CLINICAL SOCIOLOGY REVIEW

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The Development of Clinical Sociology in Malaysia

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Abstract

This article discusses the significant contributions made by Wan Halim Othman to the advancement of clinical sociology in Malaysia. Wan Halim, introduced as the progenitor of clinical sociology in Malaysia, has played a pivotal role in social issue management, and his unique approaches have had a lasting social impact on the country. This article starts with the background of the country and the main figure, Wan Halim Othman, and then discusses the various innovative and impactful initiatives that he has spearheaded using the clinical sociology approach. Programs such as the Social Problem Management System (PINTAS) and social clinic exemplify the profound capacity of clinical sociology to address intricate societal issues. Wan Halim has effectively empowered marginalized communities and promoted social cohesion by implementing new strategies like community mediation and support groups specifically designed for single mothers. Although clinical sociology is gaining traction in Malaysia, much must be done to further recognize and institutionalize this discipline. The proposed next steps include the formalization of clinical sociology by implementing comprehensive curricula, hands-on training, and professional certification. The author emphasizes the significance of fostering collaboration among academia, government, and civil society to establish clinical sociology as an institutionalized field and effectively tackle urgent societal issues.

Keywords: clinical sociology, Malaysia, social issues, sociological role, sociology approach, Wan Halim Othman

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1.   Contextual Prelude

The development of clinical sociology in Malaysia is intricately linked to the country's historical trajectory and sociopolitical landscape. Despite its global recognition within academic circles, clinical sociology has yet to be formally established or acknowledged as a sub-discipline of sociology in Malaysia. Nevertheless, it has emerged as a vital approach for understanding and addressing the complex social challenges facing the nation. By integrating sociological concepts and practical applications, clinical sociology offers a unique framework for analyzing and resolving social issues (Wan & Wan 2020). This article offers the author's insights into the development of clinical sociology, emphasizing the significant contributions of her father, Wan Halim Othman, a prominent figure in the field within Malaysia. The main insights are derived from an interview with Wan Halim and a thorough review of his forthcoming manuscript, titled *The Metamorphosis of a Clinical Sociologist.* The author's upbringing also provided her with numerous opportunities to observe and participate in conversations about Wan Halim's groundbreaking contributions to clinical sociology. Throughout the years, the author has been exposed to Wan Halim's experiences, viewpoints, and undertakings, which have enhanced her comprehension of his significant contributions to Malaysia.

The history of Malaysia as a sovereign state commenced in 1957, with the subsequent addition of Sabah and Sarawak in 1963. The history of colonial rule in Malaya started with the colonization by the Portuguese in 1511, followed by the Dutch in 1641 and the British in 1824, which lasted the longest and involved centralizing administration. Though there has been sporadic resistance, including efforts by educated groups forming nationalist associations like Kesatuan Melayu Muda (KMM) and Kesatuan Melayu Singapura (KMS), British authority persisted until World War II. It was then the Japanese occupation ensued for a short stint (1941–1945) (*MyGovernment* 2024). During colonization, Malaysia's ethnic groups, i.e., Malays, Chinese, Indians, and other sub-ethnic groups, were delineated based on their occupations, social standings, and political power, intensifying longstanding ethnic tensions. Different

ethnic groups were kept at a noticeable social distance, creating a setting that is characterized by cultural separation and antagonism between members of different ethnic groups. The period following independence saw a remarkable increase in modernization, industrialization, and migration from rural to urban areas. These transformative factors have led to significant changes in population patterns and interactions between different ethnic groups, ultimately altering the sociocultural environment and interethnic interactions in Malaysia.

Malaysia is made up of 13 states and 3 federal territories that operate via a federal administrative system. The governance by both the state and federal governments reflects the diverse cultural, linguistic, and socio-economic landscapes of the overseeing authorities, playing a crucial role in daily operations. However, challenges related to national cohesion and socio-economic disparities continue to persist due to historical division and exploitation, as well as a lack of intricate interdependence and cooperation among members of different ethnic groups. These dynamics highlight the pressing need for thorough strategies to tackle societal concerns and enhance social unity.

Racial riots occurred on 13 May 1969, which was acknowledged as a significant turning point in the country's history, signifying a time of heightened ethnic tensions and violence. Following election outcomes revealing disparities among ethnic communities, the subsequent clash resulted in widespread unrest, loss of lives, and significant property damages. This unfortunate incident highlighted the pressing necessity for actions to tackle fundamental societal rifts and foster national cohesion, a task that demands the contributions of sociologists more than ever. The Malaysian government then quickly realized how critical it was to ease racial tensions and promote social harmony, and as a result the Department of National Unity was set up in 1969 for that purpose. The department then committed to a multiethnic inclusion strategy, recognizing the need to preserve cultural diversity while promoting a sense of group identity. The Department of National Unity has undergone several changes since its establishment, which have reflected changes in Malaysia's sociopolitical environment. It was renamed and had its structure

realigned from the Department of National Unity in 1969 to the Ministry of National Unity in 1972 and then the National Unity Board in 1974. Then the government decided to add the *Rukun Tetangga* or the Residents' Association and changed the name to *Jabatan Rukun Tetangga dan Perpaduan Negara* (Department of Residents' Association and National Unity) in 1980 before reverting it back to the Department of National Unity in 1983. In 2004, the department name was changed to the Department of National Unity and National Integration before recently being given the title of the Ministry of National Unity. Throughout (and despite) the changes, the institution has stayed committed to its mission of promoting harmony and integration among Malaysia's diverse populace (Ministry of National Unity 2024).

Various experts and policymakers have worked hand-in-hand within and alongside this Ministry. Economists have highlighted the significance of economic collaboration and inter-ethnic synergy as a means to achieve mutual prosperity and decrease disparities. Political scientists have recommended forming political alliances and seeking a compromise to overcome ideological differences and encourage inclusive governance. Religious experts have emphasized the importance of interfaith discussions in promoting mutual understanding and respect among different religious groups. Cultural experts have suggested incorporating cultural themes into the performing and artistic arts to celebrate variety and encourage cultural exchange. Linguists have emphasized the significance of advocating for the utilization of the national language, Malay, as a unifying element that goes beyond ethnic differences and nurtures a sense of national identity. Sociologists have proven to be adept at aiding the advancement of national cohesion by working closely with policymakers and implementers. Renowned sociologists in Malaysia, such as Wan Halim Othman, Abdul Rahman Embong, Shamsul Amri Baharuddin, and Mansor Mohd Noor, have all played significant roles in this Ministry. Their expertise in creating sociological tools and procedures, managing social relationships, and implementing effective social intervention strategies have been important in addressing societal issues, even to this day.

While Malaysia has yet to establish a clinical sociology program, it is essential to recognize the integration of sociology into Malaysian academic institutions in the mid–1900s. The creation of sociology departments in the following public universities has significantly contributed to the advancement and application of sociological ideas in this country. Among the pioneers were Universiti Sains Malaysia (USM) with the setting up of the School of Human Sciences in 1969, Universiti Kebangsaan Malaysia (UKM) with the Department of Anthropology and Sociology in 1970, and the Universiti Malaya (UM) with the establishment of the Department of Anthropology and Sociology in 1971 (Rahman Embong 2006). These educational establishments were crucial in fostering sociological investigation and academic work, setting the foundation for the recognition of the sociological approaches in Malaysia. Additionally, a plethora of esteemed sociologists, both produced by these establishments and those trained abroad, have also held faculty positions, contributing to the sociology landscape by virtue of their knowledge and exposure to a global perspective (Marimuthu 1990). To date, no sociology degree programs are offered in private institutions due to the perceived lack of market demand for such programs. Despite concerted efforts by the author and Wan Halim to champion the introduction of a Bachelor of Clinical Sociology program, it has not garnered sufficient traction among academic institutions. The closest offering currently available a Bachelor of Social Science (Hons) in Social Innovation and Change from Taylor's University, where Wan Halim was appointed as one of the first Adjunct Professors alongside esteemed clinical sociologists such as Professor Dr. Jan Marie Fritz, Professor Dr. Tina Uys, and Professor Mariam Seedat–Khan.

The dynamic era of the 1960s saw the quick evolution of Malaysia's social, economic, and political environment, sparking increased curiosity for sociological research. Scholars have emphasized the urgent importance of comprehending and tackling the intricate societal concerns stemming from these swift advancements. Wan Hashim (1972) likened social challenges to social diseases, highlighting the similarities between societal problems and medical illnesses. This comparison increased the importance of promptly identifying and addressing social issues through structured sociological approaches.

In a similar vein, Abdul Kahar Bador (2006) expressed the same idea by considering the social sciences as the master key or the medicine to all illnesses. This metaphorical representation underlined the overall importance of sociological perspectives and approaches to effectively manage social issues. These viewpoints also provide insights regarding sociological practice in Malaysia, highlighting its ability to identify, comprehend, and address societal problems. Given the fast-paced societal changes and growing complexities, clinical sociology offers a valuable framework for using sociological ideas that can help enhance individual well-being and strengthen societal resilience.

2.   The Figure: Wan Halim Othman

Wan Halim Othman has played a key role in tackling the intricate sociological challenges in Malaysia. The author not only regards him as her 'father' due to their biological relationship but also recognizes him as the 'father of clinical sociology' in Malaysia, given his pioneering efforts in championing this field long before its recognition. Wan Halim, who grew up in a mostly Malay society, gained vital knowledge on promoting harmony among different ethnicities during his formative years at the Royal Military College (RMC). During his four years at RMC, he discovered how various ethnic groups worked together harmoniously towards a shared objective. This experience was essential in shaping his pursuits in sociology and it was then that he immersed himself in sociology literature at the college library, eager to comprehend the complex dynamics of society. His inquisitiveness drove him to apply for a scholarship which allowed him to study sociology at Monash University in Melbourne, Australia. This experience was shared as a truly revolutionary one and has greatly influenced his views on Malaysian culture, dynamics, and lived realities. More details on the intricate social landscape of his youth, characterized by complexities and unpredictability, are further outlined in his unpublished manuscript.

    With greater exposure to sociology, Wan Halim recognized the imperativeness to bridge the divides within Malaysian society to pave the way for a brighter future. He also engaged in various on-

campus activities, continued his extensive reading, and discussed with his professors and course mates what could be done to further improve the situation in Malaysia. Initially aspiring to pursue his studies to a doctoral degree in sociology, Wan Halim's trajectory took an unexpected turn when he was summoned back to Malaysia in the aftermath of the May 1969 riot. He had been among the few individuals to receive government funding to study sociology abroad, specializing in race relations. Though he was relatively young and equipped only with the fundamentals of sociology, he was the obvious choice to support the government's effort to manage the post–May 1969 riot situation. This abrupt shift elicited a range of emotions within him—he felt unprepared yet eager to apply his knowledge in practical ways.

Since it was the pre–Internet era and sociology was in its infancy in Malaysia, Wan Halim faced challenges in receiving guidance and obtaining relevant resources to manage the case at hand. While the government then engaged a team of social scientists from one of the globally renowned universities for assistance, the recommendations provided proved to be too general for the Ministry of National Unity to implement effectively. Wan Halim was put in a position to develop strategies tailored to the unique sociocultural landscape of Malaysia. It was then that he first started to assume the role of clinical sociologist to analyze the situation and craft the framework and strategies for racial unity. Wan Halim quickly understood that poverty is a significant factor for the interethnic violence through his fieldwork research in several communities around Malaysia— the fishing communities of Terengganu, the Chinese New Villages in Perak and Melaka, and the Indian laborers on rubber estates. By further utilizing action research techniques and participant observation, Wan Halim managed to understand the perspectives of various cultures by monitoring their everyday social behaviors and ethnic beliefs in addition to providing for the fundamental needs of those communities. Not long after, he was given the opportunity to continue his education at the University of Bristol, England, and was guided by the distinguished race relations scholar, Michael Banton. With such guidance and mentorship, Wan Halim deepened

his comprehension of race relations and social anthropology, and this experience greatly influenced his endeavors in clinical sociology.

Wan Halim's identification as a clinical sociologist can be traced to his collaborative work with the prominent clinical psychologist, Professor Dr. Mat Saat Baki, for the past two decades. Throughout their partnership, they have consistently been identified as a duo comprising a clinical psychologist and a clinical sociologist. Initially, since the term was unheard of in Malaysia, Wan Halim would 'correct' others to specify his role as a clinical psychologist and a sociologist. Despite his persistent corrections, especially during his engagement in AIDS-related initiatives, people continued to refer to him as a clinical sociologist. Subsequently, he came to recognize the pertinence of the term 'clinical sociologist' to describe his contributions, especially when addressing the same issues as a clinical psychologist but through a sociological lens. This realization crystallized upon his exposure to the scholarly work of international pioneers in the historical evolution of clinical sociology. It became evident to Wan Halim that his professional endeavors and affiliations inherently align with the domain of clinical sociology.

3.   Wan Halim's Early Work in Clinical Sociology

Upon his postgraduate degree completion, Wan Halim further applied his clinical sociology approaches to various notable national projects, including the national urban planning project in the early 1980s. His contributions highlighted the crucial role of clinical sociology in creating fairer and more sustainable cities. This was achieved through a comprehensive understanding of social dynamics, inclusive decision-making, empowering marginalized communities, and conducting research and interventions with a focus on action-taking. Wan Halim's approach to urban planning heavily emphasized that urban development cannot and should not be separated from the wider social context. As a clinical sociologist, he explored beyond the tangible elements of urban environments to comprehend the fundamental socio-economic forces that contribute to urban disparities. Wan Halim sought to tackle the underlying reasons for urban exclusion and injustice by considering the socio-economic

histories of squatters and underprivileged communities. Appreciating the significance of community involvement, he endeavored to empower underprivileged groups by engaging them in decision-making right from the beginning. He included squatter residents in the initial planning conversations to acknowledge their ability to contribute as well as highlight their valuable knowledge to influence decisions that directly affect their lives. This method is in line with the concepts of clinical sociology, which highlight the significance of actively involving relevant stakeholders to shape social treatments. Additionally, this project was marked by a dedication to uplifting underprivileged populations and enhancing their participation in urban development processes. By using strategies like creating a comprehensive registry of squatters, he empowered the voices of these individuals and promoted a sense of ownership among them.

Wan Halim's appointment as the Director of the Centre for Policy Research (CPR) (1982 – 1993) at USM served as another opportunity for him to further establish his role as a clinical sociologist in Malaysia. The CPR was set up as a research consultancy organization inside USM, playing an important role in connecting academics and the government. Through this capacity, Wan Halim worked at the crossroads of research, policy, and implementation. This enabled him to effectively apply sociological knowledge to address real-world issues and provide practical answers to social concerns. One of the core concepts that motivated Wan Halim's work at the CPR was the recognition that a research discovery is not the final goal, but rather a means to inspire and enable others to take appropriate action. Appreciating the significance of converting research into practical policies and interventions, Wan Halim strongly supported the active participation of policymakers and implementers at every stage. This collaborative approach meant that the study findings were both relevant and practical in tackling real-world issues. By integrating academic knowledge and practical application, clinical sociologists are able to make valuable contributions to creating policies and interventions that foster social justice and equity, clearly evident in Wan Halim's contributions.

In 1997, Wan Halim developed an innovative program to empower Muslim single mothers to overcome personal, social, and institutional challenges due to divorce. This program is called Kelompok Sokongan Ibu Tunggal (Single Mothers Support Group), which was eventually set up in every state in Malaysia with an annual session that is based in Kuala Lumpur. In fact, the phrase *ibu tunggal* (single mother) was introduced by Wan Halim in Malaysia as an alternative to the term *janda* (divorcee) or *balu* (widow) to address issues faced by these women. This effort initially encountered resistance, especially from the religious groups who equate Ibu Tunggal with women who have children out of wedlock. Wan Halim emphasized his commitment to providing assistance to women encountering comparable obstacles and de-stigmatized the term. Supported by esteemed institutions such as the National Population and Family Development Board, his effort fostered inclusion and provided assistance to *ibu tunggal*, a word that continues to be extensively employed in contemporary Malaysia.

This support group employs an effective and unique approach to empower women to confidently represent themselves in court without legal representation. By engaging in self-representation, these women are able to tackle the institutional obstacles that hinder their access to justice and legal counsel. It enables women to confidently navigate the legal system on their own, avoid expensive legal costs, fight for just results for themselves and their children, and regain their self-worth and dignity when facing their ex-husbands.

Wan Halim, alongside lawyer-activist Hanifah Sayed Muhammad, provides essential legal information and skills needed for these women to confidently present their cases in court. To prepare them, these women attend a monthly support group session that allows them to share their cases voluntarily and openly. Then each case is discussed at length by Wan Halim to uncover the 'issues' faced in terms of intrapersonal concerns, interpersonal relationships, family dynamics, legal rights, and the next steps for these women and the involved significant others. Women who have undergone similar experiences are invited to share their input and experiences during the support group session. In fact, their role is also considered as important, if not more so, than the 'experts'. These experienced women also play a

vital role in providing post-session guidance on any legal paperwork required and provide detailed enactments for each case for single mothers to understand and use for their cases. Periodically, moot courts and role-playing exercises were also carried out to help these women build confidence and improve their courtroom advocacy skills. In some instances, especially for 'difficult' cases, these women also provided additional support by attending the sessions in court in numbers to ensure the case is conducted fairly and lodge a report should there be a need to do so. This novel approach, using clinical sociology, has produced impressive outcomes, as the women who have been trained and represented themselves have achieved an outstanding record of success, having never lost a single case thus far. This effort does not only empower women on an individual level but also makes a significant contribution towards fostering gender equality and ensuring access to justice in Malaysian society.

Under Wan Halim's innovative leadership, the groundbreaking Social Problem Management System (PINTAS) project (1999 – 2002) was initiated. The PINTAS project is the first Social Clinic of its kind in Malaysia, curated and implemented by Wan Halim and supported by Malaysia's Ministry of Women, Family, and Community Development. This project draws inspiration from the notion of the "social clinic" developed by sociologist Louis Wirth in 1931. Wirth envisioned a center providing a wide range of social services targeted at tackling different societal concerns and personal challenges. This concept then materialized and localized to ensure the social clinic not only addresses the needs of the community, but is also set up in a conducive manner, run effectively, and easily accessible to the marginalized community. Through collaborative efforts with experts from several disciplines (i.e., psychologists, lawyers, IT experts, gerontologists, education specialists), the PINTAS project was driven by Wan Halim, who played a central role in its execution and provided valuable guidance for its strategic orientation.

With his extensive knowledge of how societies work, Wan Halim customized interventions that tackled the underlying reasons behind social problems. This initiative marked a significant change in Malaysia's approach to social welfare, highlighting the importance of

taking proactive measures and empowering the communities. This three-year project included continuous programs for single mothers who were facing challenges in the Syariah court system, individuals who were recovering from drug addiction and transitioning to living in the community, people from diverse ethnic backgrounds who have chronic illnesses, children with both physical and mental disabilities, and community leaders and adolescents who wanted to upskill themselves with computer literacy. The extensive range of the programs under this PINTAS project was recorded in 41 official documents and training modules, which carefully documented the deployment of the PINTAS system. These resources were incredibly helpful in sharing the most effective methods and guaranteeing a uniform approach to the project among various target groups. In addition, regular briefings were held at several levels of government, including local and state levels, as well as at the highest levels of the Cabinet of Ministers, responsible for social issues at the federal and national levels. These briefings helped to maintain continuous conversation and cooperation, ensuring that all parties involved stayed involved and well-informed throughout the whole project. The PINTAS initiative had far-reaching effects outside of its operational framework, shaping the wider policy discussion on social development in Malaysia. It resulted in the creation of a fresh National Social Policy, informed by the knowledge and lessons learned from the project execution. The PINTAS initiative helped to define Malaysia's social welfare landscape.

With the success of the PINTAS project, Wan Halim replicated the Social Clinic in the following year at the state level. This project was supported by the Family Development Foundation (*Yayasan Pembangunan Keluarga*) in the state of Terengganu. Again, this was a groundbreaking effort as it was the first of its kind at the state level to directly address family matters and carry out systematic intervention. Through the Social Clinic, the foundation aimed to manage the diverse (often interrelated) range of social issues that families in Terengganu encounter by offering comprehensive social intervention services. Wan Halim and his team successfully identified and resolved shortcomings in the social services that were provided and executed a comprehensive approach to manage the

complex nature of issues experienced by all segments of the family unit and the community. The efforts included education, healthcare, social support, and childcare disability in addition to personal, interpersonal, and economic empowerment. The foundation has played a vital role in improving the quality of life and promoting social cohesion in Terengganu by offering a diverse variety of services that are customized to meet the unique needs of families. Wan Halim once again used clinical sociology knowledge to better serve Malaysians.

Another important initiative designed and carried out by Wan Halim using his clinical sociology lens is the Community Mediation initiative, primarily aimed at resolving conflicts and promoting unity in communities. The program that was established in 2010 draws attention to the importance of empowering the community to resolve issues out of court which is both cost-effective and has a lasting impact on the community. Unlike the mediation approach often used by legally trained professionals, community mediation, as introduced by Wan Halim, is based on a 20-step training curriculum using sociological knowledge (Wan & Wan 2008). The curriculum was designed specifically for community leaders in Malaysia to be equipped with practical tools and tactics necessary to effectively engage in constructive discourse, settle disagreements, and promote reconciliation within their communities. The community leaders also partook in interactive workshops to ensure they were able to confidently manage any conflicts as calm, objective third parties throughout any conflict.

The Community Mediation program gained the interest of the National Unity and Integration Department of Malaysia (JPNIN), and Wan Halim was invited to train their officers andthe community leaders, known as the *Rukun Tetangga,* throughout the country. Upon the successful training of more than 500 mediators, the graduates then established the Community Mediator Association Malaysia (*Persatuan Komuniti Mediator Malaysia*) which was recognized by the JPNIN. Thus, the community mediators managed cases that came to them directly as well as cases that were referred by the police, local councils, and JPNIN. To date, the community leaders continue to

play important roles in tackling ethnic conflicts, fostering mutual understanding, and strengthening social harmony in communities—extending the legacy of Wan Halim's peacebuilding and community empowerment throughout Malaysia.

4.   Concluding Remarks

Wan Halim has paved the way for clinical sociology and clinical sociologists in Malaysia and continues to do so. Part of his vision to further establish clinical sociology in Malaysia, as illustrated in his upcoming book, is the need to establish a comprehensive curriculum and assessment system that truly depicts what clinical sociology stands for and how individuals are able to play their roles as clinical sociologists confidently and effectively. Combining academic knowledge with practical skills gives students the means to solve complicated and real societal concerns. Additionally, assessment methods should test beyond academic understanding to include practical application as well as relevant critical thinking and problem-solving skills. This encourages extensive learning and evaluation, moving away from training them as armchair theorists (Wan & Wan 2020).

A clinical sociology program must emphasize community experience from its very first day. Students must have real-world opportunities at micro, meso, and macro levels to be able to relate their knowledge to practice and improve their social skills. Internships, fieldwork, community participation, and exposure to policy work are beneficial curricular elements that will allow students to obtain valuable experience and improve their practice.

Clinical sociologists in Malaysia must also continuously seek to be on platforms that allow them to foster innovation and use creative methods to address social issues. Given that society is dynamic and technological advancement are swiftly evolving, practitioners must have the necessary academic understanding and skills, be exposed to the clinical work of others, and be flexible and adaptable to address the ever-changing social dynamics and new issues. A clinical sociologist should recognize the need for and strive to work cooperatively with other experts, but should also remain as a key person to oversee and

guide the strategic management of initiatives. The strengths that clinical sociologists have in looking at the bigger picture, strategizing the applied work, and understanding the impact of the initiative on individuals, families, communities and the country benefit the initiatives they are involved in.

Another important effort to establish clinical sociology is to formalize the role of clinical sociologists. Clinical sociologists in Malaysia should get certified and become connected to global experts. One option is to establish professional certification or certification agencies in Malaysia to recognize the work of clinical sociologists. This is the ideal and the details of such formal certification can be well formulated by taking into consideration the social and cultural sensitivities in Malaysia. However, this setup may be a relatively long process and be challenged by the limited number of clinical sociologists in Malaysia who may serve on the panel of assessors. A more feasible alternative is to encourage clinical sociologists to get certified through established global organizations such as the Association for Applied and Clinical Sociology. Clinical sociology in Malaysia would gain legitimacy, and Malaysia would be part of the global networks of clinical sociologists.

The role of the government is also vital to further support the establishment and recognition of clinical sociologists in Malaysia. A few ministries have leveraged the expertise of clinical sociologists. It is imperative for the government to actively promote and support the establishment and institutionalization of clinical sociology in Malaysia. The type of support may include funding education, training expansion, program approval, and continuously engaging with clinical sociologists to understand the society, design programs, and manage any social issues in Malaysia. Clinical sociologists should continue to be given the opportunity to promote academic, government, and civil society partnerships as well as influence policy and decision–making. The support and recognition by the government will undoubtedly increase the interest of the public and future generations to further the important role of clinical sociologists in Malaysia.

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About the Author

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Clinical Sociology and Community Interventions

The Community Ideas Factory Life Skills Project

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Abstract

The Community-Ideas Factory: The Life Skills Project (CIF-LSP) creatively tackles shortcomings in life skills programs offered by our nonprofit (NFP) partners assisting homeless and precariously housed individuals. Through sociological and community-engaged methodologies, our interdisciplinary team collaborated with 16 NFP organizations to develop a responsive, inclusive, online life skills intervention. Our research, grounded in clinical sociology and informed by equity, diversity, and inclusion principles, highlights the diverse nature of essential life skills, influenced by broader social, political, and economic contexts such as social inequities. Notably, we identify social justice as a critical life skill, emphasizing the intersectionality that shapes individuals' lives and advocating for its integration into life skills programming. Our approach diverges from traditional positivist research methods prevalent in life skills studies, facilitating this significant finding.

Keywords: Clinical sociology, community-engaged research, homelessness, intervention, life skills

1.   Introduction

At least 235,000 people experience homelessness in Canada each year, with over 35,000 individuals experiencing homelessness on any given night (Gaetz et al. 2013a). Many of these individuals have access to housing but struggle to maintain their housed status due to a lack of life skills, rather than a lack of income (Canadian Observatory on Homelessness [COH] 2021). The World Health Organization (WHO) defines life skills as the "ability to be adaptive and create positive behavior that enables individuals to be effective with the demands and challenges of everyday life" (Prajapati et al. 2016). In 2014, the Halton Region (located in Ontario, Canada) incorporated a Housing First approach to their homelessness strategy. Housing First is a recovery-oriented approach that centers on rapid responses to homelessness, where people experiencing homelessness are quickly moved into independent and permanent housing and are then provided additional support and services as needed (COH 2021). One of the core principles of Housing First models is that once housing is obtained, supports such as life skills training are necessary to prevent subsequent bouts of homelessness. Teaching life skills has been identified as an effective tool for increasing an individual's quality of life and as a necessity for creating a positive future for youths and adults alike (Bazrafshan et al. 2020).

Much of the existing scholarly work on life skills programming is rooted in a positivist and psychological paradigm.[1] The academic literature we examined for this project is broadly characterized by Emily Murphy-Graham and Alison Cohen (2022) as "life skills for prevention". This "discourse community" is shaped by public health, psychology, and social work, and life skills programs are viewed as a means of preventing participation in risky behavior

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1   For an overview of the various "discursive communities" in the life skills literature see Murphy-Graham and Cohen (2022). For a critique of the psychological and/or individual-based approach to life skills programming see, for example, Maithreyi (2019), Kwauk (2022), and DeJaeghere (2022). See DiSanto & Cumming (2024, under review) for a summary of the critiques of traditional life skills research and approaches, an overview of the critical perspectives in the field, and an application of a critical lens to Canadian life skills programming.

(Murphy-Graham & Cohen 2022). In these studies, scholars typically apply quantitatively-based assessment tools and/or evaluate the effectiveness of already-designed life skills training on individuals (e.g., Helfrich et al. 2006; Helfrich et al. 2011;[2] Helfrich & Fogg 2007; Moulier et al. 2019; Sharma et al. 2008). Despite the general methodological similarities among studies, there is a small number that use qualitative methods, where community members are invited to share their experiences and perspectives on life skills learning (e.g., Aviles & Helfrich 2004; Sisselman-Borgia 2021). In recent years, these types of studies have become more prominent, especially in research on life skills programs in developing countries.[3] However, there remains a dearth of research that uses community-engaged research approaches in the context of life skills program development, though the studies that do exist are instructive (e.g., Baydala et al. 2009; Cumming et al. 2022). For example, Baydala and colleagues' (2009) project illustrated that community inclusion is essential for creating effective, culturally resonant programming. They also demonstrate that meaningful inclusion also boasts several other potential benefits, such as increased engagement, a strong sense of identity, cultural pride, and ownership over the program (p. 42). The work of Cumming et al. (2022) highlights the significance of using community-based methodologies to create and evaluate programming that integrates the challenges, needs, and other practical insights articulated by the community.

The purpose of our project was to apply a community-engaged approach to the creation of a life skills curriculum to prevent housing precarity. Thus, a clinical sociological approach was adopted for this project. Clinical sociology is a specialized, multidisciplinary branch of sociology that seeks to address social problems and improve the circumstances of individuals and groups through research

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2   Upon further investigation, Helfrich's (2009–2011) life skills curriculum was informed by various members of the community, including individuals experiencing homelessness and service providers. This is not mentioned in the articles consulted.

3   See, for example, the relatively recent publication of "Life skills education for youth: Critical perspectives" edited by DeJaeghere & Murphy-Graham (2022a). In this collection, authors adopt qualitative and participatory approaches in their research on life skills programs (2022b, p.5).

and interventions that champion the needs of those who are most vulnerable (Fritz 2008a, p. 1; Fritz 2008b, p. 8). Participatory or community-engaged research approaches are commonly used by clinical sociologists (Fritz 2013, p. 397), and the overlap between them—in both principle and process—is notable (Rhéaume 2014, p. 36). For this reason, a community-engaged research approach provided important methodological infrastructure to the project. Community-engaged research is defined as an orientation to research that is grounded in collaborative partnerships between community and academic researchers that are intended "to solve community-identified and community-defined problems" (Boyd 2014, p. 501). The project objectives, planning, and research methodology were informed by the seven principles of community-engaged research: collaboration, community-driven, power sharing, capacity building, social action and social justice orientation, transformative, and innovative (Boyd 2014). McNamara et al. (2019), in the first and founding *Community Ideas Factory* project, illuminated the value of participatory approaches for creating inclusive social innovations and academic-community partnerships for addressing social issues.

Implied in qualitative and community-engaged approaches to life skills development is the notion that those with lived experience—not only academics—offer a crucial and unique lens for creating, evaluating, and improving life skills programs. There is enormous mutual benefit in nurturing community-academic partnerships to co-develop programming that directly corresponds to clients' lived realities. The Community Ideas Factory: The Life Skills Project (CIF-LSP) was designed to collaboratively address a community-identified problem by leveraging the academic and experiential knowledge of our partners and their clients. In doing so, we seek to make a methodological and empirical contribution to the literature and increase our partners' capacity to deliver online, evidence-based programming that will, most importantly, lead to positive outcomes for clients.

In this paper, we share the first phase of the CIF-LSP, and we demonstrate how clinical sociology and community-engaged research can address community-identified problems, lead to

novel research findings, and support academics and community practitioners in creating innovative community interventions. We will discuss the significance of life skills, articulate our approach and research methods, and explain how community–engaged research and collaborative and creative problem–solving tools can be used to address community–identified issues and needs. We share our research findings, including the 10 essential life skills the community highlighted, and discuss an important empirical finding that aligns with an emergent conceptual shift in the life skills literature: social justice skills are *crucial* life skills. We conclude by explaining how our research findings were used to build a life skills intervention program which was subsequently shared with our partners across the Region. We also consider future uses of the program as not only an intervention tool but a preventative one as well.

2.   Background

The principal investigator (PI) of this research holds dual roles as a professor of sociology and as the executive director of an NFP in the Halton Region of Ontario, Canada. The NFP she leads provides services to homeless and/or precariously housed families, including access to a life skills curriculum. The Region partners with community organizations that provide housing and support with the intended outcome of reducing homelessness. Historically, each of these organizations provided their clients with ad hoc life skills group workshops, including topics such as budgeting, communication, and maintaining healthy relationships. However, in her role as executive director, the PI discovered that most local NFPs had experienced concurrent difficulties incorporating effective life skills into programming, such as: 1) the life skills categories taught are not informed by an equity, diversity, and inclusion (EDI) lens, 2) life skills had historically been taught in–person and in group settings, which were halted during the pandemic, 3) life skills were expensive to run, and all local NFPs compete within the same philanthropic foundations and service clubs for funding which had been severely restricted due to the effects of the pandemic and inflation, and 4) while NFPs understand the importance of running evidence–

based programming, they rarely have the capacity or resources to carry out research or development, implementation, and evaluation. The partner organizations identified a need for an innovative approach to servicing large numbers of marginalized individuals while simultaneously reducing organizational costs, strengthening collaborations, and increasing core competencies so individuals can maintain long-term housing stability.

Using a clinical sociological approach and a community-engaged research design, the CIF-LSP researched (phase 1), designed/ developed (phase 2; see DiSanto & Cumming 2024, under review), implemented, and tested (phase 3) a participatory and EDI-informed virtual life skills intervention aligned with the needs of our community partners and their clientele. The program will be shared with our partners, and it will have the potential to reach thousands of individuals annually, reduce costs and strain across organizations, ultimately increase housing security among participants by providing necessary life skills training (COH 2021), and showcase clinical sociological research and design capacity.

The first phase of the project is the research phase and it is guided by two research questions:

1. What are the necessary life skills that individuals require to maintain housing while building competencies post-2020?
2. How can we teach these life skills virtually while ensuring applied learning and a reduction in overall costs for NFPs?

The research findings will form a map of the sociological life skills intervention that will be piloted and evaluated with our partner organizations.

3. Literature Review – What does research suggest are the necessary life skills?

The WHO broadly defines life skills as enabling individuals to adapt, engage in positive behavior, and effectively navigate "the demands and challenges of everyday life" (WHO 2003, p. 3). The WHO identified 10 core skills, including self-awareness, critical thinking, creative thinking, decision-making, problem-solving,

effective communication, interpersonal relationships, empathy, coping with stress, and coping with emotions (WHO 1997, p. 1). The United Nations International Children's Emergency Fund (UNICEF) organizes abilities into four categories: foundational (e.g., literacy and numeracy), socio-emotional, digital (to use and understand technology), and employment-related skills (UNICEF n.d., para. 6). Similarly, the Homeless Hub, the largest Canadian research institute focused on homelessness, delineates three skills categories: core (e.g., literacy, numeracy, and computer usage), independent living (e.g., household management and budgeting), and social (e.g., interpersonal relationships and conflict resolution) (COH 2021, para. 2).

Both academic scholars and service providers agree that the following are skills individuals require for success across a variety of life domains: *the ability to navigate interpersonal relationships* (see Cameron et al. 2018, Kamloops Homelessness Action Plan [KHAP] 2013; Moulier et al. 2019; Prajapati et al. 2016; Savoji & Ganji 2013; Tiwari et al. 2020; WHO 1997); *the need for self-awareness* (see Cameron et al. 2018; Moulier et al. 2019; Prajapati et al. 2017; Savoji & Ganji 2013, p. 1257; Tiwari et al. 2020); *having a capacity for skillful decision-making* (see Moulier et al. 2019; Prajapati et al. 2017; Savoji & Ganji 2013; Tiwari et al. 2020); and *the ability to communicate effectively* (see Government of Canada 2021; Moulier et al. 2019; Prajapati et al. 2017; UNICEF n.d.; WHO 1997).

For individuals who experience housing precarity, life skills are an essential tool needed to achieve long-term housing stability and facilitate meaningful community connections. The significance of this programming is reflected in the fact that life skills workshops are a typical feature of NFP programming (Gaetz et al. 2013b). Furthermore, the Kamloops Homelessness Action Plan (2013) emphasizes the need for NFPs to offer client interventions in areas like financial literacy, home and family management, employability skills, health and wellness, and conflict resolution (p. 6-7). Everyday skills such as household management and maintenance (see Community Youth Services 2017; Helfrich & Fogg 2007), financial literacy and budgeting (see Helfrich & Fogg 2007),

and career planning and employment–related skills (see KHAP 2013; UNICEF n.d.) are identified as imperative to maintaining housing. Competency in parenting skills and food literacy were emphasized among those who are recovering from addiction, single parents, and fostered youth aging out of care (see Green Hill Recovery n.d.; The Family Initiative 2019). Technological literacy was not frequently mentioned in the literature. However, one explanation for this may be that service organizations classify this skill set as employment–related rather than a distinct skill set. Nevertheless, the COVID–19 pandemic has revealed a need for technological knowledge, skills, and access. As Beaunoyer et al. (2020) note, the pandemic has accentuated "the importance of a hidden form of social inequality, digital inequalities" (p. 2).

Gaetz et al. (2016) identify three broad factors that cause homelessness: structural factors, system failures, and individual factors. As an intervention, life skills programming attends to the level of the individual, providing opportunities to develop practical skills and knowledge relevant to circumstances linked to homelessness, such as mental health, addiction, loss of employment, personal crisis, and relational issues (Gaetz et al. 2016). For instance, acquiring life skills and understanding the complexity of emotions can have positive impacts on mental health and well–being (Cameron et al. 2018, p. 431; Moulier et al. 2019, p. 9; Prajapati et al. 2017, p. 4; Savoji & Ganji 2013, p. 1257). Skills interventions can improve emotional regulation and resilience (Cameron et al. 2018, p. 431) and can reduce participation in risk behaviors (see Moulier et al. 2019, p. 9; Savoji & Ganji 2013, p. 1256; WHO 1997, p. 4). Well–developed life skills can reduce alcohol use disorder and suicidal ideation (Obeid et al. 2021, p.1) and are associated with a reduction in smoking and bullying (Moulier et al. 2019, p. 6). Gaining these competencies can promote social interaction and strengthen self–confidence, critical thinking skills, problem–solving, and decision–making while developing coping mechanisms and emotional intelligence (Moulier et al. 2019, p. 2; Prajapati et al. 2017, p. 4; Savoji & Ganji 2013, p. 1257). These can improve quality of life and reduce short– and long–term health impacts and the prevalence of chronic diseases (Cameron et al. 2018, p. 431). It also contributes to self–confidence, self–esteem,

and efficacy and helps translate knowledge and values into healthy decision-making and behavior (WHO 2012, p. 4).

Individuals with developed foundational competencies are thus better able to skillfully navigate obstacles as they arise. Having life skills provides one set of foundational tools to empower individuals to potentially improve their entire life. Thus, this project endeavors to understand the skills that those facing housing precarity are missing, from their perspective, and to design and implement a shared client-centric, EDI-informed curriculum.

4.   Methodology: Community-Engaged Research

Community-engaged research, like clinical sociology, redefines the traditional researcher-subject relationship by creating "participative communities of inquiry" through the engagement of multiple community stakeholders (Boyd 2014, p. 503). Operating from the core belief that those who are affected by research ought to be meaningfully included in the research itself, we collaborated with 16 NFP organizations in the Halton Region: Big Brothers Big Sisters Halton Hamilton, Bridging the Gap, Children's Aid Society, Food For Life, Halton Multicultural Council, HMC Connections, Halton Women's Place, Kerr Street Mission, Oakville Community Foundation, Oak Park Neighbourhood Center, Peterborough Housing Corporation, Sexual Assault and Violence Intervention Services, Shifra Homes, United Way Halton Hamilton, Woodgreen, YMCA of Oakville, and the Region. The NFPs service diverse populations, but all share the goal to build more collaborative and inclusive communities that better serve marginalized populations using evidence-based, EDI-informed life skills programming that is accessible across organizations.

Given that EDI are driving principles of this project, it was essential to have a large team that represents the diversity of the community and the clients/populations NFPs serve. We established a Program Advisory Committee, representing staff from each of the partner organizations that were engaged at key decision-making points in the project to ensure the project was moving in a direction that reflected the needs of their clients and their organization. Our partnerships were instrumental in providing meaningful feedback

at key stages of the research, including assistance in survey design and participation in the research itself. A second Program Advisory Committee was developed that was specifically focused on equity, diversity, and inclusivity (EDI-PAC). The EDI-PAC was made up of equity-deserving individuals who graduated from programming at 10 of the NFP. These individuals represented differences in race, ethnicity, gender identity, sexuality, and ability. In total, 10 individuals with lived experience met bi-annually to review the life skills development and to offer insights and suggestions to make the outcomes as inclusive as possible.

Supplementing our community-engaged research, an applied creative problem-solving approach was used to engage our community partners to address issues with existing life skills programs across organizations. While there are different iterations of creative problem-solving, our team used the Osborn-Parnes Creative Problem-Solving program because of the effective outcomes it produces (see Rose & Lin 1984; Scott et al. 2004; Torrance 1972). The hallmark of the dynamic balance of divergent thinking (a broad search for many diverse and novel alternatives) and convergent thinking (a focused and affirmative evaluation of novel alternatives) is applied across the phases of the problem-solving process. The objective of this methodological design is to ensure that the outputs of the project are grounded in the specific needs of the community— both in terms of what clients need and supporting how organizations provide their programming. We reasoned that since this was the central goal, representatives from the organizations, as well as clients and frontline workers, needed to be engaged in the project from the very beginning. Using this methodology ensures that everyone's needs, perspectives, and experiences are reflected in the program and is, therefore, valuable for all stakeholders.

5.   Data Collection

We used two research methods to collect data: creative problem-solving sessions and surveys. A purposive sampling method was used. Two creative problem-solving sessions were held at different stages of the research and participants represented various roles within our

partner organizations, including frontline workers, managers, and executive directors. During the session, partners expressed what they believed the most important life skills were for their clients. These sessions formed our life skills template. The subsequent data was mapped onto this template and was amended as needed, ensuring that the voices of partners shaped how we conceptualized life skills programming. A final creative problem-solving session was held to further refine and triangulate our findings.

In addition to the two creative problem-solving sessions, two surveys were created. Data was collected from February 16th to March 4th, 2022. Both surveys were shared with 30 social service organizations in the Region and the surrounding area through the online survey tool, Qualtrics, to be distributed to frontline workers and clients at their organizations. At least 13 of 30 invited NFP organizations participated in the distribution of surveys to workers and client groups. Individuals were invited to participate if they were clients receiving services, or if they worked directly as client-facing frontline workers associated with one of the community partners. The first survey was administered to frontline workers (n= 104) at NFPs who work with marginalized and/or precariously housed individuals, while the other was administered to the clients (n= 97) of these organizations. Participants of both surveys were asked a series of ranking and open- and closed-ended questions. The objective of the surveys was to capture the unique insights from both groups and determine which life skills are most needed, which are most valuable, and what effective learning and accessibility strategies can be built into the online learning modules.

EDI is a foundational principle of community-engaged research (Boyd 2014) and shaped the entire project, including the sampling approach (i.e., which organizations were included in the project) and the types of survey questions we asked (i.e., ensuring a range of experiences were represented such as knowing how to manage menstrual cycle symptoms, accessing culturally relevant mental health services, and cultural fluency). Demographic information was also collected to further ensure diverse representation. By considering intersectionality, like social location and personal experience, a more

comprehensive understanding of the circumstances and needs of clients could be captured in the survey responses.

Client and frontline worker participants represented diverse perspectives and lived experiences across multiple dimensions, such as housing, employment, family status, sexual orientation, race/ ethnicity, and religion.

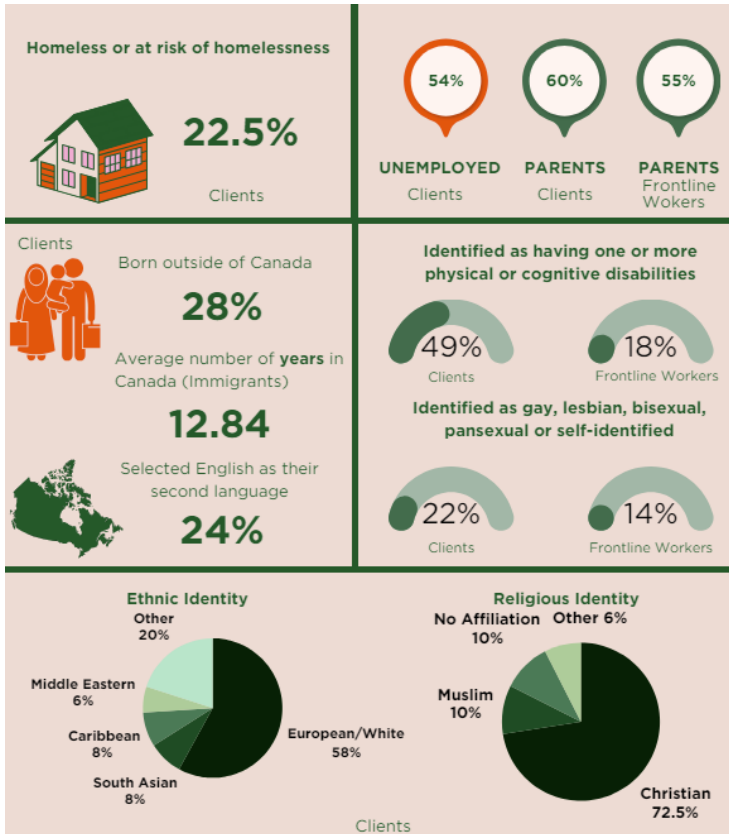**Fig. 1:**   Participant demographics[4]

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4   Demographic disparities were also noted. There was a low representation of men in client and frontline worker surveys. Of the clients, only 24% of respondents were male, whereas 71% were female, and 5% were non–binary or identified as third gender. This disparity can be explained in part because some of the organizations that distributed the survey

6.   Data Analysis

Thematic analysis was used to analyze the data from the creative problem–solving sessions and the qualitative survey data. For closed–ended and ranking survey questions, researchers looked strictly at mean responses and mean ranks for both groups of participants. Thematic analysis is a foundational method of analysis in qualitative research that involves identifying and describing patterns in the data and organizing these into themes (Braun & Clarke 2006, p. 79). We took a realist approach to the analysis by approaching the brainstorming data at face value—as representing the "experiences, meanings and reality of participants" (p. 81). Using a bottom–up (inductive) approach, the research team followed what our partners identified as essential life skills for achieving housing security. In other words, the analysis was guided and informed by what our partners gave voice to in the session. Consistent with the realist approach, the data was analyzed at the "semantic or explicit level" (p. 84). At this level of analysis, data is interpreted for its literal meaning—that is, what the participant actually said or wrote—rather than the meanings, assumptions, or ideologies that undergird the utterance (p. 84).

7.   Findings: What our Community Defines as a Necessary Life Skill

Ten life skills themes and several subthemes emerged from our data. They include:

1. **Financial Skills and Knowledge**: Partners overwhelmingly discussed the significance of financial skills *and* financial knowledge for housing security, such as financial literacy, budgeting, financial planning, saving, and paying bills.

2. **Interpersonal Skills:** Communication skills, social skills, self–advocacy skills, relationship skills, negotiation skills, presentation

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support women specifically. Similarly, of the frontline workers who answered the surveys, 85% were female, 10% male, 3% preferred not to answer, 2% were non–binary, and 1% identified as genderqueer, which is an anticipated outcome given the number of women who enter the social service sector (Statistics Canada 2017).

of self, and conflict resolution skills were discussed extensively by our partners. These skills are foundational to other identified themes, such as employment skills (e.g., interview skills).

3. **Household Management Skills:** While not emphasized to the same extent as the other skills, participants' responses did suggest that having the skills and knowledge essential to maintaining health, safety, and comfort in one's home was a critical life skill. This includes ensuring the space is clean, chores are done regularly, safety devices, like smoke detectors, are in working order, knowing how to cook nutritious meals, and grocery shopping effectively. These were categorized under two subthemes: (1) household maintenance and knowledge and (2) cooking and shopping skills.

4. **Personal Skills:** Caring for one's personal health and wellness was identified as an essential skill. Specifically, crisis management and emotional regulation skills, self-care skills, mindset, hygiene, and family planning were raised.

5. **Skills for Success:** Broad in its scope, 'skills for success' represent several skills that form the bedrock on which success can be built, whether in the context of employment, education, relationships, housing, or everyday life. Skills highlighted by our partners include time management, organization, and goal setting and planning.

6. **Resourcefulness Skills:** The ability to find, access, and utilize relevant community supports and resources to combat housing insecurity was a strong theme in the sessions. Having this skill in one's toolbox empowers individuals to take control over some of the barriers preventing housing security or that exacerbate insecurity, such as accessing food, mental health and addictions support, technology, financial services, employment support, education support, housing and housing support, transportation, legal support, and shelters.

7. **Critical Thinking and Research Skills:** The ability to identify a problem and formulate a realistic solution, make an informed decision, and think critically about information, options, choices, and one's circumstances were all important life skills identified

by partners. These skills intersect with many other themes, including employment skills and finding and accessing support and resources in one's community.

8. **Employment Skills:** Employment-related skills that enable individuals to obtain and maintain employment (e.g., how to find a job, how to sustain employment, how to apply for a job, how to write a resume, how to interview for a job, professional relationship-building, etc.), were recognized as crucial.

9. **Housing Research Skills and Knowledge:** Participants communicated that there are specific skills *and* knowledge needed to make good decisions about one's housing situation (e.g., subsidized housing, rent vs. ownership, location, landlord and tenant rights and responsibilities, etc.).

10. **Social Justice Life Skills:** Refers to the knowledge and skills needed to understand EDI and how to navigate oppressive systems and situations in Canadian society.

The data from our research engagements revealed that there are specific life skills clients and frontline workers perceive and/or experience as more or less valuable. For instance, 79% of clients indicated that they have one or more coping techniques to help regulate emotions and manage stress (e.g., meditation, yoga, and breathing exercises). However, when clients were asked which life skill they struggle with the most, coping with emotions and stress management had the highest mean ranking. Additionally, 42% of survey respondents answered 'no' when asked if they knew how to access culturally relevant mental health services. Nineteen percent of respondents indicated that they do not have the contact information for anyone—including community resources—if they are feeling emotionally overwhelmed or struggling with their mental health.

Frontline workers identified self-advocacy skills as the skill that clients struggle with the most. When clients were asked to assess their level of comfort in standing up for themselves in situations where they feel they are being mistreated, 18% responded that they are extremely uncomfortable and another 21% said they are somewhat uncomfortable, with only 32% responding that they are extremely

comfortable standing up for themselves. It is also important to note that even those who claim they are comfortable standing up for themselves may not have the skills to do so in a healthy manner. The remaining 29% stated that they were unsure. When we inquired about how clients felt about asking questions about matters they are unfamiliar with or for questions they do not know the answer to, 21% of clients indicated some degree of discomfort with the task. In other words, the perceptions of the frontline workers align with the experiences of clients.

In terms of what clients believe they need less assistance with, clients and frontline workers both selected cooking and cleaning skills (Figure 2). Clients indicated a high degree of confidence in their ability to perform cooking and cleaning tasks. Whether it be chopping vegetables, using appliances, or cleaning their food, kitchen, and living space, more than 90% of clients are confident in their ability to perform these tasks.

COMPARISON OF WHAT CLIENTS AND FRONTLINE WORKERS THOUGHT WERE THE
LIFE SKILLS THAT CLIENTS STRUGGLED WITH MOST (1 = LEAST | 8 = MOST)

Life Skills Category	Mean Frontline Worker Rank	Mean Client Rank
Cooking and cleaning skills	3.39	2.95
Employability skills	4.48	4.03
Social / interpersonal skills	4.47	4.15
Financial literacy and money management skills	4.75	4.55
Self-advocacy skills	5.07	4.77
Nutritional and physical health skills	4.2	4.92
Research skills	4.59	5.13
Coping with emotions and stress management	5.03	5.17

Fig. 2:   Comparative survey responses to the question of what life skills clients struggle with most
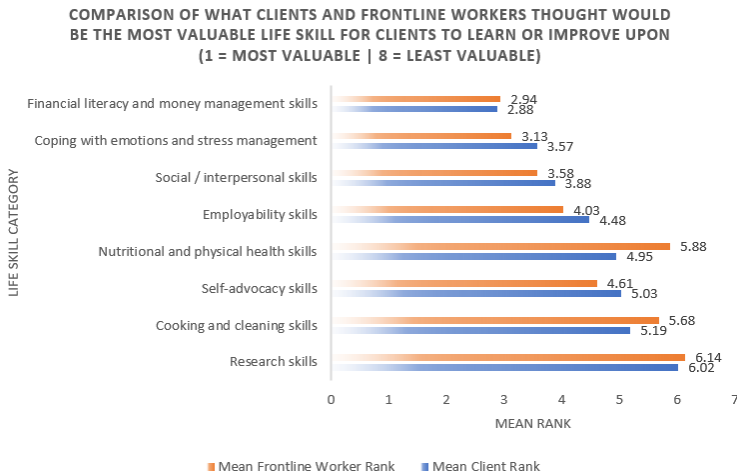
When asked what life skills would be the most valuable for clients, clients and frontline workers selected financial literacy and money

management. Responses revealed that there are areas where clients lack financial knowledge. Sixty-two percent of respondents stated that they own a credit card, but only 74% of those individuals said they know how interest rates and the borrowing and repayment process worked. Fifty-one percent of credit card owners responded that they 'always' pay their minimum balance, and only 55% of survey respondents stated that they confidently understand arrears. Sixty-eight percent of respondents confidently understood how to check their credit score, yet only 42% knew that checking their credit score makes it go down. Regarding budgeting, 71% of respondents said that they knew how to create a budget, but of those respondents, 41% of them said they were unable to consistently follow their budgets.

The least valuable skill, from the perspective of both clients and frontline workers, is research skills (Figure 3). Sixty-nine percent of respondents said they were extremely comfortable with their research skill set, while 7% said that they were extremely uncomfortable using the Internet to find answers to their questions. Regarding navigating through, and assessing the credibility of information sources, only 42% of respondents said they were extremely comfortable differentiating between credible and non-credible information.

In addition to providing extensive information about essential life skills for addressing housing insecurity, our partner engagements revealed that it is not only *skills* that are significant. Contextually relevant *knowledge* is also a critical enabler of successfully navigating relationships, supports, decisions, planning, etc. (knowing how to budget—a skill—is just as crucial to understanding what you can afford and why—knowledge). For example, knowing *how* to find a place to live using apps or websites (i.e., a skill) is just as important as having the *knowledge* to make informed decisions about where to live (e.g., location, transportation logistics, travel to and from school/work, etc.). Indeed, only 49% of clients had stable housing and were in a healthy living environment at the time of the survey, while 22.5% said they were homeless or at risk of homelessness. When it came to housing research skills and knowledge, 58% of respondents said they knew how to complete a housing search, while 34% answered 'somewhat', and 6% answered 'no'. Forty percent

of respondents indicated they did not fully understand how to read a lease agreement/tenant contract. Additionally, 44% said they knew their rights as a tenant, with 40% selecting 'somewhat' and 16% selecting 'no'. These findings align with the literature on life skills and indicate that knowledge (or the ability to access reliable knowledge) is an important complement to life skills programming (e.g., Kwauk & Braga 2017). The themes and subthemes are formulated to represent how knowledge *and* skills are entangled.

COMPARISON OF WHAT CLIENTS AND FRONTLINE WORKERS THOUGHT WOULD
BE THE MOST VALUABLE LIFE SKILL FOR CLIENTS TO LEARN OR IMPROVE UPON
(1 = MOST VALUABLE | 8 = LEAST VALUABLE)

Life Skill Category	Mean Frontline Worker Rank	Mean Client Rank
Financial literacy and money management skills	2.94	2.88
Coping with emotions and stress management	3.13	3.57
Social / interpersonal skills	3.58	3.88
Employability skills	4.03	4.48
Nutritional and physical health skills	5.88	4.95
Self-advocacy skills	4.61	5.03
Cooking and cleaning skills	5.68	5.19
Research skills	6.14	6.02

Fig. 3:   Comparative survey responses to the question of what life skills would be most valuable for clients.

8.   Discussion: A Clinical Sociological and Intersectional Approach to Life Skills

The findings of our research aligned in many ways with other life skills research. Our participants also recognized the importance of skills such as self-awareness, critical thinking, creative thinking, decision-making, problem-solving, effective communication, interpersonal relationships, empathy, coping with stress, and coping with emotions (WHO 1997, p. 1). Also noted were employment-related skills (UNICEF, n.d.) and independent living skills (COH 2021). Our

participants, however, were able to articulate in greater detail the variations of skills they felt they required to be healthier and more resilient. This led us to determine that there were nine life skills that generally aligned with the findings of previous research: financial skills, interpersonal skills, household management skills, personal skills, resourcefulness skills, skills for success, critical thinking and research skills, employment skills, and housing research skills and knowledge.

The tenth and most novel life skill that emerged, which drew our attention to a programming need that was largely absent in the "life skills for prevention" literature we reviewed,[5] (Murphy-Graham & Cohen 2022) is social justice skills. We define social justice skills to refer to the knowledge and tools needed to understand EDI and how to navigate oppressive systems and situations (e.g., stereotypes, stigmas, and discrimination) in Canadian society. Collins (1990) famously used the "matrix of domination" to describe the interlocking, institutionalized, and unjust relations between social groups. Within the matrix of domination, systems of power, oppression, privilege, and resistance are intertwined (p. 225-227), shaping the lives of individuals and groups in disparate ways. As such, there are some life skills that are arguably universally beneficial to all members of Canadian society (e.g., budgeting, household management, etc.), while others are essential for systematically excluded individuals and groups who must safely navigate the unequal landscape of Canadian society (e.g., navigating sexism and/or racism in the workplace).

This local, empirical finding aligns with a growing body of scholarly literature that champions the adoption of a critical and transformative approach to life skills learning in developing countries (Arur & DeJaeghere 2019; DeJaeghere 2022; Kwauk 2022; Kwauk & Braga 2017; Murphy-Graham & Cohen 2022; Sahni 2022).[6] Scholars using this approach recognize that the oppressive societal conditions

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5   See Sisselman-Borgia (2021) as an exception to this. Social justice awareness is part of the life skills empowerment program designed for homeless youth. Specific details about this element of the programming are not provided in Sisselman-Borgia (2021).
6   See DiSanto & Cumming (2024, under review) for a review of the critical life skills research.

that structure clients' lives must be meaningfully addressed in programming for individuals to experience a genuine change in their circumstances. In other words, these scholars recognize that a social justice approach is imperative to life skills learning. Kwauk and Braga (2017) explain that a gender transformative approach is one that "goes beyond a focus on individual self-improvement toward focusing on the structures and relations of power perpetuating gender inequality" (p. 4). This approach expands the scope of conventional life skills programming. Instead of simply teaching clients traditional life skills, clients are empowered to understand how they are situated within the social order, the systems that affect the experience, internalized values, norms, and beliefs they hold about themselves and others, institutionalized practices and policies, and ultimately how to navigate and exercise agency in everyday situations (p. 7). While much of the critical life skills literature has focused on gender inequality to the exclusion of an approach that understands systems of oppression as interconnected (Arur & DeJaeghere 2022), our findings suggest that an intersectional social justice lens is best suited for unpacking the interlocking webs of oppression that characterize Canadian society and that deeply impact the clients the innovation will serve. The following two quotes from our surveys demonstrate this point:

> *Being treated differently due to my financial position by people and organizations – Being treated differently because I was and am still a young single mother – People treating my children differently – Not having the same access to resources – Having to pay higher interest rates for everything – Paying more for everything because I can't buy in bulk or shop offseason. – Not being able to travel to many stores to shop the sales – Always have to pay more for my bills due to late payments – Not being able to resell things for the same price as people judge where I live and they believe we have bugs.* (Client)

> *The most impactful skills would be ways to take care of their mental health, while working towards budgeting their finances, finding work and finding housing for their families. I think all of these are so interconnected and their various intersectionalities of race, gender, culture, citizenship etc. amplify these potential difficulties.* (Frontline Worker)

Similarly, the issue of 'barriers' was brought up many times in our data. Barriers are not only a detrimental feature of the broader conditions under which life skills programming is experienced and delivered, but they also shape clients' lives, opportunities, and outcomes.[7] Clients voiced the impacts that interlocking systems of power have on their lives when they were asked to discuss the barriers they experience due to their identity (e.g., race, class, gender, sexuality, age, disability, immigration status, etc.) and/or their circumstances, such as physical and mental health challenges, lack of access to resources (e.g., finances, affordable housing, services, etc.), being alone (i.e., no support), being a single parent, English as a second language, lack of employment, trauma, and shame for lack of life skills. Clients also identified barriers related to prejudices/stigma, perceptions, and discrimination based on identity. For example, in the surveys, clients shared the intersecting systemic barriers they have consistently faced and how they affect their quality of life, employment, and housing circumstances.

...My dear international experience is not being recognized. I am doing a survival job at night. When I finish my shift, I go for my Co-op Placement (without pay) during the day. So that I could find a job in the area related to my previous experience of over 15 years. The employer in the morning does not understand the lack [of] limitations of a father who has to attend appointments for his physically disabled child. (Client)

Single parenthood makes it difficult to work and also take care of myself so I haven't been working. Both my kids struggle with mental health and we have experienced homelessness more than once. Significant trauma makes it hard to find people to work with to help with my mental health to get better. (Client)

Not feeling well. Not enough money. I use[d] to be able to care for myself. I had a good job. Now I can barely walk, I am tired all the time and rely on people to get me to appointments and shopping. I feel defeated. All my illnesses have made my body pretty useless. (Client)

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7   Joan DeJaeghere (2022) has also noted that a limitation of life skills programming is focusing on the individual's behaviour (which is presumably easier to change) rather than altering barriers and social structures (p.78). See DeJaeghere's (2022) chapter for an approach to life skills that couples individual change with transformative social change.

Employment. No one hires seniors. (Client)

As a single parent it's difficult to manage everything and face time management issue[s]. (Client)

The struggles I face surrounds not being able to provide basic needs for my family. The lack of financial independence. I struggle with loneliness and not having close relationships (a village) in Canada. (Client)

While some barriers can be overcome with the acquisition of life skills, offering life skills programming will not fundamentally remedy systemic and exogenous barriers that create conditions of social, employment, financial, and housing insecurity in patterned ways. It is also necessary to note the impact that these barriers have on one's ability to apply life skills in real–life situations. Without a sociological understanding of how individuals are affected by their social environments, life skills programming may appear to be shifting inequality of outcome onto the individual.

The inherent tension of life skills programming as simultaneously valuable for individuals and ineffective for ameliorating conditions of inequality was expressed by participants. The latter demonstrates the need for broader systemic transformation to remove barriers and inequities. These sentiments were conveyed in two distinct responses. A frontline worker notes:

My clients would benefit most from systemic change – for example, budgeting will only help so much when they live in a society where the cost of living is so high, they cannot budget their way out of poverty. (Frontline Worker)

Whereas a client said the following:

This project is awesome especially if it is readily and easily available. It can help a lot [of] individuals to navigate effectively, especially those who are struggling financially, particularly those who have coping issues [such as] how to pay rent. This could lead to mental issues and other problems. Having a solid support system that could help gain needed skills will I think make a great impact to make the living condition better in all aspects. (Client)

In sharing the barriers they are up against, clients affirmed the need for transformative social change. While our life skills program cannot dismantle existing barriers or remedy social injustice, our approach and findings illuminate the importance of developing life skills programming from a sociological lens. Client-centric life skills programming must account for the individual as a social subject—an agent, situated and affected by a complex social structure (Kwauk & Braga 2017). Life skills programming must incorporate a recognition that individuals' social environments are replete with barriers *and* enhance one's means of navigating them whilst recognizing that some barriers are not reasonably surmountable at the individual level.

As such, under the broad thematic umbrella of social justice as a life skill, there are two branches or subthemes that we identified in our data.[8] The first is premised on the fact that society is diverse and structured by intersecting oppressive social forces (e.g., classism, racism, xenophobia, sexism, homophobia and heteronormativity, transphobia and cisnormativity, ableism, and many others). In a society structured by oppressive attitudes and practices, individuals from systematically excluded groups experience situations and interactions where they must prepare for, navigate, and process the aftermath of hateful or prejudicial attitudes or discrimination against them. For instance, one frontline worker identified the need for individuals to learn how to respond to racism in a healthy and appropriate way. Along similar lines, a client stated the importance of learning how to deal with sexism. Therefore, *responding to prejudice and discrimination* is a crucial skill and constitutes the first subtheme.

Clients clearly articulated that the life skills modules themselves must be created through an EDI lens to ensure the intersectional needs of individuals are met. For example, a client who self-identified as likely being on the autism spectrum noted that they have trouble interacting with people. This highlights that developing

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8   These two initial subthemes were revised during our second creative problem-solving sessions. Participants refined these submodules into the following: (1) self-awareness, (2) cultural safety, (3) empowerment and self-advocacy, (4) systemic inequality, and (5) relationship dynamics of the workplace. The social justice learning module includes these five sub-modules.

modules on interpersonal skills requires attentiveness to aspects of social interactions that are taken for granted by someone who is neurotypical. Elaborating on the nuances of social interactions is essential to be relevant to someone on the autism spectrum. Another client shared the importance of inclusive sex education appropriate to the 2SLGBTQ+ community and nonbinary individuals. A client who identified as chronically ill drew our attention to "spoon theory" and the importance of understanding time management from the perspective of someone who lives with chronic illness. Their response indicates that effective time management might look different for an individual who is chronically ill because they have significantly less time and energy to devote to various tasks. A client who lives and cooks in their van shared that programming around food, for example, must consider differential access to appliances and plumbing.

Finally, a frontline worker indicated the need for programming that conveys knowledge about Canadian culture—in general, and in the workplace in particular—to support newcomers in adapting to their new community and equip them with skills and knowledge for success in the workplace. Indeed, when asked about their comfort level in navigating Canadian culture, only 57% of survey respondents stated that they understand and can comfortably navigate local cultural norms, 48% feel they are part of the local culture, but 75% stated that they understand Canadian terminology and systems. Notably, cultural and professional socialization has the potential to benefit all participants, regardless of immigration status. Attentiveness to the general cultural context of life skills programming was also highlighted.

Clients also expressed a desire to learn about EDI practices, such as understanding the context of social justice issues and how to ask for gender pronouns. The second social justice subtheme, then, is *learning about diversity and inclusive practices.* This subtheme creates a learning opportunity where clients can develop an informed understanding of identity and differences in Canadian society (e.g., gender, race, sexuality, disability, class, etc.) and learn related best practices. By incorporating a subtheme that focuses on equipping

participants with the knowledge and skills to better understand themselves and others, clients are provided opportunities to prepare to navigate personal and professional situations respectfully and empathetically. Importantly, this subtheme also expresses (to some extent) that EDI is valuable among community members, and there is a desire to understand the experiences of others as it relates to equity and inclusion. This suggests that social justice life skills can also provide critical learning and unlearning opportunities for individuals who are members of socially privileged groups (e.g., cisgender)—an essential component of transformative social change.

9.   Concluding Thoughts

Through a community-engaged approach, an interdisciplinary research team collaborated with 16 NFPs to identify crucial life skills essential for the housing stability of homeless and precariously housed individuals. In so doing, the Project Advisory Committees ensured ongoing community engagement at every stage, including a specific focus on EDI. Life skills identified include financial skills and knowledge, interpersonal skills, household management, personal skills, skills for success, resourcefulness, critical thinking and research, employment, housing and research skills and knowledge, and social justice skills. Having identified these skills, the team created, implemented, and shared a robust online life skills intervention, providing an opportunity to alleviate financial strains faced by partners delivering personalized, client-centric support.

In the "life skills for prevention" literature (Murphy-Graham & Cohen 2022), life skills programming is often discussed in a taken-for-granted fashion. Questions about how the curriculum was designed, the rationale behind the design, who was involved, and to what extent, if any, community members were consulted are frequently left unanswered. The absence of community members, particularly clients, in curriculum design is a curious one since clients are the ones who need and use the programming. Our project challenges this top-down approach using a community-engaged research approach to develop an EDI-informed life skills curriculum

that centers on the needs of clients and addresses community-identified issues using sociological tools.

Furthermore, the life skills curriculum has traditionally been designed and presented without a critical attentiveness to diversity and inclusion. Individuals' everyday lives and the skills they need to live a safe, healthy, and self-determined life are not uniform (WHO 2003), though traditional life skills programming has often implicitly pictured essential life skills as homogenous and generalizable to all. Importantly, however, this is beginning to change. There is a conceptual shift occurring in the literature where critical, social justice-oriented perspectives are being integrated into life skills programming in developing countries (seeArur & DeJaeghere 2019; DeJaeghere 2022; Kwauk 2022; Kwauk & Braga 2017; Sahni 2022). The recognition and elaboration of social justice as a life skill in our local findings provides additional empirical support for an intersectional, community-engaged, EDI, and sociological approach to life skills programming. Our research highlights the nuanced intersectionalities that shape the lives and needs of individuals, the larger sociopolitical and economic contexts that surround life skills programming, the skills needed to navigate inequitable terrain, and the community-based processes that can be used to develop relevant and effective programming. Therefore, social justice as a life skill is a significant finding in our context. While we are confident that NFPs regularly engage in this type of life skills work with their clients, this is not a prominent approach to life skills learning in the North American 'prevention' life skills literature. This finding was made possible by using a clinical sociological and community-engaged approach, which are not commonly used in life skills research (for exceptions, see Baydala et al. 2009 and Cumming et al. 2022).

Our findings exemplify the power of clinical sociology in addressing social issues and enhancing the well-being of vulnerable individuals and groups in a Canadian context (Fritz 2008a, p. 1; Fritz 2008b, p. 8). The clinical sociological framework emerged as a potent strategy, providing nuanced insights into the diverse life skills needs contributing to homelessness, culminating in the successful launch of a comprehensive life skills curriculum across

all partner organizations. This shared online life skills programming has the ability to act not only as a prudent intervention tool for those presently facing homelessness or precarious housing, interrupting cycles of homelessness, but as a prevention tool to stop homelessness before its onset. The outcomes will continue to be monitored to determine the full efficacy of the design over time.

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Online Education Adaptability for South African Learners with Dyscalculia and Dyslexia using Digital Learning Methods

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Abstract

While the United Nations Sustainable Development Goal 4 defines equal and inclusive education, countries in the Global South, including South Africa, have a long way to go to achieve this goal. South Africa has a unique political and historical narrative, and three decades after apartheid, there remain stark differences in education. This research focuses on learners with learning disabilities, such as dyscalculia and dyslexia. The introduction of digital technologies within higher education institutions excludes these learners, as the adaptability of digital learning techniques has not been considered for specific learning disabilities. The challenges are now heightened. Although primary studies have been conducted in the past, no definitive solutions have been established for the seamless integration of these learners into mainstream education. Hence, a different research approach was undertaken. An expansive review of existing scholarship was conducted using online academic resources and search platforms such as Google Scholar, Scopus, and EBSCOhost. The purpose was to engage with global literature responding to South African–specific issues. A discussion and comparison of available resources and tools were outlined and structured according to the inclusion and exclusion criteria. The study was underpinned by the universal design for learning theory. Global research indicated the availability of online tools that were too expensive for South African education and incompatible with the lack of technological skills and infrastructure. Popular and effective tools, including augmented reality and gamification–type applications, have seen positive results

but are currently impractical for South African usage. The literature provided adequate information to develop an introductory clinical sociology intervention and embark on a process of awareness and support for educators and affected learners.

Keywords: Digital tools, dyscalculia, dyslexia, education, South Africa

1.   Introduction

Although South Africa is a developing country, education must be a strategic priority to improve its socio-economic landscape. Quality education can improve socio-economic conditions and contribute to the economy (Andrews et al. 2021). Education under the apartheid regime in South Africa was racially divided but also split learners according to (dis)ability, with a well-resourced, unique education system for white learners with disabilities (Walton & Rusznyak 2014).

The emphasis on an inclusive education system connected to human rights and dignity principles and respecting equal rights to high-quality education without discrimination led to a transformation of education policies after 1994 (Andrews et al. 2021; Stofile et al. 2018). The Department of Education's White Paper 6 (2001) addressed the economic case for inclusive education by stating that the system for students with disabilities—which accounted for 20% of all students with disabilities in special education settings in 1994—was inefficient and costly. Expanding educational opportunities for students with a range of educational requirements was the goal of the Department of Education (2001). This includes structural and environmental barriers to learning in a mainstream educational system that is democratic and specifies that education for students with disabilities should be more affordable and accessible to learners who were previously marginalized. Therefore, developing adequately trained teachers as the primary resource for learner diversity and inclusion in mainstream classrooms is vital.

Additionally, educational policymakers should implement strategies for both school-based and district-based support systems, ensuring the availability of the necessary resources in school. (Department of Education 2001). Strategies were implemented at the system level to ensure the gradual implementation of inclusive

education. These strategies included creating support teams based in both the school and the district and focusing on training teachers to the necessary level to effectively accommodate the diverse range of learners in mainstream classrooms.

The post-apartheid African National Congress (ANC) government's early policymakers developed several higher education policies aimed at "putting in place appropriate redress strategies for the past inequities of the apartheid era" (Vincent & Chiwandire 2019, p. 2) and at the radical transformation of South Africa's higher education environment (Badat 2010, p. 2). Transformation, thus, became a shorthand term to encapsulate a variety of initiatives aimed at "removing barriers and providing access to higher education for Black learners, disadvantaged groups, and women" (Belyakov et al. 2009, p. 1). It is important to note that the remnants of the apartheid basic schooling infrastructure continue to exist. During the apartheid era, schools preserved for white children were provided with higher funding compared to Black schools. In 1982, an average of R1,211 was allocated per white child, while R146 was allocated for each Black child (Boddy-Evans 2020). This shows the division and inequality between Black and white schools, which proves that white schools were given more support as compared to Black schools. Therefore, this discrimination has created and maintained the current quintile school system.

To contextualize, South Africa has quintile 1–3 schools, which are the poorest and, therefore, are granted the most government funding. These are non-fee-paying public schools, quintile 4 are fee-paying public schools, and quintile 5 are private schools (CAPS 123 2023; Ogbonnaya & Awuah 2019). The percentage of learners attending quintile 1–3 schools was 67.2% in 2018 (Government Communication and Information Systems 2018). This directly impacts a learner's academic achievement because the majority of students in South Africa attend schools with inadequate or insufficient infrastructure, mainly quintile 1–3 schools. These include classrooms that are in poor condition, overcrowding, lack of electricity, and pit toilets that endanger the health and safety of students. They also include schools without libraries or study facilities.

According to Jumareng et al. (2022) and Supratiwi et al. (2021), the issue of discrepancies in learning outcomes between students with and without learning disabilities has been heightened by the use of online instruction in schools and higher education institutions. The significance of having sufficient digital learning resources and being flexible was evident. This experience demonstrated that many South African students lack access to the resources needed to receive an education that will enable them to contribute to the country's economic growth (DBSA n.d.). When people enter the job market without the necessary skills to promote economic growth, this has an adverse impact on the economy. It further disadvantages students and increases the socio-economic divide (Seedat-Khan & Ramnund-Mansingh 2022). In light of this narrative, the researchers recognize several challenges learners face in South Africa. These challenges are heightened for learners with learning disabilities. As this is a broad area of research, this paper will focus on dyscalculia and dyslexia as learning disabilities among learners attempting to adapt to complex education environments.

2.　Framing Learning Disabilities

The Framework of Action on Special Needs Education (UNESCO 1994) states that inclusive education upholds the equal acceptance, provision, and support of all learners' needs while embracing each child's right to an education. Moreover, there is a global commitment to the promotion of inclusive, equitable, and high-quality education for everybody (UNICEF 2017). Consequently, educational systems in industrialized nations are dedicated to providing varied and productive learning opportunities through customized settings that meet each student's needs (Mutanga 2017; Winter & O'Raw 2010).

The American Psychiatric Association (2013) defines neurodevelopmental disorders as disorders that persist throughout life and cause challenges in acquiring academic skills like writing, reading, and math reasoning, even in individuals with ordinary or above-average cognitive capacities. Fortes et al. (2016) define specific learning disorder (SLD) as a failure to meet approved grade-level standards: "The diagnosis of SLD is made through a clinical

review of the individual's developmental, medical, educational, and family history, test scores and teacher observations, and response to academic interventions" (Fortes et al. 2016, p. 196). The disorders are presumed to result from a central nervous system dysfunction and may occur across the individual's life span (National Joint Committee on Learning Disabilities 1990). Porter et al. (2021) discuss that learning disabilities are initially defined as functional difficulties based on evidence of unexpected underachievement relative to the typical academic achievement in a school or learning environment.

Sustainable Development Goal (SDG) 4 promotes inclusive education, which has increased awareness and has legislation supporting learners with disabilities. These initiatives have increased the number of learners with disabilities in higher education (Lipka et al. 2019). Various programs and services currently support learners with learning disabilities in higher education institutions. However, inclusive education is implemented in different ways across different contexts. It varies with national policies and priorities, influenced by social, cultural, historical, and political issues (UNESCO 2021). Despite much research on inclusive education, putting it into practice remains problematic for the educational environment (Gavish 2017), particularly in higher education (Moriña 2017). Thus, simply providing students with disabilities access to schools is insufficient to guarantee their inclusion; they also need to receive the right kind of support (Gibson 2015).

The 1996 Green Paper proposed implementing "funding mechanisms that will embody the principles of affordability, sustainability and shared costs, as well as those of equity, redress, development, democratisation, effectiveness and efficiency" (Department of Education 1996, p. 6). The Education White Paper 3 called for the establishment of a new funding mechanism to achieve the principles of equity and redress through the elimination of all forms of discrimination, including on the grounds of disability, through empowerment measures, "including financial support to bring about equal opportunity for individuals and institutions" (Department of Education 1997, pp. 7–8). Through their institutional plans and strategies, the National Plan for Higher Education calls

on higher education institutions to increase access for people with special education needs. These policies have been applauded as "the best in the world of learning disabilities, meeting internationally acclaimed standards" (Mapesela & Hay 2005, p. 112). Although the policies have been positively recognized, adequate evaluation in response to their impact is not available.

Understanding Dyscalculia and Dyslexia

As this study will focus on two learning disabilities, namely, dyscalculia and dyslexia, it is imperative to define the two concepts. Dyscalculia is a neurological condition that affects the ability to acquire arithmetical skills at the expected age (Landerl et al. 2021; Mahmud et al. 2020). A key indicator of dyscalculia is the inability to look at a small number of objects and say how many there are. Co-occurring specific learning problems may cause numeracy difficulties. Complications may arise from developmental or visual perceptual factors, meaning the child with this learning disability is not ready to learn at the expected pace (Emerson & Babtie 2015). Learners with dyscalculia may also grapple with social issues and adaptability due to the lack of life experience.

Proficiency in numerical abilities is a fundamental aspect of both professional and academic domains. Research conducted by Kucian and Von Aster (2015) confirms that a range of 3% to 6% of children with learning disabilities suffer from developmental dyscalculia. Dyscalculia is particularly noticeable among primary school learners, and their academic performance may be negatively impacted when they participate in the same instructional methods as their non-dyscalculic peers (Desoete et al. 2004; Kunwar 2021). The factors contributing to the failure of learners in mathematics courses are diverse. The inability of these learners can be attributed to the lack of suitable personalized education. The factors contributing to poor performance in mathematics encompass inadequate pedagogical practices, disregard for learners' unique learning modalities, visual-spatial impairments, inattentiveness, verbal language deficiencies, motor skill deficits, cognitive limitations, and memory issues (Koc 2018).

According to the International Dyslexia Association (2002), dyslexia is a distinct learning disability of neurological origin. It primarily impacts acquiring and mastering language and literacy abilities (Maskati et al. 2021). Dyslexia is distinguished from other learning disabilities by challenges in phonological processing, rapid naming, working memory, processing speed, and the automatic acquisition of proficiencies that may not be commensurate with an individual's other cognitive capacities and inadequate spelling and decoding proficiencies (Nicolson & Fawcett 2021). The challenges above commonly arise due to a deficiency in the phonological aspect of language, which is frequently unanticipated compared to other cognitive proficiencies and the implementation of efficient pedagogical methods. The potential aftermath of this issue may display difficulties in understanding written material and a diminished reading encounter, which could hinder the expansion of one's contextual understanding (International Dyslexia Association 2002).

The condition is often genetic and has enduring consequences throughout one's life. Dyslexia is a word–level reading difficulty and the most common learning disability (Nicolson & Fawcett 2021). It is grounded in reading development theory and accounts for neurobiological and environmental factors and the effects of intervention (Elliott & Grigorenko 2014). Central to dyslexia is "difficulty in learning to decode and to spell" (Snowling et al. 2020, p. 503).

Children with learning disabilities may suffer from more than one learning disability. According to the study by Moll et al. (2019), 40% of children with dyslexia have another disorder. Interestingly, since reading and mathematics entail "complex skills with multiple components", dyslexia and dyscalculia are often comorbid conditions (Moll et al. 2019, p. 289). According to Mahmud et al. (2020), limited studies investigate the exact cause of dyscalculia compared to research on dyslexia. They found that the ratio of academic investigations conducted on dyslexia to those carried out on dyscalculia is 14:1.

Both learning disorders are of neurobiological origin and constitute two reasons for failing to develop literacy or mathematical abilities. Prevalence rates for academic failure in these domains vary widely,

depending on definitional criteria. Subsequently, Landerl et al. (2009) stated that academic failure is likely the cause of poor performance in the low average or lower third of the population range, which can be attributed to several biological and environmental variables. Both dyscalculia and dyslexia are complicated neurodevelopmental disorders of biological origin. According to Reigosa-Crespo et al. (2012), the prevalence rates for dyslexia are between 4% to 9% and 3% to 7% for dyscalculia. Significantly, studies on prevalence that include multiple learning disorders show that dyslexia and dyscalculia often co-occur (Thapar et al. 2017).

3. Methodology

While accommodation occurs for physical disabilities, learning disabilities are often undiagnosed, with a lack of understanding of how to approach accommodation and support. This article provides a systematic review of literature focusing on two learning disabilities, including dyslexia and dyscalculia. Initially, a detailed investigation of the global literature on learning disabilities was conducted. The authors identified a gap in scholarship for specific learning disabilities. Due to the subject matter's sensitivity and the attached societal stigma, the authors chose this approach for data collection. Resources were accessed and obtained from library database services such as SCOPUS, EBSCOHost, and Google Scholar. These three databases were chosen because the researchers have access to a wide range of accredited journal articles, theses, conference papers, book chapters, and policy papers. SCOPUS is specifically sought for the advanced search options.

A comprehensive literature search was conducted from June 2022 to March 2023. The initial broad search criteria included academic articles from global sources. There appeared to be a dearth of literature in the past five years. Although a global understanding was needed, the purpose was to contextualize from a South African higher education perspective. Literature on this was specifically lacking. The authors refined the study scope based on this.

The literature defined the parameters of the study. Although sources within the past five years were considered for the intervention strategy, literature regarding dyslexia and dyscalculia from a higher

education perspective was lacking. This paper was designed to understand the implications and interventions for dyscalculia and dyslexia in South Africa and globally. While we can learn from international interventions, consideration was given to the legacy of education inequality left by apartheid and the infrastructure gaps in the country. Therefore, themes and keywords surrounding the key concepts were highlighted when considering the eligibility criteria. These included studies on dyscalculia and dyslexia and strategies to inform future interventions.

The selection procedure began with a screening of abstracts and titles. To ensure uniformity, a single researcher screened the abstracts and titles. Both researchers divided up the themes of the literature review and reviewed them separately. A lack of suitability, typically a country-specific disconnect inconsistent with the study at hand, led to the deselection of specific articles. Data extraction focused on a comprehensive literature framework and outcomes for accommodating learners with learning disabilities. Learning disabilities were researched before narrowing the search and discussion to dyscalculia and dyslexia. Both researchers independently extracted data addressing the criteria of these specific themes and how learning disabilities contribute to a clinical solution.

4. Theoretical Underpinning

Universal design for learning (UDL) is underpinned as the core theory for this study. Inclusivity in higher education means that the socially constructed ideas of normality fall away and that every learner attending higher education institutions has equal opportunities. The practice of this theory in higher education is widely accepted across studies in over 800 peer-reviewed scientific and academic publications (Cumming & Rose 2022). The misconception, however, is that UDL is targeted at disabled learners. UDL aims to reduce barriers in the instruction methods and environment. It creates a space of engagement. Using this theory, the curriculum is designed with multiple tools and assessments, as the learner must guide their learning (Bradshaw 2020). Since the basis of UDL is cognitive neuroscience, the curriculum design team and educators must

understand the full scope before designing the content or assessments. According to Cumming and Rose (2022), the three principles of UDL include engagement (the *why* of learning), representation (the *what* of learning), and action and expression (the *how* of learning). In theory, this perspective is robust for its purpose. However, limitations exist within a South African perspective, with the gaps in South African education resulting from political legacies. These include the socio-economic, educational, and technological divides.

Additionally, according to Armstrong (2018), individuals' abilities and interests vary, prompting diversity in their learning strategies. Therefore, the Theory of Multiple Intelligences (TMI) by Howard Gardner contributed to a reassessment of the definition of intelligence, which interprets it in terms of genetic or environmental elements (Cerruti, 2013). Subsequently, Cerruti (2013) adds that TMI has directly affected the teaching and learning processes by emphasizing creative and productive problem-solving and encouraging teachers to comprehend their learners' capacities by choosing techniques that suit them and stimulate their interests. Individuals possess one or more patterns of the following intelligence, according to TMI: Verbal-Linguistic Intelligence, Logical-Mathematical Intelligence, Visual-Spatial Intelligence, Kinaesthetic Intelligence, Musical Intelligence, Intrapersonal Intelligence, Social Intelligence, Natural Intelligence, Existence Intelligence (Ambusaidi 2009; Gouws 2007; Mahmoud & Almaharmah 2014).

TMI is one of the most influential cognitive theories that transformed the teaching and learning process by recognizing individual learner characteristics (Saban 2011). It is a contemporary method of teaching and learning because it offers teachers an active vision of teaching practices and behavioral techniques that may account for individual differences among learners. TMI contributes to developing intellectual and creative skills per its comprehensive educational vision and role in educating learners to meet the needs of the twenty-first century (Al-Zoubi & Al-Adawi 2019). In saying this, Gardner's work is also critiqued significantly. When he defines eight areas of intelligence, critics confirm that they can be condensed into personal traits, talents, and abilities (Klein 1997; Cary 2004; White

2005). Although the theory was widely used in learning environments, Gardner was clear that it was not designed for application in education (Cerruti 2013). While intelligences exist, they do not explain how a child processes information (Gardner 2006).

Despite Gardner's explanation for the theory not to be used in education, Al-Sulaiti (2012) discovered that teachers and learners are interested in TMI because it fulfils learners' needs and tendencies and helps them build learning disabilities into thinking and problem-solving techniques. Learners with learning disabilities may have difficulties in reading, writing, and mathematics (Al-Zoubi & Rahman 2017). Hence, these issues vary in nature, degree, and severity among learners with learning disabilities. The estimated prevalence of learning disabilities is 5.36 % (Al-Zoubi & Al-Qahtani 2015; Lerner & Johns 2012). After reading impairments, mathematical disabilities constitute the largest category of learning disabilities.

Accordingly, 26% of children with learning disabilities have mathematics difficulties, and 50% of individualized education programs (IEPs) in the United States emphasize mathematics skills training (Lerner & Johns 2012). IEPs target children who require additional school support (Mosbiran et al. 2021). Hence, teachers spend one-third of their time teaching mathematics skills to learners with learning disabilities. Learners with learning disabilities have mental capacities above the 85th percentile on the normal distribution of intelligence, but their academic accomplishments are low (McCoach et al. 2004).

Al-Zoubi and Al-Adawi (2019) established that TMI has evolved into a current approach to investigating learning and instruction for each learner, in addition to its contribution to curriculum development and improving learner assessment techniques. Consequently, TMI has transformed educational processes, altered teachers' conceptions of their learners, and highlighted the most effective ways to interact with them based on their talents and intelligence patterns (Batdi 2017). Al-Zyoud and Nemrawi (2015) highlighted how students with mathematical learning difficulties may perform basic arithmetic operations more effectively using a teaching approach based on TMI. Hakem and Bekri (2018) demonstrated the efficacy of TMI

in educational programs for learning disabilities in enhancing the basic arithmetic operations of children with mathematical learning disabilities.

5.   Dyscalculia and Dyslexia – A Way Forward

Global sources were considered for intervention programs since there is limited to no research within the South African context. Currently, various programs and services aim to support learners with learning disabilities. Higher education institutions provide a variety of formats and support types in recognition of this demand. According to DuPaul et al. (2017), these interventions help students with learning difficulties overcome their academic obstacles and may offer continuing support. Two categories can be used to categorize support modalities. The first is centered on assisting students in achieving greater functional abilities (e.g., enhancing academic skills via tutoring, remedial courses, and workshops on compensating measures). The second seeks to alter the learning environment (e.g., by introducing human assistance or technical aids) so that these students can achieve despite their limitations (Rath & Royer 2002).

Interventions and accommodations are the general terms used to describe these two methods. Education institutions typically provide specific exam settings, such as extended time granted for exams and the ability to take breaks, to meet the needs of students with learning disabilities (Heiman 2007; Rath & Royer 2002). A widely used approach is a peer tutoring program in which learners without learning disabilities help learners with learning disabilities achieve academic success (Vogel et al. 2007). In this scenario, weekly one-on-one tutoring sessions are held for students with learning impairments. The lessons cover social and emotional aspects that affect academic performance in addition to learning tactics, organisational techniques, and writing and reading strategies (Ryan 2007). The tutors and the students reported a high success rate and deemed the tutoring relationship and experience valuable (Kowalsky & Fresko 2002). Including students with learning disabilities in effective modules that are intended for the entire first-year student body is another approach to help them build learning skills (Reed

et al. 2009). Over the past ten years, there has been an increased focus on interventions and accommodations for students with learning disabilities attending higher education institutions in Israel. According to WHO, the percentage of undergraduate students with learning difficulties in the post-secondary education population is 5.6%. (Lipka et al. 2019).

With instructional accommodations, a student's access to learning is altered. According to Lipka et al. (2019), learners with disabilities receive support in applying for and being granted various accommodations. Examples of these accommodations include reading aloud to them during presentations, allowing them to use electronic dictionaries for response, and providing quiet, distraction-free environments for testing. Modifications to the curriculum, such as learning different topics or writing shorter papers for assignments, may be given to the learners. The study by Lipka et al. (2019) examines the adapted course, an academic support model for higher education learners designed for learners with learning disabilities and/or Attention Deficit Hyperactivity Disorder (ADHD). This course is available for a number of subjects, particularly language structure, which presents particular difficulties for these students. Fewer students in each session and various learning styles define these distinctive courses. The course content satisfies general parallel standards (Lipka et al. 2019).

Digital Applications for Learners with Dyscalculia

Several digital technologies are available to support individuals with dyscalculia. The primary purpose is to allow them to be independent and self-sufficient learners. There are several digital approaches, including Computer Assisted Instruction (CAI), which "may embed suitable visual fusion technologies (e.g. Augmented Reality (AR) and gamification) to engage, motivate, and encourage dyscalculia learners with specific mathematics disabilities" (Miundy et al. 2019, p.93). These CAI technologies include different tools and applications such as Six Sifteo cubes, Adaptive e-learning, MathemAntics, and Calculating Aid Tools. The purpose of these tools is to teach students the names of numbers, counting, and numerical comparison. They

were created with entertaining software that included audible feedback, speed deadlines, and multiple difficulty levels based on the student's progress. Students can improve their basic mathematical skills, such as counting, number knowledge, number names, simple addition, and subtraction, using e-learning.

Emerging Technologies for ICT-based Education for Dyscalculia

The calculating aid tool, KitKanit, has proved positive in motivating and improving the performance of learners with dyscalculia (Ferraz et al. 2017; Poobrasert & Gestubtim 2013). Gamification is a process of using online games to learn concepts. Learners find it fun and engaging, positively impacting success (Miundy et al. 2019). Consistent with this are the studies by Vanjari et al. (2020) and Singal and Bakre (2021), who indicated greater confidence and understanding of mathematical concepts from children with dyscalculia who use gamification processes.

Using Virtual Reality in Teaching Learners with Dyslexia

The inability to initiate and maintain conversations is also a problem for persons with dyslexia. Current research holds that virtual reality avatars have been instrumental in supporting learners with dyslexia (Dymora & Niemiec 2019; Gualano et al. 2023; Jamaludin et al. 2018; Pellas & Christopoulos 2022; Perea et al. 2014). It is similar to the gamification approach discussed above. While Maskati et al. (2021) indicate that several virtual reality applications incorporate the concept of avatars, the employment of an avatar would assist in establishing a comfortable setting for the user since avatars are typically employed in games to personalize and entice the player. Avatars can also be applied in educational applications where the avatar would be a teacher or mentor, establishing a rapport with the user and retaining their interest. All of these technologies have the potential to aid in the creation of solutions to numerous issues and have been utilized in various contexts (Gualano et al. 2023; Maskati et al. 2021).

Avatars are an animated computer depiction of a user, such as a personal or graphical symbol, and typically a three-dimensional or two-dimensional shape. It can be expressed as assuming form or personality in the shape of a symbolic image in a virtual world, achieving the transition from the real world to the virtual world (Jamaludin et al. 2018; Perea et al. 2014). An avatar encourages learners to interact longer with educational software, considerably improving learning quality (Falloon 2010).

Comorbid Interventions

Several studies reflect that individuals with dyscalculia are likely to have dyslexia and vice versa (Moll et al. 2019; Moreau et al. 2018). With the advent of the fourth industrial revolution, technological advances and assisted methodologies (as described in the above section: Computer Assisted Instruction, virtual reality, digital applications, and gamification) may reduce any challenges experienced by learners. Application quizzes and gamified technologies have already been used to assess learning disabilities and to improve learner performance (Al-Barhamtoshy & Motaweh 2017; Kularathna et al. 2014). Computerized gamification programs such as DyscalculiUM and Dyscalc are widely used globally but face language limitations for learners who are not English first language speakers (Beacham & Trott 2005). In addition, the gamified application needs a tablet for optimal benefit (Kariyawasam et al. 2019). Miundy et al. (2019) suggest that by enabling users to view and interact with virtual objects that are composites of the real world, augmented reality technology psychometric tools have been employed as a virtual reality rehabilitation technique for students with dyslexia and dyscalculia. This has helped the learners understand abstract concepts. Additionally, there are two ways that students with dyslexia and dyscalculia can interact with augmented reality objects: Tangible User Interaction (TUI), which uses magnetic pens or detection cards, and Natural User Interaction (NUI), which uses finger or eye detection (Miundy et al., 2019).

Although there is undeniable evidence of the success of these technological approaches, it comes with challenges. These will

be stark in a South African context. Firstly, hardware needs to be of the highest quality and specification. In the socio-economic environment, this becomes exceedingly difficult as priorities are necessities and food supplies. Additionally, South Africa lacks the technological infrastructure to allow these tools, especially in rural and underdeveloped areas; similar challenges were confirmed in Malaysia (Kariyawasam et al. 2019).

6.   Clinical Intervention

In the literature and findings of the paper, some key challenges were identified. The researchers have chosen the most fundamental ones to address in a proposed intervention to support learners with dyscalculia and dyslexia. These are identified and discussed in Table 1. These include the identification of the learning disability (i.e., dyscalculia and dyslexia), a lack of understanding of the challenges faced by the learner with dyscalculia and dyslexia, the inability of the learners to cope with the academic workload, and the lack of access and use of digital support tools.

Due to social stigmas surrounding learning disabilities, many people are hesitant to be assessed and take on the burden of trying to conform to socially constructed norms. While assessment for learning disabilities, specifically dyscalculia and dyslexia, may be a long-drawn and costly process for higher education institutions, they can support learners who have declared a learning disability or who have been identified as being at possible risk and needing additional support. While significant studies need to be undertaken to plug in the research gaps, especially in countries in the Global South, the current intervention focuses broadly on improving success indicators for these learners. Therefore, drawing from the literature allowed for identifying risks and challenges for students with dyslexia and dyscalculia in a South African context.

The intervention creates a proposed plan that includes stakeholders and a proposed timeframe. Within intervention support systems, the most common is the learning strategies support provided individually or in groups. The literature reiterates that adapted courses are a way to provide accommodations for learners with learning disabilities,

Table 1: Clinical Sociology Intervention to Accommodate Learners with Dyscalculia and Dyslexia

Risk/Key Challenges	Impediments in Context	Stakeholder	Timeframe	Clinical Intervention
Identification of learning disability	Lack of understanding of learning disabilities Cultural stereotypes don't accept the concepts of learning disabilities	Department of Education Department of Health Department of Social Development	Ongoing	Department of Health to facilitate awareness workshops with all stakeholders. Constant workshops regarding the removal of stigma from learning disabilities. Testing for educator-identified students.
Lack of understanding of specific challenges	Educators and academics are not equipped to identify dyscalculia or dyslexia to request professional assessment and provide additional support.	Departement of Education Department of Health Department of Social Development	Annually	Awareness workshops should continue at schools and higher education institutions. Educators should be trained to identify signs. Testing should take place annually for new students.

Risk/Key Challenges	Impediments in Context	Stakeholder	Timeframe	Clinical Intervention
Inability to cope with academic workload for students with dyscalculia and dyslexia	Takes longer to work and understand certain concepts and modules.	Department of Basic Education (DOBE) Department of Higher Education (DOHE)	Ongoing Only works if students have been diagnosed with dyscalculia and dyslexia.	The DOBE and DOHE should develop separate curriculum policies to accommodate learners with dyscalculia and dyslexia. Support centers should be in basic education schools and higher education institutions for students with learning disabilities. Educators should put in place a concrete plan of action per student with dyslexia or dyscalculia. Plans must be individualized as each student's level of learning disability may be different. Students require individual attention, support, and time for understanding modules.
Access and use of digital tools	Learners and educators have challenges with technological literacy and poor technical infrastructure.	Educators Students Digital/ IT service providers	Ongoing	Digital tools need to be accessible to support both students and educators.

particularly in areas that learners tend to find challenging, such as academic writing and linguistic subjects (syntax, phonology). Whilst generic perspectives and traditional tools to support a broad category of learning disabilities exist, notable mention needs to be made of tools specifically for dyscalculia and dyslexia. This results from a lack of diagnosis, the stigma surrounding diagnosis, and the technological inability to utilize some global tools (Rath & Royer 2002).

Conclusion

While accommodation occurs for physical disabilities, learning disabilities are often undiagnosed, with a lack of understanding of how to approach accommodation and support. This article provides a systematic desktop review of literature focusing on two learning disabilities, namely, dyslexia and dyscalculia. Initially, a detailed investigation of the global literature on learning disabilities was conducted. The authors identified a gap in scholarship for specific learning disabilities. The two learning disabilities identified in this paper were dyscalculia and dyslexia. This is due to the finding that while dyslexia and dyscalculia are globally recognized learning disabilities, there exist disparities in the support and integration of affected individuals within educational systems. Advanced initiatives and technologies in developed countries facilitate the identification and support of learners with these disabilities, enabling mainstream integration.

However, in South Africa and other developing nations, challenges such as lack of diagnosis, inadequately trained educators, and limited accessibility to support applications slow the inclusion of learners with dyslexia and dyscalculia in mainstream education. Consequently, these learners often face exclusion and societal perceptions of rejection. The introduction of digitized tools in higher education institutions exacerbates these exclusions. The paper presents a detailed discussion about dyscalculia and dyslexia, addressing some available mechanisms and tools to support both learners and educators. With the promotion of inclusive education by SDG 4, there has been increased awareness and legislation supporting learning disabilities. Various programs and services currently

support learners with learning disabilities in higher education institutions. However, despite a large body of research on inclusive education, its implementation is still challenging for the education environment, especially in higher education. As such, it is not enough for learners with disabilities to have access to education; they must have appropriate support to ensure their inclusion. The clinical and sociological interventions prescribed are recommended as a first-stage approach to foster inclusivity in mainstream education, paving the way for integrating students with dyslexia and dyscalculia into the higher education system.

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The Rising Religious Extremism and Mob Violence in Nigeria

Threats to National Integration and Sustainable Development

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Abstract

Before the emergence of the Boko Haram terrorist group in the early 2000s, religious extremism in Nigeria had sparked large-scale crises in Kaduna and Plateau, among other states in the country. Since the inception of the Nigerian Fourth Republic, such crises have been undermining public safety and, by implication, the country's quest for national integration and sustainable development. In light of mob violence that resulted in the gruesome murder of a college student who allegedly uttered blasphemous comments, this paper examined the rise of religious extremism in Nigeria. Looking beyond human security threats like poverty and illiteracy, the paper utilised desk review of published documents to establish the historical and political factors that sowed in the country, the seeds of religious extremism now germinating. The paper found that the nature of the pre-colonial empires that now make up the Nigerian state, coupled with colonial and post-colonial factors, including the dissipation of knowledge on the Islamic justice system, competition over political powers, and the politics of divide and rule, have converged to make religion a volatile phenomenon in the country. Therefore, the paper concludes that until the multidimensional factors are addressed through mitigating and preventive efforts—such as robust religious education, religious regulation, interreligious dialogue and economic empowerment—the country's quest for peace, justice, and strong institutions among other Sustainable Development Goals (SDGs) will remain a mirage.

Keywords: Christian, development, Islam, Nigeria, religion, violence

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1.   Introduction

As the world becomes a global village, Nigeria "represents the best and worst of what African states offer the world" (Bouchat 2016, p. 163). This is because, notwithstanding its enormous potential as Africa's largest economy and democracy, Bouchart rightly observed that it "demonstrates many of the problems that plague much of Africa's need for stability and progress." No country in the entire African continent and only a few worldwide are as divided as Nigeria. As the most populous country in Africa and the sixth most populous in the world, Nigeria has over 216 million people (United Nations 2022, p. 6). The Nigerian people spread across over 250 ethnic and 500 ethnolinguistic groups, with just three of the ethnic groups— Hausa (30%), Igbo (15.2%), and Yoruba (15.5%)—constituting an overwhelming majority (European Asylum Support Office 2021, p. 20).

Though neither the majority nor the minority ethnic groups are united among themselves, research has revealed that religion rather than ethnicity is the major dividing factor in the country, being the people's most salient source of identity (Okpanachi 2010, p. 7). With only 0.6 % of the Nigerian population practising other religions, Islam and Christianity are the dominant religions in the country, with about 53.5% and 45.9% adherents respectively (European Asylum Support Office, 2021, p. 20). This makes it "the greatest Islamo–Christian nation in the world" (Onaiyekan 2008, p. 5).

Broadly, the country is divided into the majority Muslim northern region and the majority Christian southern region, which are subdivided into six geo–political zones (three from each region) and 36 states (19 northern and 17 southern). These are held at the centre by Abuja, the Federal Capital Territory (FCT). The northern region, about three times bigger than the south, as shown in Figure 1, is more heterogeneous. Though consisting of a predominantly Muslim population across different ethnic groups, it has a sizeable population of indigenous Christians in other states, including Borno, Kaduna, and Adamawa. This, coupled with the large population of southern Christian settlers, made it a home to Christians, even as three of the 19 northern states—Taraba, Plateau, and Benue—have

been under Christian leadership since the inception of Nigeria's Fourth Republic in 1999.
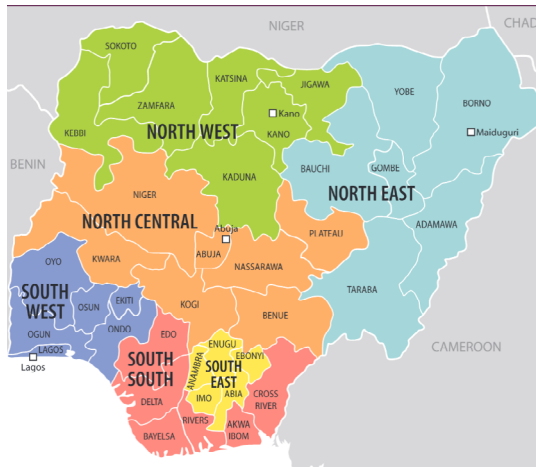
Fig. 1: Nigerian States and Geo-political Zones. **Source:** Adapted from Sodipo (2013, p. 2).

Due to the heterogeneity of the northern region, some historical circumstances and some prevailing realities, it has been a hotbed for violent ethno-religious crises and terrorist attacks. The dreaded Boko Haram sect operates there. Addtionally, religiously motivated mob violence has been flourishing in the region. While this continued to polarize the north as a region, it also strained the relationship between the north and the south. A secessionist group from the southeast—itself not a good example of sub-regions where religious tolerance permeated—has recently stepped up efforts to cut off the tie. The recent mob violence that resulted in the gruesome murder of Shehu Shagari College of Education students in Sokoto state for alleged blasphemy has sparked much outrage in the country. And this reminds everyone of the threats religious extremism poses to the country's quest for national integration and sustainable development.

Looking beyond push factors like poverty and unemployment as drivers of violent extremism, this paper examines the historical basis of the phenomenon in the north in particular and the country

in general. But at this time when the country faces its severest existential threats since the civil war of 1967, discourses on such phenomena need to dwell more on exploring possible solutions than just analysing the problems. This, therefore, informs the ultimate focus of the paper.

2. Conceptual and Theoretical Overview

Religious Extremism

Derived from the Latin word 'religere', which means 'to bind together as by oath', religion is an integral part of people's lives (Lawal 2002). It is primarily related to spiritualism but performs various social functions. These include: offering a meaningful framework for understanding the world, creating rules and norms that link individuals to the wider movement, linking individuals together, and legitimizing behavior (Fox 2004).

'Religious extremism' is one of the terms used to describe people's expression of religion. Others more or less related to it include religious 'activism', 'fundamentalism', and 'radicalism'. Like the others, religious extremism has been a subject of scholarly contentions. It is, for example, referred to as the support of a particular belief to the extent of feeling obliged to engage in certain duties, including physical violence (or holy war) against the unbelievers (Webber et al. 2017). In this vein, Schmid (2014) has identified five warning signs of its manifestation at the individual or group level: belief in absolute truth, endorsement of blind obedience, a quest to establish utopia, the belief that the end justifies the means, and a declaration of holy war.

However, Wibisono et al. (2019) have observed that many of the term's definitions have failed to "go far enough in unpacking the multiple ways in which extremism can be expressed" (pp. 2–3). This, as they further observed, is owing to their focus on violence, which births "the need to explore religious extremism on multiple dimensions and be open to the idea that not every form of religious extremism is associated with a willingness to achieve goals in violent

ways". They, therefore, went beyond the folds of many definitions to define it as the extent to which there are clear norms about appropriate behavior and very little latitude in accepting different patterns of norms or particular behavior manifesting in different dimensions—theological, social, political, and ritual.

To explain the conditions under which the expression of religion leads to violent extremism and a spectrum of goals for the same, Gregg (2016) explored three theories of religious activism. They are the social movement theory (which explains religious groups that seek political influence), fundamentalism theory (which explains groups or individuals who seek to restore the purity of religious doctrines in the face of perceived distortions), and apocalyptic war theory (which explains groups or individuals who engage in violence as a sacred duty). These theories, summarized in Table 1, have, in the words of Gregg, moved:

> beyond just modern causes of religious activism and violence; they transcend time and space and seek to explain common historic and contemporary causes of religiously motivated violence and activism. Taken together, these three theories cover the bulk of religious activism and violence, both historically and in contemporary times. (p. 342)

Mob Violence

The act of mob violence is a form of collective behavior, defined as "actions by a group of people who bypass the usual norms governing their behaviour and do something unusual" (Henslin 2005, p. 614). As Henslin further explains, this is preceded by tension, exciting events, milling, a common object of attention, and common impulses. Though some forms of collective behavior do not involve violence, mob violence, as the concept suggests, has led to the wanton destruction and the brutal killing of many people in different places across the globe (Baloyi 2015).

Mob violence, among other forms of collective behavior, has been adequately explained by the emergent norms theory of Turner and Killian (1972). Contrary to the conceptions of contagion and convergence theories which view the mob as a headless or irrational

Table 1: Three Lenses of Religious Activism

Type	Goal	Size	Leadership structure	Members	Use of religion	Violence
Social movements	Specific and limited	Large, highly visible	Charismatic leader, possibly leaderless	Loose affiliation, porous borders	Mobilization, legitimacy framing (not necessary)	Instrument (not necessary)
Fundamentalists	Limited but less specific	Small to medium with clear borders	Charismatic leader	Committed	Religion is the core issue (orthodoxy and orthopraxy)	Instrument (not necessary)
Apocalyptic warriors	Vague and conflating, spiritual with earthly [goals]	Small, can be clandestine	Charismatic leader, prophetic	Highly committed	Apocalypse and millennium	Necessary sacred duty

Source: Gregg (2016, p. 352).

entity, the emergent norms theory explains collective behavior as a consequence of a precipitating event and the mob's suddenly created norms. According to Turner and Killian, it is these new norms that exempt the mob from the feeling of guilt and provide a rationale for their engagement in collective behavior. Mshelia and Yusuf (2022) have applied the theory in their case study on the phenomenon of crime and mob justice in a Nigerian market.

National Integration

In multicultural or multi-religious countries, the term 'national integration' implies cooperation and unity among all the segments of the population, hence its interchangeable use with terms like 'social cohesion' and 'national unity' (Ojo 2009). As Africa's most diverse country, Nigeria has national integration as one of its cardinal objectives. This is necessary given that it is a creation of colonialism, described as not a nation but a mere geographical entity or a conglomeration of hitherto separate and independent kingdoms and empires. Not only Nigeria but:

> *almost all the modern states in Africa today were built on political ontologies, oozing from this engineered political metaphysic. The people never dialogued their differences as a basis for federating. They never talked to each other about a political union. They woke up one morning, and saw themselves conscripted into geopolitical constructs they neither chose nor bargained for.* (Ogbunwezeh 2005, section 2, para. 6)

Many scholars have observed that this anomaly significantly contributes to most of the conflicts being faced in many African countries. As Mazrui (1973, p. 183) observed, "where Europe attempted to unify those who were different, it sowed the seeds of future separatism" and "where Europe divided, it sometimes left behind latent passions for reunification". In light of this, grasping the instrumentality of national integration requires viewing it through the lens of system theory, which, based on the analogy of biological organisms, emphasized the indispensability of interdependence among the various parts of a social system, the absence of which precipitate instability and "anomie" (Durkheim 1933).

According to Easton (1953), who adopted the theory to explain political systems, corresponding inputs (citizen's support and demands) and outputs (essential services by leaders) are the determinants of the survival and stability of a political system. Therefore, the focus of the approach on the analysis of forces that engender stability in the political system strengthens its relevance in the discourse on violent extremism, among other dysfunctional phenomena in contemporary Nigeria (Omodia & Aliu 2013, p. 37). The bottom line is that violent extremism and other challenges that affect the cooperation of all Nigeria's federation segments need to be considered and addressed if national integration is to be achieved (Samson 2019). To achieve this, however,

> *every citizen and ethnic group in Nigeria has valued roles to play for the survival of the nation. Each of these roles should be considered, appreciated, appraised and valued. It would help to promote value consensus, policies and programmes of national integration.* (Nweke 2007, p. 79)

Sustainable Development

As a technical concept, development has been a subject of varying scholarly interpretations, most of which look beyond mere growth. Bailing people and society out of poverty, unemployment, and illiteracy are also considered (Otakey & Mshelia 2023). Achieving such also requires sustainability which revolves around improving a healthy economic, ecological, and social system for human development (Mensah & Enu-Kwesi 2018). According to Stoddart et al. (2011), sustainability points to the efficient and equitable distribution of resources, intra-generationally and inter-generationally with the operation of socio-economic activities within the confines of a finite ecosystem.

The combined term 'sustainable development', therefore, means an enduring development process that has no adverse effect on the ecosystem and future generations (Browning & Rigolon 2019). Its three conceptual pillars are economic, social, and environmental sustainability (Mensah 2019). The United Nation's (UN) Sustainable Development Goals (SDGs), signed by Nigeria and 192 other countries,

are built upon these pillars. The SDGs are therefore the comity of nations' "shared blueprint for peace and prosperity, for people and the planet, now and into the future" which traverse on five Ps as shown in Figure 2 (Halderen et al. 2019, p. 1).
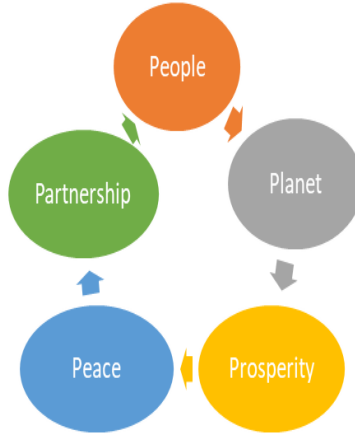
Fig. 2:   The Dimensions of Sustainable Development (Five Ps). **Source:** Adapted from United Nations, cited in Ansari et al. (2021, p. 3).

One classical approach to development on which the SDGs, among other international developmental agendas, find expression is a 'basic needs approach'. It is a product of the 1976 World Employment Conference of the International Labour Organization (ILO). The approach advocates the prioritization of basic human needs like food, clothes, and shelter in the developmental agenda. In other words, rather than anything stressed in a want-driven economic system, developmental mechanisms should first and foremost be adequately responsive to humans' physical, mental, and social stability (Streeten 1979). Accordingly, the approach emphasized that:

> *so long as the poor remain deprived of the essentials required for an economically productive life, they would neither contribute to, nor benefit from, economic growth, but rather remain outside the economic process for all practical purposes. Overall economic development cannot occur unless it reaches all sections of the*

population, and this is not possible if large groups of people are impoverished.
(Keeton 1984, p. 279)

As the SDGs seek to eliminate poverty and hunger as goals one and two respectively, it is apparently in line with the basic need approach. And on the realization that these and other lofty ideals will hardly be achieved in countries like Nigeria where violence and division among other threats hold sway, the SDGs are wrapped up with 'peace, justice and strong institutions' (goal 16), and 'partnership' (goal 17).

3.   Methodology

In this paper, desk review of secondary data is used. Published documents including peer–reviewed articles, reports, and national dailies served as the major data sources. In addition, hard–copy textbooks were consulted for conceptual and theoretical clarification.

The major data were generated online using Google Scholar and Google Search Engine. Research and review articles were searched through Google Scholar (advanced search option) using the following phrases: 'religious extremism', 'mob violence', 'national integration', and 'sustainable development'. Thus, a total of 296 keyword–matched documents were generated. These were screened and the 94 most relevant articles were selected. The criterion for the selection was contextual and comparative relevance to religious extremism and mob violence in Nigeria. Google Search Engine was utilized to search for reports using the foregoing keywords. In addition to a pool of documents gathered, verified national and international mass–media web pages were explored.

The documents and web pages selected after preliminary screening were stored according to basic parameters related to the subject matter. These are: 'Nigeria', 'concepts and theories', 'incidents', 'causes', 'effects', and 'solution'. Documents in these categories were then extensively reviewed and relevant data extracted.

4. The Wave of Religious Extremism and Mob Violence in Nigeria

Mob violence and violent crises on religious grounds are not recent phenomena in Nigeria. But their frequency and magnitude have increased since the inception of the Fourth Republic. Viewed through the lens of Gregg's theories of religious activism, the phenomenon is obviously an interplay of fundamentalism, social movements, and apocalyptic war.

Having been sown since the pre-colonial era and watered over the years, the seed of religious extremism in the country began to germinate in the form of rising fundamentalist groups in the 1970s. One of them was the Muslim Brothers (now the Islamic Movement in Nigeria, IMN) which emerged in 1979. Though not directly deploying physical violence, their militant posture, staunch opposition to the Nigerian formal authority, quest for an Islamic state, and affiliation to 'Shi'a' ideology set them at variance with not only the government but also other Muslims. They had, at different times, incurred the wrath of the Nigerian security forces. The bloodiest of such occurred in Zaria city between December 12–14, 2015 when the military massacred over 340 people, mostly their members, demolished their buildings, and arrested their leader alongside his wife, both of whom were also brutalized (Aljazeera 2016).

In 1980, the Maitastine sect emerged and became the first fundamentalist movement to sanction physical violence (Alao 2013). The sect was against Western ideology, and its founder, Muhammad Marwa, was famous for rendering curses against the government and other Muslims. The name '*maitastine*' (the curser) was in fact derived from his excesses. Between 1980 and 1992, an uprising followed his killing by the Nigerian security forces, which led to the death of over 4,177; 763; and 175 people in Kano, Jimeta, and Kaduna respectively (Ikengah–Metuah 1994).

Even before the emergence of the IMN and Maitastine, other Islamic and Christian fundamentalist groups had begun to breed intra and inter-religious disharmony and conflict. The Sunni (strict prophetic tradition) Islamist group 'Jama'atu Izalatul Bidiah wa Iqamatissunnah' (shortly called Izala) was founded in 1978. The

group advocates strict adherence to undiluted Islamic doctrines and many of their clerics have been famous for the condemnation of other Muslims, whom they regard as 'innovators'. This has triggered reactions from other Islamic sects and a sort of enduring rivalry. Similarly, there was an upsurge in Christian fundamentalism when revival and Pentecostal movements emerged in the 1970s, setting the stage for fierce inter-religious rivalry and conflict (Marshal-Fratani 1998). As Nmah and Amunnadi (2011) observed:

> *The conjuncture of the two trends may have intensified the violent atmosphere. It should be emphasised that the demonisation of Islam in Nigerian Pentecostal rhetoric and the lack of a dialogical theology and praxis among this rapidly growing form of Christianity may have caused much harm and hindered conflict transformation.* (p. 331)

In addition to their yearnings for reform, which precipitates intra-religious conflicts, the intense proselytization of the Izala and Pentecostals, as they try to convert the followers of other religions, has been breeding inter-religious conflict. For example, in the course of their *da'awah* (evangelism), the Izala vociferously attack Christian scriptures and doctrines and, by so doing, breed mutual disharmony. The Christian Pentecostals tread the same route as well.

> *Just like the Muslim fundamentalists, they also seek to expand their support base, hence conversion and poaching of followers of other religions through stereotypes, hate preaching, distortion, misrepresentation and misinterpretation of the various religious texts in such manners that promoted prejudice and intolerance in both camps.* (Okpanachi 2010, p. 10)

The first violent inter-religious conflict in the country was the Fagge (an area in Kano) violence of 1982. After attacks and counter-attacks by Muslim and Christian extremists, "several hundreds of people were left dead and valuable properties destroyed" (Ugwu 2023, p. 22). While the military junta contained a series of such crises throughout the 1980s and 1990s, in addition to curtailing the Maitastine uprising, the same cannot be said about the civilian governments that wielded power since May 1999. The immediate introduction of the Shariah legal system in 12 northern states when democracy returned was

protested by Christians who fear 'Islamization', resulting in a crisis in Kaduna state. Consequently, over 63,000 people were displaced and over 3,000 lives lost. As the then president of the country asserted, it was the worst violence since the 1967 civil war (Okpanachi 2010, p. 25).

More than all others, Plateau and Kaduna states have, in the last two decades, become flashpoints for religious crises. These are fueled by ethnic and political factors. Intolerance led to the first crisis in Plateau state which erupted in 2001 following the insistence of a Christian woman to pass through a road blocked by the Muslims during Friday prayer—a situation that had for years been generating tension in the area (Best 2007, pp. 66–67). As signals for the continuation of hostility on the first day "church bells were ringing and there were Muslim calls to prayer throughout the night" (Human Rights Watch 2001, p. 10). It led to the killing of hundreds of people in Jos, the hitherto peaceful Plateau state capital and its segregation into Muslim's 'Sharia line' and Christian's 'new Jerusalem' (Danfulani & Fwatshak 2002, p. 253). That was the beginning of intractable ethno-religious hostility in the state.

In the Kaduna metropolis, the publication of a column in *This Day* newspaper had again sparked a riot in 2002. The column—a rejoinder to the critics of the Miss World beauty pageant scheduled to be held in Nigeria—had needlessly and sarcastically dragged prophet Muhammad into the matter. It did not go down well with the generality of Muslims, and the extremists deemed it offensive enough to spark a violent reaction. Neither the newspaper's apology nor the columnist's was enough to calm the storm until at least 215 people were killed, while the Kaduna office of the newspaper and many properties got burnt (Emelonye 2011, p. 25). Both Muslim and Christian extremists have since then sparked violent conflicts in different parts of the state.

Borno state is another hotbed for religious extremism. When a Danish newspaper irked the entire Muslim world with a cartoon of the prophet Muhammad in 2006, police's attempt to disperse a group of protesters in Maiduguri, the state capital, sparked a rampage that resulted in the loss of many lives and properties (Abimboye 2009).

Since the early 2000s, an anti-Western Islamist group ('Jama'atu ahlussunnah lidda a wati wal jihad') had been active in Maiduguri. Popularly called Boko Haram (Western education is forbidden) for their opposition to Western education and lifestyle, it was more or less a reincarnation of the Maitastine cult. It metamorphosed into a violent group in 2009 after a clampdown on the group by the Nigerian security forces which resulted in the destruction of their physical structures and the extra-legal killing of many people, including their leader (Muhammadu Yusuf). The surviving members of the group then adopted guerrilla warfare and later developed a linkage with international terrorist organizations (Al-Qaida and ISWAP). Courtesy of their onslaughts, Nigeria has become a hotbed for terrorism, rising to the third position on the Global Terrorism Index (Institute for Economics and Peace 2020).

Besides the manifestation of extremism in the form of violent groups and violent clashes between Muslims and Christians, there have been different cases of mob violence against individuals on religious grounds. Among the most recent victims of this are Deborah Samuel, Ahmad Usman, and Usman Buda, all of whom were brutally killed for alleged blasphemy. Owing to her religious affiliation, the killing of Deborah (a Christian) sparked more outrage across the country. As a second-year student of Shehu Shagari College of Education in Sokoto state, Deborah allegedly cast aspersion on Prophet Muhammad in a voice recording she sent to her class' WhatsApp group in May 2022. She was then fished out, beaten, and burnt down by some of her coursemates (The Guardian 2022). Though some arrests were made, the matter has probably been already swept under the carpet. The subsequent killings of Ahmad Usman and Usman Buda in separate incidents (in the FCT and Sokoto state respectively) are obvious manifestations of the impunity that characterize such actions in recent times (Adenekan 2022).

While such acts of mob violence are quite rare in developed countries owing to their effective justice systems, they flourish in many other developing countries, especially in sub-Saharan Africa. These include the Republic of Congo (Verweijen 2016), Malawi (Kasalika 2016), South Africa (Baloyi 2015), and Tanzania (Chalya

et al. 2015). Unlike the situation in Nigeria, however, religious extremism is hardly a causative factor in these countries.

5. The Causes of Religious Extremism and Mob Violence in Nigeria

According to Sampson (2012), "religious intolerance, fundamentalism and extremism are deliberately chosen to kick-start discussions on the drivers of religious violence in Nigeria because they form the base (sub-structure) upon which other sources of religious violence (super-structure) rest" (p. 114). What births extremism in the first place? In general, many complex, multifaceted, and inter-related factors converge to make Nigeria, especially the northern region, a fertile ground for extremism with its attendant implications. In a mutually reinforcing manner as subsequently analysed, these broadly cut across historical, political, economic, and social dimensions.

Historical Factors

The nature of the pre-colonial entities that make up the Nigerian state, colonialism, and post-colonial events have built up religious extremism in Nigeria. First, in the pre-colonial period, much of what now constitutes the northern region was under empires largely being influenced by the Islamic religion. These were the Safyawa Dynasty (1086–1616), Kanem Borno empire (1380–1893), and Sokoto Caliphate (1804–1903), all of which had advanced civilizations and latently created "enabling environment[s] for extremist ideologies to thrive" (Africa Center for Strategic Studies 2015, p. 2).

The Sokoto Caliphate was a product of the resistance movement headed by Usman Dan-Fodio in the wake of the misuse of powers by Hausa rulers. Having eventually triumphed, Dan-Fodio established an Islamic empire wherein the Islamic Shariah was "more widely, and in some respects more rigidly applied than anywhere else outside Arabia" (Anderson 1955, in Ostien & Fwatshak 2007, p. 3). Though Islam had since the thirteenth century made incursions into the Hausa land through Malian traders, the region had, until the 1804 Jihad, been a profane environment. As the Shariah sanitized

society and institutionalized Islam as a religion and way of life, the introduction of Christianity by missionary groups in some northern enclaves threatened the monopoly Islam used to enjoy. The result is an enduring rivalry between the Muslim majority and the Christian minority in the region.

While the activities of the missionaries in most of the areas that now form part of southern Nigeria made the region predominantly Christian, the amalgamation of the north and the south by the colonial administrators in 1914 made it a part of the bigger political entity (Nigeria) wherein Islam is a rival religion. The singularity of the two hitherto separate entities and the minimal contact between them meant there was no footprint for tolerance and peaceful coexistence. The bitter political rivalry with religion significantly influencing the course ensued between them throughout the colonial period. In the words of Okpanachi (2010):

> *under colonialism, administrative exigencies warranted the nurturing and exacerbation of an "us" versus "them" syndrome' as 'religious, regional and ethnic differences were given prominence in conceiving and implementing social, educational and economic development policies and projects.* (p. 6)

This assumed a dangerous dimension after independence in 1960 as it shortly after led to a military coup, a counter coup, and 30-month civil war (1967–1969). Since then,

> *mutual distrust and strong ethno-religious identities in both north and south prevented a truly Pan-Nigerian identity from developing. Nigerian politics were and remain characterised by a keen competition for socioeconomic resources with the state seen as the main dispenser of these benefits.* (Sodipo 2013, p. 4)

Political Factors

Competition over political powers has, on the one hand, set the northern Muslims against northern Christians and, on the other hand, pit the Muslim north against the Christian south. This is because religion is a card politicians play to galvanize support among the electorates. At the regional level, this accounted for the various

clashes in Kaduna and Plateau among other northern states. For example, when the Muslim president of Nigeria died in 2009, the Muslim governor of Kaduna state was—in what seemed a systematic plot—selected as a deputy to the new Christian president. This automatically created a vacuum for his Christian deputy to become the governor, resulting in bitter rivalry and electoral violence when the new Christian governor contested against a Muslim candidate in the 2011 election.

At the national level, politics has often triggered the religious button to spark controversies and electoral violence. At no time was this more manifest than during the 2011 and 2023 presidential elections. Intense campaigns for a southern Christian candidate in churches and equal effort for a northern Muslim candidate in mosques made the 2011 election a kind of Muslim (north) vs Christian (south) war. The northern politicians had tried to stop the incumbent Christian president from contesting the election to allow the north to complete its two terms—interrupted by the death of the immediate past president—based on some unofficial power rotation agreement. When the incumbent president was declared the winner of the election, violent attacks and counter-attacks between the Muslims and Christians erupted in the north, mainly Kaduna and Bauchi states. These left over 800 people dead and 6,500 others displaced, making it the worst post-election violence in Nigerian history (Bekoe 2011).

In preparation for the 2023 general elections, the northern Christians—who always side with the south in religious wars like the 2011 election—were denied the slot of a running mate to the southern Muslim flagbearer of the ruling party. It was, due to the power of incumbency, deemed the winning ticket, hence a large-scale controversy over the prospect of a Muslim-Muslim presidency. To prevent that, both the southern and northern Christians massively supported a southern Christian candidate whose ticket was balanced with a northern Muslim running mate as the political tradition of the country required. Consequently, mosques and churches turned to campaign grounds for and against Muslim-Muslim tickets, respectively. The opposing Christian candidate had allegedly referred

to the election as "a religious war" while canvassing for Christian support through a prominent cleric, calling on them to "take back our country" (Adeyemi 2023). Though the declaration of the ruling party's candidate as the winner of the election did not generate post-election violence like the 2011 scenario, it did generate controversy and will go down as one of the most religiously motivated elections in the country.

Economic Factors

Many scholars have identified poor economic conditions as one of the drivers of religious extremism (Kwaja 2011). Over six decades of misgovernance in Nigeria has made the country the poverty capital of the world, an unwanted feat it achieved in 2018, having dethroned India (Adebayo 2018). About 87 million people in the country live in extreme poverty (below one dollar per day) even as they are projected to increase to over 120 million by 2030, the target year for the SDGs (World Bank 2019). This means unless something is done drastically and urgently to reverse the trend, Nigeria would, instead of achieving the 'no poverty goal', be home to about 25% of the people living in extreme poverty the world over. But the prevailing realities in the country offer no course for any optimism. According to the Nigerian National Bureau of Statistics (NBS), 63% (133 million) of Nigerian people are multi-dimensionally poor in 2022, even as the unemployment-to-population ratio rose to 77.1% in 2023 (NBS 2022, 2023). More worrisome is that the inflation rate has also been constantly rising. For example, it rose to 33.69% in 2024 (Channels Television 2024) from 20.77% in 2022 (Oyekanmi 2022).

First, this situation affords politicians a good opportunity to politicize religion to wield power, as pointed out above. Second, it serves as a push factor for extremism as many people, especially in the north where the threats are most endemic, seek solace in religion. In particular, the Muslims have been reminiscing about Sokoto Caliphate as an ideal society. The Izala and the IMN largely reinforced this. While the former has been "critical of traditional rulers, of corruption in government, and of declining moral values of the society, without calling for a wholesale overthrow of the system",

the latter sought such revolution, having been motivated by the 1979 Islamic revolution in Iran (Mohammed 2014). Also, while the Izala largely supported the introduction of Shariah in the early 2000s, the IMN opposed it for its subordination to the Nigerian constitution. The Boko Haram, which not only seeks an Islamic state but also adopts violence to facilitate it, is partly a product of "perceived injustices and economic inequalities" (Africa Center for Strategic Studies 2015, p. 2).

Social Factors

The rise of religious extremism and intolerance in Nigeria is one of the implications of poor socialization over the years. One way or another, most socialization agents have failed to promote respect for diversity and other national values. Some of them, including the primary agent (the family) even promote the contrary. For example, denigrating a religious figure as Deborah was alleged to have done is more a manifestation of improper socialization than freedom of expression. The resulting mob violence was a glaring failure of religious organizations to deliver on their mandate to educate their adherents properly. The killers of Deborah, supposedly learned youth, would certainly have explored more civilized ways to handle their grievance had they been adequately educated on what many Muslim scholars, including the President of the NSCIA, reiterated after the incident—that the act is "a contravention of the extant laws of the land and the very Islam they purportedly acted to defend" (Adunola 2022, para. 5). Underscoring this in the light of Islamic scriptures, a prominent cleric went beyond condemning the act to charge Muslim clerics on the need to "wake up and teach Muslims their religion" (Shiklam n.d., para. 6).

Furthermore, the blockage of public roads during religious programs is not fostering peaceful coexistence among the people. Nor is the use of loudspeakers in mosques and churches in overnight programs, especially as the preachers sometimes disparage the opposing faith. In fact, in deliberate attempts to implant religious disharmony, both Muslim and Christian intellectuals have gone beyond preaching to publish books in which they not only

misinterpreted and demonized the opposing faith but also incited hatred towards their adherents (Omotosho 2003).

The media have also been guilty of promoting extremism through exaggeration and alarming reports of religious violence. Even people who hardly read beyond headlines are often incited by horrible images and alarming headlines like: 'Hundreds of Christians killed as Muslim fundamentalists attacked Gombe community'. Such headlines often stir up emotions and trigger reprisal attacks, and sometimes turn out to be untrue, exaggerated, or distorted. And it is worsened by the rise of social media wherein alarming news, fake news, and hate speeches have extensive coverage, especially as it is unregulated in Nigeria. In fact, a synthesis of evidence has shown that social media is "an environment that facilitates violent radicalisation" (Alava et al. 2017, p.6).

The institution of governance is by far the most responsible, given the power it yields over all the others. As successive regimes failed to adequately foster social cohesion and national integration by collaborating with other institutions to properly orient the people, the result has been an upsurge in violent extremism, among other social ills. Their persistent failure to bring the perpetrators of such dastardly acts to justice and their failure to stem other drivers of extremism largely contribute to its growth as depicted in Figure 3.
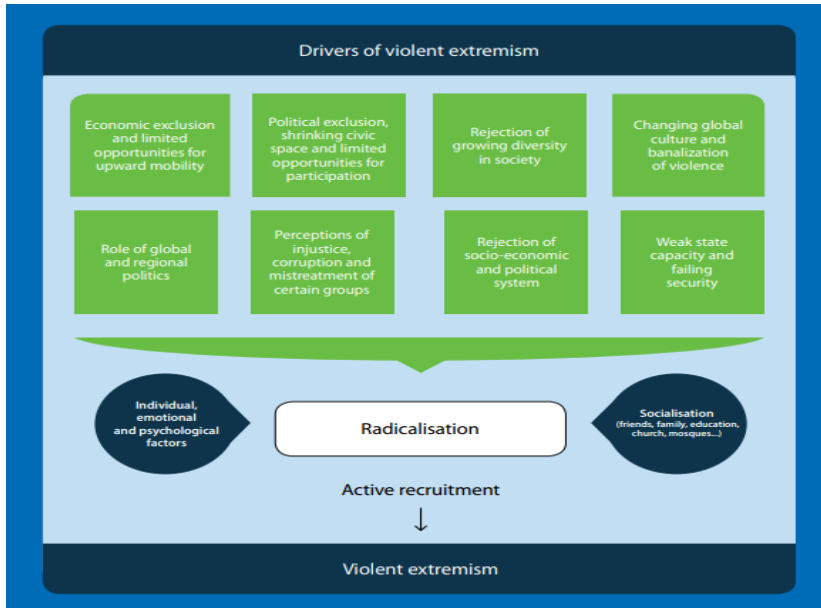
Fig. 3:   Drivers of Violent Extremism. **Source**: UNDP (2016, p. 18).

6.   The Effects of Religious Extremism and Mob Violence in Nigeria

Casualties, displacement, and loss of valuable properties are the immediate effects of religious extremism and violence in Nigeria. It is hard to quantify the magnitude of these over the years. Mob violence incidents, intra and inter–religious clashes, and attacks by violent religious groups have led to a considerable number of deaths and destructions. The Boko Haram phenomenon alone accounted for over 350,000 deaths and over 310,000 displacements (Institute for Economics and Peace 2020). Beyond these immediate effects, the casualties of violent extremism in the long term are the country's prospect for national integration and sustainable development. It increases division among the citizens by reinforcing hatred for the religions, their adherents, and anything that represents them. It also increases mutual suspicion of marginalization attempts and controversies over some national issues, ranging from very

significant to extremely trivial ones. One such national controversy, generated by Nigeria's full membership of the Organisation of Islamic Cooperation (OIC) since 1986, is "yet to completely abate" (Faseke 2019, p. 1).

The Christian Association of Nigeria (CAN) and the Muslim Rights Concerns (MURIC) are two of the religious pressure groups that sometimes inflame religious controversies. For all intents and purposes, they play active roles in derailing the country from national integration. For example, when (in 2011) the Central Bank of Nigeria (CBN) granted a license to Ja'iz Bank to operate non-interest or Islamic bank—which is practiced in not just Muslim but also non-Muslim countries like the United Kingdom (UK), the United States (US), Germany, Japan, and Singapore (Olatunbosun & Aladekomo 2020)—the CAN perceived it as "a plot to Islamise Nigeria" (Omafuaire 2011). Consequently, the CAN and many Christians, in sharp contrast to the generality of Muslims, staunchly opposed it in spite of its "globally acknowledged benefits" (Sampson 2013, p. 405). They were also against the use of head coverings (hijab) by Muslim girls in public schools and Muslim women in places of work, a situation that needlessly generated national controversy. It even became a legal battle that lingered until a Supreme Court ruling settled it (Balogun 2022).

In the same vein, the MURIC has, based on superficial issues, "nurse[d] serious grudges bordering (sic) on marginalisation" (Premium Times 2017, para. 6). One of these is annual religious public holidays which it says favours Christians with 'five' against Muslim's 'three'. In reality though, the 'three and five' permutation is wrong. The five is arrived at by separating Boxing Day from Christmas and Easter from Good Friday. The actual number of holidays are, therefore, three for Christians consisting of five days in total (Christmas two, New Year one, and Easter two) and three for Muslims, also consisting of five days in total (Eid-fitr two, Eid-kabir two, and Maolud one). And all of these are observed by all Nigerians irrespective of their religious affiliation.

The implication of such religiously induced national division is that the country has continued to sleepwalk in the developmental

realm. It fuelled violent extremism which in turn creates an unfavorable climate for sustainable development. As "socio-economic infrastructure that create[s] [an] enabling environment for investments and developments are destroyed during the violent conflicts", growth and development are retarded because they can "only take place under a peaceful atmosphere" (Ugwu 2023, p. 24). Nigeria's vision of achieving the 17 SDGs has been elusive, hence the narrowing down of the country's focus to just seven of them (SDGs 1, 3, 4, 5, 8, 16, and 17), as revealed in the 2020 Nigerian Voluntary National Review on the SDGs (VNR). The then president of the country has emphasized that "progress on the SDGs is mixed" with modest progress and numerous challenges (VNR 2020, p. v). These challenges, which include violent extremism, are making the target of even the seven SDGs increasingly unrealistic.

7. Solution to Religious Extremism and Mob Violence in Nigeria

Usually, some arrests are made after mob violence incidents in Nigeria, as it happened after the killing of Deborah. Beyond that, however, hardly anything is heard about the incident. But in situations of large-scale religious violence, the government deploys brute force to repress it and goes beyond arrests to set up a commission of inquiry (Adesoji 2019, p. 11). Such actions continued to prove ineffective as the commissions' recommendations were hardly acted upon, resulting in future reoccurrences. The escalation of the Boko Haram crisis in 2009 laid bare how the disproportionate use of force by security agents could be counterproductive. As Mohammed (2014) observed, the demolition of the sect's physical structures, indiscriminate extra-judicial killings, and the killing of their unarmed leader in police custody escalated the crises, having "pushed the movement to the end of the spectrum" (p. 24).

In light of this and the continued occurrences of violence in the name of religion, scholars have been calling on the government to instead focus on tackling the root causes of extremism (Harnischfeger 2014, p. 59). The recent wave of mob violence has been a costly reminder of these calls. In its "Strategic Framework for Countering

Terrorism and Targeted Violence", the US Department of Homeland Security (DHS 2019) outlined five major areas such effort should focus on as subsequently analysed.

Prevention

Extremism in Nigeria can be prevented only if the historical, political, economic, and social circumstances that make them thrive are addressed. In order words, it has to be dislodged from the root. To this end, state and non-state actors have significant roles. The government needs to first and foremost prioritize the elimination of poverty and unemployment, among other drivers of extremism. The Nigerian government's priority areas revealed in the VNR (2020) are well versed on this, but not much meaningful progress has been achieved. In addition to achieving this, the government must collaborate with various non-state actors to prevent extremism from growing. Among the important non-state actors, the UN (2017) observed that "religious leaders, in particular, have a strong potential to influence the lives and behaviours of those who follow their faith and share their beliefs" with their messages having "a strong and wide-ranging impact" (p. 4).

It is upon this realization that the UN developed "The Plan of Action for Religious Leaders and Actors to Prevent Incitement to Violence that could Lead to Atrocity Crimes", which captures nine thematic recommendations. It was developed from consultations with religious leaders, government officials, and civil society organizations, among other actors in Morocco between 2015 and 2016. Table 2 shows the nine recommendations in three main clusters. They provide ways religious leaders and other actors can contribute to preventing incitement to violence, which is direly needed in Nigeria.

Table 2: UN's Recommendations on Preventing Violent Extremism

Prevent	Strengthen	Build
Counter incitement to violence	Education and capacity building	Peaceful, inclusive, and just societies through respecting, protecting, and promoting human rights
Incitement to violent extremism	Interfaith and intra–faith dialogue	Networks of religious leaders
Incitement to gender–based violence	Collaboration with traditional and new media	
	Engagement with regional and international partners	

Source: The author, based on data from UN (2017, p. 6).

Furthermore, to inform global, regional, and national strategies for Preventing Violent Extremism (PVE), the United Nations Development Programme (UNDP) (2016) has developed a conceptual framework which "proposes eleven interlinked building blocks for a theory of change explaining how development can help prevent violent extremism" (p. 5). They invariably address most of the foregoing drivers of extremism in Nigeria and, as such, their relevance cannot be overemphasized. They are:

11. Promoting a rule of law and human rights–based approach to PVE.

12. Enhancing the fight against corruption.

13. Enhancing participatory decision–making and increasing civic space at national and local levels.

14. Providing effective socio–economic alternatives to violence for groups at risk.

15. Strengthening the capacity of local governments for service delivery and security.

16. Supporting credible internal intermediaries to promote dialogue with alienated groups and reintegration of former extremists.

17. Promoting gender equality and women's empowerment.

18. Engaging youth in building social cohesion.
19. Working with faith-based organizations and religious leaders to counter the abuse of religion by violent extremists.
20. Working with the media to promote human rights and tolerance.
21. Promoting respect for human rights, diversity, and a culture of global citizenship in schools and universities

The second item has particularly touched on what, in the words of the immediate past Nigerian president, is "the greatest single bane of our society" (Akinwale 2017, para. 12). As he further reiterated, "no society can achieve anything near its full potential if it allows corruption to become the full-blown cancer it has become in Nigeria". Indeed, Egwu and Mshelia (2023) have rightly observed that the failure of successive administrations to tackle developmental challenges like religiously induced violence is reinforced by endemic public sector corruption.

Protection

The impact of PVE programs will take time to be felt given the magnitude of the developmental challenges in Nigeria and the complexities of the country. Therefore, it is necessary to enhance security to protect people's lives and properties against violent attacks by religious extremists. The key to this is information gathering through intelligence and effective communication. Therefore, state actors need to work with communities to enhance preparedness. As Sodipo (2013) emphasized:

> *active engagement of youth and communities in peacebuilding programs that facilitate interactions among individuals of disparate backgrounds, teach values of tolerance, and promote nonviolent conflict resolution have been effective in diminishing prejudice and mitigating the appeal of radical ideologies.* (p. 1)

Digital technology is now indispensable to this course given that it permeates every aspect of social life. The Nigerian public administration is not yet fully digitized, as Kari and Mshelia (2023) observed. This partly accounts for the lackluster performance of law

enforcement agents in the fight against violent extremism, hence the need to step up efforts toward digitization and digital inclusion. In this vein, Warren (2015) has found a positive association between widespread access to mass media and the reduction of militant violence in Africa. Similarly, Maronne et al. (2020) have found that entertainment-focused radio programs are effective avenues for communicating counter-violence extremism (CVE) or peace-focused content among community members in Nigeria.

Response

In situations where extremists defy the protective measures put in place to perpetrate violence, the security forces should collaborate with the affected community to respond promptly to ensure the arrest of the perpetrators. Except in combat, extra-judicial killing of the suspects must be avoided. This is because it not only violates constitutional rights to a fair hearing but also has the potential of escalating the situation as the July 2009 ineffective treatment of Boko Haram members proved.

Subsequent responses of the Nigerian security forces to the excesses of organized religious groups have shown that not many lessons have been learnt from the Boko Haram phenomenon. The December 2015 massacre of IMN members in Zaria was particularly a reminiscence of the 2009 Boko Haram saga. In sharp contrast to this approach, the security architecture often lets violent mobs get away with their heinous acts. Most of the arrests made in the wake of such incidents have turned out to be plots to placate the irate public since prosecution and conviction are hardly secured. The need for strict application of the rule of law and human rights-based approach in response to religiously motivated violence in Nigeria can therefore not be overemphasized.

Mitigation

Being as versatile and long-lasting as analysed above, the effects of violent extremism in Nigeria require an intense concerted effort to mitigate. Depending on the nature and magnitude of different

incidents, a wide range of actions concerning perpetrators and victims need to be carried out. The perpetrators, on the one hand, need to be brought to justice. Their arrest will hardly mitigate the effects of their actions if they are not swiftly prosecuted, tried, and convicted. On the other hand, the victims should be compensated to facilitate their physical, psycho-social, and economic recovery. In cases of death, families of the deceased should be granted robust relief support.

Though the National Counter-Terrorism Strategy (NACTEST) conceived a deradicalization and reintegration program as one soft approach to CVE, its implementation is grossly ineffective. First, victims of the 'repentant terrorist' atrocities, most of whom get little if any support from the government, are kicking against the reintegration of the terrorists into their communities, thus negating the potential success of the program (Owolabi 2020). While this is largely due to the psychological trauma the presence of the 'repentant terrorists' would cause them, Ike et al. (2021) have found that people even hardly believe the terrorists could genuinely repent. Second, the program, in the words of the Borno state governor, "is not working as expected". According to him, many of the repentant terrorists "usually go back and rejoin the terror group after carefully studying the various security arrangements in their host communities" (Owolabi 2021, para. 5). This shows that the program is even counterproductive and as such, worthless.

Recovery

Society needs to ultimately put past extremists' violence behind it and move forward. Continuously living in the shadow of such a past will be counterproductive and destructive. Achieving this, however, relies as much on mitigating measures as preventive ones. This makes the solution framework revolve back to its base, as depicted in Figure 4.
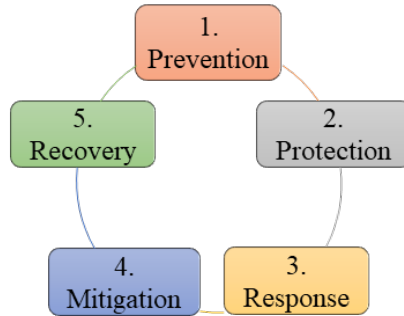
Fig. 4: Solution to Violent Extremism. **Source:** The author, based on data from DHS (2019, p. 3).

However, the inefficacy of the Nigerian government in the other four areas will continuously negate the prospect of achieving recovery from the impact of religious violence. Most of the communities ravaged by religious violence due to the failure of preventive and protective measures are yet to recover, owing to inadequate response and mitigation. Plateau and Kaduna states, for example, have remained as polarized and volatile as they became after their respective religious crises in the early 2000s. And with insurgents still terrorizing different states in the north–east, their excesses continuously weaken the bond that holds the country. It is thus safe to say that neither the north as a region nor Nigeria as a country is anywhere near recovery.

Conclusion

Notwithstanding their positive impacts, Islam and Christianity have over the years served as umbrellas for violent incidents in Nigeria. And unfortunately, religiously induced mob violence in the country now becomes rampant. This is rooted in historical, political, social, and economic factors and fuelled by poverty and illiteracy, among other human security threats. Though no region in the country is immune from the threats of religious extremists, the north is relatively more volatile due to its configuration and the prevalence of human security threats.

The continuous occurrence of the phenomenon, as recently experienced in Sokoto and Abuja, served as proof that the efforts of successive regimes to stem the tide are not yet successful. And the impunity with which the recent incidents were perpetrated showed how far off we are. Beyond the loss of lives and properties, these incidents negatively impact on the country's quest for national integration and sustainable development. Going forward, it is necessary to strengthen the country's criminal justice system to ensure perpetrators of such acts are brought to book on the grounds of prevention, deterrence, or retribution. It is equally necessary to alleviate poverty among other threats to human security, while systematic policies are formulated to address the need for robust religious education, religious regulation, and interreligious dialogue, among other things.

The solution framework suggested in this paper is holistic, having ranged from preventive to recovery spectra. And until political will supersedes mere rhetoric to achieve them, the country's quest for "peace, justice and strong institutions" among other Sustainable Development Goals (SDGs) will remain a mirage. However, multifarious and context–specific strategies geared towards erecting each pillar of the solution framework must be designed. And this calls for concerted efforts by academics and policymakers alike.

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Socio-economic and Demographic Determinants of Household Fertility Decisions

A Secondary Analysis of the 2018 Nigeria Demographic and Health Survey

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Abstract

This study investigates the socio-economic and demographic determinants of household fertility decisions in Nigeria. Using the family system model as a framework, a cross-sectional survey design in a retrospective study was adopted. Quantitative data were purposively obtained from the 2018 Nigeria Demographic and Health Survey (NDHS) household recode dataset. Data were analysed using descriptive, bivariate statistics and Logistic Regressions at P<0.05. The mean age at first birth of respondents was 18.8±4.0 years. The mean of children ever born (CEB) was 5.9±2.8. The CEB was highest in the North West region (36.7%), while the South East had the lowest (12.6%) sum of CEB in the six regions. The relationship between CEB and the age at first birth is statistically significant (χ^2= 8334.4, p=<0.001). Women with all children living are 2.0 times (OR=2.071, CI=1.987-2.158) more likely to increase their CEB than women who have experienced the loss of a child. Women who have no formal education are 5.8 times (OR=5.835, CI=5.504-6.186) more likely to increase their CEB than women with tertiary education. Women who used the folkloric method of contraceptives were 5.5 times more likely to increase their CEB than women using modern contraceptives. Based on the findings, it is recommended that fertility controls must be prioritized, specifically by encouraging girl child education across the nation.

Keywords: Age at first marriage, children ever born, contraception, family system, wealth index

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1. Introduction

Fertility is recognized as one of the three fundamental variables that influence the composition, size, and structure of each country's population (Upadhyay & Bhandari 2017). According to Akpa and Ikpotokin (2012), the mean number of children each woman would have, assuming every woman lived to the end of their reproductive years and gave birth following a specific fertility rate at each age, is not only a clear indication of the state of fertility but also a sign of the expected changes in the country's population. Although greater rates may make it more difficult for families to care for and educate their children in some circumstances, as well as for women to be part of the workforce, rates below two children show a population that is ageing and decreasing (Ibeji et al. 2020).

Studies have revealed that countries in sub–Saharan Africa (SSA) are undergoing a demographic change (Casterline 2017; Nibaruta *et al.* 2021). However, some states in SSA, such as Niger, Mali, and Chad, are still grappling with a change in fertility levels, and as a result, their fertility rates stay high (Bongaarts & Casterline 2013). Traditionally, most households in developing countries in Africa and Asia have favored high fertility. This is because children are regarded as a representation of both social and economic well–being in these regions. This is apparent from a common saying in Nepal: "may your progeny fill the hills and mountains". Hence, high fertility is sought because having offspring, usually sons, elevates a woman's standing within the family (Central Bureau of Statistics 2003).

Nigeria has the largest population in Africa. The nation is now ranked seventh among the ten nations with the highest population in the world (United Nations Population Division 2019). At the moment, Nigeria's population is estimated to be 229,152,217 million, but by the end of 2050, it is expected to be 377,459,883 million (Worldometers 2024). Nigeria's population will surpass 728 million by the year 2100 if current trends in fertility continue. Nigeria will surpass China and India to rank third in terms of population after those figures. The Total Fertility Rate (TFR) of Nigeria, at 5.3, remains higher than the SSA TFR average of 4.7 when compared to other African nations like Cote d'Ivoire (TFR of 4.6), Rwanda (TFR of 4.0), Ghana (TFR of 3.8),

and Kenya (TFR of 3.4). (Bongaarts 2020; United Nations Population Division 2019).

The Nigerian government's population policy goal of lowering the national population growth rate to 2% or lower by 2015 and reducing TFR by at least 0.6 children every five years by supporting child spacing through the use of family planning is still far from being met despite numerous interventions and population-related policies aimed at doing so (Ingiabuna & Uzobo 2016; National Population Commission 2004). This highlights the need for more embattled efforts to attain decreased fertility in the country for the attainment of economic development and sustainable development goals (Sachs 2012; Starbird et al. 2016).

In traditional Nigerian settings, it was difficult for women to decide whether to have their next child, the exact number of children, and when to quit having them, except for women who are highly educated career women (Caldwell & Caldwell 2002). Hence, in traditional societies, a woman's number of children was a reflection of her husband and his family's desired fertility. However, the standing of women is gradually shifting in modern society. Due to the impact of various socio-economic and demographic conditions, women's traditional household tasks are currently changing. In particular, more women are participating in income-generating activities, have higher educational status, and have significant decision-making power in the home, particularly when it comes to their reproductive health (Amaegberi & Uzobo 2021; Salami & Oladosu 2016).

These shifts in Nigerian women's roles are representative of trends across the African continent, as women are increasingly joining the labor market and engaging in income-generating activities. One country that has achieved notable progress towards gender equality is Rwanda, where women now control a sizable portion of legislative seats and are actively involved in the country's economy. Small and medium-sized businesses (SMEs) in Kenya are seeing a rise in the participation of women, which has greatly boosted the country's economy. Furthermore, there are strong initiatives in place in South Africa to assist women's reproductive health, including widespread

access to family planning and contraception (Burnet 2011; Kenyatta 2023; Kriel et al. 2023).

The problem of eliminating poverty and enhancing human well-being while guaranteeing the natural environment's sustainability is inextricably linked to fertility rates and trends (Odior & Alenoghena 2018). Target 3.7 of the Sustainable Development Goals states that by 2030, nations shall guarantee that everyone has access to family planning services, information, and education, as well as the inclusion of reproductive health in national policies and programs (United Nations Statistics Division 2021).

Studies have indicated that a household's wealth index is a key immediate factor that affects fertility behavior (Mberu & Reed, 2014; Olatoregun et al. 2014). The household wealth index is commonly used as a stand-in for other measures of economic well-being for people or their homes. Due to various undeclared sources of income and other incomplete or inaccurate information on expenses, determining an individual's or household's income may be challenging. While some previous studies have assessed the socio-economic determinants of fertility behavior in Nigeria, they have somewhat been narrowed in their scope. For instance, Obiyan et al. (2019) covered Nigerian maternal socio-economic status and fertility patterns. This study did not examine household socio-economic determinants of fertility decisions. It is on this note that this study has been designed to focus on identifying the socio-economic determinants of household fertility decisions in Nigeria.

2.   Theoretical Framework

The Family System Model of Fertility Intention, developed by authors such as Hollinger and Haller (1990), Skinner (1997), Reher (1998), and Therborn (2004), serves as the foundation for this study's theoretical framework. However, the idea was improved by Mönkediek & Bras (2017). In accordance with this theory, family systems and household characteristics function as background factors that affect people's attitudes towards having children, their subjective norms, and their behavioral control because family systems are vital components of the community in which humans

grow up and in which their fertility behavior occurs. Family systems influence the dynamics of households and how people interact with kin living within and outside of the co-residential unit by supplying norms and values that govern kin relationships (Rossi & Rossi 1990). These norms and values serve to govern responsibilities and social relationships among kin. Children's experiences within the family unit and their socialization are influenced by the types of interactions they have with their families and the types of households in which they are raised (Reher 1998). Strong family systems and close-knit family networks are regarded to positively affect children's attitudes regarding household and household-related values (Lorimer 1954).

Hence, people from places with strong family systems are likely to place a higher priority on having a household as a whole and children in particular. Therefore, people from families with strong family systems have more favorable attitudes towards fertility than people from families with weak family systems. In families with robust family structures, the family takes precedence over the individual (Reher 1998). Additionally, in these households, the family frequently serves as a source of social assistance and welfare, hence enhancing the social impact of the parents (Balbo 2012). As a result, parental control over their children's behavior is more successful (Granovetter 2005), yet Romero and Ruiz (2007) also found that this control is also more authoritarian. Therefore, in households with strong families as opposed to weak families, where individualism is more common, perceived social pressure and people's cultural expectations to engage or not to engage in particular actions, such as the number of fertility, are more relevant.

Additionally, this model states that households with strong families are more likely to meet the conditions for starting a family or having a second child than households with weak families (Newson 2009). For instance, being married and having established one's own household are viewed as important prerequisites for having children in many strong family countries, such as Spain, the Czech Republic, or Italy (Billari et al. 2002). However, young couples sometimes cannot afford independent living until they have achieved financial independence (Baizan 2001). The family system model also claims

that beginning a family is becoming more and more difficult due to rising economic uncertainty, high unemployment, and housing constraints (Ghodsee & Bernardi 2012).

As a result of perceived social pressure and (family system) normative ideas, reproduction may also be limited due to high opportunity costs and parents' desire for their children to at least preserve the family's social status (Livi-Bacci 2001). Therefore, it can be expected that strong family systems negatively affect people's subjective norms and consequently decrease the desire to have another child within the next three years, given that perceived social pressure and normative beliefs about appropriate conduct are more pertinent in strong-family households than in weak families.

Strong family systems can also be expected to negatively affect fertility intentions by increasing the imagined prerequisites for having children that affect people's perceptions of their ability to control their behavior. This is because they regulate levels of kin support and because different requirements exist for starting a family. In contrast, the generally liberal welfare state moderates these impacts in countries with weak family systems, like Sweden, by reducing the costs of fertility.

3.   Materials and Methods

This study uses a cross-sectional retrospective quantitative research design with data gleaned from the current 2018 Nigeria Demographic and Health Survey (NDHS). The NDHS is a survey carried out by the National Population Commission in Nigeria with technical support from The DHS Program through ICF Macro to supply demographic and health data for planning, research, and policy-making. Women between the ages of 15 and 49 who regularly reside in particular families were sampled for the 2018 NDHS.

The graded sample for the 2018 NDHS was chosen in two stages. The 36 states and the Federal Capital Territory were divided into urban and rural areas to accomplish stratification. Using probability sampling techniques, samples were chosen individually in each stratum through a two-stage selection process. As a result, a total of about 42,000 households were included in the sample. All women

between the ages of 15 and 49 were given the 2018 NDHS women's questionnaire in a sample of 42,000 homes that were considered to be nationally representative (a full description of the methodology used in the 2018 NDHS can be found in the report released by the National Population Commission).

The Statistical Package for Social Science (SPSS v 21) was used to analyse the secondary dataset at the univariate, bivariate, and multivariate levels. Univariate statistics were used to analyse descriptive variables such as sociodemographic, socio-economic, and fertility differences in the nation. The Pearson chi-square and binary logistic regressions were used to determine the relationship between variables.

The dependent variable (DV) or outcome variable (OV) for this study is children ever born (CEB). This was originally in a continuous form but was re-categorized into low CEB (one to four children) and high CEB (five children and above). That is, women with between one and three children were recategorized as having low CEB, while those with more than four children were recategorized to high CEB. The demographic and socio-economic characteristics of reproductive women, such as age at first birth, infant mortality, region, occupational status, place of residence, educational attainment, wealth index, religion, and family structure, are the explanatory variables.

4.   Results

Respondents' Sociodemographic Characteristics

The sociodemographic characteristics of the participants indicate that women between the ages of 35 and 39 made up fewer than a quarter (21.0%) of the respondents. Also, the mean age at first birth of women within reproductive age in Nigeria was 18.8±4.07. This result shows that fertility begins at a very young age in the country. The mean number of CEB was 5.9±2.8, implying that the fertility rate in Nigeria remains very high. Also, the CEB result shows that nearly two-thirds (65.7%) of the respondents had a high fertility

rate (when TFR is 5.0 or higher), relative to those (34.3%) who had a low or ideal fertility rate.

Table 1: Respondents' Sociodemographic Characteristics

Variable	Frequency	Percentage (%)	Mean±SD
Maternal Age			
15–19	1461	1.1	
20–24	8543	6.7	
25–29	19007	14.9	
30–34	23618	18.5	
35–39	26740	21.0	
40–44	23696	18.6	
45–49	24480	19.2	
Age at First Birth	115049		18.8±4.0
15–19	69933	60.8	
20–24	32656	28.4	
25–29	9851	8.6	
30–34	2275	2.0	
35–39	302	0.3	
40–44	29	0.0	
45–49	3	0.0	
Children Ever Born (CEB)			5.9±2.8
Low	43712	34.3	
High	83833	65.7	
Residence			
Urban	44111	34.6	
Rural	83434	65.4	
Region			
North Central	21656	17.0	
North East	26293	20.6	
North West	39928	31.3	

Variable	Frequency	Percentage (%)	Mean±SD
South East	14072	11.0	
South South	12436	9.8	
South West	13160	10.3	
Religion			
Christianity	13239	39.0	
Islam	20412	60.2	
Traditionalist	273	0.8	
Mothers Educational Status			
No education	63699	49.9	
Primary	25311	19.8	
Secondary	30756	24.1	
Higher	7779	6.1	
Wealth Index Combined			
Poorest	31148	24.4	
Poorer	29448	23.1	
Middle	27120	21.3	
Richer	23210	18.2	
Richest	16619	13.0	
Maternal Occupation Status			
Unemployed	33052	25.9	
Employed	94493	74.1	
Family Setting	N= 8061		
Monogamy	5846	72.5	
Polygyny	2215	27.5	

Results from Table 1 show that the majority (65.4%) of the respondents resided in rural areas, while more than one-third (34.6%) of them were residents in urban areas. Geopolitically, the majority of the respondents (31.3%) were drawn from the North-western region relative to the South-south region with the least number (9.8%) of respondents.

The result further shows an even dichotomy between the educated and the uneducated. The result established that almost half (49.9%) of the population had no formal education, while the other half (50.0%) had formal education. The proportion of women of reproductive age with primary, secondary, and tertiary educational qualifications were 19.8%, 24.1%, and 6.1% respectively. A significant majority of the respondents practised Islam (60.2%), relative to Christians (39.0%) and traditionalists (0.8%). Nearly half (47.5%) of the respondents fell into the wealth indexes of the poorer and poorest categories, while only 31.2% fell into the richer or richest category. Most respondents (74.1%) were employed and one-quarter (25.9%) were unemployed. More than one-quarter (27.5%) of the respondents were in polygynous family settings compared to the majority (72.5%) that practice monogamy.

Bivariate Analysis

The bivariate analysis involves cross-tabulating selected sociodemographic, socio-economic, and cultural explanatory variables and the outcome variable (CEB) in the analysis. The crosstab result across regions of residence in Table 2 revealed the presence of a statistically significant association between the regions of residence and the CEB number (χ^2= 6433.5, p=<0.001). The CEB was highest in the North West region (36.7%), while the South East had the least (12.6%) sum of CEB in the six regions. The chi-square table shows that the relationship between CEB and the age at first birth is statistically significant (χ^2= 8334.4, p=<0.001). The result equally indicated that fertility generally declined as women advanced in age. However, fertility was significantly higher among women who had their first birth at 15-19 years, relative to those who first gave birth at 45-49 years old.

The result of the crosstab analysis of CEB and the mother's experience of childhood death established that a significant relationship exists between them (χ^2= 2002.7, p=<0.001). The result shows that mothers who have previously lost their child(ren) have higher (82.5%) fertility relative to those whose has not experienced child death (8.2%). On the other hand, there is a significant

association between CEB and respondents' place of residence (χ^2= 1303.9, p=<0.001). Fertility was higher among households residing in rural areas (68.9%) and lower (41.2%) among urban dwellers.

Table 2: Chi-square Analysis of the Sociodemographics and Socio-economic Variables and Fertility Decisions in Nigeria

	CEB		Chi-square χ^2	p-value
	Low	**High**		
Regions				
North Central	8471 (19.4%)	13185 (15.7%)	8334.4	<0.001
North East	7496 (17.1%)	18797 (22.4%)		
North West	9170 (21.0%)	30758 (36.7%)		
South East	5527 (12.6%)	8545 (10.2%)		
South South	5767 (13.2%)	6669 (8.0%)		
South West	7281 (16.7%)	5879 (7.0%)		
Total	**43712 (100%)**	83833 (100%)		
Age at First Birth				
15–19	19074 (45.9%)	50859 (69.2%)	8334.4	<0.001
20–24	14253 (34.3%)	18403 (25.0%)		
25–29	6115 (14.7%)	3736 (5.1%)		
30–34	1809 (4.4%)	466 (0.6%)		
35–39	270 (0.6%)	32 (0.0%)		
40–44	29 (0.1%)	0 (0.0%)		
45–49	3 (0.0%)	0 (0.0%)		
Total	41553 (100%)	73496 (100%)		
Experienced Child's Death				
No	3590 (8.2%)	14630 (17.5%)	2002.7	<0.001
Yes	40122 (91.8%)	69203 (82.5%)		
Total	43712 (100%)	83833 (100%)		

	CEB		Chi-square χ^2	p-value
	Low	**High**		
Residence				
Rural	25683 (58.8%)	57751 (68.9%)	1303.9	<0.001
Urban	18029 (41.2%)	26082 (31.1%)		
Total	83434 (100%)	44111 (100%)		
Maternal Education				
No education	14785 (33.8%)	48914 (58.3%)	13002.7	<0.001
Primary	6983 (16.0%)	18328 (21.9%)		
Secondary	16927 (38.7%)	13829 (16.5%)		
Tertiary	5017 (11.5%)	2762 (3.3%)		
Total	43712 (100.0%)	83833 (100.0%)		
Paternal Education				
No education	35872 (27.5%)	35872 (46.1%)	6169.5	<0.001
Primary	4815 (12.2%)	12457 (16.0%)		
Secondary	15107 (33.7%)	15107 (19.4%)		
Tertiary	7866 (17.9%)	7863 (10.1%)		
Total	39406 (100.0%)	77744 (100.0%)		
Religion				
Christianity	4443 (36.4%)	8796 (40.5%)	66.4	<0.001
Islam	7676 (63.0%)	12736 (58.6%)		
Traditional	74 (0.6%)	199 (0.9%)		
Total	12193 (100.0%)	21731 (100.0%)		

	CEB		Chi-square χ^2	p-value
	Low	**High**		
Contraceptive Method				
No method	35765 (81.8%)	71590 (85.4%)		
Folkloric method	221 (0.5%)	489 (0.6%)		
Traditional method	1876 (4.3%)	2164 (2.6%)	401.8	<0.001
Modern method	5850 (13.48%)	9590 (11.4%)		
Total	43712 (100.0%)	83833 (100.0%)		

Furthermore, Table 2 revealed a statistically significant association between maternal (χ^2= 13002.7, p=<0.001) and paternal (χ^2= 6169.5, p=<0.001) educational status and fertility decisions. The uneducated category has the highest fertility preference. The influence of maternal secondary school education resulted in 38.7% reduced fertility and paternal secondary school education brought about a 33.7% reduction in fertility. Maternal and paternal education had a similar effect on fertility.

The result of the crosstab analysis of CEB and religion confirmed that a significant relationship exists between them (χ^2= 66.4, p=<0.001). The result shows that fertility was highest amongst people of the Islamic faith (58.6%) than Christians (40.5%) and traditionalists (0.9%) respectively.

Finally, the bivariate analysis in Table 2 demonstrated that there is a statistically significant association between CEB and methods of contraceptive use (χ^2= 66.4, p=<0.001). The table also shows that the CEB number was highest in households where there was no use of contraceptives (85.4%) compared to those that used modern methods of contraceptives (11.4%).

Multivariate analysis

Table 3 shows the results of the binary logistic regression model as relative odds. Each independent variable has a reference category with a value of 1, and the values for other categories are compared to the reference category's value.

Table 3 indicated that women who gave birth to their first child at age 15–19 years are 0.5 times (OR=0.518, CI=0.503–0.532) less likely to have increased CEB than women between the ages of 45–49 years. Similarly, women who gave birth to their first child at age 25–29 years are 0.1 times (OR=0.106, CI=0.096–0.118) less likely to have increased CEB than women between 45–49 years. Women who have not lost any child are 2.0 times (OR=2.071, CI=1.987–2.158) more likely to increase their CEB than women who have lost a child. Families residing in urban areas are 0.7 times (OR=0.798, CI=0.777–0.819) less likely to have increased CEB compared to rural areas.

Moreso, Table 3 shows that households in the lowest wealth quintile are 3.8 times more likely to have a higher CEB level than those in the highest wealth quintile (OR=3.828, CI=3.560–4.117).

Table 3: Binary Logistic Regression of CEB and Independent Sociodemographic and Economic Variables

Variables	B	Odd Ratio OR	p–value	95% CI for OR	
				Lower	Upper
Constant	0.944	2.570	<0.001***		
Age at first birth					
15–19	–0.659	0.518	<0.001***	0.503	0.532
20–24	–1.381	0.251	<0.001***	0.240	0.263
25–29	–2.242	0.106	<0.001***	0.096	0.118
30–34	–3.012	0.049	<0.001***	0.034	0.071
35–39	–22.108	0.000	0.998	.000	_
40–44	–22.000	0.000	0.999	.000	_
45–49	RC	RC	RC	RC	RC

Variables	B	Odd Ratio OR	p-value	95% CI for OR	
				Lower	Upper
Experienced child death					
No	0.728	2.071	0.000***	1.987	2.158
Yes	RC	RC	RC	RC	RC
Residence					
Urban	−0.226	0.798	0.000***	0.777	0.819
Rural	RC	RC	RC	RC	RC
Constant	−0.643	0.526	<0.001***		
Wealth Index					
Poorest	0.271	3.828	<0.001***	3.560	4.117
Poorer	0.214	2.617	<0.001***	2.470	2.774
Middle	0.272	2.012	<0.001***	1.914	2.115
Richer	0.305	1.613	<0.001***	1.540	1.690
Richest	RC	RC	RC	RC	RC
Occupation Status					
Unemployed	−0.460	0.632	<0.001***	0.614	0.650
Employed	RC	RC	RC	RC	RC
Educational Level					
No education	1.764	5.835	<0.001***	5.504	6.186
Primary	1.449	4.258	<0.001***	4.016	4.514
Secondary	0.314	1.368	<0.001***	1.297	1.444
Tertiary	RC	RC	RC	RC	RC
Constant	0.698	2.009	<0.001***		
Religion					
Christianity	−0.473	0.623	<0.001***	0.260	1.490
Islam	−0.292	0.747	<0.001***	0.312	1.784
Traditionalist	RC	RC	RC	RC	RC

Variables	B	Odd Ratio OR	p–value	95% CI for OR	
				Lower	Upper
Method of contraceptive					
No method	–0.202	0.817	<0.001***	0.729	0.915
Folkloric	1.706	5.508	<0.001***	2.344	12.943
Traditional	–0.850	0.427	<0.001***	0.321	0.569
Modern	RC	RC	RC	RC	RC
Type of union					
Monogamy	0.087	1.091	<0.001***	0.988	1.204
Polygyny	RC	RC	RC	RC	RC

Similarly, households in the middle wealth quintile are 2.0 times (OR=2.012, CI=1.914–2.115) more likely to increase their CEB than households in the richest wealth quintile. Unemployed women are 0.6 times (OR=0.632, CI=0.614–0.650) less likely to increase their CEB than women who are employed. Women who have no formal education are 5.8 times (OR=5.835, CI=5.504–6.186) more likely to increase their CEB than women with tertiary education.

Additionally, Muslim women are 0.7 times (OR=0.747, CI=0.312–1.784) less likely to have a higher CEB level than traditionalists, while Christian women were 0.6 times (OR=0.623, CI=0.260–1.490) less likely to have a higher CEB level than traditionalists. Women who do not utilize contraception in any way and those who used the traditional methods were respectively 0.8 times (OR=0.817, CI=0.729–0.915) and 0.4 times (OR=0.427 CI=0.321–0.569) less likely to increase their CEB than women using modern contraceptives. On the other hand, women using folkloric contraceptive methods are 5.5 times (OR=5.508, CI=2.344–12.943) more likely to increase their CEB than women using modern contraceptives. Women in monogamous unions were 1.0 times (OR=1.091, CI=0.988–1.204) more likely to increase their CEB than women who are in polygynous unions.

5.   Discussion

This study investigates the sociodemographic determinants of household fertility decisions using the 2018 NDHS. According to the study, there is a causal relationship between women's sociodemographic characteristics and reported CEB. The study found a reasonably higher fertility rate among women who had their first child at an early age than women who were advanced in age before having their first birth.

Furthermore, inequalities in women's fertility throughout the nation's geopolitical zones are highlighted in this study. Women in the South were more likely than those in the North to report reduced fertility. This position had also earlier been affirmed by other studies in Nigeria that have noted that the lack of use of maternal health services has caused the northern region to have high fertility rates (Adebowale 2019; Solanke 2015; Uzobo & Ayinmoro 2021). This was ascribed to several variables, such as early marriage, low levels of education, and low levels of autonomy for women (Ayo et al. 2016; Soetan & Obiyan 2019).

Additionally, findings from this study indicated that socio-economic variables were linked to fertility rates. This outcome is consistent with prior studies' findings which indicated that a rise in socio-economic status is essential to reducing fertility (Uzobo & Moroyei 2022; Williams et al. 2013). Similarly, the pattern observed was comparable to the modified model in that CEB was produced when a socio-economic indicator changed from being low to being high. Hence, as was discovered in this study, past research has demonstrated that socio-economic factors play a role in fertility behavior (Adhikari 2010; Okezie et al. 2010).

The level of education a woman has is directly related to her fertility. According to earlier research (Askew et al. 2017; Ndahindwa et al. 2014), educated mothers are more likely than illiterate mothers to have fewer and more evenly spaced deliveries, which suggests improved infant and child survival. A substantial correlation between job status and reported CEB was also discovered in this study and is supported by current data, since women who work typically have lower fertility than those who do not (Mishra & Smyth 2010).

When making choices that have an impact on their reproductive outcomes, including using contemporary contraception, working women are more likely to act independently, delaying the first marriage age and the first birth age, because raising children cuts into working time and interferes with private goals (Mishra & Smyth 2010; Patidar 2018). Another study found a direct relationship between fertility behaviour and variables like age at marriage, age at first conception, educational attainment, and employment position. As opposed to this, indirect determinants include household affluence, place of residence, husband's degree and career, religion, ethnicity, and place of birth (Adhikari 2010; Okezie et al. 2010). According to this study's findings, women who are wealthy report having fewer children than women who are poor. This outcome is in line with other research that discovered that women with high Socio-Economic Status (SES) frequently have higher levels of education which eventually correlates with having fewer children (Askew et al. 2017). This was further buttressed by other studies that revealed that to embrace family planning methods and decrease unintended births, women with high SES will probably have a greater ability to negotiate at home and higher participation in the workforce (Adebowale et al. 2016; Adhikari 2010; Porter & King 2012).

The significance of comprehending the profoundly ingrained social structures and familial interactions that impact reproductive decisions is emphasized by the Family System Model of Reproductive Intention. for every one of the important CEB predictors. The Family System Model of Fertility Intention offers a thorough framework for comprehending how background variables related to family and household dynamics affect people's intents and behaviors related to fertility. By highlighting the influence of family systems on these variables, this model helps put into context the conclusion that some determinants, such as mother age, childhood death, residency, education, religion, and contraceptive methods, have a significant impact on CEB.

6.   Conclusion and Recommendations

This study has added to the current discussion about fertility in Nigeria and the factors that influence it. The study further reiterated that sociodemographic determinants of fertility decisions remain a strong predictor of fertility. Particularly age at first birth is influenced by women's age at entry into the union.

Numerous issues are presented to women, households, and the nation by high fertility. Therefore, it becomes crucial to support laws that improve the financial standing of households. Although there have been continuous discussions about reducing fertility in many African countries, including Nigeria, this study suggests a multidimensional and local way to do so. The study, therefore, recommends the following; firstly, the government and other stakeholders must educate people in the respective regions about the inherent disadvantages of high fertility.

Secondly, this study urges the enforcement of laws to end the country's practice of young marriage. As the laws regarding child marriage are hardly enforced, especially in the Northern region and other African countries like Zimbabwe, Malawi, and Niger. Thirdly, the nation should prioritize covert measures like promoting girls' education across the country, as an empowered female is less likely to have high fertility. Finally, the government and policymakers must ensure increased availability and accessibility of modern contraceptive methods as an effective means of managing fertility increase.

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Acknowledgements

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La dimensión política y psicosocial en prácticas grupales de enseñanza universitaria en psicología

The Political and Psychosocial Dimension in Group Practices of University Teaching in Psychology

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Resumen

Se presenta la sistematización de prácticas de enseñanza que se vienen desarrollando desde hace siete años en la Facultad de Psicología de la Universidad de la República, única universidad pública, cogobernada y de libre acceso en Uruguay. La experiencia se centra en dos cursos de grado que buscan reflexionar acerca de las trayectorias formativas situadas. Hemos constatado que las dinámicas grupales y las herramientas metodológicas de la Sociología Clínica, particularmente el Proyecto parental y la Trayectoria social, tomados como dispositivos pedagógico-didácticos, habilitan procesos subjetivantes y transformadores. En ambos se parte del análisis de la implicación que habilita el despliegue de la dimensión política de la formación y del ejercicio profesional, aportando a interpelar y resistir el impacto de la lógica neoliberal a nivel societal y en el ámbito universitario. Ambos dispositivos habilitan además la puesta en acto de una postura ético-política de la relación docente-estudiante en el plano del saber que interpela el lugar de ser-estar docente, potenciando la participación y la autonomía en el proceso de devenir universitario. Desde la singularidad biográfica es posible visibilizar las diversas formas que asume la trama del lazo sociopsíquico donde se produce, reproduce, resiste, rechaza y re-significa la formación universitaria. Se profundizará en el análisis transversal de la trayectoria macro socio-histórica y de los mandatos socioculturales,

donde desde el relato de los propios estudiantes es posible politizar la experiencia formativa. En este sentido, entendemos que los soportes metodológicos utilizados pueden ser una clave innovadora para repensar las propuestas pedagógicas y su relación con los contenidos curriculares en la formación universitaria.

Palabras clave: Formación universitaria, grupalidad, trayectoria formativa, proyecto socioprofesional, lazo sociopsíquico

Summary

It presents the systematization of teaching practices that have been developing for seven years in the Faculty of Psychology of the University of the Republic, the only public, co-governed and freely accessible university in Uruguay. The experience is located in two degree courses that seek to reflect on the formative trajectories located. We have found that the group dynamics and methodological tools of Clinical Sociology, particularly the Parental Project and the Social Trajectory taken as pedagogical-didactic devices, enable subjective and transformative processes. Both are part of the analysis of the involvement that enables the deployment of the political dimension of training and professional practice, contributing to questioning and resisting the impact of neoliberal logic at the societal and university level. Both devices also enable the implementation of an ethical-political stance of the teacher-student relationship on the level of knowledge that challenges the place of being-teacher, enhancing participation and autonomy in the process of becoming university. From the biographical singularity, it is possible to visibilize the various forms that assume the plot of the sociopsychic bond where they are produced, reproduced, resisted, rejected and re-signified university formation. It will deepen the transversal analysis of the macro socio-historical trajectory and the socio-cultural mandates, where from the story of the students themselves it is possible to politicize the formative experience. In this sense we understand that the methodological supports used can be an innovative key to rethink pedagogical proposals and their relationship with curricular contents in university education.

Keywords: University education, group, formative trajectory, socio–professional project, socio–psychic bond.

1. Introducción

Se presentan resultados de un acumulado de prácticas en enseñanza universitaria que desde hace más de siete años se llevan a cabo en dos cursos obligatorios de la malla curricular de la Facultad de Psicología de la Universidad de la República de Uruguay. Por *Construcción de itinerario y* por *Referencial de Egreso* pasan aproximadamente 500 estudiantes por año, distribuidos en grupos de treinta. Dichos cursos se inscriben en un recorrido curricular que tiene como objetivo generar espacios de reflexión y problematización colectiva acerca de la construcción del ser universitario, los posibles itinerarios de formación en psicología y la preparación para el egreso. Ambos pertenecen al Módulo Referencial que se compone de cuatro cursos obligatorios: *Inicio a la formación en Psicología* y *Formación integral,* ubicados en el primer año, *Construcción de itinerario*, sobre la mitad del tránsito curricular y por último *Referencial de Egreso*, al final de la cursada.En este artículo nos detendremos particularmente en estos dos últimos cursos, profundizando en la adaptación de dos dispositivos teórico-metodológicos, Trayectoria social y Proyecto parental (De Gaulejac 2013a), que se desprenden de la perspectiva epistemológica de la Sociología Clínica (Araujo 2011, Araujo y De Yzaguirre 2022, Rhéaume 2011a), en tanto han demostrado ser herramientas particularmente pertinentes y potentes para comprender la articulación de las dimensiones macro–social, meso–institucional y micro–singular presentes en las trayectorias formativas universitarias. Dichos soportes metodológicos nos han permitido visibilizar y ahondar en las transformaciones y resignificaciones que las nuevas generaciones van incorporando al legado que se transmite a nivel social y familiar en torno al sentido de la educación universitaria y del ejercicio profesional, entramado con el deseo de formación singular que escuchamos a través del relato de nuestros estudiantes.

Cabe indicar que el despliegue de estos espacios previstos en el plan de estudios actual, como dispositivos pedagógicos, tiene lugar en el marco de la única institución universitaria pública, cogobernada,

autónoma y de libre acceso del país, que tiene como una de sus principales finalidades "acrecentar, difundir y defender la cultura; impulsar y proteger la investigación científica y las actividades artísticas, y contribuir al estudio de los problemas de interés general y propender a su comprensión pública" (Ley Orgánica 12.549, 1959, art.2, 1). De este modo se reivindica el modelo latinoamericano de Universidad que se propone continuar el legado de la primera Reforma de Córdoba, Argentina, de 1918. En dichos documentos se establece la autonomía política y académica, así como también se introduce como eje fundamental la participación directa de docentes, estudiantes y egresados en el gobierno universitario. Asimismo, instaura dentro de los fines universitarios el interrelacionamiento de la enseñanza con la producción académica y científica, arraigada en las problemáticas locales y la extensión como práctica de co-producción de conocimiento junto a los actores sociales.

En este marco institucional, los objetivos formativos de los cursos a los que nos vamos a referir procuran generar espacios de reflexión ética, política y académica acerca del ser universitario situado en un determinado contexto sociohistórico, permitiendo de este modo abordar la articulación entre el imaginario social instituido con las historicidades situadas y siempre en construcción que abren a las siguientes interrogantes: ¿cómo condiciona el contexto socio-histórico la elección por la formación universitaria?, ¿cuál es el sentido de estudiar Psicología?, ¿cuáles son las expectativas de la sociedad, de las familias y de los grupos de pares en relación al egreso?, ¿cómo se visualiza la dimensión política de la formación en psicología?

2.   Abordaje metodológico

Para dar cabida a dichas interrogantes contamos con los soportes metodológicos Trayectoria Social y Proyecto Parental de la Sociología Clínica, en este caso utilizados como recursos pedagógicos. De este modo, la Trayectoria Social deviene en Trayectoria formativa y el Proyecto Parental se perfila hacia el Proyecto socio–profesional. Ambos dispositivos se incluyen dentro del programa de cada curso en un tiempo acotado de aproximadamente un mes, que luego es

retomado en diferentes momentos del curso y del proceso grupal. En primer lugar, se plantea la concepción teórico-epistemológica que los sustenta, y luego se indican las respectivas consignas que son llevadas a cabo por cada estudiante en el contexto del aula, disponiendo de una hora para tales efectos. A continuación, comenzamos el análisis de las producciones gráficas de aquellos estudiantes que se dispongan a presentar oralmente su trabajo. Durante las siguientes clases seguimos analizando otras producciones dando cabida a las resonancias grupales y al análisis transversal facilitado por los docentes a cargo.

A su vez, se propone que realicen una producción escrita que recoja las reflexiones teórico-vivenciales que cada estudiante jerarquice. Dicha producción se inscribe en una propuesta de evaluación continua, que a la vez que contribuye a la aprobación del curso, constituye un registro de donde surgen los emergentes que fueron tomados como viñetas en el presente artículo. Los dispositivos pedagógico-didácticos que elegimos para estos cursos implican concebir al aula como una construcción colectiva de diálogo, como una comunidad que indaga (Lipman et al. 2002), con capacidad de desplegar y potenciar el pensamiento crítico y la reflexividad. El diálogo como práctica pedagógica nos permite promover autonomía y reconocimiento mutuo, en tanto proceso inmanente y relacional.

> *El desarrollo del pensamiento crítico y su fomento a través de la educación tiene un doble cometido en el desarrollo personal y social de las personas, incidiendo en su calidad de vida y en la calidad de las democracias que promueven* (Curbelo et al. 2022).

De este modo, nos cuestionamos el lugar de ser-estar docente, lo cual implica pensar el rol desde un lugar diferente que nos ubica desde una escucha activa y atenta de los distintos planos que se ponen en juego en la dinámica grupal. Esta postura ético-política de la relación docente-estudiante en el plano del saber, altera la clásica dinámica de aula expositiva.

Es por ello que estos cursos están exentos de un programa preconfigurado, desarrollándose en torno a ejes problemáticos que ofician de continente en el devenir de los procesos de producción

de la grupalidad y de la resignificación colectiva de los objetivos del curso. Dicho proceso es original y tiene que ver con el singular encuentro de cada docente con un grupo de treinta estudiantes, que tiene una duración institucionalmente estipulada de dos horas presenciales de frecuencia semanal y duración semestral. Esto es posible en tanto el trabajo entre pares en modalidad de taller, en subgrupos y en equipo, habilita el aprendizaje de modo activo y colaborativo dando lugar al despliegue de transferencias cruzadas, el interjuego representacional (Fernández 1999). Se parte entonces del intercambio y de la participación activa con el objetivo de entrelazar los contenidos teóricos que ofrece el plan de estudios con el análisis de la experiencia acaecida durante el tránsito curricular, distinguiendo en el análisis los avatares del entorno institucional y la contextualización de la vivencia en la coyuntura socio–histórica donde se desarrollan la formación y las prácticas psicológicas.

De lo antedicho se desprende que los cursos del Módulo Referencial son espacios privilegiados para el trabajo de lo grupal y desde lo grupal, como herramienta primordial para la formación en Psicología, ya que consideramos al grupo como un espacio de contención de los afectos emergentes de los procesos de aprendizaje en los que el estudiante está subjetivamente inmerso (Enriquez 2009). Reconocemos lo grupal como un ámbito de resolución y comprensión de las exigencias, de las múltiples lógicas que condicionan las trayectorias formativas, de los modos de transitar por la psicología, deviniendo así como un espacio privilegiado para la construcción conjunta de conocimientos (Masse 2012, 2016).

Desde este lugar, el análisis implicado habilita apropiarse de los cuestionamientos que surgen desde las historias de vida, en el encuentro con los autores de la psicología, con la historia de la institución universitaria y con la historia social. Es en este movimiento de elucidación, en el sentido de Castoriadis (1990), que se produce como sujeto, es decir, en este caso, se produce como estudiante universitario de psicología situado. Asimismo, en las consideraciones abiertas de los emergentes que van surgiendo en el trabajo conjunto, podemos conocer el modo en el que cobran vida los discursos y los imaginarios colectivos de las trayectorias formativas

(Masse y Montañez 2019) y las expectativas acerca del futuro ejercicio académico-profesional.

De esta manera, en estos espacios de aula se lleva a cabo la co-producción de conocimiento, que desde la mirada cualitativa (Alonso 2003) retoma el giro hermenéutico y existencialista de la fenomenología, procurando describir los significantes que los propios protagonistas le otorgan a la experiencia vivida, así como también ir más allá, identificando y comprendiendo la tensión entre los sentidos en disputa. En definitiva, se trata de una escucha atenta de los diferentes planos que se presentan en la dinámica grupal habilitante de procesos de resignificación y transformación singular y grupal.El análisis transversal de los mandatos socioculturales y de las trayectorias formativas que surgen del relato de los estudiantes, permite reflexionar desde la singularidad biográfica sobre las diversas formas que asume la trama del lazo sociopsíquico donde se producen, reproducen, resisten, rechazan y resignifican formas de ser universitario.

Entendemos que para que lo antedicho sea posible, se necesita contar con abordajes integrales, holísticos, multidimensionales e interdisciplinarios de modo tal que faciliten la articulación dialéctica entre objetividad y subjetividad; entre estructura y actor social; y entre el peso de los contextos socio-históricos y los entornos psico-familiares, respecto de los márgenes de libertad donde se construyen historicidades en movimiento. De esta manera, toda construcción interpretativa que se realice desde el rol docente o surja del grupo de estudiantes, articula lo vivencial con lo conceptual desde un compromiso ético-político con la humildad y pluralidad epistemológica (Rhéaume 2011b), procurando evitar la jerarquía de saberes entre docentes y estudiantes.

Nos detendremos entonces, por un lado, en lo que la trayectoria formativa permite elucidar acerca del entrecruzamiento del contexto socio-histórico actual con las lógicas institucionales que atraviesan la universidad en general y a la Facultad de Psicología en particular, en el entendido de que el ser estudiante universitario se construye de manera vincular y relacional. La trayectoria social como soporte metodológico ordena en tres líneas de tiempo las dimensiones

macro, meso y micro, que desde la perspectiva de la Sociología Clínica construyen subjetividad y orientan la reflexión y el proceso de historización que cada sujeto / estudiante realiza íntimamente al ubicar los recuerdos más relevantes en cada línea. En el presente artículo profundizaremos en el análisis de la línea macro socio-histórica en el marco del curso Construcción de itinerarios.

Por su parte, el proyecto socio-profesional ha sido una herramienta privilegiada para elucidar las Representaciones Sociales (Weisz 2017) respecto del lugar social del egresado universitario. Los proyectos parentales actualizan los deseos y temores de las generaciones precedentes y permiten visibilizar los modelos imaginarios que prevalecen en cada contexto espacio-temporal. Los pliegues entre los atravesamientos familiares y epocales que construyen imaginarios, permiten identificar aquello que es del orden de la reproducción, respecto de las transformaciones en los modos de existencia que se conforman en formas de resistencia. De este modo, el análisis de la implicación singular grupalmente elaborado, habilita el despliegue de las construcciones subjetivas que se proyectan hacia el futuro. En definitiva, ambos dispositivos utilizados en la enseñanza crean escenarios propicios para la reflexión acerca del contexto socio-histórico geopolítico actual, en el que estudiantes y docentes nos encontramos y donde se despliegan significaciones referidas a los distintos planos que atraviesan la actividad universitaria (Ruiz y Weisz 2021a).

La dimensión política se visualiza claramente en el análisis, ante un escenario condicionado por la interseccionalidad de desigualdades e inequidades sistémicas que se articulan con el plano meso, donde se inscriben las lógicas universitarias manageriales a nivel global y local, que concatenan racionalidad instrumental con productivismo académico, donde los valores supremos de gestión, éxito, eficacia y eficiencia de la hipermodernidad actual (Lipovetsky 2006, Araujo 2019) han permeado las instituciones de educación superior, mercantilizando el conocimiento e instalando cánones de individualismo académico (Ruiz et al. 2022).

Dichos planos, el macrosocial y el meso-institucional, se articulan a su vez con el nivel micro, donde se ubican y transitan las trayectorias

formativas y las prácticas de enseñanza, investigación, extensión y cogobierno.En este contexto, esta propuesta pedagógica tendiente a crear espacios para la formación de estudiantes críticos, capaces de acercarse comprensivamente al otro y construir conocimiento colectivo, se ve tensionada por un proyecto universitario instalado en los últimos tiempos, tendiente a crear trayectorias formativas solitarias, individualistas; es decir, sujetos capaces de gerenciar sus propias trayectorias estudiantiles y profesionales. Sin embargo, la cultura hipermoderna hegemónica condiciona pero no establece mandatos absolutos. Partiendo del relacionismo metodológico (Corcuff 2015), la propia instancia de aula, cuando se realiza a través de instancias grupales, contiene la potencia de transformar; y dicha potencia se ve habilitada por los soportes metodológicos específicos y adaptados del Análisis Clínico en Ciencias Sociales y Humanas (Rhéaume 2011c).

> *El estudiante atravesado por sus condiciones existenciales, como sujeto de la experiencia, sería una superficie de sensibilidad en la cual acontecimientos significativos van inscribiendo marcas, dejando huellas, produciendo afectos y saberes que provocan la propia experiencia de transformación* (Ruiz y Weisz 2021b).

3. La trayectoria social: la resignificación de un escenario de formación

Consideramos la formación en Psicología como un proceso de formación sistemática teórica, técnica y metodológica, en el que ineludiblemente el estudiante se va construyendo subjetivamente. En consonancia con la Ley orgánica buscamos generar una actitud activa de apropiación y crítica (Pichon-Rivière 1975a) de las condiciones institucionales, políticas, teóricas y metodológicas que sostienen la formación y el desarrollo profesional de la psicología.

El escenario de trabajo y de formación, pensado de esta manera, es muy complejo si consideramos la multitud de perspectivas teóricas, técnicas, ámbitos de trabajo, que implican concepciones de lo humano, de lo ético y del lugar del conocimiento, justamente en la actual sociedad del conocimiento (Arocena y Sutz 2001). En definitiva,

cabe una vez más preguntarse: ¿qué hacemos con lo que sabemos? (Pavlovsky 1975). Desde este lugar continuamos pensando, desde una perspectiva crítica, la formación en psicología universitaria.

En este sentido, la propuesta que orienta la rememoración de acontecimientos macro, meso y micro es lo suficientemente amplia como para que el estudiante-protagonista la use de referencia para desplegar más tarde un discurso historizante construido en el tiempo y espacio de la reunión grupal. Al relatar su trayectoria social en un dispositivo grupal, nos preguntamos: ¿quién relata? El relato singular construido social e históricamente encuentra en el dispositivo de grupo y en la propuesta docente un nuevo escenario para resignificar su historia.

Junto al relato aparece el clima del grupo, la circulación de miradas, afectos y complicidades que van construyendo la cohesión o ilusión grupal (Anzieu 1997), y para que ello sea posible, este dispositivo metodológico necesita de la instalación previa de una cierta dinámica grupal, al decir de Pichon-Rivière (1975b), de un proceso de múltiples movimientos de reconocimiento del otro, de mutuas identificaciones y transferencias cruzadas entre los miembros del grupo y con el docente/coordinador, que permita significar a cada uno y al grupo en sí mismo como espacio de reflexión, de circulación de sentidos y enunciación de la latencia grupal.

Siguiendo a Enriquez (2022), es en la dimensión grupal de las instituciones donde las significaciones institucionales y sociales se expresan a través de sus miembros. El grupo es también el espacio en donde se depositan las mociones pulsionales y fantasías inconscientes emergentes en sus miembros. En esta línea agregaríamos que el grupo también sería el espacio de contención y de producción de una latencia propia de cada uno de los grupos, en cada tiempo y en cada lugar.

El soporte metodológico de la trayectoria social se adapta a trayectoria formativa cuando consignamos que los estudiantes releven todas aquellas situaciones, acontecimientos que consideren que les han marcado subjetivamente. Destinamos una primera línea de tiempo al nivel macro histórico, una segunda línea temporal al nivel de las instituciones u organizaciones de formación y educación,

y la tercera línea a su trayectoria familiar singular. Así, este soporte metodológico de la Sociología Clínica nos permite analizar y reflexionar vivencialmente los distintos planos que hacen a los modos de ubicarse en la trama social e institucional, dando visibilidad a los distintos aspectos presentes en nuestro país y en nuestra facultad.

De esta manera, se ponen en juego en este soporte metodológico una actualización de una trayectoria macro que se crea y recrea a través de las resonancias grupales, una trayectoria meso institucional en la que aparecen los distintos proyectos educativos que ha lanzado el país y, específicamente, las novelas institucionales (González 1986) que nos atraviesan en la Universidad de la República y que se expresan en nosotros a través de vivencias y significaciones en la Facultad de Psicología. Las novelas o relatos singulares que hacen a la dramática que cada sujeto crea como actor protagonista de una historia, marca la confluencia de los distintos planos que acabamos de mencionar y da cuenta de la pregunta acerca de quién habla cuando escuchamos sus relatos.

Nos detendremos particularmente en los emergentes que surgen del relato de la línea macro–social. Visualizamos en la propuesta que hacemos a los grupos dos momentos muy bien marcados en la realización de la trayectoria social–formativa. El primero es el enfrentamiento con la hoja en blanco.

> *¡Es increíble pero no sé qué poner en lo macro–histórico!... ¡A mí tampoco! No logro atrapar ningún recuerdo... Es como si hubiera tantos sucesos pero ninguno puedo discriminarlo como importante para mí.... estoy segura que hay mil eventos pero no me acuerdo de nada* (Trayectoria formativa, estudiantes Construcción de itinerario, 2017).

Esta situación genera mucha angustia en el grupo. Lo que primero parece una dificultad singular hace eco en los demás compañeros. Esto se repite en las nuevas generaciones de estudiantes. Sin embargo, se aprecia una situación opuesta entre los estudiantes que actualmente se encuentran entre los cuarenta o cincuenta años que recuerdan con muchísimo detalle cada acontecimiento de la política nacional referida a la dictadura cívico–militar que sufrió nuestro país entre 1973 y 1984, así como eventos de la política internacional de los

años setenta, los eventos que marcaron el proceso de recuperación democrática en los ochenta y la grave crisis del neoliberalismo en los noventa, así como los primeros años del nuevo milenio; respecto a aquellos de la historia reciente de nuestro país, entre 2005 y 2019, que refieren a la denominada era progresista (Garcé y Yaffé 2014).

Los grupos se preguntan si el no poder recordar tendrá que ver con el exceso de información y el poco espacio para la reflexión y apropiación de los acontecimientos que actualmente nos atraviesan. Parecería que las circunstancias pasan sin dejar huella, sin poder señalar, como en las décadas pasadas, sucesos ubicados en procesos colectivos políticos o modelos económicos presuntamente responsables. Quizás aquí otro de los pilares de la angustia: simplemente los acontecimientos suceden, pasan y se olvidan bajo el supuesto de que ninguno produce marcas en la subjetividad.

En un segundo momento, cuando compartimos las producciones de cada estudiante y se da lugar a interrogarse grupalmente acerca del obstáculo de rememoración, la pregunta tiende a calmar la ansiedad para que la palabra se libere:

> *Me acuerdo mucho de la crisis del 2002. Mi padre se fue a España a buscar trabajo, me acuerdo que con mis hermanos y mi madre nos fuimos a vivir a la casa de mis abuelos...Pah si...mis padres quedaron sin trabajo y mi madre empezó a hacer limpiezas en casas que consiguió...Y mi padre se fue a buscar trabajo al exterior pero después mis padres se separaron, nunca más nos reunimos en familia* (Trayectoria formativa, estudiantes de Construcción de itinerario, 2018).

Estos recuerdos resuenan en anécdotas que describen pérdidas materiales y afectivas, quiebres económicos, sociales y afectivos. La inscripción de la angustia ante la fragilidad de un escenario social desfondado, el recuerdo de un modelo económico neoliberal que hace crisis en un país de economía dependiente. Desde la década del sesenta, la crisis del modelo desarrollista en nuestro país y en la región conduce a la pugna redistributiva, donde la imposición de recortes a los regímenes de bienestar y protección social acaba imponiéndose con la dictadura cívico-militar. Luego de la salida democrática, siguiendo los lineamientos del Consenso de Washington, en 1989, continúa el modelo económico de apertura externa con

ajuste fiscal, retraimiento de la intervención estatal y protagonismo de las agencias financieras internacionales en la definición de las políticas públicas.

Dicho proceso conduce a la gran crisis del neoliberalismo cuyo punto más álgido se ubicó en 2002, conduciendo al país a la extrema pobreza, la vulnerabilidad psicosocial y la vulneración de derechos, generando una situación de emergencia social, semejable a la categoría de catástrofe dada la extensión y las características del daño provocado. A la vez que, en un Uruguay en bancarrota apenas comenzado el nuevo milenio, profundizó un movimiento hacia la recuperación del bienestar social y económico, que entre otras consecuencias mejoró claramente el presupuesto destinado a la educación y a la Universidad de la República. En respuesta a la desigualdad y al empobrecimiento masivo producto del neoliberalismo, en el marco del posconsenso de Washington y con el advenimiento de la era progresista, se retoma el protagonismo del Estado como agente de bienestar y protección, combinando políticas focalizadas denominadas de alivio, de reducción, de combate o mitigación de la pobreza, con un universalismo renovado que postula la integralidad desde la coordinación interinstitucional pero que a la vez reproduce la segmentación poblacional. Dicha representación social fue posibilitada por el mítico e instituido imaginario hegemónico en torno a su condición de sociedad de las medianías o amortiguada, donde el universalismo estratificado distingue a nuestro país en relación al contexto Latinoamericano donde prevalecen los regímenes de seguridad informal, la ausencia y la omisión del Estado en el manejo de los riesgos que quedan circunscriptos a la esfera familiar o la órbita privada (Weisz 2021).

Por su parte, otros son los recuerdos de quienes transitaron su infancia durante los tres períodos del progresismo, que reconfigura el lugar del Estado y da lugar al despliegue de un conjunto de políticas públicas universales y otro tanto de políticas sociales focalizadas a efectos de atender la extrema pobreza. Ante el ciclo de crecimiento económico y del sistema de protección social, el tipo de hito que recuerdan los estudiantes en la línea macro social cambia sustantivamente:

> *¡También me acuerdo cuando en 2010 salimos cuartos en el mundial de fútbol!...*
> *Me acuerdo que los partidos los veíamos en la escuela... y la gente se abrazaba*
> *en la calle con cualquiera que pasaba* (Trayectoria formativa, estudiantes de
> Construcción de itinerario, 2019).

Aparece en el discurso grupal la posibilidad de salir maníacamente de
la angustia que el recuerdo de la crisis de 2002 provoca en el grupo.
Los recuerdos nos ubican en el sufrimiento, las pérdidas que la crisis
neoliberal imprimió en la subjetividad de los uruguayos. El fútbol,
la pasión popular de nuestro país, nos ubicó en el cuarto lugar del
ranking mundial, simbólicamente volvimos a figurar en el ranking
del éxito. Este acontecimiento se asocia a un cambio de gobierno en
2005. Por primera vez asume un gobierno de corte progresista. Al
respecto los estudiantes recuerdan:

> *Me acuerdo que fue la fiesta en el centro de Montevideo...Yo me acuerdo porque*
> *para mi familia fue muy importante, muy esperado... me acuerdo la emoción*
> *de ese día, ¡la gente lloraba y se abrazaba! No me lo olvido más... gracias a ese*
> *gobierno yo estoy acá, porque antes en mi familia era impensable que alguien*
> *de nosotros llegara a la UdelaR, antes en mi familia no había ni para cenar*
> (Trayectoria formativa, estudiantes de Construcción de itinerario, 2020).

Una vez trabajados los afectos, podemos avanzar en los procesos de
historización, procesos que se fundamentan en una elaboración de las
experiencias singulares y familiares que nos ubican en la posibilidad
de pensarlas desde nuestro lugar como universitarios. Dichos
acontecimientos dejan de ser marcas individuales, correspondientes a
una vivencia personal, que corresponde trabajar en espacios privados
o íntimos de cada estudiante para colocarlos en un lugar que en
definitiva nos ilumina para pensar el entramado socio–político de la
institución universitaria o la institución de formación terciaria que
vive y se reproduce en nosotros.

   La línea institucional comienza con la educación inicial y primaria
y está plagada de recuerdos que favorecieron o no el aprendizaje y la
creación de un rol aprendiente: las clases de inglés, danza, música,
deportes, los cursos de líderes, las comunidades religiosas. La
variedad de aprendizajes y de colectivos formativos es muy amplia.

La institución educativa despliega sus sentidos y nos permite comprender algunos modos de estar y participar en clase:

> *¡Claro! La maestra siempre nos decía que había que callarse la boca y no hablar con el compañero, y ahora en la universidad, ¡eso es justo lo que no hay que hacer! ¡Pero cómo cuesta!... Es más fácil hablar por las redes sociales que acá en el grupo... Nunca en una clase me habían preguntado qué pienso yo, siempre me preguntaron qué pensaba un autor; eso da miedo, porque a veces no sé lo que pienso o si está bien lo que pienso* (Trayectoria formativa, estudiantes de Construcción de itinerario, 2021).

Incluir a través de estas herramientas la oportunidad de pensar y compartir una reflexión que es propia y colectiva a la vez, generando el escenario propicio para analizar el escenario formativo desde el análisis de la implicación, nos permite orientarnos en el sentido de generar la capacidad de elucidación de las significaciones que sostienen, tanto el deseo de formación, como los ideales que sujetan a los estudiantes a esta universidad pública y a estas psicologías, que ofrecemos transitar hacia la construcción de estudiantes que desarrollen el pensamiento crítico e interpelen su rol social como futuros psicólogos.

La vivencia de una trama social fragilizada a principios de los años 2000 por una crisis económica y social muy profunda y una suerte de vivencia de prosperidad, alentó a los jóvenes a acercarse a la Universidad a través, en este caso, de la Facultad de Psicología; así como el pasaje a modalidad virtual de aprendizaje obligado por la pandemia de COVID–19 incrementó la matrícula de ingreso de, fundamentalmente, estudiantes radicados en el interior del país. La crisis económica y social que acompaña la pospandemia, unida a los cambios en la orientación en relación a la educación pública, han desalentado las posibilidades de acceso y sostenimiento de la formación universitaria. De esta manera, los acontecimientos políticos y sociales se entrelazan con los proyectos universitarios, produciendo verdaderos desafíos para nuestra universidad pública, de libre acceso, autónoma y cogobernada.

4. El proyecto parental: entre la reproducción y la historicidad

Para efectos de problematizar y resignificar las trayectorias formativas y su relación con el egreso, consideramos el Proyecto parental como una herramienta metodológica privilegiada, dado que la familia es el trasmisor primario de la historia social. Se trata de abordar lo siguiente: "el hecho de analizar hasta qué punto el individuo está programado por su historia no cambia esa historia, pero sí modifica, en cambio, su relación con la historia" (De Gaulejac 2013b: 247).

La historia social se expresa en las representaciones sociales, que a su vez dan cuenta de un imaginario social situado. Los proyectos parentales reflejan el propio narcisismo de los referentes familiares quienes depositan en la próxima generación simultáneamente la tensión entre el deseo de perpetuación y la misión de realizar los deseos que ellos mismos no han podido satisfacer. El Proyecto parental re-actualiza lo vivido por las generaciones precedentes dando cuenta de las identificaciones con los modelos imaginarios que prevalecen en determinados contextos espacio-temporales.

De este modo, el encadenamiento de los deseos y las expectativas aluden a lazos sociopsíquicos en tanto procesos psicodinámicos portadores de las aspiraciones sociales y culturales. Estas expectativas pueden o no ser llevadas a cabo en función de las condiciones materiales y los modos de existencia.

Es así que el Proyecto parental concatena pasado, presente y futuro, que se proyecta en las nuevas generaciones, operando como cadenas de transmisión de la historia social y la historia familiar que cada nueva generación actualiza y re-significa. Es en este sentido que se puede afirmar que da cuenta del entramado socio-psicológico donde se articulan componentes inconscientes del narcisismo primario, junto a las identificaciones interiorizadas y las diferenciaciones que van construyendo las identidades, imbricado con un plano societal e histórico en la medida que se trata de ideales colectivos. Los proyectos están así atravesados por contradicciones más o menos antagónicas donde se debate el deseo y el temor a la reproducción de sus respectivas trayectorias (Ruiz y Weisz 2021b).

La adaptación del Proyecto parental en Proyecto socio-profesional se utiliza en el curso Referencial de Egreso, correspondiente al Ciclo de Graduación de la malla curricular de grado, en tanto ha mostrado ser una herramienta que habilita procesos de reflexividad y problematización del egreso en estudiantes que se encuentran ante la inminente obtención de la licenciatura habilitante para el ejercicio profesional.

> *En una sociedad que cada vez más nos lleva hacia la inmediatez y la fluidez de los vínculos, tomarnos el tiempo para pensarnos desde una compleja multiplicidad de dimensiones que nos construyen es muy valioso... como profesionales de la salud en general y de la psiquis en particular, considero fundamental que tengamos instancias donde se pongan en juego los mandatos y expectativas que nos atraviesan en tanto van a jugar un rol fundamental a la hora de ejercer como Psicólogos* (Proyecto socio-profesional, estudiantes de Referencial de Egreso, 2018).

La consigna consiste en que cada estudiante divida la hoja en dos partes, donde en una se le pide que plasme a través de un dibujo o una representación gráfica lo que entiende que son las expectativas y deseos que sus referentes parentales tuvieron o tienen para con ellos. Y en la otra parte de la hoja se le indica que dibuje o exprese gráficamente las expectativas y deseos que ellos tienen sobre su propio proyecto de vida y desarrollo profesional. De este modo el dibujo evita discursos preconfigurados y nos introduce de lleno en la subjetividad.

> *Yo veo que se pasó de responder a los sólidos ideales de la Modernidad que reforzaba los valores evolución, progreso, estabilidad, seguridad, para ubicarse en expectativas menos seguras y más flexibles, como viajar, vivir solos, tener mascotas, cuidar plantas y no hijos… Mis padres querían para mí que siga una carrera tradicional, que fuera abogado, pero yo quise hacer psicología y sentirme bien conmigo mismo* (Proyecto socio-profesional, estudiantes de Referencial de Egreso, 2019).

El análisis de la implicación (Lourau 1991) y la lectura transversal de los proyectos parentales permitió identificar claros puntos de quiebre entre los deseos parentales y los deseos propios, así como también

cierta continuidad con lo compuesto en la trama familiar, ya sea de modo explícito como implícito a través de modelos identificatorios. De este modo, a través del intercambio grupal, fue posible visualizar cómo los atravesamientos económicos, políticos, sociales, culturales y afectivos marcan y construyen subjetividad, habilitando planos de reflexión que permitieron articular conceptualización y vivencia, desarrollar el pensamiento crítico y abrir posibilidades de transformación singular y social.

> *El ideal de autonomía de estos tiempos nos ha hecho creer la idea de que uno puede con todo, que somos nuestros propios jefes, pero todo depende de las condiciones en las que vivimos, trabajamos y nos desarrollamos socialmente. Parece que nos estamos olvidando que es en el relacionamiento con el otro, en el vínculo con el otro, en el intercambio, donde se construyen nuestros afectos y el tipo de psicólogos que queramos ser* (Proyecto socio–profesional, estudiantes de Referencial de Egreso, 2020).

La posibilidad de politizar la experiencia, habilitada a su vez por el análisis de la implicación que el despliegue de todo proyecto socio-profesional conlleva, da cuenta de las posibilidades de movimiento de todo aquello que encuentra doblado o plegado (Fernández et al. 2014). En el relato singular permite dar cuenta del vínculo que mantenemos con los mandatos familiares, con las demandas institucionales y con las expectativas sociales. Dicha posibilidad está dada por la mirada del otro con sus propias subjetividades y sus propias latencias, sus pliegues inconscientes y los múltiples atravesamientos que nos implican. El carácter multidimensional de la herramienta permite analizar distintos aspectos de lo que se despliega.

> *Mis padres tenían las siguientes expectativas: 1. Estabilidad e independencia económica: "hacer dinero". 2. Matrimonio heteronormativo. 3. Maternidad.* (Proyecto socio–profesional, estudiantes de Referencial de Egreso, 2022).

Esta narrativa, que se presentó en reiteradas oportunidades, da cuenta por un lado de la dimensión macro social donde el mandato capitalista se corporiza particularmente en los sectores socio-económicos medio–bajos donde la prioridad está ubicada en conseguir trabajo lo más pronto posible, quedando fuera del horizonte de lo

pensable el acceso a niveles de formación universitaria. El mandato deriva en que se prioricen aprendizajes con tránsitos formativos cortos que permitan resultados inmediatos sobre las condiciones materiales en la vida cotidiana. Con alta frecuencia en estos casos, el nivel educativo alcanzado por los referentes familiares y el entorno ha sido el de enseñanza secundaria completa e incompleta.

Cabe destacar que la Universidad de la República recibe al 80% de la población que lleva adelante estudios terciarios, está compuesta en últimos años por un 45% de estudiantes que son primera generación en acceder a estudios universitarios. De todos modos, el caso uruguayo presenta un evidente retraso relativo, siendo su tasa bruta de matriculación del 44.7%, mientras el promedio de los países de la OCDE es de 75% (Universidad de la República, 2019). Asimismo, al ser de libre acceso, ingresan personas que provienen de diferentes trayectorias de vida, la mayor parte acaba de egresar de la enseñanza media pero también la conforman egresados de otras carreras universitarias que la toman como complemento de su ejercicio profesional –provienen de magisterio, profesorado, abogacía, medicina, entre otras–, así como también adultos que desean volver a estudiar y profundizar en aspectos de la psicología humana sin intención de llevar adelante el ejercicio profesional.

El mandato de obtener un título universitario, y en particular uno vinculado a profesiones tradicionales como medicina y abogacía, tiene directa relación con el nivel socioeconómico de la familia. Donde ya son segundas o terceras generaciones de egresados universitarios, suele presentarse el deseo de que sus hijos sigan la misma profesión, mientras que en otros niveles socioeconómicos, donde se trata de la primera generación en ingresar a la universidad, no se presenta un direccionamiento claro y definido sobre el tipo de profesión a desarrollar.

Por el lado materno siempre se esperó que pudiera tener un título universitario y que sea algo que me gustara. Si bien la carrera de psicología no fue lo que más le agradaba, era un título universitario y era mi elección... En mi caso particular, mi familia desde chica me decía que tenía que estudiar una carrera y que tenía que ser independiente para que nadie me mandara; lo que fuera, no me presionaban por algo en particular... Mi entorno familiar deseaba que yo fuera abogada, que

tuviera una posición económica alta y de prestigio. Psicología no era lo que ellos esperaban, pero es una carrera universitaria, y si me recibo, decían que sería alguien en la vida (Proyecto socio-profesional, estudiantes de Referencial de Egreso, 2020).

Cuando se analiza la genealogía familiar es posible identificar la herencia cultural económica, afectiva, ideológica, y comprender cómo nos conformamos como sujetos sujetados, así como también nos permite visibilizar el proceso de construcción de historicidad, de líneas de fuga de los mandatos y las tradiciones; en definitiva, nos habla de resistencias. En las trayectorias construidas hay elecciones profesionales, políticas, amorosas, condicionadas por esta herencia familiar, y hay rupturas con el peso que tienen las demandas familiares y sociales. La técnica permite preguntarse: ¿qué se espera de mí?, ¿qué fui construyendo en base a lo que se espera de mí? y ¿qué fui construyendo en ese proceso de separación de lo que esperaban de mí? (Ruiz y Weisz 2021b). El análisis transversal permite relacionar las expectativas que se depositaron en mí, la influencia de éstas en mi propia construcción, las presiones y las creencias limitantes y las vivencias que fueron abriendo nuevos horizontes de lo posible. Los seres humanos, en tanto proyectos en constante construcción, vamos tomando   decisiones y creando caminos: hay tramos de nuestra trayectoria donde prima la reproducción "qué bien se porta", "no da problemas", "es tranquilo", y otros donde de modo proactivo somos portadores de negatricidad, tenemos la capacidad de responder con contraestrategias (Ardoino 1997).

Finalmente, la práctica permitió pensar el fin de la formación en clave de proceso que da lugar a un nuevo comienzo: valorar el logro personal entre tanto mandato y condicionamiento, generar expectativas de ascenso social y mejora laboral, así como el desafío de asumir nuevas responsabilidades ético-políticas con la comunidad; aporta al autoconocimiento y a la reflexión sobre la propia implicación de la historia que nos ha formado y las decisiones, tanto conscientes como inconscientes, que se han tomado; nos habilita para indagar sobre el pasado, pero sobre todo para cuestionarnos cómo los mandatos del pasado pueden continuar vigentes en las decisiones que tomamos hoy; nos permite visualizarnos como parte de una historia

social que es también nuestra propia historia, así como colectivizar y desprivatizar la culpa, los sueños y las hazañas, que acaban siendo personales y colectivas. El proceso grupal permite salirse de la manera unívoca y permite pensarse como parte de la trama relacional. "Al contar detalladamente una historia se produce su deconstrucción, a la cual corresponde una reconstrucción a partir de las hipótesis que identifican las distintas determinaciones sociohistóricas que han producido esa historia" (De Gaulejac 2013c: 244).

5.   Consideraciones finales

La complejidad de la formación universitaria está compuesta por múltiples dimensiones. Los avatares epocales referidos a la vivencia del tiempo, del otro distinto o la pregnancia del rol de consumidor de las lógicas manageriales instaladas en la educación, constituyen nudos problemáticos que es necesario trabajar para conseguir cambios profundos en los procesos de formación, entendidos como procesos de subjetivación.En este sentido, entendemos que los soportes metodológicos utilizados desde la perspectiva de la Sociología Clínica pueden ser una clave innovadora para repensar las propuestas pedagógicas en relación con los contenidos curriculares. Es así que consideramos necesario repensar y revisar el modelo tradicional expositivo que tiende a la reproducción bibliográfica–trasposición de conocimiento, y dar lugar a problematizar el rol de la ciencia, la academia y la producción de conocimiento en la sociedad contemporánea y en la trayectoria singular de cada estudiante y cada docente. De esta manera buscamos generar el espacio propicio para que se desplieguen las potencialidades de participación y autonomía en los sujetos que construyen la institución universitaria. En ese movimiento de reflexión y sublimación se generan posibilidades de descentramiento de las lógicas institucionales e ideales, que, reproducidos por los actores estudiantiles y docentes, constituyen modos de relacionamiento, de toma de decisiones, así como de políticas académicas que habilitan o atrapan la capacidad de pensar.

A tales efectos se ha elegido la modalidad pedagógica de taller, que orientada desde la Sociología Clínica, posibilita abarcar los objetivos formativos en consonancia con la perspectiva universitaria

latinoamericana, apuntando a generar espacios grupales de encuentro y discusión en torno a las trayectorias formativas en psicología y el escenario de inserción profesional. Creamos en el aula la oportunidad para visibilizar las tensiones que generan las dimensiones que las componen: los procesos macro sociohistóricos y político-académico; los aspectos teóricos y metodológicos y éticos; el lugar de uno y del otro en el grupo, en la institución y en la sociedad donde está inserto. En este sentido, los cursos se convierten en germinadores de ilusiones, saberes, dudas conceptuales y vivenciales, confusiones, hallazgos, angustias, frustraciones, que trabajados en el ámbito colectivo brindan la posibilidad de que cada estudiante se plantee preguntas que fortalezcan su proceso singular, aquí, ahora y con otros, promoviendo autonomía y desplegando la dimensión política de la formación.

Entendemos que desde un compromiso ético y político, y desde la praxis de la Sociología Clínica desde la perspectiva de la integralidad (Tomassino 2010) de las funciones de enseñanza, investigación, extensión y cogobierno, habilitan formas de resistencia a los altos costos psicosociales que la excelencia académica produce (Aubert y de Gaulejac 1993), que sumados a la lucha de lugares, generan significativos niveles de sufrimiento y jaquean al modelo latinoamericano de universidad. Es decir que la perspectiva de la integralidad de funciones que reivindicamos no está exenta de tensiones y disputas con otros modelos neoliberales que en estos últimos años han ido instalándose y agrietando los orientadores fundantes de nuestra universidad. La exigencia de la eficacia y la eficiencia, la competencia, la evaluación de una supuesta y metafórica carrera individual, tensionan los fundamentos de un proyecto universitario latinoamericano, plasmado en nuestra Ley Orgánica, que se fundamenta en la participación, la autonomía y el pensar en colectivo en la comunidad universitaria y en el colectivo local.

Se trata entonces de generar un análisis clínico en el sentido de darles voz a los protagonistas, una actitud de escucha tendiente a comprender e interpretar las situaciones que aparecen como conflictivas en ese colectivo (Enriquez 2011). Esta perspectiva de trabajo es inseparable de la instalación de un clima grupal en el que

la lectura de emergentes discursivos y paraverbales (Pichon-Rivière 1975c) guían la escucha socioclínica. De esta manera, el rol del docente se desliza al rol de coordinador, similar al rol que se despliega en los seminarios de investigación e implicación de la Sociología Clínica. Escuchamos conflictos ubicados en el plano de las vivencias del tiempo y del encuentro con otro que jaquean la actividad de los espacios grupales, del pensar juntos, de disfrutar del proceso de la reflexión y, por lo tanto, la capacidad de crear proyectos conjuntos o alternativos. A su vez, nos ubica en un campo de reflexión que tensiona e irrumpe la lógica de la inmediatez desafiando la banalización y lo superfluo. Interpela la relación saber-poder jerarquizada y elitizada que nos aleja de una mirada holística, comprensiva y comprehensiva cualitativamente profunda y compleja (Weisz 2011). Permite, en definitiva, frente a las sociedades del rendimiento y la positividad (Han 2012), ubicarse en un posicionamiento crítico, que habilite procesos emancipatorios desde una crítica pragmática.

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Community Partners in Evaluation and Change

Reflections on a Quarter-Century Evaluation of an Intervention Project Addressing Racial Disparities in Health Outcomes

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Abstract

Over the past quarter-century, The Magnolia Project has served a section of "the Northwest Corridor" of Jacksonville, FL, providing reproductive and well-woman care and intensive case management to reduce infant mortality in the African American community. During this time, the primary focus for Magnolia has been to provide clinic-based well-woman care, prenatal care, support groups, and case management through a store-front site in the heart of the target area. As new opportunities for funding became available, Magnolia moved from its "traditional" focus of women who come to, or are referred to, the clinic site to a broad-based community-wide focus to address the underlying symptoms affecting the community's health and the disparities this community faces. The authors have been involved in the discussion, design, and implementation of Magnolia throughout the past 25 years, literally "sitting around the table" working on the original program proposal. In this paper, we reflect on our role as evaluation partners for the Magnolia Project and discuss how program representatives and staff, other evaluation partners, and community partners joined forces over the past 25 years to implement the Magnolia Project and how they made a difference in their community. The lessons learned from this process are

informative to other programs seeking to expand their community impact through partnering with university-based researchers.

1.   Program Background

Infant mortality is defined by the death of an infant prior to their first birthday. The infant mortality rate, the number of infant deaths per 1,000 live births, offers insight into the maternal and infant health of a population and is a key health indicator (Centers for Disease Control and Prevention 2022). The United States has the highest infant mortality rate among high-income countries despite spending the most money on health care (Gunja et al. 2023). With that in mind, reducing the rate of infant deaths has been a major objective for Healthy People since its inception in 1980 (U.S. Department of Health and Human Services 1980). Historically, Jacksonville/Duval County in Northeast Florida has experienced higher infant mortality rates than the nation and state averages (Northeast Florida Healthy Start Coalition, Inc. 2018). These poor rates have been driven primarily by the wide racial disparities between Black and white birth outcomes (Northeast Florida Healthy Start Coalition, Inc. 1998, 2018). For example, the three-year rolling infant mortality rate for Black Duval County residents was more than double that of their white counterparts: 15.1 Black infant deaths per 1,000, compared to 7.3 infant deaths per 1,000 live births for whites from 1991 to 1993 (Florida Department of Health n.d.).

In 1991, Florida statute established 32 community-based non-profit organizations, including The Northeast Florida Healthy Start Coalition, Inc. (Coalition), to combat infant mortality and promote child development (Brady & Johnson 2014). The Coalition received state and other funding to provide comprehensive services for at-risk pregnant women and infants including care coordination, education and support, and risk reduction (Brady & Johnson 2014). Despite the additional funding and efforts, Duval County did not experience the same gains in birth outcomes during the mid-90s as other Florida urban areas (Brady & Johnson 2014; Northeast Florida Healthy Start

Coalition, Inc. 1998). The Coalition reviewed findings from its Fetal and Infant Mortality Review (FIMR) project and examined community data using the Perinatal Periods of Risk (PPOR) to better understand the needs of the community in terms of preventing infant mortality (see Table 1). The analyses found the highest infant mortality rates for Black women in Duval County to be among infants with very low birthweight (less than 1,500 grams), highlighting the impact of maternal health on local birth outcomes (Brady & Johnson 2014; Northeast Florida Healthy Start Coalition, Inc. 1998, 2018). While it was found that there were sufficient prenatal services available to at-risk Black women, few services were available during pre- and interconception to address poor birth outcome risks (Northeast Florida Healthy Start Coalition, Inc. 2018). As a result, the Coalition sought and was granted federal Healthy Start funding to fill this gap in services and decrease racial disparities in birth outcomes with the Magnolia Project, a pre- and interconceptional initiative (Brady & Johnson 2014; Northeast Florida Healthy Start Coalition, Inc. 1998, 2018).

Table 1: Fetal and Infant Death by Period of Risk

	Late Fetal Deaths (>27 Weeks Gestation)	Early Neonatal Deaths (<7 Days)	Late Neonatal Deaths (7–28 Days)	Postneonatal Deaths (28–364 Days)
Very Low Birthweight <1,500g	MATERNAL HEALTH			
Low Birthweight 1,500g–2,499g	MATERNAL CARE	NEWBORN CARE		INFANT
Normal Birthweight 2,500g+			CARE	

Source: Dr. Brian McCarthy, U.S. Centers for Disease Control, U.S. Department of Health and Human Services in Northeast Florida Healthy Start Coalition, Inc., 1998.

2.   Program Model

Program Models of Intervention

While federal Healthy Start programs had been focused on prenatal services and programs, the Coalition proposed a pre- and interconception model. As a result of their award, the Magnolia Project became the first federally funded Healthy Start program to use such a model, which is now incorporated in all Healthy Start programs (U.S. Department of Health and Human Services 2018). The original Magnolia Project implemented five Healthy Start Models of Intervention at the individual and community level: 1) consortium; 2) care coordination and case management; 3) enhanced clinical services; 4) outreach and client recruitment; and 5) risk prevention and reduction (Northeast Florida Healthy Start Coalition, Inc. 1998). While there have been some changes along the way, these models of intervention have remained integral components of the Magnolia Project for nearly 25 years.

The models of intervention offered a comprehensive approach with complementary goals to the overall project mission. The goal of the consortium was to increase neighborhood awareness of and involvement in improving maternal health and reducing infant mortality within existing infrastructures which would support the success and sustainability of the project (Northeast Florida Healthy Start Coalition, Inc. 1998). The Coalition established the consortium which included two groups of individuals: the Coalition and a Community Council. The Coalition consisted of volunteers from the area representing various sectors such as health care, housing, government, and business and provided governance and decision-making for the consortium (Will et al. 2005). Many of these organizations represented were partners, formal and informal, with the Magnolia Project. The Community Council was composed of neighborhood residents, some of whom had been Magnolia participants, and community leaders. The Council served an advisory role, providing assistance and input for program services, and bridging the project to the target area residents (Northeast Florida Healthy Start Coalition, Inc. 2014; Will et al. 2005). The consortium

has transformed over the years and is not identified by name in the current model, but community involvement, capacity and collective impact surrounding infant mortality reduction remain a focus of the Magnolia Project.

The second model of intervention, care coordination and case management, aimed to increase the availability of such services to at-risk women pre- and interconceptionally who were not eligible elsewhere because they were not pregnant (Northeast Florida Healthy Start Coalition, Inc. 1998). Case management services were implemented within the context of risk reduction (Northeast Florida Healthy Start Coalition, Inc. 1998). Magnolia Project staff conducted assessments to identify risks for poor birth outcomes and develop a care and goal plan in collaboration with the client to address and resolve their risks (Biermann et al. 2006). Clients received education and services, directly and through community agency referrals, as well as follow-up and support (Northeast Florida Healthy Start Coalition, Inc. 2018; Will et al. 2005). These services were delivered face-to-face in a variety of locations including the Magnolia clinic, participants' homes, and other community sites. The duration of these services was individualized based on the needs of the participant (Northeast Florida Healthy Start Coalition, Inc. 2018) with a goal to maintain the services for one year or until risks were resolved (Northeast Florida Healthy Start Coalition, Inc. n.d. -b).

Intensive case management with a higher number of touch points was provided to women who have more than one of the following factors putting them at increased risk of poor birth outcome or infant death: (a) a previous fetal or infant loss or low birthweight baby, (b) pregnancy before 15 years old, (c) no access to health care, (d) substance abuse, (e) psychosocial problems (abused as a child, partner violence, depression), (f) repeated STDs, and (g) referred by health or social service agencies (Biermann et al. 2006; Northeast Florida Healthy Start Coalition, Inc. n.d. -b; Will et al. 2005).

Enhanced clinical services, another model of intervention used by the Magnolia Project, aimed to increase the accessibility and availability of well-woman and prenatal health care to the at-risk population who face barriers to such services (Northeast Florida

Healthy Start Coalition, Inc. 1998). The primary strategy deployed by the program was a community storefront clinic where participants received well-woman care, family planning services, prenatal care, and health education (Northeast Florida Healthy Start Coalition, Inc. 2018; Will et al. 2005). Other strategies for enhancing clinical services included outreach screenings and "mini-health clinics" at community sites (such as community centers, churches, and public housing complexes) and limited in-home services (Northeast Florida Healthy Start Coalition, Inc. 1998). Approaches to enhance clinic services were also aimed so that women were more likely to use them. Strategies included extending clinic hours to evenings and/or weekends, designing clinics to be more user-friendly, and improving cultural sensitivity and customer satisfaction (Northeast Florida Healthy Start Coalition, Inc. n.d. -a).

The Coalition recognized early on the need to incorporate outreach and clinic recruitment, another model of intervention for the Magnolia Project, to identify women in the area in need of their services and engage the community in their efforts to reduce infant mortality (Northeast Florida Healthy Start Coalition, Inc. 1998). They understood the targeted women would be a challenge to reach and would require special outreach strategies rather than relying solely upon community health care and social support programs for referrals (Northeast Florida Healthy Start Coalition, Inc. 1998). The Coalition also believed it was important that Magnolia outreach staff mirrored the racial characteristics and cultural mores of the project area (Northeast Florida Healthy Start Coalition, Inc. 1998).

Outreach and recruitment took place in three primary ways. Individuals were identified at community health fairs and events, through community health and social service provider referrals, and through community awareness outreach (Northeast Florida Healthy Start Coalition, Inc. n.d. -b, 1998, 2004). Outreach staff visited and shared information about the Magnolia Project at a variety of community locations frequented by the target population, including housing complexes, laundromats, churches, grocery stores, beauty and nail salons, bus stations, nightclubs, and other gathering places (Northeast Florida Healthy Start Coalition, Inc. n.d. -b, 1998, 2004).

Promotional materials such as coupons for free or low-cost health exams, point of sales displays, key chains, magnets, and pencils were distributed as part of the outreach efforts. The outreach team also coordinated community health fairs where free pregnancy tests and health screenings were offered (Northeast Florida Healthy Start Coalition, Inc. n.d. –b). Free pregnancy tests were offered on a walk-in basis at the clinic and community sites, making it one of the most successful approaches for the Magnolia Project (Northeast Florida Healthy Start Coalition, Inc. n.d. –b). In the early years of the program, an outreach campaign was implemented at local nightclubs which included posters displayed in bathroom stalls, coasters, and other promotional items (Northeast Florida Healthy Start Coalition, Inc. n.d. –b). A survey of Magnolia participants from the first grant cycle (1999–2001) found that more than one-third heard about the program through outreach or advertisement (Northeast Florida Healthy Start Coalition, Inc. n.d. –b). While outreach remained important for recruitment, most participants were learning about the program through word of mouth from other clients once the program was established within the community (Northeast Florida Healthy Start Coalition, Inc. 2005).

Magnolia services were provided within the context of risk prevention and reduction, the final original model of intervention (Northeast Florida Healthy Start Coalition, Inc. 1998). These risk reduction services were focused on the prevention, reduction, or elimination of preconceptional stressors or behaviors that impact birth outcomes (Northeast Florida Healthy Start Coalition, Inc. n.d. –a, 1998). Some of the project area's risk factors identified through FIMR and other community data include STDs and other infections, birth spacing, substance use, douching, and healthy lifestyle factors such as poor nutrition and unsafe sex practices (Northeast Florida Healthy Start Coalition, Inc. 2005). Risk reduction strategies were delivered within care coordination and case management through education and services provided directly or through a community partner referral (Northeast Florida Healthy Start Coalition, Inc. 2018). Risk reduction is another model that is no longer identified by name in the current Magnolia Project but is still implemented.

Target Population

With a pre- and interconceptional focus aimed at decreasing racial disparities, the primary target population (and the population ultimately served) for the Magnolia Project included Black women of childbearing ages 15 to 44 who were not pregnant but were likely to become pregnant and at risk for poor birth outcomes (Biermann et al. 2006; Northeast Florida Healthy Start Coalition, Inc. 1998). The Magnolia Project also served a relatively small number of prenatal women and additional neighborhood subpopulations (such as men and children) through the grant cycles, which are discussed later. Overall, Magnolia met the primary program targets.

The Coalition identified a five-zip code area of the city to provide the Magnolia Project services. At the time, this project area accounted for over half of the Black infant mortalities in the city (Northeast Florida Healthy Start Coalition, Inc. 1998). During 1993–1995, the annual average infant mortality rate for the project area was 16.7 deaths per 1,000 live births (Northeast Florida Healthy Start Coalition, Inc. 1998). Women in the childbearing age range were at risk because the area was characterized by social and economic problems such as:

· High crime rates – violent crime was four times the city average
· Low income – with an average of 59% of Black children below the poverty level
· Low educational attainment – 36.5% had less than a high school degree (Northeast Florida Healthy Start Coalition, Inc. 1998)

High rates of drug and tobacco use, HIV/AIDS, and STDs also indicated the women were at an elevated risk of poor birth outcomes (Northeast Florida Healthy Start Coalition, Inc. 1998). While the statistics have fluctuated slightly over the years, the Magnolia Project area remains well behind the rest of the city.

The five zip codes remained part of the primary target area until the most recent grant cycle beginning in 2019 (a zip code was added in 2014). The application for 2019–2024 funding proposed keeping only two of the original zip codes and targeting two additional zip codes in another area of town. Since the five zip codes were a primary

targeted area for much of the program to date, this paper uses the five zip codes as the project area when examining infant mortality rates discussed later.

Unique Program Characteristics

The Magnolia Project has been a forerunner in the field of maternal health over the past two decades and unique in a number of ways. Foremost, Magnolia chose to focus on preconceptional care and services to address poor birth outcomes and infant mortality at a time when other programs primarily provided prenatal interventions. After Magnolia's inception, national Healthy Start programs began to incorporate preconceptional services in their programs. Magnolia has also stood out from other national Healthy Start programs by including a clinic within its model, which was not a typical component of national Healthy Start programs.

Another unique approach adopted by the Magnolia Project was the engagement of resident leaders and community-based organizations who assisted with community awareness and education (Biermann et al. 2006). The Coalition acknowledged the vital importance of including the community in the formation and implementation of the project from the beginning. The Magnolia Project was built with the belief that individuals and organizations within a community can collaborate, design, and execute services tailored for their families. This community-based model empowered the community to produce comprehensive services that were culturally sensitive and family-centered (Northeast Florida Healthy Start Coalition, Inc. n.d. -a). These initial acknowledgements and attempts to include the community and existing organizations laid a foundation for the project to become a longstanding institution within the community.

Residents and leaders within the target neighborhood have been invited to participate in a variety of ways over the past quarter-century. As discussed, the Community Council included residents who planned program activities and served an advisory role. The Community Council has changed names and roles over the years, but residents and participants continue to have a place at the table providing their perspective and expertise. In more recent years,

the Magnolia Project has developed a Community Action Network (CAN). The CAN is composed of project participants, community members, community–based organizations, service providers, and others (Northeast Florida Healthy Start Coalition, Inc. 2018). The CAN collaborates to develop and implement a community action plan that will impact the community and reduce infant mortality (Northeast Florida Healthy Start Coalition, Inc. 2018). The CAN performs a significant role in community education, awareness, and health promotion activities of the project (Northeast Florida Healthy Start Coalition, Inc. 2018).

Another current avenue for residents to become more involved is through the Make a Difference! Leadership Academy. Developed by the Magnolia Project, the Leadership Academy aims to strengthen the self–advocacy skills of Magnolia Project participants and support their community involvement to address factors that affect the health and quality of life of their neighborhood (Northeast Florida Healthy Start Coalition, Inc. 2014). Graduates of the Academy are recruited to become members of the CAN, continuing their engagement (Northeast Florida Healthy Start Coalition, Inc. 2018).

In addition to Magnolia's unique emphasis on pre- and interconceptional care and the inclusion of residential leaders and agencies, the project has been a leader in infant mortality intervention due to their advanced attention to community factors and social determinants of health. In addition to health behaviors, the Magnolia Project incorporated education at the individual and community level pertaining to the impacts of social determinants of health (Brady & Johnson 2014), including poverty, racism, educational attainment, and unplanned pregnancies (Northeast Florida Healthy Start Coalition, Inc. 2018). The Magnolia Project addressed social determinants of health at a time when CDC "Recommendations to Improve Pre–conception Health and Health Care" were limited to indicators associated with public health behaviors and experiences such as tobacco and alcohol use, and health conditions including diabetes and asthma (p. 387). According to Livingood et al. (2010), the focus on social determinants of health differentiated Magnolia case management from other Health Start programming. As a result

of their work confronting social determinants of health impacting birth outcomes and the health and well-being of their community, the Magnolia Project and Coalition became recognized leaders among their colleagues working in the maternal health field (Northeast Florida Healthy Start Coalition, Inc. 2018).

Program Changes Over the Years

The Magnolia Project has maintained its primary goal of decreasing Black infant mortality and its core interventions for nearly a quarter of a century, however, there have been changes over the years. Some changes have been in response to grant requirements, while others were due to lessons learned and made to better serve the neighborhood.

Like the vast majority of non-profit programs, the Magnolia Project's funding sources have dictated the required aspects of the program. The project's primary funding source has been federal Healthy Start funding and it has operated under multiple cycles spanning almost 25 years. Each new funding cycle brought about changes to the program.

An overall pattern that emerged over the years was the degree to which the local program developed its program goals and collected data. What originally was only a local evaluation transformed into a hybrid system where universal data elements (benchmarks) were created and implemented through standardized Healthy Start screening tools (U.S. Department of Health and Human Services 2018). During the initial grant periods, the program had greater autonomy in determining its program goals and objectives and the local evaluation data was collected and stored on-site. As the years progressed, the federal Healthy Start program eventually standardized most program goals and the data required to be collected across grantees. Rather than storing data on-site, benchmark data was uploaded onto Healthy Start servers.

Some examples of changes towards standardized program goals implemented by the federal Healthy Start include the addition of targeted populations. In 2014, programs were required to serve 1,900 prenatal women over the five-year grant cycle (Northeast

Florida Healthy Start Coalition, Inc. 2014). Although focused on pre- and interconceptional women, the Magnolia Project has always served a small number of pregnant women over the years. The new requisite meant the project had to shift some focus to meet the required number of prenatal women. The 2014 grant also required programs to support and collect information on any children (up to 24 months) of participants (U.S. Department of Health and Human Services 2014). For example, projects had to collect data related to the number of children breastfed and receiving well-child visits. The next grant funding cycle brought an additional population to Healthy Start programs – men or male partners. Like the mandate of serving prenatal women, Magnolia had always served or included men to some degree, but the new grant cycle necessitated a goal of 100 men served (U.S. Department of Health and Human Services 2018). Other changes to improve the program included enhanced screenings and targeted curriculum. Depression screening as a separate component became mandatory in 2014 and counseling services were provided as part of a full-time staff's duties.

Not all program changes were mandated by the grant funders. Some modifications were made as lessons were learned and to improve the program and better serve the neighborhood. One particular example is the focus on outreach. The project spent a relatively large amount of time, energy, and resources, including full-time staff positions, on outreach during the initial years of the program. As the Magnolia Project gained traction and trust in the community, less attention was required by staff and word-of-mouth became a reliable source for recruitment. Outreach staff were then able to conduct pre-screenings and become more integrated into case management.

3.   Participants Served and Satisfaction

Over the past nearly 25 years, the Magnolia Project has served and reached tens of thousands of neighborhood residents, sometimes across multiple family generations. As seen in Table 2, the Magnolia clinic has served approximately 13,000 women, an average of over 2,000 per grant cycle. Case management was delivered to

approximately 7,000 women over the years. From 2001 to 2014, the project averaged about 400 case management participants per grant cycle. The noticeable increase in the number of case management clients beginning in 2014 to 2019 reflects the required numbers to be served implemented by the federal Healthy Start funding previously discussed. The Magnolia Project has held over 4,000 outreach events and reached more than 40,000 residents over the six grant periods. The program numbers reported are per grant cycle and may have some duplication across grant years; therefore, totals are only estimates.

Table 2: Magnolia Project Clients Served and Outreach Efforts

	Clinic	Case Management	Outreach Events	Outreach Contacts
1999–2001	644	218	65	403
2001–2005	3252	388	900	7240
2005–2009	2247	393	834	10559
2009–2014	2723	432	1393	13265
2014–2019	2316	3179	1107	9749
2019–2024[1]	1925	2473		
Total[2]	13107	7083		

Source: Magnolia Database

Over the years, Magnolia Project participants have overwhelmingly reported high levels of satisfaction with clinic and case management services through anonymous surveys. Participants have also indicated that they have found clinic staff to be friendly and helpful and they would recommend the clinic to others.

Participant surveys of both the clinic and case management were conducted each year as part of the evaluation process to assess their views and experiences at the Magnolia Project. The clinic surveys focused on the physical building and process, health care decisions made with the provider, and health education effectiveness. The case management surveys attempted to understand the role the

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1   Numbers as of June 2023.
2   Numbers served and contacts may have some duplicates across grant years.

case manager played in improving the participants' situation. Both touched on why or why not Magnolia was good for the community and if they would recommend it to other community members.

The results of surveys were extremely consistent across grant periods. For the clinic, most participants (over 90%) overwhelmingly agreed that the workers were both friendly and helpful and the health education they received was useful. Further, they trusted the provider, felt comfortable asking questions, and that the providers helped them make good decisions about their health care. When it came to evaluating the case managers, the participants again expressed overwhelming agreement about the care they received. The participants felt the case managers understood their needs, taught them how to handle problems, and actively sought solutions the participants could achieve. There was near universal agreement in recommending the Magnolia Project to other women in the community.

4. Infant Mortality Trends

A primary goal of the Magnolia Project has always been to decrease infant mortality rates among Black infants, and to bring the rate closer to that of white babies. To obtain a consistent picture of the infant mortality trends occurring since the implementation of the Magnolia Project, we examined rates for the original five zip codes that have remained a part of the primary target area until the most recent grant cycle beginning in 2020. As seen in Figure 1, the Black infant mortality rate for the primary area averaged around 20 per 1,000 live births from 1997 to 2006. While there was a temporary decrease in 2002, the downward trend took hold in 2006 and went as low as 7.4 per 1,000 in 2014. Although the rates rose after 2014, the overall trend for Black infants in the neighborhood between 1997 and 2021 has been a decline. The number of births impacts infant mortality rates; smaller numbers will have more variability than larger numbers of births. This can be seen in the primary project area rates in Figure 1. Due to the small number of whites residing in the primary area, county infant mortality rates for whites were used to compare to the project area. The overall trend among whites in Duval

County between 1997 and 2021 has also been downward, beginning at 7.8 per 1,000 and ending at just 3.1 per 1,000. Comparing the two trend lines, one can see that Black infant mortality rates in the project area decreased more so than whites at the county level, closing the gap between white and Black birth outcomes.

Primary Area, Black and Duval County, White
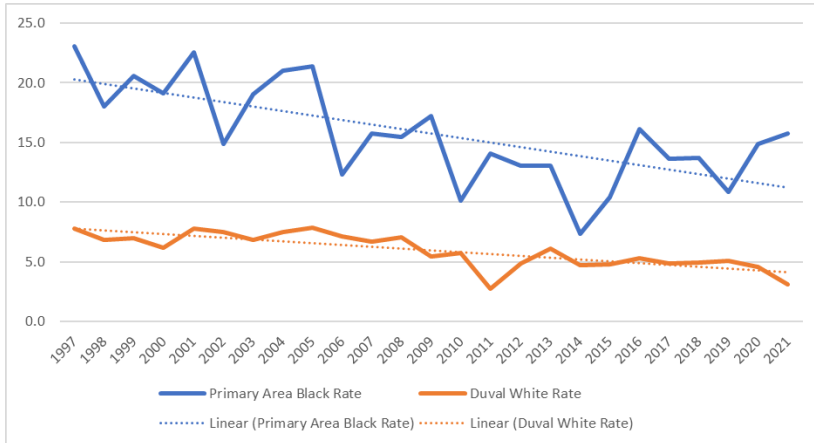
Fig. 1:   Infant Mortality Rates, 1997–2021
Source: Florida Department of Health (n.d.)

5.   Lessons Learned

The Magnolia Project executive staff and the evaluation team have identified a number of lessons learned over the years. Many of these were in regard to partnerships with other organizations, program identity, staff, program participants, and the evaluation. The Magnolia Project staff recognized early on the significant work required to sustain a successful collaboration after the initial excitement wears off among the partners (Northeast Florida Healthy Start Coalition, Inc. n.d. –b). Oftentimes, there were good intentions between organizations when partnerships were formed. However, it is in the best interests of all involved to have clearly defined roles and responsibilities and to ensure these expectations are met (Northeast Florida Healthy Start Coalition, Inc. n.d. –d). Executive

staff also acknowledged that a close working relationship between the federal, state, and local Healthy Start programs was beneficial and strengthened the efforts in the state (Northeast Florida Healthy Start Coalition, Inc. 2005).

Project staff believed that program identity contributed significantly to the success of the early years of the program (Northeast Florida Healthy Start Coalition, Inc. n.d. –b). Establishing a single site fostered project identification, as well as shared goals and dedication among the staff (Northeast Florida Healthy Start Coalition, Inc. n.d. –b). Magnolia executive staff affirmed that participants' insights should be regarded from the beginning of all projects and productive community involvement necessitates support and resources (Northeast Florida Healthy Start Coalition, Inc. n.d. –b, n.d. –d). Word of mouth became a powerful outreach tool as Magnolia became established in the community (Northeast Florida Healthy Start Coalition, Inc. n.d. –b).

The executive staff and evaluation team learned some valuable lessons regarding the program evaluation and their relationship over the years as well. In the planning phase, it became apparent that the involvement of the evaluation team was beneficial in assisting with creating the program objectives and designing data collection instruments. This ensured that the objectives were measurable and collected appropriately. On the other hand, the planning team initially had a "might as well collect this information" perspective when developing the data instruments and ended up with multiple lengthy forms. These instruments caused an unnecessary burden on participants as well as staff and were consequently shortened to accurately reflect the program objectives and benchmarks. Program staff who were responsible for data collection were an essential aspect of the evaluation. Program staff must take ownership and be committed to the program evaluation to ensure complete and accurate data is gathered (Northeast Florida Healthy Start Coalition, Inc. n.d. –b).

The evaluation team must also be included and act as an integral part of the project to ensure data quality and proactively report and correct data-related issues (Northeast Florida Healthy Start Coalition,

Inc. 2005). Finally, the Magnolia Project has operated over multiple funding cycles spanning nearly a quarter of a century. Each new funding cycle brought about changes to the program and evaluation, requiring the evaluation team to be flexible and adapt to the changes and shifting responsibilities.

6.   Summary

The Magnolia Project has been in operation for nearly a quarter of a century and has served and reached tens of thousands of neighborhood residents, sometimes across multiple family generations. While the model components have had various names and been realigned differently, The Magnolia Project has always been a comprehensive pre- and interconceptional program aimed at reducing infant mortality rates, particularly among Black babies. The Project has always provided the core services of education, well-woman care, case management, and community development/capacity building aimed at both the individual and community level. A variety of program characteristics, including the focus on pre- and interconceptional and social determinants of health factors and the inclusion of neighborhood leaders and residents, distinguished it from other infant mortality reduction programs.

The Magnolia Project has been identified as a promising pre-conceptional care program positively impacting birth outcomes and related factors of the target population. In particular, the Magnolia Project was successful in resolving/managing a number of risk factors through case management, including the number of births of low birthweight, reduced infant mortality, longer interconception periods, and lower STD rates (Biermann et al. 2006; Livingood et al. 2010; Will et al. 2005)

The long-term outcome of lowering infant mortality rates among Black babies is a lofty goal and one that is a challenge to measure for multiple reasons. Foremost, a rigorous longitudinal impact evaluation would be required to make a direct correlation between the program and infant mortality rates. Such evaluations are relatively resource-intensive and time-consuming. Furthermore, infant mortality rate is a challenging outcome to impact, particularly for Magnolia. While

researchers have reported positive program outcomes for Magnolia participants, they concede that affecting infant mortality rates would be difficult to measure due to the relatively small reach (Biermann et al. 2006) and large cohort required to measure a statistically significant decline in infant mortality rates (Livingood et al. 2010). In addition, as Livingood et al. (2010) acknowledged, the conundrum for the Magnolia Project lies partly in that the program aims to delay pregnancies for better birth outcomes, reducing the actual population needed to capture statistical significance.

> *More longitudinal evaluations are needed to determine the impact of preconception intervention on pregnancy outcomes. Longitudinal evaluations are not easily incorporated into service delivery projects that rely on short-term outcomes for continued funding.* (Biermann et al. 2006, p.s27)

That said, area infant mortality rates have declined over the years for both Black and white babies since the implementation of the Magnolia Project. Even more promising, Black infant mortality rates in the project area decreased more so than whites at the county level, closing the gap between white and Black birth outcomes. While data is not available to link these decreases directly to the efforts of the Magnolia Project, we can infer that the project has had a positive impact on the health of women at high risk for poor birth outcomes.

Part of the success of the Magnolia Project lies in the partnerships it built and sustained over the years, an essential component for the success of any program aimed at positively impacting a community. These partnerships began early in the development of the program involving community agencies and residents. Many project staff were from the community and wove the program into the community fabric through outreach and recruitment. As a result of the Coalition's work and long-term commitment, the Magnolia Project has become an established and trusted institution within the community as well as among colleagues in maternal health.

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Acknowledgements

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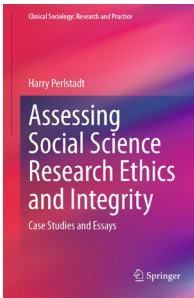**Timothy J. Cheney,** MS, is the Associate Director of the Center for Community Initiatives. Email: tcheney@unf.edu

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Book Review: *Assessing Social Science Research Ethics and Integrity: Case Studies and Essays*

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Assessing Social Science Research Ethics and Integrity: Case Studies and Essays

Author: Harry Perlstadt

Publisher: Springer,

2023, 245 pp.

ISBN 978-3-031-34538-8,

EUR 96.29 (eBook),

EUR 119.99 (Hardcover Book)

Keywords: book review, research ethics, social science, clinical sociology

Published in Springer's Clinical Sociology: Research and Practice series, *Assessing Social Science Research Ethics and Integrity: Case Studies and Essays* is the work of Harry Perlstadt, Professor Emeritus at Michigan State University's Department of Sociology. This scholarly work is concerned with research ethics in the social sciences, focusing on the protection of human participants in social experiments. With two comprehensive essays and a meticulous analysis of six contentious experiments, Perlstadt embarks on a journey to elucidate the complex interplay between ethics and empirical inquiry.

Comprising nine intricately crafted chapters, the book unfolds with Chapter 1, which serves as an introductory exposition on the landscape of research ethics in the United States (US). Chapters 2 and 3 provide insights into the ethical considerations governing research practices within the context of the US. The subsequent six chapters each methodically dissect a pivotal study, with each study being a

harbinger of significant ethical discourse and transformation within the realm of US research ethics.

Chapter 1 presents a historical overview of research ethics in the US. It establishes that the foundational disciplines within the social sciences – anthropology, economics, political science, psychology, and sociology – are subjected to various codes of ethics, with some disciplines, such as anthropology, commonly being required to comply with more than one code of ethics. Importantly, Perlstadt identifies that the essential principles that guide ethical research are beneficence, respect for persons, and justice. The broader historical trajectory of social science research ethics is briefly discussed in this chapter. During the 1960s, research ethics were merely concerned with the collection of participant information and not with acquiring the informed consent of participants. The Obedience to Authority experiment conducted by Stanley Milgram in 1963 serves as an example, with a majority of participants in the study complying with an authority's demands to administer potentially lethal electric shocks. By 1979, social scientists held the impression that they were subjected to the same ethical standards as the biomedical sciences. Only by 2018, after revision was made to the Common Rule (the federal regulations of the US Department of Health and Human Services), did the social sciences attain freedom from the constraints of biomedical research ethics standards.

Perlstadt commences Chapter 2 by arguing that trepidations towards the social sciences exist. He presents the argument that social science often evokes apprehension due to its inquiry into fundamental aspects of human existence, including everyday life, organizational structures, and cultural phenomena. Thus, findings that challenge conventional wisdom or contradict personal experiences may provoke skepticism or even denial. Moreover, the inherent nature of social science inquiry may pose a threat to established beliefs, values, and societal institutions. Thus, it is because of the aforementioned that the ethical implications of social science research are of paramount importance. The key focus of social science should, therefore, reside on maximizing the benefits derived from the conducted research while minimizing potential

harms to research participants. However, the regulatory frameworks governing social science research should also accommodate its very distinct characteristics. Drawing from Max Weber, Perlstadt argues that contemporary research ethics frameworks, epitomized by Institutional Review Boards (IRBs) and Ethics Committees in the US, operate within a bureaucratic paradigm guided by value–rational ethical principles. These bodies are entrusted with the interpretation and implementation of ethical standards.

Ethical standards evolve in response to ethical transgressions. The Nuremberg Code (1947) and the Declaration of Helsinki (1964) are early milestones that outlined ethical standards for biomedical research while subsequent developments, including the establishment of IRBs and the formulation of additional ethical guidelines, further reinforced ethical safeguards. Evolving research methodologies and the proliferation of multisite studies require the ongoing refinement of regulatory frameworks. One such refinement was the 2018 revision to the Common Rule. Challenges in bolstering research ethics, such as inconsistencies in ethical review processes, still persist. To address various ethical research challenges, Perlstadt states that efforts are necessary to foster ethical reflexivity and uphold the fundamental principles of beneficence, respect for persons, and justice.

Chapter 3 presents the second essay of the book which explores police power, decision–making, and the enforcement of research participants' protection. This essay unfolds against the backdrop of the transfer of authority from federal entities to academic institutions and their IRBs. Conceived as collaborative bodies comprised of members drawn from academia's scientific and research spheres, IRBs have assumed the pivotal role of nurturing an environment of trust and enforcing stringent ethical requirements. IRBs are also required to adhere to standardized review procedures, advocating for the widespread adoption of Health, Education, and Welfare research regulations across federal domains. The culmination of these efforts materialized in the implementation of the Common Rule in 1991. IRBs assume the critical mandate of safeguarding the rights and welfare of individuals involved in scientific research. Although grounded in the foundational tenets articulated in the Belmont Report (respect

for persons, beneficence, and justice), IRBs have garnered scholarly scrutiny, often being likened to an 'ethics police'. Perlstadt posits that while the Belmont Principles serve as a pedagogical instrument, their application in research proposal evaluation is not universally mandatory. The 2018 revision of the Common Rule reflects ongoing efforts to strengthen human subject protections while streamlining administrative procedures, underscoring the dynamic evolution of research ethics frameworks.

In interrogating the characterization of IRBs as an 'ethics police', this chapter situates regulatory mechanisms within Max Weber's typology of legal systems. Weber's taxonomy delineates four categories of law, with police power epitomizing a convenient mechanism for central authorities to address local concerns while accommodating community norms. Consequently, the human research protection structure assumes a legitimate police power role, aligning with Weber's concept of substantively irrational law, which prioritizes ethical considerations over formal legal precedent. The decentralized nature of IRB decision-making, informed by ethical principles and contextual nuances, highlights the concept of moral federalism, where local IRBs wield substantial discretion within federal parameters. This decentralized model produces disparities in decision-making across research institutions, which is reflective of the US' ethos of individualism and regional autonomy. Furthermore, the absence of an independent appeals process within the US human research protection structure diverges from global standards, undercutting IRBs' credibility. Perlstadt concludes the chapter by suggesting that explicit mandates requiring independent review mechanisms are imperative to fortify the human protections apparatus and enhance IRB accountability.

Chapter 4 explores the first of six controversial studies. It examines the US Public Health Tuskegee Syphilis Study which was conducted on African American men with third-stage syphilis. The study garnered widespread attention for its racist dimensions and ethical lapses. Peter Buxtun, a whistleblower employed by the US Public Health Service, exposed the study's unethical practices. Despite warnings about potential job loss, Buxtun brought to light

the fact that researchers were merely observing the men without providing treatment, comparing the study to Nazi atrocities. Initially conceived as a joint project with the Rosenwald Foundation in 1929, the study shifted focus to observing untreated syphilis and conducting autopsies after the foundation withdrew support. Most critically, men in a control group that contracted syphilis did not receive penicillin treatment, even though they were in the early stages of the disease where such medication would have cured them. The study's methodology raised ethical concerns and contributed to the enactment of regulations like the Common Rule. The revelation of the Tuskegee Study's 40-year duration prompted regulatory reforms, a successful lawsuit, and a presidential apology.

Chapter 5 explores the 1952 Wichita Jury Study conducted by the University of Chicago Law School to investigate jury behavior. This entailed audio recording simulated juries and actual deliberations. Controversy arose when it was revealed that jury members were unaware of being recorded, prompting legal restrictions on such recordings. The study highlighted ethical issues surrounding informed consent and privacy, spurring legislative measures to protect jury confidentiality. The Wichita Jury Study is a particularly important case for research ethics studies containing sensitive evidence such as jury deliberations. As a consequence, scholars have grappled with questions regarding appropriate procedures and ethical responsibilities required for legal settings. Importantly, the study has informed subsequent legal and ethical frameworks for participant protection.

Chapter 6 examines Stanley Milgram's Obedience to Authority experiment conducted in the 1960s, which examined individuals' willingness to obey orders from an authority. The experiment, which involved administering apparent electric shocks to participants, raised serious ethical concerns with critiques regarding the psychological harm inflicted on participants and the use of deception being abundant. The research did, however, shed light on human obedience and the potential for authoritarianism to emerge. Milgram's findings challenged prevailing beliefs about obedience

and individual morality, drawing parallels to the evils that transpired in human history, like the Holocaust.

Chapter 7 is concerned with the Tearoom Trade, an observational study by Laud Humphreys conducted in fulfillment of his doctoral thesis. It investigated homosexual behavior in public restrooms in the 1960s. Humphreys' methods, which included covert observation and obtaining participants' personal information without consent, sparked ethical debates. The study raised questions about researcher deception, privacy rights, and the boundaries of ethnographic research. Tearoom Trade serves as a cautionary tale regarding the ethical challenges of studying marginalized communities. Humphreys' study disregarded informed consent and privacy, thus problematizing the acquiring of data through deception. Perlstadt's opinion is that ethnographers face significant problems by virtue of the fact that they have to gain access to a closed subculture and then scientifically study it. He suggests that because of this, preliminary observations are necessary and that, over time, observational data should be supplemented with additional data collection tools such as interviews. Perlstadt also concedes that some deception might be necessary when observing naïve participants.

Chapter 8 presents the Stanford Prison Experiment conducted by Philip Zimbardo. It explored the effects of situational factors on behavior, using a simulated prison environment. The participants were university-age males, enacting the roles of prison guards and prisoners. The experiment resulted in abuses being perpetrated by the guards over the prisoners, with the experiment being cut short. Even with abuses being suffered by the prisoner participants, their pleas for help were (for a time) ignored. The Stanford Prison Experiment remains a landmark study in social psychology, but its ethical shortcomings have sparked ongoing debates. Criticism of Zimbardo's methodology and treatment of participants has been crucial in shaping social science research ethics. Zimbardo's study serves as a warning about the potential harm that participants can incur in experimental settings where one party possesses absolute power. Zimbardo even testified as an expert defense witness in 2004

regarding the Abu Ghraib atrocities, further confirming his finding that absolute power corrupts absolutely.

The final chapter, Chapter 9, is concerned with the Yanomami controversy centered on allegations of unethical research practices by James Neel and Napoleon Chagnon in studying an indigenous people in South America. The controversy raised questions about informed consent, cultural sensitivity, and the role of researchers in vulnerable communities. While contributing to scientific knowledge, the study highlighted the need for ethical guidelines in cross-cultural research. Neel and Chagnon's actions sparked debates about the rights of research participants and the responsibilities of researchers.

In conclusion, the book's contribution is a very significant one, methodically presenting a history of research ethics in the US along with an exploration of the ethical codes that shaped research ethics in the country. The book's noteworthy contribution is its thorough consolidation of controversial, yet seminal, studies that hold perennial fascination for both fledgling students and seasoned scholars, supplementing these foundational narratives with its own distinctive insights. With its academic prose, the book is tailored for an audience of social scientists and scholars. Its inherent sociological orientation is manifest in Perlstadt's adept utilization of sociological literature to bolster his arguments. While the author's primary target audience appears to be social science readers, the book transcends its niche appeal, offering accessibility to a wider readership. Perlstadt subtly alludes to this broader accessibility, implying that the book holds relevance for anyone with an interest in the realm of research ethics, regardless of their academic background. Despite its scholarly rigor, the book eschews elitist jargon. *Assessing Social Science Research Ethics and Integrity: Case Studies and Essays* merits attention due to its overall excellence and accessibility.

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