… because now they can give to something else that’s a living, breathing creature that they have to look after. [AW2]

Similarly, an employee with an agency that serves our city’s most socially isolated, low income older adults discussed that for those clients who have pets, their relationships are “… a life-line. That is, time and time again, ‘Without this animal? There’s no reason for me to wake up in the morning.’” [SS2]

Constrained autonomy. Participants were acutely aware of the challenges many older adults must negotiate as their living circumstances change. While some participants discussed these challenges in relation to diminishing capacities, most often they were framed in relation to housing arrangements. Often clients were put in the position of having to choose between housing and their pet, which had negative consequences for their quality of life and well-being. As described by a front-line employee with an agency that assists vulnerable older adults:

… in this city, not a lot of seniors housing bodies accept pets. Very, very few do, and so then the senior is faced with the
difficulty of ‘Well, do I accept housing and get rid of my pet, or do I stay where I am?’ Maybe it’s not a good environment for them, or they could end up homeless, potentially. It becomes that difficult decision of ‘What do I do? Do I get rid of my pet or do I stay in, maybe, a not-so-good situation for myself?’ [SS3]

Participants often referred to a general, societal-level expectation that older adults will obligingly give up their pets as long as there is someone within their social network—a family member or a close friend—who will take the animal. Yet a front-line employee who helps older adults to locate and apply for affordable housing reflected that “Regardless of whether they do or do not (have social ties), no one wants to part with their pet.” [SS1 (excerpt from fieldnotes)]

Several participants commented on how often they heard older adults express a genuine longing for a companion animal. In describing intake conversations with new clients, one senior administrator with an agency that delivers in-home support mentioned:

‘Cause we ask, regardless of where they live, do you have a dog that we need to know about? ‘Oh I wish I could have a dog, oh I wish!’ ‘I had to give up my dog when I moved in here’. Those kinds of things? So, we do hear that. [SS5]

The shortage of affordable pet-friendly housing for older adults was also discussed by participants from animal welfare agencies. One participant reflected on the increasing frequency with which formerly-adopted animals were being returned to their agency due to older adults’ housing transitions:

“I would say at least 4 or 5 (cats) have come back (recently) because they’ve had to move into other accommodations that just don’t allow pets. I think that’s really sad because they’re really devastated, and the cat’s devastated, too.” [AW4]

Participants also noted the negative consequences of financial hardship on older adults and their pets. As one front-line service provider described:

“… there are times when a senior is facing financial difficulties and then the conversation comes up about the pet and
how much the pet is costing and whether or not that’s feasible any longer … (It) comes down to who can afford what. And those who can afford it do better in general, and those who can’t always end up suffering and going without.” [SS3]

Pets and organized efforts to promote aging-in-place

Because of the pivotal roles pets played in the lives of many clients, our participants often viewed efforts directed towards pets as being integral to supporting people as well. Yet they also described ways that these efforts were discretionary, and at times confounded by limitations imposed by organizational mandates and priorities. Both of these scenarios are described below.

Acts of more-than-human solidarity. Many of our participants shared stories illustrating ways that actions directed at helping pets, versus people, were acts of solidarity that served the interests of both people and pets. As observed by the co-founder of a local animal welfare agency: “I’m helping the cats. Which, in turn, helps the people.” [AW3] This sentiment was mirrored by a front-line service provider, reflecting on a situation she had recently encountered:

… the senior, he was very attached to his dog. It had been with him for, I think it was something like 13 years, so he had aged along with the dog. And, you don’t want to be the one to really kind of tear that relationship apart. So, what we do often is try and kind of get to the root of why is the senior not managing? Hopefully if we can help them manage better, then in turn they’ll be managing the care of the pet better. [SS3]

This same participant described efforts she had made to investigate formal service animal certification programs after a client, who depended on her dog for mental health support (as confirmed by a letter from her psychiatrist), was turned down by a housing provider. This form of assistance extended well beyond the scope of this participant’s professional duties, and illustrates the discretionary capacity that front-line service staff may have to act upon their sense of the importance of human-animal relationships in their clients’ lives.
Organizational-level solidarity for both people and their pets was less common and was also complex. For instance, an administrative employee with an agency that addresses food insecurity noted that older adults’ requests for food assistance had doubled over recent years compared to the broader population. He recounted that:

We know that they are in crisis or they’re on a low income … If a person is asking for a couple of extra cans of tuna, and with an extra couple of questions, they respond that “Well, this is for my pet, or cat, or whoever,” this just reminds us (to mention) that besides human, we have pet food … and we type down (this information) in the hamper request. So volunteers won’t miss it. [SS4]

While this specific agency embraces the philosophy that supporting people through times of crisis must include supporting their pets, the agency’s guiding organizational mandate forbids direct purchase of pet food and supplies using operational monies and donated funds. Therefore, the agency may only redistribute pet-related items that are received in the form of in-kind donations from individuals and industry. Thus even as a defining philosophy, the more-than-human solidarity enacted by this organization has been shaped at the discretion of its current administrative management.

Paradoxes in practice. Participants often shared challenges they faced when responding to situations involving older adults and pets. At times, these situations interfered with, or even disrupted altogether, their efforts to assist older adults. One participant framed the pet-related obstacles she faced in terms of broader social values: “I find that a lot of agencies that provide emergency financial support in one way or another don’t consider pet supplies or pet costs as a need.” [SS3] Most commonly, however, participants described the shortage of affordable pet-friendly housing as the primary barrier to helping their clients. One front-line service provider observed:

… it doesn’t balance out. I mean, you’re wanting to help the senior and protect them and make sure that these individuals have a high quality of life, but at the same time you’re taking away the thing that makes that happen. [SS2]
Reflecting upon older adults who refuse to part with pets to attain housing, another front-line service provider admitted that “they do fall off the radar. We just can’t assist them. Their files usually end up getting closed” [SS3]. A similar sentiment was shared by a participant from a different agency, who was similarly tasked with helping older adults to locate affordable housing:

SS1 is very sensitive to the pet issue, as many of the seniors she assists are emotionally distressed by the prospect of losing their beloved pet, to the point of being in tears on the telephone. If she knows ahead of time that she will be assisting a senior who is trying to find housing that will allow a dog, she tries to call them prior to their appointment. Since many have to make an effort to get to her work site, she feels that they need to know that there are no dog-friendly facilities available within subsidized or not-for-profit housing, and that there is nothing that her organization can do about this situation. [excerpt from fieldnotes, emphasis added]

On the day of our interview alone, this participant had meetings scheduled with three separate older adults who were seeking housing with a pet.

Discussion

We set out to understand the implications of older adults’ relationships with pets in the context of aging-in-place, conceived as both a policy focus and an individual preference. Our findings have reaffirmed Putney’s (2013) relational ecology proposition that older adults may experience benefits in relation to pets and aging via maintaining self-identity and the capacity to cope with interdependencies and change. Our findings have also evolved current understandings by illustrating situations where broader policies and practices related to aging-in-place become integral components of the relational ecologies that shape human-animal relationships and aging.

Regarding the benefits of human-animal relationships for older adults themselves, our participants described ways that having a pet may generate and support in their clients a sense of being socially-situated. As a concept, ‘situatedness’ suggests that human existence is experienced and defined in relation
to environmental, social, and cultural factors (Costello, 2014). For older adults in particular, pets seem to offer a nexus where these different factors converge, establishing a firm social role that remains intact, even as other life circumstances shift and change. We surmise that to some degree, feeling socially-situated may arise directly from the companionship provided by a pet (Enders-Slegers, 2000; McNicholas, 2014; McNicholas et al., 2005; Putney, 2013). Beyond companionship, however, we suggest that feeling socially-situated may also be linked to the meaningful occupation of caring for a pet, as we consider all that is required in order to meet a companion animal’s needs on a regular, daily basis (Putney, 2013; Raina et al., 1999; Zimolag & Krupa, 2009). Between the reciprocity of companionship and the responsibility of caring for a pet, older adults may derive both intrinsic fulfilment and extrinsic meaningfulness, thus situating the aging self as being both valued and capable. This effect may be especially salient to older adults living in socially isolated and low income circumstances (Anderson et al., 2015; Lago et al., 1983; McNicholas et al., 2005; Ormerod, 2012), for whom opportunities to reinforce a sense of social worth may be obstructed by inequitable social and material conditions (Ferraro & Shippee, 2009; Pavalko & Caputo, 2013).

Still, even as our findings have reaffirmed ways that older adults may benefit from relationships with pets, they extend the relational ecology framework by illustrating how older adults, especially those living in vulnerable circumstances, may also face inordinate barriers to having pets as they age-in-place. The barriers that our participants described in relation to their clients were often contingent upon having low income and weak social networks. The challenges these older adults faced around having pets illustrated the extent to which individual autonomy is experienced in relation to oppressive social structures, and ways that social conditions shape the choices available to older adults living in, or transitioning into, lower income situations (Baylis et al., 2008).

Affordable housing that is also pet-friendly is virtually non-existent in our city. Consequently, discriminatory housing rules were mentioned repeatedly as a primary reason why older adults and (often longtime) companion animals were forcibly separated; why agencies were at times unable to effectively
assist clients in need of support; and also why new relationships with pets could not be forged by older adults, even when desired. The uncertainty that many lower income clients faced as they searched for housing situations where they could remain with their pets also resulted in significant emotional anguish (Stoewen, 2012). These troubling situations point towards the need for us as a society to rethink ways that ethical principles shape the contexts we have created to support aging-in-place. It is important that we begin to formally recognize the implications that human-animal relationships have in relation to the aging experiences of older adults themselves, as reinforced by our relational ecology perspective.

A novel contribution of our study has been to shed light on tangible ways that human-animal relationships can affect, both negatively and positively, efforts to enable aging-in-place. Our participants were purposively selected for their direct and practical experiences with this endeavour. Not once did we hear that companion animal relationships “should” be dispensed with in order to meet conventionally-recognized aging-in-place needs and priorities. In some cases, we learned that discretionary efforts directed towards pets themselves had meaningful, positive impact on older adults’ lives. We understood these perspectives as aligning with Rock and Degeling’s (2015) conception of more-than-human solidarity. Rock and Degeling expand upon Prainsack and Buyx’s (2012, p. 346) conception of solidarity as both interpersonal- and collective-level “manifestations of the willingness to carry costs to assist others” for particular situations when “cared-for others include non-human animals, plants, or places” (Rock & Degeling, 2015, p. 62). Still, we also learned of instances where pet-related issues created paradoxical situations that inhibited agencies’ capacities to appropriately and effectively serve their clients. In particular, our participants noted the regularity with which files were closed or clients were turned away altogether if they were unwilling to part with their pet in order to find suitable and affordable housing.

We realize that challenges may arise when it comes to including pets within the ‘places’ where people are meant to age-in-place. For instance, our informational meetings with subsidized housing providers alerted us to distressing situations, like animal abuse and neglect, with which building managers
and other front-line workers were occasionally faced. These situations, however, appeared to be more prevalent among older adults living with mental illnesses, and were infrequently reported within the broader aging population, as others have also found (Huss, 2013; McNicholas, 2014). Importantly, older adults themselves, including those who do not have pets, may support the provision of pet-friendly subsidized housing, as long as responsible pet ownership is practiced by those residents who have pets (Freeze, 2010; Mahalski et al., 1988).

Overall, our findings underscore a pervasively institutionalized view that pets are dispensable in the context of aging-in-place. This view is manifest in both policy-level factors and organizational practices, even as individual actions taking place within these structures may suggest an opposing sentiment. Even so, it became apparent to us that perspectives of both human social services and animal welfare agencies contained continuities that crossed species lines, in terms of recognizing the extent to which the well-being of older adults and their pets may be intertwined and indivisible. This recognition points towards opportunities for social support services and animal welfare agencies to formally coordinate their efforts to support, in tandem, both human and non-human animal interests.

While relational coordination often refers to operations within a single organization (Gittell, 2011), we propose that relational coordination networks may extend across organizations, so as to also cross species boundaries. An example of this type of initiative has recently been launched in our own local context. “Pet Assist” (Calgary Seniors Resource Society, 2017) is being piloted by the Calgary Seniors Resource Society (CSRS), a community agency that provides supportive services to lower income and socially-isolated older adults. To deliver this program, CSRS has forged partnerships with a mobile veterinary clinic, a charity that provides financial assistance for pet care, and several local animal welfare agencies. Supported by this platform of inter-agency collaboration, CSRS recruits and trains volunteers in order to assist vulnerable clients with their pet care needs, including weight management, monitoring medication, and providing support during and following veterinary visits. This model program illustrates how closer collaborations
between two traditionally distinct types of community agencies can leverage the values that underscore more-than-human solidarity (Rock & Degeling, 2015) within the broader social and policy contexts of promoting aging-in-place. This approach also aligns with cross-sectoral approaches to promoting aging-in-place (Steels, 2015). Ideally, initiatives like Pet Assist will also underscore efforts to advocate for increasing the availability of pet-friendly affordable housing, by preventing untenable situations from arising in the first place, and by offering a coordinated solution that can address both older adults’ and pets’ needs, should concerns arise.

Limitations

The complexity of aging-in-place as both an individual experience and a population-level phenomenon suggests the involvement of multifaceted stakeholders, ranging from policy-makers to service-providers to older adults themselves. In approaching this component of our case study, we limited the scope of our sampling to community agencies that serve older adults, and to animal welfare agencies whose operations may be affected by population aging. Our scope also limited our study’s ability to capture the entire breadth of valuable perspectives on aging-in-place and pets. For example, the perspectives of homecare providers and community nurses, whose clients and patients may be experiencing multiple transitions in terms of health and ability, would offer invaluable insight. Veterinary professionals’ views must also be considered in relation to the mounting challenges older adults may face to care for an animal as they age. The perspectives of older adults themselves, on the lived experiences of aging-in-place with pets, must also be considered. As with all case studies, our study reflects aging-in-place with pets in our own local context. Even so, our findings may be meaningful across a range of settings, given that both population aging and the popularity of pets are global phenomena; that promoting aging-in-place is an internationally-sanctioned effort; and that the availability of affordable, appropriate housing is fundamental to promoting aging-in-place.
Conclusion

We can anticipate that for a substantial proportion of older adults, aging-in-place will involve a pet. Ideally, these important relationships will support aging-in-place by contributing to maintained independence and by reaffirming a sense of social inclusion. Yet, especially for older adults who experience reduced incomes and increased social isolation, these advantages may be offset by social conditions that make having a pet difficult or even impossible. To redress this situation, our society must start to formally recognize both the existence and the importance of older adults’ relationships with pets. Considering these relationships through an extended relational ecology theoretical framework (Putney, 2013) has enabled us to understand ways that existing social structures and approaches to promoting aging-in-place may both constrain and enable positive relationships between older adults and pets. We thus encourage community-based social services and animal welfare agencies to forge relational networks that cross both organizational and species lines. But first and foremost, we need to adopt a policy structure that will improve the availability of affordable, pet-friendly housing options for older adults. Without enough ‘places’ where older adults can age with their pets, we will continue to be hindered in our efforts to promote aging-in-place in ways that are equitable and inclusive – for older adults, and for their pets.

Acknowledgements: This project was funded by a Canadian Institutes of Health Research (CIHR) operating grant (#MOP-130569) held by Melanie Rock. Ann Toohey received funding via a University of Calgary—Achievers in Medical Sciences Recruitment Scholarship; a CIHR-Population Health Intervention Research Network (PHIRNET) Doctoral Studentship; and an Alberta Innovates Graduate Studentship (#201504).
References


Enders-Slegers, M.-J. (2000). The meaning of companion animals: Qual-

Ferraro, K. F., & Shippee, T. P. (2009). Aging and cumulative inequal-


ership and attachment as supportive factors in the health of the elderly. *Anthrozoos, 3*, 35–44.

Gitlin, L. N. (2003). Conducting research on home environments: Les-

Gittell, J. H. (2011). New directions for relational coordination theo-
ry. In G. M. Spreitzer & K. S. Cameron (Eds.), *The Oxford hand-

Hansen, P. (2013). Urban Japan’s “fuzzy” new families: Affect and em-


Himsworth, C. G., & Rock, M. J. (2013). Pet ownership, other domes-
tic relationships, and satisfaction with life among seniors: Results from a Canadian national survey. *Anthrozoos, 26*(2), 295–305. https://doi.org/10.2752/175303713X13636846944448


When ‘Places’ Include Pets


Social Networks in the Context of Microfinance and Intimate Partner Violence in Bangladesh: A Mixed-Methods Study

Nadine Shaanta Murshid
University at Buffalo,
The State University of New York

Allison Zippay
Rutgers University

This mixed-methods study draws from social network theory to examine disclosure and help seeking for intimate partner violence among microfinance participants in Bangladesh. This study uses data on women from the nationally representative Bangladesh Demographic and Health Survey 2007 and from in-depth interviews with 30 microfinance participants in Dhaka. Propensity Score Matching analyses indicated that increase in social contacts due to microfinance participation was not associated with disclosing IPV. Responses from the urban sample indicated that reasons for nondisclosure include feelings of shame, stigma, and fear of being perceived as weak by others. Implications regarding how microfinance organizations can tap participant networks as mechanisms for change are discussed.

Key words Intimate partner violence (IPV) disclosure; poverty; microfinance; Bangladesh

Microfinance programs have emerged across the world as an anti-poverty tool directed towards marginalized groups (Arun & Hulme, 2008; Counts, 2008; Goetz & Gupta, 1996; Hartarska & Nadolnyak, 2007; Khavul, 2010). In Bangladesh, microfinance entails financial services, predominantly micro-loans, to start micro-enterprises targeted to women (Banerjee, Duflo, Glennerster,
& Kinnan, 2015; Counts, 2008). Several countries in Asia and Africa now have a long history of microfinance; research suggests that microfinance may ease the depth of family poverty and also has the potential to empower participants with enhanced economic and social resources, and opportunities for self-determination (Counts, 2008; Hudon & Myer, 2016). Such resources include increased instrumental and informational social networks that microfinance participation facilitates by way of contacts generated through business ownership, and via interactions with microfinance program participants and staff.

Poverty rates within Bangladesh have fallen dramatically in the past decades, but still affect about 25% of the population (bdnews24, 2016). In Bangladesh, over 30 million women participate in microfinance programs (Lachman, 2011). Within the country, patriarchal structures and intimate partner violence (IPV) also remain prevalent, with estimates of between one-to-three quarters of all women having experienced IPV (Murshid, Akincigil, & Zippay, 2016; Schuler et al., 2008). Prosecution of IPV, however, remains low (Anwary, 2015).

It has been suggested that participation in microfinance programs may play a role in prompting greater individual help-seeking for IPV, as women assume more authority in their roles as entrepreneurs, and connect with wider and more diverse social networks and informational resources outside their homes (Murshid, 2013).

This study used mixed methods to explore microfinance participation and IPV disclosure among social networks of women in Bangladesh. Data from a nationally representative sample of ever-married women from the Bangladesh Demographic and Health Survey of 2007 were examined and juxtaposed with qualitative data collected from 30 women in Dhaka. The study examined associations between microfinance participation and the use of social networks to disclose IPV. Granovetter’s (1973, 1983, 1995) concept of the “strength of weak ties” provided a framework for analyzing social networks as a mechanism for intervention involving microfinance programs and interpersonal interactions. The findings have implications for the ways in which gendered economic development via microfinance programs may be intentionally directed toward resources for social development such as IPV policy and intervention.
Literature Review

Microfinance

Microfinance in Bangladesh emerged in the 1970s as a research project by Mohammad Yunus of Chittagong University. Experimenting with small group credit models, he found that even small amounts of money had the potential to help individuals alleviate or reduce their poverty, if they were able to invest that money in self-sufficient micro businesses. He created Grameen Bank to provide banking services to the poor, particularly in the form of micro loans in the absence of collateral (Counts, 2008; Yunus, 2003).

Microfinance organizations use a group-lending model to ensure repayment of loans in the absence of collateral. Five to eight individuals form a lending group in which all individuals are responsible for repayment of individual loans. Microfinance organizations target women based on studies indicating that women are better borrowers with high repayment rates (Counts, 2008; Pitt, Khandker, & Cartwright, 2006; Pitt, Chowdhury, & Millimet, 2003; Yunus, 2003). In addition, women are more likely to invest in their families’ nutrition and education, particularly girls’ education (Pitt & Khandaker, 1998).

In addition to reducing poverty, goals of microfinance include the empowerment of women (Banerjee et al., 2015; Counts, 2008). Many microfinance organizations provide nonfinancial as well as financial services, such as health, wellness, and education services (Dunford, 2001). These are meant to improve social development as well as macro economic outcomes, but research has indicated that while microfinance participants are more likely to send their daughters to schools, provide them with nutrition, and use contraceptives to gain control over their own bodies (Murshid & Ely, 2016; (Pitt & Khandaker, 1998), changes in health, education, and empowerment among women in microfinance-saturated neighborhoods are not significant (Banerjee et al., 2015). This is perhaps because few organizations provide such additional services, and these services are provided to organization members only, which excludes non-participants from access to such services.
Prevalence of IPV

Intimate partner violence (IPV), or domestic violence, has been defined as a systematic effort to subordinate and marginalize an intimate partner using coercive and exploitative tactics including physical violence, psychological violence, sexual abuse, and financial abuse (Holden, 2003; Huang, Postmus, Vikse, & Wang, 2013; Postmus, 2014). The causes of IPV are varied and complex in different parts of the world, but the effects are universally condemned as a violation of human and personal rights. In Bangladesh, IPV remains a pervasive and normalized social problem and is estimated to affect between 25 to 70 percent of women across the socioeconomic spectrum (Begum, 2005; Koenig, Ahmed, Hossain, & Mozumder, 2003; Naved, Azim, Bhuiya, & Persson, 2006; Schuler et al., 1996; Schuler et al., 2008).

Laws and Legal Recourse Available for Women

The Domestic Violence Prevention and Protection Act in Bangladesh was enacted in 2010 to meet the obligations for the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)—an international treaty adopted by the United Nations General Assembly in 1979, and Article 28 of the Bangladesh Constitution, that makes the advancement of women and children a special priority. Under the Act, physical, psychological, financial, and sexual violence has been criminalized, and children who are or have been at risk of experiencing violence in their families can seek recourse under this Act. Accordingly, women are to be given a menu of options, including medical and legal aid services, to which they can avail themselves once they file a complaint against their abusive partners. The Act allows judicial magistrates the power to intervene in violent situations by issuing interim orders, including protective orders, residence orders, maintenance orders, and safe custody orders to protect women who experience IPV, the breach of which are punishable by law, including imprisonment ranging from 6 months to 24 months and fines up to Tk. 1 lac and community service (Khatun & Rahman, 2012).
Social Services for IPV

There are basic, yet limited, services available for women who seek help, particularly in urban areas. IPV services provided by the national government are focused on the provision of temporary shelter. There are two “One Stop Crisis Centers” in the country, one in Dhaka Medical College Hospital and the other in Rajshahi Medical College Hospital, where women and children can obtain services including medical help, police intervention, counseling and mental health treatment, forensic tests, and shelter. Non-government organizations are at the helm of providing legal services, (e.g., Bangladesh National Woman Lawyers Association [BNWLA] and Ain O Shalish Kendra [ASK]), as well as campaigning for women’s rights (e.g., Women for Women and Nari Pokhho) (ASK, 2015).

Prevalence of Help-Seeking

Among IPV service providers, an individual’s disclosure of domestic violence to a friend, family member, professional or others is emphasized as a critical action and decision point on the path to help seeking for IPV (Postmus, Severson, Berry, & Yoo, 2009). Research indicates that women’s decisions to seek help for IPV depend on myriad individual, familial, and structural factors (Liang, Goodman, Tummala-Narra, & Weintraub, 2005).

In countries of South Asia, like Bangladesh, women are particularly limited to seek recourse for intimate partner violence given barriers on all levels: stigma and shame on the personal level, family pressure to protect family honor and reputation, on the familial level, and economic dependence and classic patriarchal hierarchies on the structural level (Naved et al., 2006). Other studies indicate that factors associated with greater help-seeking for IPV among women in Bangladesh include severity and frequency of violence, both physical and verbal; education beyond 10th grade; employment; and social support (Dalal, 2011; Naved et al., 2006; Schuler, Bates, & Islam, 2008).

Nevertheless, the number of women who seek help for IPV remains extremely low, in part because women are often dismissed when they do file complaints; police reports indicate that between 2010 and 2012, 109,621 allegations of violence were
made by women to law enforcement agencies, but only 6,875 cases were taken forward, while others were dismissed as false (Haq, 2012). The 2007 Bangladesh Demographic and Health Survey reports that a “culture of silence” remains pervasive among women there; only about 30% of respondents of their nationally representative sample who had experienced IPV said that they had told someone about the abuse (NIPORT, 2009).

Conceptual Model Based on Social Network Theory

Research applying social network theory indicates that social networks that are more diverse in composition (including contacts across a variety of categories such as family, friends, work colleagues, school contacts, medical personnel, etc.) and that include “weak” ties (friends of friends, less intimate contacts), are associated with greater access to informational, economic, and social resources, and with adaptation to change (Bott, 1971; Hanneman & Riddle, 2005; Granovetter, 1973; Johnson, 1994; Lin, 1999; Madsen & Servais, 1997; Rankin, 2002; Wellman & Wortley, 1990). Participation in microfinance may lead to an increase in the social network contacts of individual women, because the group-lending model of microfinance focuses on making each individual responsible for the loans obtained by all members in that group. This allows women to be more connected to, and invested in, other women who are in their lending group, as well as to the organizational personnel that administer the loans.

In addition, as micro business entrepreneurs, women are more likely to be in contact with a wider range of community associates as they interact with vendors, customers, and others in their roles as micro-finance entrepreneurs; their sphere of interaction broadens beyond the home and their husband and children. Their roles as business owners provide them a stance associated with greater status and economic means, as well as access to training and information provided by the micro-finance loan officers and other business personnel.

The access to wider social network contacts may provide women with more opportunities for disclosure and help seeking in the face of IPV, as well as access to wider and more diverse resources. As such, increased social contacts of the women may
allow for increased information transfer between individuals, as well as increased social support. These relationships have the capacity to exert social influence over individuals while providing support and social capital, as microfinance participants’ access to personal resources and opportunities to engage in help-seeking behavior increase (Jones & Ferguson, 2009; Murshid, 2013; Rankin, 2002). No recent research, however, has investigated associations between microfinance participation and IPV disclosure, to the best of our knowledge.

Methods

The present study uses data from the nationally representative Bangladesh Demographic and Health Survey 2007 (National Institute of Population Research and Training [NIPORT], Mitra and Associates, & Macro International, 2009), and qualitative interviews with 30 women who access microfinance in Dhaka, Bangladesh, to examine the association between microfinance participation and IPV disclosure among and help-seeking social networks, and provide an exploration of the context in which microfinance participation may promote expanded social network contacts and potentially help-seeking behaviors.

Primary Research Questions

We have two primary research questions: (1) Are women participating in microfinance more likely to disclose IPV to a social network contact compared to women who do not participate in microfinance? And (2) What is the context of the hypothesized link between microfinance participation and disclosure and help-seeking social networks?

Description of Quantitative Study

Data

The current study uses the Women’s Questionnaire from the Bangladesh Demographic and Health Survey 2007 (NIPORT et al., 2009) that surveyed 10,400 households including 10,996 ever-married women between the ages of 15 and 49 years. The
survey was designed to generate nationally representative estimates for the entire nation, including urban and rural areas, and six major divisions of Bangladesh: Dhaka, Chittagong, Khulna, Rajshahi, Barisal, and Sylhet.

**Sampling**

The sampling frame for the BDHS 2007 (NIPORT et al., 2009) was created from the Population Census of Bangladesh obtained from the Bangladesh Bureau of Statistics (BBS, 2001). The sampling frame was comprised of 259,532 enumeration areas (EAs), defined as “convenient number of dwelling units which serve as counting units for the census with an average size of around 100 households” (NIPORT et al., 2009, p. 239). A two-stage stratified sampling strategy was used. First we selected enumeration areas, and then women from 30 households from each enumeration unit were selected for interviews.

In the present study, the sample analyzed was restricted to individuals who indicated in the survey that they experienced IPV, and who answered the questions regarding disclosure and help seeking. The survey asked respondents, “Does/did your (last) husband/partner ever do any of the following things to you: push you, shake you, or throw something at you; slap you; twist your arm or pull your hair; punch you with his fist or with something that could hurt you; kick you, drag you, or beat you up; try to choke you or burn you on purpose; threaten or attack you with a knife, gun, or any other weapon; physically force you to have sexual intercourse with him even when you did not want to?” Question responses were yes or no.

Upon accounting for missing values for each variable (by list-wise deletion) and restricting the dataset to individuals who responded to the questions of interest, the sample size was first reduced to 4,163. Of this number, 1,003 women reported experiencing IPV; 805 responded to questions about seeking help for IPV. This (n = 805) is the sample size of the quantitative portion of the current study that focuses on IPV disclosure.
Quantitative Measures

IPV disclosure was used as a dependent variable, and independent variables included microfinance participation, and control variables that have been associated in previous research with help seeking for IPV, including income status, paid employment, education, and age.

IPV disclosure from a social network contact was measured based on the open-ended BDHS (NIPORT et al., 2009) survey question to women who had experienced IPV in the past 12 months, “Did you tell anyone about your husband hurting you?” with a yes or no answer. A follow-up question asked, “Who did you tell”? (respondents could list as many as they chose). IPV disclosure was a dichotomous variable coded as “1” if yes and “0” if they did not tell anyone. The question regarding disclosure was asked immediately after questions about whether or not the respondent had experienced IPV.

Microfinance participation was measured by a dichotomous variable where “1” indicated that women participated in at least one of the four major microfinance organizations (Grameen Bank, ASA, BRAC, and Proshika), and “0” indicated that they were not a member of any microfinance organization.

As part of BDHS 2007 (NIPORT et al., 2009), respondents were asked about their employment status. As such, 1 indicated that women were employed for pay, and 0 indicated women were not employed.

Economic status was measured using a “wealth index” constructed by BDHS 2007 (NIPORT et al., 2009) using data on ownership of durable goods and dwelling characteristics (such as bicycles, television sets, source of drinking water, sanitation facilities, and construction materials). Wealth was dichotomized as “wealth assets = 1” if respondents scored 2 and above, and “0” if respondents scored a 1 or below (and labeled “no wealth assets”).

The BDHS 2007 documented age in continuous as well as categorical form. In the current study, the variable was used in its categorical form when applied in the univariate analyses, and in its continuous form when used in the multivariate analysis.

The BDHS 2007 dataset included information on respondent education level. That information was presented in categorical
format, grouping individuals based on whether they had no education, primary education, secondary education, or higher than secondary education.

**Statistical Analysis**

Descriptive statistics were computed for all variables, and analyses using propensity score matching techniques were then conducted to assess whether women who participated in microfinance were more likely to disclose IPV to someone in their social network, to account for endogeneity and selection biases. The women in the two groups were matched based on propensity scores calculated using a probit model, irrespective of microfinance participation. Microfinance participants were matched with non-participants with the most similar propensity score, using one-to-one nearest neighbor matching with no replacement with the common support restriction. The Propensity Score Matching (PSM) model was computed using `psmatch2` function on Stata13 LP, which estimated the effect of microfinance by measuring the average effect of treatment on the treated (ATT), while accounting for sample weighting and the complex research design of the BDHS 2007 (NIPORT et al., 2009). The post-matching sample size was 10,128 women, reduced from the total sample size of 10,996.

The ATT was bootstrapped with 2000 repetitions to confirm findings. PSM was chosen as the analytical tool to make the findings comparable as closely as possible to findings from a quasi-experimental study, accounting for endogeneity and selection biases.

**Description of Qualitative Study**

Purposive sampling was used to recruit 30 women who participated in microfinance in a slum—an area of extreme poverty—in the city of Dhaka. The interviews were conducted by the first author in the Bengali language. The study received approval from a university Institutional Review Board (IRB), and oral consent was obtained in Bengali from each participant. The interviews took on average approximately 90 minutes to complete. The data were recorded manually by the lead author and
Microfinance, Networks, and IPV in Bangladesh

a research assistant and were later transcribed and translated by the lead author, before analysis using Atlas ti. Participants were recruited with the help of a local schoolteacher whose students were children of microfinance participants. The schoolteacher introduced the lead author to participants, after which consent was obtained and interviews conducted. The interviews were held at the local school, given its close proximity to the dwellings in which the microfinance participants resided. As is the norm in Bangladesh, and other very low-income countries (NI-PORT et al., 2009), participants were not paid, so as to ensure that individuals did not participate in the interview solely for the associated monetary compensation.

Respondents were asked about their experiences with domestic violence, its association with microfinance participation, and their status in the household as a result of their access to microfinance. Questions were framed matter-of-factly, without judgment, and questions were modified based on how much or little participants shared; some were more forthcoming, others needed follow up questions. The initial questions were broad, such as, “tell me about your life, what do you do?” As the respondents revealed their stories, the questions got narrower: “Where did you hear about microfinance? Why did you decide to access microfinance? Whose decision was it to access microfinance?” Questions were also asked about their personal lives: “When did you get married? How did your husband feel about your participation in microfinance? Did your husband ever hurt you physically?”

Their experiences with help seeking in various difficult situations, including IPV, were also discussed. Questions were asked about their friends and family members, who they were and where they lived, and the kinds of help they have received from them in the past. Questions about help-seeking social networks were asked after the questions about experiencing IPV. Then, they were specifically asked if they told others about their IPV or sought help from members of their lending group, friends, or family members, and the reasons for which they selected the people from whom they sought help.
Rationale for Using Mixed-Methods

The quantitative portion of the study examines nationally representative data and investigates associations between the variables of interest: microfinance participation, IPV, and disclosure among social network contacts. The qualitative portion provides an examination of the context for these associations, and why these links may or may not exist. The key rationale for conducting the in-depth interviews was to generate insight into the context of findings from the quantitative portion of the study, and to suggest questions for future research.

Results

Quantitative Study Results

Twenty four per cent of the study population of ever-married women said they experienced IPV (N = 1,003). Of those, 805 women answered the question about IPV disclosure. Of the 805 women, 70.9% (n = 569) reported that they did not disclose their experience of IPV, while 21.9 % (n = 236) reported that they told someone about the IPV (see Table 1). Of those who disclosed, most disclosed to family: parents (11.74%; n = 95), siblings (6.3%; n = 51), parents-in-law (7.39%; n = 60), and other relatives (10%, n = 81); 11.87% (n = 96) said they told neighbors, and 9 (1.11%) disclosed to friends. Only two respondents sought help from the police; one from a counselor; one from a health worker; 0 to a religious cleric; 0 to NGO personnel; 15 to local leaders; and 4 to others (see Table 2).

Propensity score matching estimate was implemented using psmatch2 function in Stata 13. Table 2 shows the results from the probit regression that was used to estimate the propensity score of microfinance participation. Table 3 indicates the post-matching results of the estimation of the average effect of treatment on treated (ATT). The results allow for a comparison between the unmatched and matched samples of treatment and control groups. The common support from psmatch2 indicated that 7,350 were “untreated” while 2,778 were “treated,” which means 7,350 women were in the control group and 2,778 were in the treatment group (microfinance). The unmatched sample
Table 1. Characteristics of the study population

<table>
<thead>
<tr>
<th>Characteristics of the study population</th>
<th>Sample Size</th>
<th>Population Distributiona</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>805</td>
<td>100.0</td>
</tr>
<tr>
<td>Key Dependent Variable Disclosed IPV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>569</td>
<td>70.9</td>
</tr>
<tr>
<td>Yes</td>
<td>236</td>
<td>29.1</td>
</tr>
<tr>
<td>Independent Variables</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Microfinance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>510</td>
<td>63.6</td>
</tr>
<tr>
<td>Yes</td>
<td>295</td>
<td>36.4</td>
</tr>
<tr>
<td>Wealth Assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>385</td>
<td>51.1</td>
</tr>
<tr>
<td>Yes</td>
<td>420</td>
<td>48.9</td>
</tr>
<tr>
<td>Respondent Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15-24</td>
<td>355</td>
<td>44.2</td>
</tr>
<tr>
<td>25-34</td>
<td>291</td>
<td>37.1</td>
</tr>
<tr>
<td>35-44</td>
<td>126</td>
<td>14.5</td>
</tr>
<tr>
<td>45+</td>
<td>33</td>
<td>4.1</td>
</tr>
<tr>
<td>Age Difference (Husband’s age—Wife’s age)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;9</td>
<td>482</td>
<td>57.6</td>
</tr>
<tr>
<td>10-19</td>
<td>284</td>
<td>37.9</td>
</tr>
<tr>
<td>20+</td>
<td>39</td>
<td>4.4</td>
</tr>
<tr>
<td>Educational Difference</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Difference</td>
<td>279</td>
<td>36.2</td>
</tr>
<tr>
<td>Husband More Educated</td>
<td>271</td>
<td>30.6</td>
</tr>
<tr>
<td>Wife More Educated</td>
<td>255</td>
<td>33.2</td>
</tr>
<tr>
<td>Respondent Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No education</td>
<td>323</td>
<td>35.9</td>
</tr>
<tr>
<td>Primary</td>
<td>251</td>
<td>34.2</td>
</tr>
<tr>
<td>Secondary</td>
<td>228</td>
<td>28.2</td>
</tr>
<tr>
<td>Higher</td>
<td>21</td>
<td>1.7</td>
</tr>
<tr>
<td>Respondent Partner’s Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No education</td>
<td>323</td>
<td>43.7</td>
</tr>
<tr>
<td>Primary</td>
<td>251</td>
<td>30.3</td>
</tr>
<tr>
<td>Secondary</td>
<td>183</td>
<td>21.6</td>
</tr>
<tr>
<td>Higher</td>
<td>48</td>
<td>4.4</td>
</tr>
<tr>
<td>Currently Employed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>555</td>
<td>66.8</td>
</tr>
<tr>
<td>Yes</td>
<td>250</td>
<td>33.2</td>
</tr>
</tbody>
</table>

Note. a Weighted sample; numbers rounded up to 1 decimal point and may not add up to 100
Table 2. Probit regression from psmatch2 in Stata to estimate propensity scores of participation in microfinance

<table>
<thead>
<tr>
<th>Microfinance Participation</th>
<th>Coefficient (S.E)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wealth Assets</td>
<td>-0.15 (0.03)*</td>
</tr>
<tr>
<td>Age</td>
<td>0.004 (0.006)*</td>
</tr>
<tr>
<td>Age Difference between Spouse</td>
<td>0.006 (0.002)*</td>
</tr>
<tr>
<td>Educational Difference between Spouses</td>
<td>0.0002 (0.002)</td>
</tr>
<tr>
<td>Respondent Education</td>
<td></td>
</tr>
<tr>
<td>No Education</td>
<td></td>
</tr>
<tr>
<td>Primary Education</td>
<td>0.04 (0.04)</td>
</tr>
<tr>
<td>Secondary Education</td>
<td>-0.13 (0.05)*</td>
</tr>
<tr>
<td>Higher Education</td>
<td>-0.50 (0.04)*</td>
</tr>
<tr>
<td>Husbands’ Education</td>
<td>-0.50 (0.04)*</td>
</tr>
<tr>
<td>No Education</td>
<td>-0.50 (0.04)*</td>
</tr>
<tr>
<td>Primary Education</td>
<td>-0.50 (0.04)*</td>
</tr>
<tr>
<td>Secondary Education</td>
<td>-0.50 (0.04)*</td>
</tr>
<tr>
<td>Higher Education</td>
<td>-0.50 (0.04)*</td>
</tr>
<tr>
<td>Employment</td>
<td>-0.50 (0.04)*</td>
</tr>
<tr>
<td>Constant</td>
<td>0.70 (0.06)*</td>
</tr>
<tr>
<td>Number of Observations</td>
<td>17,749</td>
</tr>
<tr>
<td>Log likelihood</td>
<td>-11051.214</td>
</tr>
<tr>
<td>Log-Likelihood Ratio Chi-Square</td>
<td>959.88</td>
</tr>
<tr>
<td>Prob. &gt; Chi Square</td>
<td>0.00</td>
</tr>
<tr>
<td>Pseudo R2</td>
<td>0.04</td>
</tr>
</tbody>
</table>

Note. *p<.05; There are observations with identical propensity score values. Sort order is random.

Table 3. ATT Estimate from psmatch2

<table>
<thead>
<tr>
<th>Variable</th>
<th>Sample</th>
<th>Treated</th>
<th>Controls</th>
<th>Difference</th>
<th>SE</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Help-Seeking</td>
<td>Unmatched</td>
<td>0.031</td>
<td>0.020</td>
<td>0.011</td>
<td>.003</td>
<td>3.44</td>
</tr>
<tr>
<td></td>
<td>ATT</td>
<td>0.031</td>
<td>0.026</td>
<td>0.005</td>
<td>.005</td>
<td>1.03</td>
</tr>
<tr>
<td>Bias-Corrected SE of ATT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calculated with Bootstrap</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Using Bootstrap with 2000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Repetitions in Stata</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
of microfinance participants and non-participants shows a statistically significant difference of 1.1 percentage points in terms of seeking help, indicating that microfinance participants are significantly more likely to seek help for IPV than non-participants; however, this estimate does not account for selection and endogeneity biases. The ATT (matched) estimation, which does account for selection and endogeneity biases, presents a different picture. The difference in IPV disclosure between microfinance participants and non-participants is 0.5 percentage points, but this estimate is not significant at the 0.05 level. This suggests that women who participate in microfinance are not significantly different from women who do not participate in microfinance in terms of their disclosure, when the comparison is made between women who have similar propensities to participate in microfinance. Bootstrapping the ATT 2000 times similarly yielded insignificant results, which further corroborates this finding.

Qualitative Study Results

The qualitative study was conducted to understand the context and nuances of respondent experiences with microfinance participation, IPV and its disclosure within their social networks.

Microfinance participation

The 30 respondents ran a variety of microfinance businesses: retail trading in fruits, vegetables, or fishes; snack shops; and tea stalls. The women ranged in age from 18 to 49 years and all were married and had either young or adult children. All of the respondents lived in crowded, urban areas of extreme poverty in Dhaka known as “bosti” or slums. Dwellings were mostly jerry-built, including tents and shacks and houses assembled from a jumble of found materials, such as jute and plastic bags, old vinyl billboards, bamboo mats, and odd pieces of wood or metals. Most housed extended families, including husband and wife and children, adult parents or in-laws, and sometimes additional relatives in need of a place to stay.

The respondents described a variety of ways in which they became involved in microfinance: some were recruited by loan
officers visiting the bosti; others were brought in through participating family or close friends or neighbors; and some connected via more distant contacts:

“My friend’s husband’s sister gave my name to a woman who came looking for people to give loans to, and then contacted me.” “My landlord’s friend came over one day and was talking about her micro-business and said we should try it.”

Running a microfinance business did not lift these women out of poverty. Rather, the small income generated from their micro-businesses eased extreme poverty to some degree, and provided basic necessities and some additional material goods:

Now … I can provide my family with food on a daily basis. I am not working the streets as a beggar…I can send my children to school; I am not dependent on the income they bring in as beggars. I can clothe them … [Samina]

In describing their experiences with running a business, the women talked about the tasks of entrepreneurship that took them out of their homes and into the community to buy stock, sell their goods, conduct banking, etc. They spoke of expanded social contacts and interactions with people, including microfinance loan officers and staff, group lending members, customers, and vendors and business associates.

In terms of knowing more people, there are officers from the organization that we now know … I have a lot of repeat customers in my business, and in some ways they have become my friends … So I have made new connections in that way. I feel that because I am now a businesswoman, with status and money, more people are willing to be friends with me… They ask how the business is going, how I am doing, and so on. Most of those people are microfinance recipients too. So, basically, there is an increase in social networks that comes from our mutual respect …

Intimate Partner Violence

Each of the 30 women interviewed said that they had experienced physical violence from their husbands. Most spoke
of the violence matter-of-factly, as a routine part of life. “Yes, of course, my husband hits me once in a while,” and “I didn't like getting beaten up, but these things happen in marriages” were two responses that were echoed, in substance, by almost two-thirds of the women. Their experiences ranged in severity, and some women indicated that abuse had lessened or stopped in recent years:

My husband used to beat me when we first got married. I was young. I didn’t know how to run a household and he used to get upset and hit me. Now I’m old, my husband is older. He doesn’t hit me anymore.

My husband hits me to show disapproval when I do something that he doesn’t like. But I still do those things. He will find a reason to hit me even if I stop. For example I like eating sour berries, and he tells me I waste money on them. All husbands hit their wives. It’s okay but it’s also embarrassing. I don’t like admitting to it, especially to my mother. When she calls to ask I tell her I am happily married.

Disclosure and help seeking

When asked if they had told others about the physical violence by their husbands, about 60% of the respondents said no. Every disclosure or help request involved close family, friends, or neighbors. Not one of the respondents sought formal help through the legal system or law enforcement agencies, or counselors, or health professionals/shelters.

Among those who did not seek help, several women said they were ashamed to talk about the violence in their lives with family members and friends. “Isn’t it shameful? It is, right?” Shaila counter-questioned me. “What will they say about my husband if they know he hits me? And what will they think of me? So no, I don’t tell anyone. It’s my private problem, not for the world to know.”

Others suggested that they did not share with their family because they didn’t want to upset them. As Morjina said:

I don’t ask for help. Even with family members ... I don’t want to share this sadness. My mother will feel sad, she will worry about me. It’s best she thinks I’m doing fine.
The shame of experiencing violence, as voiced by the respondents, was difficult to understand given the seemingly pervasive and normalized nature of the problem—on one hand, they all spoke of experiencing violence, albeit of different kinds, but at the same time they were ashamed or embarrassed to tell others.

Among women who disclosed the violence, most reported telling their siblings, other relatives, friends, and some told their neighbors. Most said that the help they sought was emotional—talking to others as support. Occasionally a friend or relative spoke to the husband; some brothers or fathers ‘beat up’ the spouse.

I am closest to my sister, so I told her about the violence. I did it primarily to get it off my chest, not because she can do anything about it. What can she do, after all? She is poor too, and lives in a slum. She can't invite me to stay with her. But she can make me feel better. I once told my father about the violence; he got really angry and threatened to beat him up. But my father is an old man, and there is no point in upsetting him. So I told him it wasn't a big deal, it didn't hurt that much.

In several cases, help was not sought directly by these women, but came when neighbors in close proximity intervened when they heard the sounds of beatings or cries for help:

When he’s angry I don’t do anything. I don’t tell anyone. People, however, can see and hear because the slums are so crowded and each room is divided by cardboard or plastic sheets. Sometimes they intervene, sometimes they don’t. I guess it depends on how loud it gets. When they do intervene, he lets me go. I then leave the room. My neighbors, who are also my friends, found out about the violence because they heard me scream in pain. Since then, my husband tries to muffle the sound by placing his hand over my mouth. But because they [my neighbors] already know [about the violence] I go and tell them exactly that. I think once they found out I wasn't ashamed to tell them, because they knew already. It’s harder to tell someone who has no idea about the violence.

When asked about disclosing violence or seeking help from their microfinance lending group or other business contacts, the response from these microfinance participants was universal:
they did not seek help from their lending group members or anyone involved with their micro businesses. The respondents reported feeling ashamed, embarrassed, or wary of sharing their stories of violence, often expressing that they feared it would diminish them in the eyes of their business colleagues.

They are my colleagues, professional connections. I don’t want them to have a negative view of me, so I don’t tell them. They will think less of me if I tell them about the abuses that my husband hurl at me, and the things he hits me with. It is embarrassing. I can’t tell them any of that. They know me as a respectable entrepreneur; no need to change that by telling them about these things. There really is no reason for me to do so. They will think how can I run my business if I can’t run my personal life according to my own wishes, if they found out about the violence. So obviously I don’t say a word to them.

As the women talked about their lending groups, it was striking to hear how important these contacts were to them in terms of finances and business advice, and how often the women emphasized that they wanted to keep their “personal drama” out of these relationships:

In terms of working together, we do great. Sometimes when I don’t have money to make the weekly payments [to the microfinance organization] they help me out, they loan me that money, interest free! I have done that for them too, when they needed it. It is a good set up. We all get along. I don’t want to bring in my personal drama into that. That life with microfinance is my other life, my escape. I enjoy that. I don’t want to ruin that.

The group members are important because we can help each other when we are in a financial bind. There were times where I could not make payments and the group paid it on my behalf so that they are not ineligible for loans in the future. That is how we help each other. To me, this is the most important kind of help, because I do not have anyone else in my life from whom I can ask for money. For other types of help, such as childcare or just having someone to talk to, I have my sisters and neighbors.
I have realized the significance of having a faithful group of people whose main interest is to make sure we all make payments on time, which, in the long run, is better for our business ... It allows us to talk to others in situations similar to ours. For example, when I bought vegetables for sale, I was having a problem with the vegetables rotting early. This kept on happening. When I told my group members about that, they suggested I buy vegetables that don’t rot easily, like potatoes, carrots, and cauliflower. It sounds very simple, but I didn’t know which vegetables rot quickly and so my business was suffering. I want to keep this kind of a relationship alive. If I started talking about personal things, these meetings would become a gossiping session about my husband and how awful he is. We will forget to be entrepreneurs and focus on the men only. And so, I don’t want to tell them that my husband hits me.

Discussion

The quantitative results indicated that women who participated in microfinance were equally likely to disclose intimate partner violence, compared to a matched group of women who did not participate in microfinance. Both groups sought help primarily from family and neighbors; very small numbers contacted friends, police, or professionals about their IPV. The findings from the qualitative study indicated that microfinance participants interacted with a range of community contacts associated with their business ownership; the women described “weak” ties with lending group members and others connected to their loans or microenterprise. They expressed a preference for interacting and presenting themselves in the role of businesswomen to these professional and community contacts. Sharing stories of intimate violence would negatively color their personal and professional reputations as entrepreneurs, many feared. The women expressed that they wanted to keep their personal and business lives separate, because of the shame and stigma associated with IPV.

Findings from the qualitative sample also indicated that expanded social networks associated with microfinance participation provided these women with access to valuable informational and economic resources aligned with their business
Microfinance, Networks, and IPV in Bangladesh

roles. These findings from the qualitative sample provide areas for future research regarding the instrumental roles of the community contacts of microfinance participant networks, and may suggest an explanation for why IPV disclosure did not vary among microfinance participants and nonparticipants in the nationally representative sample.

This study underscores a paradox: though pervasive and often viewed as a normalized component of marriage, IPV disclosure beyond family is limited, and—among the qualitative sample—was described as a source of shame among all network contacts. Assumptions that community networks associated with microfinance participation would prompt increased IPV disclosure and help seeking did not hold for our samples. Though business associates were a source of economic and informational resources, they were not, among this sample, a source of IPV support.

As noted earlier, microfinance organizations provide a range of financial and nonfinancial services to participants including health education, literacy, and legal programs (Kabeer, 2005; Westley, 2007), and microfinance participation is associated with a variety of social development outcomes, such as children’s education and nutrition and contraceptive use (Murshid & Ely, 2016; (Pitt & Khandaker, 1998).

With access to over 30 million participants in Bangladesh, microfinance organizations could include in their educational, legal, and community offerings information focusing on IPV resources, statutes, and recourse. Microfinance participation allows women to navigate the outside world as an economic entity, a business owner (Amin, Becker, & Bayes, 1998; Begum, 2005; Busch & Valentine, 2000; Hunt & Kasynathan, 2001; Vyas & Watts, 2009). That increased economic power and personal independence comprises the essence of the program’s secondary goals of empowerment among women (Banerjee et al., 2015).

Nevertheless, women’s participation in economic activities occurs within the context of deep cultural norms of patriarchy, and their experiences with structural violence in spaces both within and outside their own homes. Microfinance organizations have extraordinary community reach; they have formal connections and communications with millions of poor women and their households. Such networks could potentially be
tapped as mechanisms for both informational and structural change, including communications focused on IPV education, laws and legislation, support services, and efforts toward a broader shift of expectations and norms. Finally, such an institution would do well to build a culture of solidarity among women who participate in microfinance, as Katherine Rankin had suggested almost a decade and a half ago (Rankin, 2002).

**Limitations**

The study is limited by the survey questions available from the BDHS (NIPORT et al., 2009), which restrict the variables and measures accessible for analysis and by its ability to provide causal inference; the study, however, is strengthened by the nationally representative sample. The use of PSM methods added to the strength of the study by addressing endogeneity and selection biases, but heterogeneity from unobserved confounders remains. Another limitation of the quantitative portion of the study is that a small portion of the sample reported IPV disclosure, which renders the cell size to be relatively small compared to the sample size. However, the small cell size speaks to the extent to which IPV remains a taboo, and justifies its analysis.

The qualitative portion of the study begins to explore the context of microfinance-related social networks and IPV disclosure and suggests areas for future research. The qualitative findings are not transferrable beyond this purposively drawn sample.

**Conclusion**

Formulated as an anti-poverty effort with goals that span economic development, social development, and empowerment, microfinance programs have the potential to effect social issues such as IPV with their formal connections to micro-units of individuals and households and to structural economic systems. These efforts will be enhanced with continued research that builds understanding of women’s experiences and reactions to IPV, within the context of their roles in their households, and as social entrepreneurs. Community interventions such as microfinance programs have the extant infrastructure and leverage to build information and awareness among participants and their
wider networks, and to be active in IPV policy and enforcement initiatives.

Acknowledgements: We are grateful to all study participants who shared their life stories and perspectives with us; without them this study would not be possible. We also thank Shabab Murshid Development Foundation for research assistance in the field, and Macro International for making the Bangladesh Demographic and Health Survey 2007 available for analysis.

References


Explaining Support for Structural Attribution of Poverty in Post-Communist Countries: Multilevel Analysis of Repeated Cross-Sectional Data

Nazim Habibov  
*University of Windsor*

Alex Cheung  
*University of Windsor*

Alena Auchynnikava  
*University of Windsor*

Lida Fan  
*Lakehead University*

We examine support for the structural attribution of poverty in 24 post-communist countries (N = 37,307) for the period from 2006 to 2010 by considering: (1) individual-level characteristics, (2) country-level characteristics, and (3) interactions between individual- and country-level characteristics. At the individual-level, adherence to the norms of equity, the market economy, and work ethics all significantly weaken structural attribution of poverty. In contrast, support for the norms of equality, and personal experience with poverty significantly strengthen structural attribution of poverty. At the country-level, GDP growth significantly reduces structural attribution of poverty, while the GDP per capita and poverty rates do not have a significant influence. Interestingly, the overall contributions of all individual-level characteristics taken together appear to be stronger than those at
The significance of differences in popular attributions of the causes of poverty and their influence on the development of government policies aimed at reducing poverty and inequality has been well documented in the research literature. In 1908, Simmel noted that the levels of welfare generosity were strongly associated with poverty attributions. Later on, in 1972, Feagin developed classification of popular attributions of the causes of poverty into the three broad groups: (1) structural; (2) individualistic; and (3) fatalistic. This classification has been used consistently in the examination of poverty attributions studies (Habibov, 2011; Kallio & Niemelä, 2014; Stephenson, 2000). Since the early 1970s, the development of universal welfare states in continental Europe has been commonly rationalized through prevailing structural attribution, while the development of residual welfare states in Anglo-Saxon countries has been associated with prevailing individualistic and fatalistic explanations (Alesina & Angeletos, 2002; Jordan, 1996; Kluegel, Csepeli, Kolosi, Orkeny, & Nemenyi, 1995).

With this background in mind, the objective of this paper is to examine the characteristics associated with the structural attribution for poverty in 24 post-communist countries for the period between 2006 and 2010. The specific research question of this study is: What individual-level and country-level characteristics can explain support for structural explanation of poverty in post-communist countries?

The transitions from centrally planned to market economies have led to significant increases in poverty in post-communist countries (Alam et al., 2005; Klugman, Micklewright, & Redmond, 2002; Milanovic & Ersado, 2012; Simai, 2006). In addition,
the collapse of centrally planned economies has changed the very nature of poverty (Habibov, 2011; Habibov & Fan, 2007; Klugman, 1997). During the communist era, poverty was associated with easily defined demographic groups, such as old-age pensioners, the disabled, and single mothers. As transition progressed, poverty has become more diffused, and these demographic characteristics ceased to be strong predictors of poverty. In their responses to growing poverty, the governments of transitional countries initiated a number of poverty-reduction initiatives that encompassed developing more effective social welfare programs and introducing active labor market policies.

However, the degree of public acceptance and support for these initiatives may be determined by the level of support for structural attribution of poverty (Habibov, 2011; Verwiebe & Wegener, 2000). The structural attribution of poverty strongly emphasizes the injustice of the current socio-economic order and stresses the need for collective actions to address social injustice (Kreidl, 1998, 2000). Structural attribution rejects individualistic explanations of poverty that suggest that the poor should be blamed for their poverty because of their loose moral codes, laziness, and lack of character and skills. The acceptance of individualistic explanations of poverty discourages solidarity with the poor and normalizes poverty and income inequality (Kallio & Niemelä, 2014; Kim, Yongwoo, & Yu-jeong, 2010; Reutter et al., 2006). As a result, acceptance of individualistic attributions of poverty undermine support for a welfare state and for other poverty reduction initiatives that are currently underway in post-communist countries (Habibov, 2011; Kreidl, 2000).

Structural attribution also rejects the fatalistic explanations that claim that poverty is an inevitable part of modern life that is rooted in bad luck. Fatalistic explanations allege that poverty is inevitable because of the uneven distribution of talents and abilities within the population. According to this view, poverty will never be fully eliminated, despite any social welfare and other poverty reduction initiatives that are put in place (Luhman, 1979; Stephenson, 2000). The acceptance of such fatalistic explanations significantly hinders support for the welfare state, since it legitimizes existing poverty by insisting on its inevitability (Cozzarelli, Wilkinson, & Tagler, 2001; Reutter et al., 2006).
In contrast to individualistic explanations, the structural attribution argues that poverty in post-communist countries is rooted in the political, social, and economic processes of transition, such as corruption, ineffective social protection, and unjust privatization, which should be rectified at the social level through the actions of state (Falkingham, 2005; Habibov, 2011). Contrary to fatalistic explanations, structural attribution argues that differences in abilities and talents should be redressed through state redistribution mechanisms. The structural attribution to poverty fosters solidarity with the poor, delegitimizes and denormalizes poverty, and buttresses support for the welfare state (Lepianka, Gelissen, & Van Oorschot, 2010; Niemelä, 2008; van Oorschot & Halman, 2000). Consequently, as Rawls (1971) notes, a structural attribution leads to greater support for those in need, “those with fewer native assets and to those born into the less favorable social positions. The idea is to redress the bias of contingencies in the direction of equality” (Rawls, 1971, pp. 100–101).

Although structural attribution of poverty is important, there are very few studies on structural attribution to poverty that cover the post-communist countries. Using data from the 1990 European Value Survey, van Oorschot and Halman (2000) assessed structural attribution in 22 countries, including 5 post-communist countries. Later, Lepianka et al. (2010) used newer data from the 1999 European Value Survey to examine a structural attribution of poverty in 24 countries, including 13 post-communist countries in Eastern Europe. Although both studies used different definitions of structural attribution, they concluded that the structural attribution of poverty is the most supported explanation among the respondents in post-communist countries. At the same time, both studies reported significant variation in support for structural attributions of poverty, as well as the absence of any systematic patterns between the groups of post-communist countries.

In light of these existing studies, our contributions are threefold. First, previous studies used data from the end of the 1990s. In comparison, our paper analyzes more contemporary data that covers the period between 2006 and 2010. The value of examining the newest data is justified insofar as two opposite trends related to the structural attribution of poverty in post-communist countries are discussed in the literature. On the one hand, as transi-
tion progresses, the support for “marketization” and hence, for non-structural attribution of poverty in post-communist countries may increase (Crompton, 2008; Habibov, 2011; Verwiebe & Wege
er, 2000). On the other hand, as transition progresses, the enthusiasm for market economy efficiency and the justice of the new capitalist economic order may fade, which may lead to growing support for the structural attribution of poverty (Junisbai, 2010; Kluegel et al., 1995; Mason, Kluegel, & Khakhulina, 2000).

Second, the previous studies predominantly covered the post-communist countries of Eastern Europe. In sharp contrast, post-communist countries outside of Eastern Europe, namely, those in Central Asia, the Caucasus, and the majority of the Balkans, were excluded. This unfortunate exclusion can be partly explained through the lack of reliable data about poverty attribution in the omitted regions (Habibov & Fan, 2007). However, this omission is very unfortunate since, in contrast to the more developed post-communist countries of Eastern Europe, the increases in poverty and income inequality in Central Asia, the Caucasus, and the Balkans were more profound and prolonged (Milanovic & Ersado, 2012).

Third, previous studies emphasized the differences between individual-level and country-level characteristics that were used to explain attributions of poverty. No previous study, as far as we know, has explored the effects of the interactions between individual- and country-level characteristics. However, such interactions are very plausible, cannot be completely ruled out, and hence should be explored (Lepianka et al., 2010). Examining the interactions between individual- and country-level characteristics allows us to find out if the influence of individual-level characteristics on the structural attribution of poverty is different at different values of the country-level variables.

Theoretical Framework: Characteristics Explaining Support for Structural Attribution of Poverty

In this section we discuss the characteristics that may potentially be important in explaining support for structural poverty attribution the post-communist context. At the individual level, we highlight the potential significance of justice norms, the dominant ideology, and experience with poverty in explaining
support for structural attribution of poverty. At the country level, we underscore the potential relevance of economic performance and welfare state outcomes in explaining support for structural attribution of poverty. We also emphasize the conceivable importance of characteristics that have received relatively little attention in the extant literature—the interaction between individual- and country-level characteristics. After discussing each of the characteristics individually, we develop specific hypotheses regarding the relationship between the discussed characteristic and support for structural attribution of poverty.

**Individual-level characteristics**

The justice hypothesis postulates that when people are asked about their attributions of poverty, they draw upon their beliefs about justice, and norms of equity and equality (Lee, Hinze Jones, & Lewis, 1990; Lewin-Epstein, Kaplan, & Levanon, 2003). According to the equity norm, the positions people hold in society are determined by merit, for instance, investments in education or accomplishments. Individuals who subscribe to this view perceive society to be just, and are more likely to rationalize the existing inequality. Thus, we hypothesize that the more people cherish equity, the less likely they are to be supportive of structural attribution of poverty. In contrast, according to the equality norm, everybody belonging to a particular social aggregate, such as a country-state, should be able to live according to the prevailing standards, regardless of their contributions. Stronger adherence to this principle is associated with increased support for the structural attribution of poverty. Consequently, we hypothesize that the more likely people are to value equality, the more likely they will be supportive of the structural attribution of poverty. These discussions lead to two hypotheses as follows:

H1: Individuals who adhere to the equality norm are more likely to be supportive of the structural attribution of poverty.

H2: Individuals who adhere to the equity norm are less likely to be supportive of the structural attribution of poverty.
Dominant ideology involves an established system of beliefs that underpin an individuals’ attribution of social problems, including poverty (Lee et al., 1990). It is imposed through socialization, the family, school, the media, and cultural and religious institutions. The current dominant ideology in transitional countries is the belief in the economic effectiveness of the capitalist market economy, which eliminates state and bureaucratic restrictions so that people can earn as much as they wish (Kreidl, 2000). Previous literature has indicated that support for a dominant ideology of an unrestricted market economy without state intervention could be a key predictor of an individualistic attribution to poverty, and hence would involve the rejection of a structural attribution (Kreidl, 1998; Habibov, 2013). Similarly, the endorsement of work ethic values, which suggest that hard work and self-discipline are the foundation of life-achievement, could also be associated with an individualistic attribution, and therefore a rejection of a structural attribution (Lepianka et al., 2010). The above discussion yields the following two hypotheses:

H3: Individuals who support an unrestricted market economy are less likely to be supportive of the structural attribution of poverty.

H4: Individuals who support work ethic values are less likely to be supportive of the structural attribution of poverty.

The poverty hypothesis postulates that poverty attribution is explained by personal experiences of poverty. As such, those who have experienced the disadvantages of poverty are more likely to view their situation as having stemmed from structural characteristics, while those who have not experienced poverty tend to support individualistic or fatalistic explanations (Habibov, 2011; Kreidl, 2000; Niemelä 2008; Saunders, 2002). Consequently, we hypothesize:

H5: Individuals who have experienced poverty are more likely to be supportive of the structural attribution of poverty.
Country-level characteristics

The economic performance hypothesis emphasizes the role of macroeconomic conditions in shaping poverty attribution (Burgoyne, Routh, & Sidorenko-Stephenson, 1999; Gallie & Paugam, 2002). This hypothesis posits that higher levels of economic performance are associated with lower support for structural attribution of poverty. At the same time, more recent studies have indicated more nuanced findings by distinguishing between long-term and short-term economic performance (Blekesaune, 2007; Blekesaune & Quadagno, 2003; Lepianka et al., 2010; Pfeifer, 2009). Short-term economic performance, reflected, for instance, by a lower annual rate of GDP growth, is typically associated with higher unemployment and general economic insecurity, and hence increased support for external, structural attribution of poverty, while long-term economic performance, as reflected, for example, by GDP per capita, appears not to have the same immediate effect, and therefore does not have a significant effect on the structural attribution of poverty. The discussion above suggests two hypotheses:

H6: Higher levels of short-term economic performance will be associated with less support for the structural attribution of poverty.

H7: Higher levels of long-term economic performance will not be significantly associated with the structural attribution of poverty.

The poverty rate hypothesis theorizes that the differences in welfare outcomes across countries, most notably country poverty rates, are directly linked to differences in poverty attributions (Burgoyne et al., 1999). This hypothesis suggests that worse welfare state outcomes, in the form of higher rates of poverty, will increase the exposure of the non-poor to the existence of poverty through both formal and informal contact with the poor. Consequently, it is believed that there will be an increased tendency to explain poverty through structural characteristics. This hypothesis, however, is not entirely supported by empirical studies. After studying 15 countries, van Oorschot and Hal-
man (2000) reported the lack of a strong relationship between welfare state outcomes and perceptions of poverty. According to the authors, the reason for such disconnection is that welfare policies and institutions are not necessarily shaped by public attributions of poverty. Therefore, our next hypothesis is:

\[ H_8: \text{Country poverty rates have no association with the level of support for the structural attribution of poverty.} \]

*Interaction between individual-level characteristics and economic performance*

It is plausible to expect that peoples’ adherence to equality, equity, the market economy, work ethics, and poverty experience is influenced by the short-term economic performance of the country in which they reside. During periods of strong economic performance, it is much easier to focus on problems with individuals when thinking about the roots of poverty. This suggests that during times of economic prosperity, it is easier to blame the poor for their poverty and more difficult to blame poverty for structural factors. Hence, the perceived linkage between equity, the market economy, work ethic values, poverty experience and the structural attribution of poverty will likely be reinforced during times when the annual rate of GDP growth is higher. The opposite effect is plausible for adherence for equality. When the economy is expanding, the perceived linkage between adherence for equality norm, and the structural attribution of poverty will likely be reduced, since it is more difficult to attribute poverty to structural causes when the economy is on the rise. Assessing the effects of the interactions between individual-level variables and short-term economic performance greatly expands our understanding of the inter-relationships between theories at different levels, and allows for the testing of more hypotheses. In our case, the presence of a significant interaction term variable will indicate that the effect of individual-level variables on the outcome variable is different at different values for the levels of short-term economic performance. This discussion suggests the last two hypotheses:
H9: The correlation of support for equality with the structural attribution of poverty will become weaker when short-term economic performance improves.

H10: The correlation of support for equity, market economy, work ethics, as well as poverty experience with the structural attribution of poverty will become stronger when short-term economic performance improves.

Method

Data

We use the first and second wave of the Life-In-Transition survey (LITS), which was conducted by the European Bank of Reconstruction and Development (EBRD) in cooperation with the World Bank in 2006 and 2010 in twenty-five post-communist countries in three regions. The Commonwealth of Independent States encompasses 9 countries: Armenia, Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Russia, Tajikistan, and Ukraine. Eastern Europe encompasses 8 countries: Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia, and Slovenia, and Southern Europe encompasses 7 countries: Albania, Bulgaria, Croatia, Macedonia, Montenegro, Romania, and Serbia.

The LITS is multi-topic cross-sectional survey that is aimed at collecting information about socio-demographics, values, beliefs, as well as attribution of poverty. In each of the participating countries, approximately 1,000 participants were selected to be interviewed through a multistage sampling strategy. In the first stage, primary-sampling units (PSUs) were selected from a list supplied by each of the countries’ statistical authorities. The number of the PSUs varied from 50 to 70 depending on the population size and population density in the country. The PSUs were selected for surveying through the use of the probability-proportional-to-size technique. In the second stage, households in the PSUs were selected for surveying through the random walk technique. Approximately 20 households were selected in each PSU. Finally, in each household, one respondent who was older than 17 was selected using a random order number for a face-to-face interview with a professional interviewer.
The original version of the questionnaire was developed in English, and then translated into the countries’ respective languages by professional interpreters. The translation was checked in each of the participating countries by local teams of interviewers, and their feedback was incorporated back into the questionnaire. The feedback received from the pretest pilot surveys was also incorporated into the questionnaire. Finally, the adjusted version of the questionnaire was used for the pilot that was conducted in each participating country by local interviewer teams. Feedback from these pilot studies resulted in the final versions of the questionnaire (Ipsos MORI, 2011; Synovate, 2006).

The advantage of the LITS is that it provides fully standardized data for 24 post-communist countries over the span of five years. Due to its high quality and over-time comparability, LITS data has already been used in policy analysis within post-communist countries (Habibov & Afandi, 2015).

Operationalization of outcome and explanatory variables

Outcome variable. This study focuses on explaining support for the structural attribution of poverty. Such support is measured by a dummy variable that takes a 1 if the respondent reports that the main reason that some people are in poverty today is “because of injustice in our society.” The dummy takes value of 0 if the respondent provides an alternative attribution of poverty, namely, people are poor because they have been unlucky, lazy, lack willpower, or because poverty is an inevitable part of modern life.

The justice norms. Adherence to the norm of equality is measured by a strong agreement with the statement, “the gap between poor and rich should be reduced.” In turn, adherence to the norm of equity is indicated by the respondent’s agreement with the statement that “intelligence and skills are the most important factors for success in life.”

Dominant ideology. Ideology is controlled for by a dummy indicating that the respondent prefers an unrestricted market economy without any state intervention to any other form of economic system. Work ethic values are controlled for by a dummy variable indicating that the respondent agrees that “effort and hard work are the most important factors to succeed in life.”
Poverty is measured by the response to the question “Please imagine a ten-step ladder where on the bottom, the first step, stand the poorest 10% people in our country, and on the highest step, the tenth, stand the richest 10% of people in our country. On which step of the ten is your household today?” In other words, the lower values on the ladder denote relatively poorer individuals. In contrast, the higher values on the ladder denote relatively wealthier individuals.

Economic Performance is measured by GDP per capita in constant USD, adjusted for by purchasing power parity, and as an annual rate of GDP growth. We lagged the economic performance variable by one year prior to the wave of the survey to address temporality. Both indices are from the World Development Indicators database (World Bank, 2017).

Poverty rate is measured by the proportion of people living under the poverty line, which is taken from the World Development Indicators database (World Bank, 2017).

Interaction terms. Finally, we create the interaction terms between justice, dominant ideology, poverty experience, and poverty rate at the individual-level and annual rate of GDP growth at the country-level.

Summary statistics for the outcomes, explanatory variables and the sources of data are reported in Appendix 1.

Covariates

To control for possible spurious correlation, we include individual and household covariates, specifically, age, gender, and education of the respondent, as well as number of children in their household. To control for possible unobserved characteristics that may change with time, we include a dummy for 2010.

Analytic strategy

Since the outcome variable is binary, we use a two-level logistic regression that accounts for the hierarchical structure of our data set, which is made up of individuals (level 1) nested within countries (level 2). Theoretically, it is possible to use a three-level logistic regression to account for three levels, namely, the individual, the PSU, and the country. However, the size
Structural Attribution of Poverty in Post-Communist Countries

and the meaning of the PSU might be different across countries, and across the waves of the LITS. Consequently, we choose to estimate two-level logistic regression.

In total, we analyzed 30,703 individuals nested in 24 countries. Fitting a two-level logistic regression allows us to report two important parameters: fixed and random effects (Rabe-Hesketh & Skrondal, 2008). Fixed effects, in the form of regression coefficients, indicate the overall relationship between individual-level and observed country-level explanatory variables with outcome variable while controlling for covariates. Fixed effects indicate how much variation in support for a structural attribution of poverty originate from individual-level and observed country-level explanatory variables.

Random effects contain a variance component for level 2 (between countries). Variance components are used to disaggregate the total variance into specific variance, which is attributable to the country-level by computing the Intraclass Correlation Coefficient (the ICC). The ICC indicates the percentage of variation in the support for structural attribution of poverty that cannot be captured by the observed country-level characteristics, and which hence belong to unobserved country-level characteristics (Rabe-Hesketh & Skrondal, 2008). A significant value of the ICC signals that the significant share of variation in the support for structural attribution of poverty is accounted for by unobserved country-level characteristics. The value of the ICC varies between 0 and 1. The higher the value of the ICC, the higher the proportion of the total variance in structural attribution of poverty originates in unobserved country-level characteristics.

Our analytic strategy is based on the estimation of four two-level logistic models. The first estimated model is empty without any explanatory variable. It includes covariates only. The purpose of Model 1 is to gauge the effects of unobserved variation at the country level in the absence of explanatory variables. This model serves as a benchmark for the size of unobserved country-level effects in all subsequent models. Model 2 expands the previous model by adding all individual-level explanatory variables. The purpose of this model is to quantify the simultaneous effects of individual-level explanatory variables on structural attribution of poverty. In contrast, Model 3
is comprised of both individual- and country-level explanatory variables, as well as covariates. This model is designed to reveal how, and to what extent changes in structural attribution of poverty can be explained by individual- and country-level characteristics taken together. Finally, Model 4 is comprised of individual- and country-level explanatory variables together with interaction terms and covariates. This model serves to estimate the combined effects of all variables at all levels on structural attribution of poverty. The STATA 14 software package was used to estimate all models.

Table 1. Support for the structural attribution of poverty (%)  

<table>
<thead>
<tr>
<th>Commonwealth of Independent States</th>
<th>2006</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Armenia</td>
<td>60.50</td>
<td>53.95</td>
</tr>
<tr>
<td>Azerbaijan</td>
<td>55.80</td>
<td>51.68</td>
</tr>
<tr>
<td>Georgia</td>
<td>45.90</td>
<td>38.55</td>
</tr>
<tr>
<td>Kazakhstan</td>
<td>38.64</td>
<td>40.58</td>
</tr>
<tr>
<td>Kyrgyzstan</td>
<td>37.00</td>
<td>43.46</td>
</tr>
<tr>
<td>Moldova</td>
<td>51.70</td>
<td>50.81</td>
</tr>
<tr>
<td>Russia</td>
<td>54.40</td>
<td>58.30</td>
</tr>
<tr>
<td>Tajikistan</td>
<td>23.10</td>
<td>29.14</td>
</tr>
<tr>
<td>Ukraine</td>
<td>57.33</td>
<td>65.60</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Eastern Europe</th>
<th>2006</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Czech Republic</td>
<td>23.82</td>
<td>34.92</td>
</tr>
<tr>
<td>Estonia</td>
<td>26.20</td>
<td>40.83</td>
</tr>
<tr>
<td>Hungary</td>
<td>54.81</td>
<td>59.83</td>
</tr>
<tr>
<td>Latvia</td>
<td>44.00</td>
<td>60.91</td>
</tr>
<tr>
<td>Lithuania</td>
<td>38.80</td>
<td>59.62</td>
</tr>
<tr>
<td>Poland</td>
<td>47.30</td>
<td>35.64</td>
</tr>
<tr>
<td>Serbia</td>
<td>64.45</td>
<td>70.18</td>
</tr>
<tr>
<td>Slovakia</td>
<td>31.57</td>
<td>41.96</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Southern Europe</th>
<th>2006</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albania</td>
<td>46.22</td>
<td>48.39</td>
</tr>
<tr>
<td>Bulgaria</td>
<td>47.35</td>
<td>39.96</td>
</tr>
<tr>
<td>Croatia</td>
<td>59.07</td>
<td>71.55</td>
</tr>
<tr>
<td>Macedonia</td>
<td>66.10</td>
<td>64.24</td>
</tr>
<tr>
<td>Montenegro</td>
<td>60.93</td>
<td>48.85</td>
</tr>
<tr>
<td>Romania</td>
<td>37.34</td>
<td>48.06</td>
</tr>
<tr>
<td>Slovenia</td>
<td>36.84</td>
<td>58.08</td>
</tr>
</tbody>
</table>
Results

Descriptive analysis

The descriptive information regarding support for structural attribution of poverty is reported in Table 1. A visual observation of cross-tabulated responses demonstrates that out of the 24 post-communist countries under investigation, the support for structural attribution increased over time from 2006 to 2010 in 16 countries. In comparison, the support for structural attribution reduced over time only in 8 countries, namely, Armenia, Azerbaijan, Georgia, and Moldova in Commonwealth of Independent States, Poland in Eastern Europe, as well as Macedonia, Montenegro, and Bulgaria in Southern Europe. Nevertheless, even in those countries where support for the structural attribution went down inter-temporally, the structural attribution remained as the explanation supported by more than half of respondents in 4 countries, specifically, Armenia, Azerbaijan, Macedonia, and Moldova. Overall, in 2010, the structural attribution of poverty was supported by more than half of respondents in 12 countries.

Explanatory analysis

The results of two-level logistic regression models are reported in Table 2 in the order in which they were estimated. For each model in Table 2, a Likelihood-Ratio (LR) test was conducted to compare the estimated two-level logistic regressions with ordinary binomial logistic regressions that do not take the hierarchical nature of the data into account. The results of the LR test are significant for each model. Such results signal that the two-level regressions that we estimated should be preferred over ordinary logistic regressions.

Model 1 includes covariates only to gauge the effects of unobserved variation in structural attribution of poverty that originates at the country-level in the absence explanatory variables, and serves as benchmark for other models. As shown in the random effect section of the model, the ICC is approximately 0.07, indicating that about 7 percent of total variation in support
for structural attribution of poverty originates in unobservable country-level characteristics. Although this represents a relatively small percentage of the total variance, it is statistically significant.

All individual-level explanatory variables are added in Model 2. As shown in the fixed effect section of the model, the results of Model 2 provide strong support for hypotheses 1 to 5. Consistent with hypotheses H1 and H2, adherence to the equality norm is positively associated with the structural attribution of poverty, while adherence to the equity norm is negatively associated with the structural attribution of poverty. In line with hypotheses H3 and H4, preference for an unrestricted market economy is negatively associated with the structural attribution of poverty.
economy and work ethic values are associated with weaker support for the structural attribution of poverty. As suggested by hypothesis H5, individuals who had experienced poverty and located themselves at the bottom of the poverty ladder were more likely to be supportive of the structural attribution of poverty. In contrast, wealthier individuals who located themselves at the top of the ladder were less likely to agree with the structural attribution. As shown in the random effects part of the model, inclusion of individual-level explanatory variables reduced the ICC from 0.06 to 0.07. Such an ICC suggests that only about 6 percent of total variation in support for the structural attribution of poverty originates in unobservable country-level characteristics.

A set of country-level variables were added in Model 3. As observed in the fixed effects part of the model, some of country-level variables (but not all) are associated with adhering to the structural attribution of poverty. As shown, higher levels of short-term economic performance in the form of the annual rate of GDP growth is associated with lower support for the structural attribution. This result confirms hypothesis H6, which suggests that support for the structural attribution of poverty is reduced during times of economic prosperity. In contrast, the effects of long-term economic performance in the form of GDP per capita are not found to be statistically significant. This result confirms hypothesis H7, which suggests that long-term economic performance is not associated with the structural attribution. Similarly, the results of Model 3 demonstrate that we can confirm H8, which suggests that country poverty rates are not associated with support for the structural attribution.

Overall, the results of Model 3 indicate that adding country-level variables change neither the direction of the effect nor the significance of individual-level variables. With respect to the random effects part of the model, the inclusion of country-level variables further reduced to 0.05, indicating that approximately 5 percent of total variation in support for the structural attribution of poverty originates in unobservable country-level characteristics.

Finally, Model 4 is comprised of individual- and country-level explanatory variables, together with interaction terms and controls, in order to estimate their combined effects. In the
fixed effect part of the model, the interaction term “Support for equality norm × annual rate of GDP growth” is significant and negative, indicating that support for the equality norm becomes less relevant for the structural attribution of poverty in times of economic growth. Such results lend full support to hypothesis H9. Equally, the results of Model 4 lend full support to hypothesis H10. All interaction term variables that are associated with this hypothesis are strongly linked to support for the structural attribution. In particular, the interaction terms between the individual-level variables of support for the equity norm, unrestricted market economy, work ethics values, and country poverty rates, with the annual rate of GDP growth, are significant and positive. This means that the estimated effects of support for the equity norm, preference for an unrestricted market economy, work ethics values, and poverty are conditioned by the level of economic growth within the country. As the economy improves and GDP growth accelerates, the effect of support for the equity norm, an unrestricted market economy, work ethics values, and poverty become less relevant to the structural attribution. It must also be highlighted that adding interaction term variables in Model 4, as compared with Model 3, did not change the direction of the effect and the significance of other explanatory variables. Since the interaction term variables in Model 4 were created from variables that had already been included in the analysis of Model 3, the ICC in Model 4 remains the same as that in Model 3.

Limitations

This study is not without limitations. First, we used a repeated cross-sectional survey with two waves. Since our data are not true panel data, our results are correlational in nature. Hence, we do not claim causality. Second, we were not able to test several hypotheses that could potentially have been important to explaining the structural attribution of poverty. For instance, it is possible that both the amount of welfare expenditures made and unemployment levels may have an effect on support for the structural attribution of poverty. However, such country-level information is typically not available for many transitional countries for all the years under investigation. This
is particularly true for the Balkans, the Caucasus, and the Central Asia. However, the effects of these omitted characteristics are likely to be captured by other explanatory characteristics that have been included in our analysis. Thus, the amount of welfare expenditures is likely to be captured by GDP per capita, while the unemployment rate is likely to be captured by the annual rate of GDP growth.

Third, we cannot examine the effects of several potentially important variables, for instance, expected change in income for the next four years and perceived changes in income compared to the situation four years ago, since they appeared only in the 2010 wave of the survey. Likewise, we could not test hypotheses related to differences in cultural factors at the country-level, in particular, variation in political culture. The extant literature lacks information and indicators that could be used to gauge differences in political culture in post-communist countries. In fairness, as suggested by discussion of the Intraclass Correlation Coefficient (the ICC), a rather small percentage in variation in support for structural attribution of poverty originates in unobservable country-level characteristics such as political culture, welfare expenditures, and unemployment rate. Recall that the ICC indicates the percentage of variation in the support for structural attribution of poverty that cannot be captured by the observed country-level characteristics, and which hence belong to unobserved country-level characteristics. In our analysis, the ICC is approximately 5-7 percent, indicating that only about 5-7 percent of total variation in support for structural attribution of poverty originates in unobservable country-level characteristics such as political culture, welfare expenditures, and unemployment rate.

Conclusion

This study focuses on the analysis of structural attribution of poverty in 24 post-communist countries for the period from 2006 to 2010. On the one hand, the results of cross-tabulation suggest that, in 2010, the structural attribution of poverty was supported by the majority of respondents in 12 countries. We observed that support for the structural attribution decreased from 2006 to 2010 in 8 countries. In contrast, support for the
structural attribution of poverty increased for the same period of time in 16 countries. These findings suggest that notwithstanding the dominant post-communist ideology that encourages individualistic and fatalistic explanations of poverty, a significant proportion of the population did not agree with this ideology and chose to support the structural attribution of poverty. The policy implication for this finding is that there exists a significant potential for government interventions aimed at poverty and inequality reduction.

At the same time, our analysis shows a lack of a systematic pattern of difference between countries, or groups of countries, with respect to their preference for the structural attribution to poverty. This finding is in line with van Oorschot and Halman (2000) and Lepianka et al. (2010) who also reported considerable difference in support for structural attribution of poverty across post-communist countries. One explanation for such differences is that even through post-communist countries began at relatively similar levels of socio-economic development and models of social welfare, the variations in terms of their timing, speed, and their success in transitional transformation had considerable influence on variation in poverty attributions across post-communist countries (Habibov 2011; Verwiebe & Wegener, 2000). Another explanation is that as transition progressed, poverty became more diffused, and the country-specific groups of “losers” and “winners” developed strikingly different perspectives on the causes of the poverty that had emerged (Habibov & Fan, 2007; Milanovic & Ersado, 2012).

On the other hand, although the level of support for the structural attribution of poverty varies between post-communist countries, the direction of the individual-level and country-level effects of the structural attribution of poverty are consistent with the expectations outlined in the proposed theoretical framework. Our findings show that the individual-level variables play an important role in explaining the structural attribution of poverty. Adherence to the equity norm, belief in an unrestricted market economy, and work ethics values are all significant in hindering the structural attribution. In contrast, adherence to the equality norm and personal experiences of poverty significantly buttress the structural attribution. It is noteworthy that the overall contributions of all individual-level
characteristics taken together appear to be stronger than those of the country-level in terms of explaining structural attribution. In other words, after controlling for individual-level variables, the country-level variables do not contribute much towards explaining support for the structural attribution of poverty.

Among country-level variables, GDP per capita does not have a significant effect on the structural attribution. However, we found that GDP growth significantly weakens the structural attribution. This finding points out that short-term economic performance, as reflected through the annual rate of GDP growth, is more important than the overall long-term level of economic performance indicated by GDP per capita. Likewise, country poverty rates are shown not to be relevant to the structural attribution. Overall, the finding that individual-level variables are relatively more important in explaining poverty attributions is in line with previous studies conducted by Kallio and Niemelä (2014) and Lepianka et al. (2010).

Finally, we demonstrated that the influence of individual-level characteristics explaining support for the structural attribution of poverty are significantly different within the context of the higher levels and lower levels of short-term economic performance. Our findings suggest that the effects of support for equity and equality norms, unrestricted market economy, work ethics values, and poverty become less relevant to structural attribution when a country experiences relatively higher levels of the annual rate of economic growth. This is a characteristic that has not yet been examined in other studies. As such, most of the existing studies compare and contrast differences in the effects of individual- and country-level characteristics explaining poverty attributions. Our results, however, show that individual and country characteristics are intertwined.
Appendix 1. Summary statistics

<table>
<thead>
<tr>
<th>Variables</th>
<th>Description</th>
<th>Percentage</th>
<th>Mean</th>
<th>Standard deviation</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcomes</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support for the structural attribution of poverty</td>
<td>Binary variable. 1 if respondent supports the structural attribution of poverty, 0 if otherwise.</td>
<td>48.23%</td>
<td></td>
<td></td>
<td>LITS 2006, LITS 2010</td>
</tr>
<tr>
<td><strong>Individual-level variables</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adherence to equality norm</td>
<td>Binary variable. 1 if respondent supports equality norm, 0 if otherwise.</td>
<td>40.75%</td>
<td></td>
<td></td>
<td>LITS 2006, LITS 2010</td>
</tr>
<tr>
<td>Adherence to equity norm</td>
<td>Binary variable. 1 if respondent supports equity norm, 0 if otherwise.</td>
<td>30.16%</td>
<td></td>
<td></td>
<td>LITS 2006, LITS 2010</td>
</tr>
<tr>
<td>Unrestricted market economy</td>
<td>Binary variable. 1 if respondent prefers unrestricted market economy without state intervention, 0 if otherwise.</td>
<td>39.71%</td>
<td></td>
<td></td>
<td>LITS 2006, LITS 2010</td>
</tr>
<tr>
<td>Work ethic values</td>
<td>Binary variable. 1 if respondent supports work ethic values, 0 if otherwise.</td>
<td>39.28%</td>
<td></td>
<td></td>
<td>LITS 2006, LITS 2010</td>
</tr>
<tr>
<td>Poverty ladder</td>
<td>Continuous variable. Self-report of household wealth level. 1 stands for the poorest 10% of people in our country; 10 stands for the richest 10% of people in our country</td>
<td></td>
<td>4.29</td>
<td>1.69</td>
<td>LITS 2006, LITS 2010</td>
</tr>
<tr>
<td><strong>Country-level variables</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GDP per capita</td>
<td>Continuous variable. GDP per capita in constant USD adjusted for by purchasing power parity</td>
<td>8087.66</td>
<td>5707.58</td>
<td></td>
<td>World Development Indicators</td>
</tr>
<tr>
<td>Annual rate of GDP growth</td>
<td>Continuous variable. Annual rate of GDP growth in each country</td>
<td>1.23</td>
<td>8.70</td>
<td></td>
<td>World Development Indicators</td>
</tr>
<tr>
<td>Poverty rate (%)</td>
<td>Continuous variable. Poverty headcount ratio at $3.90 a day in each country</td>
<td>2.26</td>
<td>3.84</td>
<td></td>
<td>World Development Indicators</td>
</tr>
<tr>
<td><strong>Interaction variables</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adherence to equality norm × annual rate of GDP growth</td>
<td>Continuous variable. Interaction term of adherence to equality norm and annual rate of GDP growth</td>
<td>0.69</td>
<td>5.85</td>
<td></td>
<td>LITS 2006, LITS 2010, and</td>
</tr>
<tr>
<td>Adherence to equity norm × annual rate of GDP growth</td>
<td>Continuous variable. Interaction term of adherence to equity norm and annual rate of GDP growth</td>
<td>0.64</td>
<td>5.35</td>
<td></td>
<td>World Development Indicators</td>
</tr>
<tr>
<td>Unrestricted market economy × annual rate of GDP growth</td>
<td>Continuous variable. Interaction term of unrestricted market economy and annual rate of GDP growth</td>
<td>0.64</td>
<td>5.37</td>
<td></td>
<td>LITS 2006, LITS 2010, and</td>
</tr>
<tr>
<td>Work ethic values × annual rate of GDP growth</td>
<td>Continuous variable. Interaction term of work ethic values and annual rate of GDP growth</td>
<td>0.31</td>
<td>5.04</td>
<td></td>
<td>World Development Indicators</td>
</tr>
<tr>
<td>Poverty rate × annual rate of GDP growth</td>
<td>Continuous variable. Interaction term of country poverty rate and annual rate of GDP growth</td>
<td>4.98</td>
<td>37.12</td>
<td></td>
<td>LITS 2006, LITS 2010, and</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>World Development Indicators</td>
</tr>
</tbody>
</table>
References


Structural Attribution of Poverty in Post-Communist Countries


Book Reviews


As a professor of public management and teacher of a course on social welfare and social work, I am always looking for a fresh new work on welfare states. This little book, a contribution to the Oxford University Press series, *A Very Short Introduction*, is particularly interesting; despite its brevity, it manages to describe how welfare state systems function, including the UK, the USA, and across the world. Garland argues that far from being a failure or a problem, welfare states are an essential part of modern government. According to Garland, the question of what the welfare state is has not been easy to answer. Thus, the author seeks to answer this question from a variety of different perspectives — historical, academic, purpose, international, personal, and looking forward.

The book is divided into nine chapters. The first is an introductory chapter that presents an overview of the welfare state and puts the subsequent chapters into perspective. Garland proposes three distinctive elements: the welfare state offers a minimal form of poverty relief; a series of social services (including social insurance schemes and public institutions of education); and instruments for macroeconomic management. Garland argues that “... rather than choose between them, we ought to view them as concentric circles of welfare state government, each one forming a structurally integrated element of the whole” (p. 8). It is a peculiar feature of contemporary political orthodoxy that welfare for the rich provokes so little ire, while welfare for the poor is a source for all manner of moral panics and carnivalesque television programming.
The second chapter offers a historical overview of what preceded arrival of the welfare state in the mid-20th century, and makes the point that the creation of welfare states was “… the resumption, albeit in a distinctively modern form, of a near-universal pattern that had been pulled apart by the shattering emergence of free-market capitalism” (p.15). In particular, Garland draws our attention to the fact that all states had, to some extent, been concerned with the well-being of their inhabitants. Traces of this genesis are found in modern welfare states.

The following chapters examine the early days of the welfare state. These chapters outline and comment on the birth of the welfare state. Garland places considerable emphasis on the hazards of industrial society, the new social forces and failures of social provision, as well as the new recipes for action, state capacity catalyzing events and coalitions for reform. He appreciates that the welfare state is central to modern state formation. He outlines three specific sets of developments: Welfare States 1.0, 2.0 and 3.0. In Welfare State 1.0, which predominated from the 1940s until the 1980s, the old social risks of sickness, unemployment and old age security in particular were covered for male industrial workers, with allowances given for their female and child dependents. States of this sort generally have “… five institutional sectors: social insurance, social assistance, publicly funded social services, social work and personal social services, and economic governance” (p. 46). At this point, Garland draws on Esping-Andersen’s typology to examine the varieties of welfare capitalism that exist. To give a sense of these varieties, Garland describes the welfare state regimes that developed in Sweden, Germany and the USA, each of which exemplifies a different world of welfare. He then gives a passing nod to its limitations: 80 percent of the world’s population is left out of Esping-Andersen’s account, with China as the most significant omission.

The sixth chapter examines the welfare state’s problems after the oil crisis of the 1970s, including problems of management, political challenges and adaptation problems, such as poverty, perverse effects, such as independence, and jeopardizing values, such as the traditional family. However, as Garland argues, the problems of cost containment in the face of rising expectations were real.
Garland then focuses on neoliberalism and Welfare State 2.0, consisting of tax cuts, privatization, financial deregulation, credit expansion, and the deterioration of public services. As the author points out, “The neoliberal assault succeeded in modifying welfare states everywhere, restructuring the programs of WS 1.0 into the more market-oriented forms of WS 2.0 and bringing to an end the remarkable expansion of the post-war decades” (p. 112). It has been social provisions for the poor, increasingly known in the UK as well as the US as ‘welfare,’ that have been hardest hit.

The eighth chapter focuses on post-industrial transitions and the WS 3.0. Garland sees challenges on the horizon, primarily related to the problem of work in a post-industrial era, including “… long-term joblessness, precarious employment, and mass unemployment” (p. 126). The shape of Welfare State 3.0 is yet to be determined, but it must grapple with the issues brought on by globalization, aging societies, high levels of migration, the increase in the precarity of jobs and the poor quality of jobs, and changes in the ways men and women engage in paid work.

A concluding chapter highlights the importance and indispensability of the welfare state. According to Garland, “The welfare state is … a fundamental dimension of modern government, absolutely integral to the economic functioning and social health of capitalist societies.” (p. 133) At the same time, as he underlines its importance, he recognizes that, “Welfare regimes can take a variety of different forms, and can be more or less effective, but a welfare state of some description is a vital part of any modern nation” (p. 133).

This book is a useful and timely overview of the development of welfare states around the world. It provides a more interesting and vigorous introduction to the topic of welfare states than the vast majority of existing textbooks and includes an excellent guide to further reading. Garland’s robustly researched book is invaluable to anyone wishing to gain a comprehensive overview of welfare state. As Esping-Andersen commented on the book, “This slender and yet weighty little book has no rival anywhere. It is the authoritative introduction for anyone remotely interested in the welfare state.” It is not only a long overdue reference that fills the gaps in the literature, providing readers with a big picture of the past and current developments,
but will become also a longstanding reference for students and researchers who are interested in the field of social welfare studies and policy research.

_Huibing Ke,_
_School of Sociology,_
_Huazhong University of Science and Technology_


One of the most perplexing questions in current American politics is how a manifestly unqualified candidate such as Donald Trump could have been elected president in 2016. As a point of investigating that question, Katherine J. Cramer’s book is an excellent place to start. _The Politics of Resentment_ is a worthy addition to a growing category of recent books focusing on the perspective of the so-called white working class, a category also including ethnographic studies by Arlie Hochschild and Justin Gest, more personal works by J.D. Vance and Joan Williams, and a conservative analysis by Charles Murray.

Cramer’s research is on Wisconsin and the contentious politics surrounding the politics of Governor Scott Walker, whose successful attacks on public employee unions led to an unsuccessful recall effort spearheaded by liberal and labor forces in the state. Several years before Walker’s election in 2010, Kramer, a professor of politics at the University of Wisconsin Madison and a Wisconsin native, began inviting herself to coffee klatches and group breakfasts and lunches to better her understanding of diverse geographic perspectives on politics and government. From a stratified sample of counties across the state, she deployed snowball sampling to find groups of ‘ordinary people’ that meet regularly. She subsequently revisited all of them at least once, often more frequently. Although her conversational research goes against the positivist biases of mainstream political science, she convincingly argues that her methods yield important insights into the worldview of
Kramer’s key explanatory concept for understanding recent Wisconsin politics is ‘rural consciousness.’ Among those living in small towns and farms, she found a widely shared sense of grievance, a sense that their needs were ignored by government at the state and federal levels and that their values were looked down upon by the city dwellers who dominate politics, the economy, and the wider culture. Specifically, she found deep hostility among her rural informants to Madison, both as the seat of state government and home to its flagship university, and to Milwaukee, the state’s highly diverse and largest city. In addition, they resent those who work for state government, even if those workers actually reside in rural communities. Why? First, they enforce Madison’s clueless and unnecessary regulations. A particular source of spite was Wisconsin’s Department of Natural Resources, which oversees hunting, fishing, and environmental concerns. Second, state workers enjoy job security and excellent health and pension benefits, thanks to collective bargaining. To Cramer’s rural informants, who had jobs or businesses that do not offer such benefits, these are undeserved perquisites with little justification.

You might ask, as Cramer did of her informants, why not support government policies that ensure greater economic security for all, rather than take it away from those who do? The answer is found in their general distrust of government, not an ideological preference for small government per se. As Thomas Frank famously argued in his book *What’s the Matter With Kansas*? (2004), conservatives deviously executed a bait-and-switch by appealing to less educated white voters’ cultural anxieties, while actually implementing economic policies that favor plutocrats, not ordinary people. Cramer found little evidence in Wisconsin to support the view that hot-button social issues such as abortion and gay rights were decisive in pulling rural people into the Republican camp. She argues that their concerns are primarily economic, due to their declining fortunes relative to urban areas and the perceived indifference of government. She actually investigated whether rural areas in Wisconsin were shortchanged relative to cities in terms of taxes and subsidies, and concluded (as other analysts have) that on a per capita basis
rural areas did not fare worse than urban ones. In some cases, they actually did better. Nonetheless, the lack of good-paying jobs and opportunities in small towns is undeniable.

Immigration and race are not particularly salient or foregrounded concerns among her informants, but antipathy to Madison and Milwaukee indicates they were looking for someone to blame. In recent years, Donald Trump, Scott Walker, and other Republicans have deployed populist rhetoric against the news media, universities, immigrants, racial minorities, and liberals. By activating a latent ‘us versus them’ hostility among rural and working class whites, their divisive tactics have paid electoral dividends. Political analysts have debated whether economic troubles or racism and demographic change is more important in explaining the rise of Trump. Of course, the answer is not a simple binary choice, but Cramer’s focus on rural resentment adds a new perspective.

The Politics of Resentment is an important contribution to the literature on contemporary American politics. Both methodologically and substantively, it breaks new ground. To be sure, Cramer’s research was confined to a single, predominantly white American state and the generalizability of her findings is arguably limited. She has provided, however, many ideas worthy of deep consideration, and an innovative methodology for future researchers to pursue.

Edward U. Murphy,
Department of Global Studies and International Relations, Northeastern University


If I remember correctly, it was in direct reaction to ‘fast food’ that I first read about a deliberate move toward ‘slow’ food. As one who easily remembers my grandmother’s cooking, which often took hours and hours, as well as the annual Saturday night
barbeque at church camp, the cooking of which started soon after
dawn and simmered for most of the day, I needed no convincing
that ‘slow’ cooking was the superior method. What I only recently
learned, however, is that this initial action toward slow food
preparation was to become the tip of a more general movement
based on a philosophy of ‘slow’ applied in many areas of life. A
quick Google search brings up many articles and whole websites
dedicated to applying the principles of the ‘slow’ philosophy not
only to cooking, but also to city living, investing, film, gardening,
parenting, technology, and many other aspects of our culture and
existence. It is really a developing counter-cultural phenomenon,
dedicated to the idea of bringing a sense of deliberate mindfulness
to whatever activities one pursues, and resisting the external and
internal pressures to load one’s life with activities, to constantly
‘get more done,’ and in general to prize efficiency and speed
above all else. Needless to say, the academicians who read this
journal need no one to convince them that while we were initially
attracted to academic life as a ‘life of the mind,’ what our lives
often come down to is an ongoing rat race of increased teaching
schedules, committee meetings, fund raisers, grant deadlines,
student consultations, compliance paperwork, on and on. We can
only thank professors Berg and Seeber, of Queen’s University and
Brock College respectively, for reminding us again of our initial
calling and applying the principles of ‘slow’ to the academy and to
academic life.

An opening chapter on time management begins with the
fact, backed up by research findings, that ‘lack of time’ is one of the
chief and abiding complaints of professors and other academics.
Yet most of the existing literature on time management for
academics at best offer tips on how to push your workload on to
others (especially grad students!) or boil down to admonitions
to work even harder. Berg and Seeber review this literature,
noting that what these time management specialists have in
common is that their advice ties in to what Berg and Seeber call
‘scheduled time,’ the kind of time they suggest only exacerbates
the problem of feeling harried, stressed, fragmented and always
behind in one’s work. Berg and Seeber call for increased ‘timeless
time’ in the academy—time to ponder in a relaxed atmosphere,
alone time, time with colleagues in one’s field. In terms of
suggestions for individuals, they cite research encouraging one
to go offline whenever possible, to guard ‘downtime’ in one’s schedule, and to take regular ‘time out’ times even in the midst of busyness. However, they also strongly recognize that this is more than an individual problem. It is a problem of the fact that colleges and universities are increasingly run as businesses and governed by principles of business ethics. This needs to be resisted by those in the professorate. Much easier said than done, to be sure, but the hope is that this book may become a catalyst to at least get us thinking about collective resistance. Our job as academicians is to encourage people to think and to engage knowledge critically. The university cannot simply become another institutional cog in the machine of capitalist society—to the extent we allow it to become so, we professors pay a heavy price in terms of the deterioration of our working conditions in the form of loss of ‘timeless time.’

The heart of the book looks at research pertaining to conditions of learning and how learning can be encouraged in the classroom according to the principles of ‘slow.’ One of the chief findings in the research Berg and Seeber highlight is the fact that learning can and should be a pleasurable experience for students and professors alike. If one’s experience in the classroom is mainly that of high stress and high pressure, one might do well to think of ways to reorganize one’s pedagogical practices. Again, there are political and institutional aspects of the problems faced by professors in their classrooms and with their students—pressures to pack more and more into syllabi, increased class sizes, pressures to move students along toward graduation, to name only a few. However, even given these external factors, here Berg and Seeber do suggest that pedagogical practices can exacerbate or ease the stress of the classroom. There are no magic bullets, to be sure, but a number of the topics covered in this chapter—concerning nervousness, breathing, pacing and so on—are grounded in experience, research and common sense. It could well be the most useful chapter an academic might read this year. Further chapters on research and collegiality also offer very helpful frameworks for reimagining this important aspect of our work and the context in which we complete it.

I admit that when I was sent this book for review, my initial reaction was that this was likely a kind of fluff or fad book,
probably a title suggested by someone with an eye toward marketing trends. Furthermore, reading and reviewing the book was another entry onto a long list of ‘things to do’ this summer! I am pleased to say, however, that my initial reaction was far off target. The book is well researched, nicely written and speaks to an issue of central importance to those of us pursuing the academic life. While I won’t enumerate them here, I can think of at least three distinct ideas or practices I learned from this book that I fully plan to implement into my academic work this very semester. I am a rather old squirrel in the teaching game, so there are not too many books about which I can say something that concrete, and that already speaks strongly for the value of this little volume. At the very least, the book is a timely reminder to professors that we are first and foremost human beings, who have a right to private life, recreation and spiritual development, even as we pursue the ‘life of the mind’ in our increasingly rushed and mechanized academies.

Daniel Liechty,
School of Social Work,
Illinois State University
Corresponding Authors

Y. Kafi Moragne-Patterson  
kmoragne@gmail.com

Yoosun Chu  
chuyo@bc.edu

Carol Cleaveland  
ccleavel@gmu.edu

Kofi Danso  
koﬁ.danso@mnsu.edu

Jin Kim  
j-kim24@neiu.edu

Ann M. Toohey  
amtoohey@ucalgary.ca

Nadine Shaanta Murshid  
nadinemu@buffalo.edu

Alex Cheung  
cheun113@uwindsor.ca
JOURNAL OF SOCIOLOGY & SOCIAL WELFARE
2017 Publication Information & Subscription Rates

Volume: XLIV
Volume Year: 2017
Publication Period: 1-17 to 12-17
Publication Frequency: Quarterly
Publication Dates: March, June, September, December

SUBSCRIPTION RATES:

<table>
<thead>
<tr>
<th></th>
<th>Retail Cost Subscription Agent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Online version only</td>
<td>Individual</td>
</tr>
<tr>
<td></td>
<td>$54.00</td>
</tr>
<tr>
<td></td>
<td>$54.00</td>
</tr>
<tr>
<td></td>
<td>Institution</td>
</tr>
<tr>
<td></td>
<td>$98.00</td>
</tr>
<tr>
<td></td>
<td>$88.00</td>
</tr>
<tr>
<td>Print plus online</td>
<td>Individual in U.S.</td>
</tr>
<tr>
<td>version (package)</td>
<td>$62.00</td>
</tr>
<tr>
<td></td>
<td>$62.00</td>
</tr>
<tr>
<td></td>
<td>Individual Outside U.S.</td>
</tr>
<tr>
<td></td>
<td>$74.00</td>
</tr>
<tr>
<td></td>
<td>$74.00</td>
</tr>
<tr>
<td></td>
<td>Institution in U.S.</td>
</tr>
<tr>
<td></td>
<td>$106.00</td>
</tr>
<tr>
<td></td>
<td>$96.00</td>
</tr>
<tr>
<td></td>
<td>Institution Outside U.S.</td>
</tr>
<tr>
<td></td>
<td>$118.00</td>
</tr>
<tr>
<td></td>
<td>$108.00</td>
</tr>
</tbody>
</table>

Institutional subscribers can access the Journal’s articles with ip authentication. Please send ip information to swrk-jssw@wmich.edu. Individual subscribers can access the Journal’s articles online by contacting swrk-jssw@wmich.edu for a password.