

Changing Communities

Research Question - How social mobility influences the well-being of the Netherlands?

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Abstract :

This paper **aims at finding how social mobility influences the well-being of the Netherlands**. This is a qualitative analysis paper which uses subjective judgement to analyze the Netherlands well-being in society based on non-quantifiable information. This paper summarizes the distinct causes and consequences of social mobility in the Netherlands. Netherlands ranks 6th on the social mobility index and Netherlands' Ministry of Health, Welfare & Sport and Pharos (Dutch Centre of Expertise on Health Disparities) help maintain health equity in the country. The main cause of health inequality is due to economic inequality, migration and refugees. Various sources from 'EuroHealthNet' to 'Trading Economics' were used to understand the relationship between social mobility and well-being in the Netherlands. This paper provides unambiguous solutions like increasing Estate and Inheritance tax that would help aid the economic disparity and reduce health inequalities.

Introduction :

Social mobility is the movement of individuals, families, households, or other groups of people within or between social classes in a society; a change in social position. It is a change/movement between different strata in the social system in relation to the current social position within a particular society. These hypotheses examine whether health determines social mobility or whether social mobility determines the quality of health. The social causation hypothesis states that social factors (individual behaviour and environmental conditions) determine a person's health. In contrast, the health selection hypothesis states that health determines what social status a person occupies. Inequalities in health are related to a person's social status. Health inequalities are differences in health between different groups of people. There are many types of health inequalities and many ways the term is used. For example, the term is also often used to describe the different types of care and opportunities for good health care that people receive to live healthy lives.

- The Netherlands ranks sixth on the social mobility index.
- The Netherlands provides equal access to education: according to a World Economic Forum study published in The Global Social Mobility Report 2020 - Equality, Opportunity, and a New Economic Imperative, the Netherlands ranks sixth in social mobility with a score of 82.4 out of 100. Of all the countries surveyed, it has the highest score for access to education. With an overall score of 85.2, Denmark leads the way, followed by Norway, Finland, Sweden and Iceland. By comparison, Canada ranks 14th, the United States 27th, China 45th and Ivory Coast 82nd with a score of 34.5.
- **A new definition of social mobility:** A country has more social mobility if it gives more fairly shared opportunities for all residents, regardless of socioeconomic status, geographic location, gender, or background. Social disparity effectively eliminates any gains from high economic growth, according to the analysis, which reveals a straight and linear relationship between a country's income inequality and its social mobility score.
- **A textbook for change :** A country's broader economic growth can be positively influenced by boosting social mobility, according to the report. As a result, policymakers are encouraged to use the Global Social Mobility Index to identify specific areas in which they might improve. While the Netherlands, for example, performs admirably across the board (ranking first in 'school access'), it ranks 16th in terms of 'fair wage distribution.'
- **Investing in social mobility: win-win :** "Increasing the social mobility index score of countries featured in this analysis by ten points would result in an additional GDP growth of 4.41 percent by 2030, in addition to massive social cohesion advantages," the paper reads. "Proactive government and business actions can strengthen economies' ability to support social mobility and ensure that every child, young person, and adult has reason to hope for a better future."

Causes of health inequalities:

- **Poverty:**

Studies have shown that social factors, such as education, employment status, income level, ethnicity, and gender, have a notable impact on an individual's health. Health status differs greatly among social groups in low-, middle-, and high-income countries. The lower a person's socioeconomic position, the greater his or her risk of poor health.

Socio - economic factors of uneven distribution of income within a country or parts of it income and household expenses differs from the type of healthcare experienced by most groups of people. High income individuals or families have health insurance to cover their costs for health requirements whereas low or middle class income individuals face higher costs to achieve proper healthcare, this usually occurs due to uneven distribution of income within a society.

- ❑ Infant mortality traditionally has been viewed as the measure of health, people living in poverty are more sensitive to ill health, and are usually victims to conceiving infants with low immunity.
- ❑ Low/High -Income Countries In low-income countries, the average life expectancy is 62 years, while in high-income countries, it is 81 years.

- **Changes in Occupational Structure:**

As time has changed, many professions have risen and fallen because their socially defined meaning has changed. Some occupations have risen or fallen because the number of workers willing and able to perform their tasks has changed. The Industrial Revolution introduced a new social system in which people were given a certain status depending on their skills and education. With experience and education, they moved up the social ladder. Such changes in occupational structure are reflected in people's income and their ability to access good health care facilities.

- **Education:**

Education not only enables individuals to acquire knowledge, but is also a purposeful path to a higher position in the social classes. Only after acquiring a minimum level of formal education can an individual aspire to a higher position. Being educated about your well-being increases your chances of getting good health care.

- **Migration & Modernization:**

Migration also facilitates social mobility. People migrate from one place to another either because of pull or push factors. A particular place may not have the facilities and opportunities for improvement. Because of this, people are forced to move to other places to earn a living. There might be alternative opportunities and possibilities in the

new places to which they migrate. The acquisition of new skills and knowledge could improve their social standing. The host country, however, sees unemployment increasing due to the lack of jobs, as well as the increased number of people living there, which in turn causes insufficient incomes and poor health for the citizens.

Social mobility is also influenced by the level of development of a country. Traditional and less developed societies retain the old stratification system. Developed and modern societies, on the other hand, have paved a path to greater opportunity and competition because of the possibility of higher social status in developed countries ; modernization makes social mobility possible. These differ from the status in which people live in different countries, from the social strata that lie between them, and from their progress in health care.

Consequences of health inequalities:

- **Main consequence (of health inequalities is spread of infectious diseases):**

Health inequalities occurring due to lack of financial resources leads to poor healthcare and poor immunity and growth. Diseases like pneumonia, malaria, dengue and others are spreading rapidly as these sick people do not receive adequate healthcare treatment. These diseases will not just stop at affecting the lower strata of the society as these diseases spread through various contaminants and other means.

- **Life expectancy rates:**

Life expectancy is an important measure of the health status of a population. Unequal life expectancy arises from a lack of resources to treat the sick and is therefore one of the most important indicators of health inequality. Life expectancy is closely related to people's socioeconomic circumstances. In many parts of the country where poverty levels are high, life expectancy is short due to an unbalanced and deficient immune system. Many die from pneumonia, malaria, diarrhoea and other diseases.

- **Alcohol or drug misuse, or the occurrence of violence and crime:**

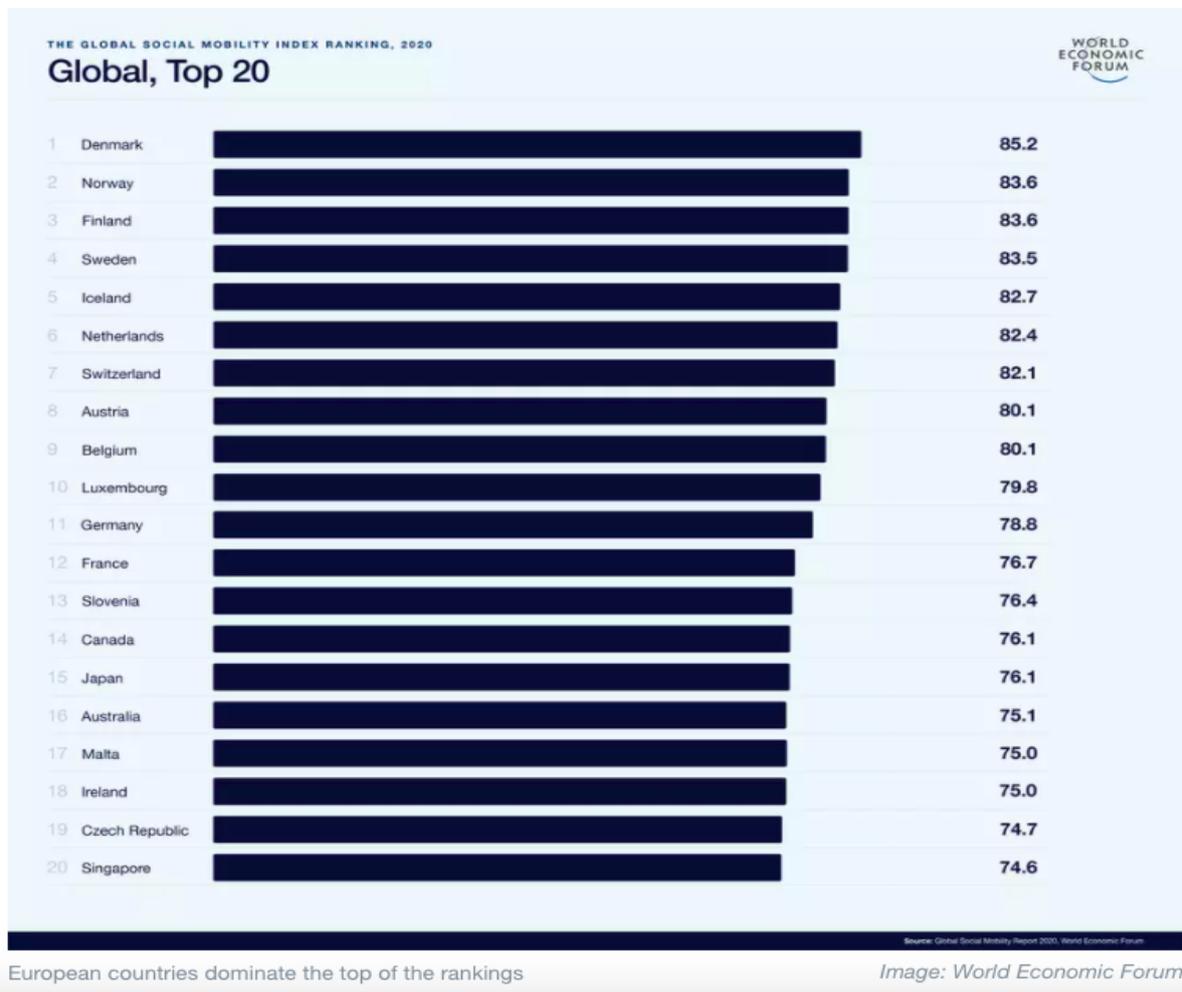
In order to fight the poor conditions and the will to get treated influences individuals to take illegal actions (robbery, kidnapping, illegal exchange of drugs) these in turn affect the whole community and portray the society as a dangerous place to inhabit ; reducing the economic growth of the country.

- **Economic growth:**

As economic growth slows both abroad and domestically due to social mobility or lack thereof, measures must be taken to close the gap.

Global perspective -

The Global Social Mobility Index, which scales 82 global economies, is designed to provide policymakers with a means to identify areas where social mobility policies can be improved and to promote equity in their economies, regardless of their development. Most economies need to catch up in terms of social mobility. Overall, however, the Nordic countries perform best. Denmark tops the rankings with a social mobility score of 85.2 and has low levels of health inequality, followed closely by Finland (83.6), Norway (83.6), Sweden (83.5), and Iceland (82.7). These countries combine access, quality, and equity in education and health care across their social strata, while providing job opportunities and good working conditions, as well as high-quality social protection and inclusive institutions. In Brazil and Chile, on the other hand, health inequality is very high.



Cited: world economic forum

Discussion and analysis:

It may be that wealth inequality doesn't directly affect the wellbeing of privileged populations, but it does have detrimental effects on humanity as a whole. Research has demonstrated that large income disparities lead to higher rates of health problems and social problems, as well as lower levels of satisfaction, and ultimately affect economic growth.

Money, income, wages and other such things influence our health. Money having the power to buy materialistic goods and the ability to practise holistic growth are the worldly desires which benefits your health are not equally distributed to everyone. The uneven distribution of income causes different social strata and the wider the gap the higher percentage of people are deprived of basic sanitation. Money however is the key factor in the allocation of resources for

the healthcare system to attain proper well-being if we aim to get a sufficient income to buy out our needs but having an educated background therefore helps in achieving this. This means that the relationship between money and health is bi-directional, for example parents income influences the ability to fulfil children's health and further on the children's health will influence their education and then their earning capacity.

In the Netherlands, the top 20 percent of income earners earn four times as much as the bottom 20 percent, according to the European Environmental Bureau's "Make Europe Sustainable for All" report.

The Netherlands ranks sixth on the social mobility index. The country has the highest score of all countries in terms of access to education. However, inequalities of health occur in the Netherlands, between those with a high and poor socioeconomic status (SES). Adolescents in the Netherlands from lower socioeconomic status (SES) have more mental health problems than their higher SES peers. On average, people with a low level of education in the Netherlands live less than the more highly educated.

Inequality of income distribution was 4.15 Ratio in December of 2020, according to the EUROSTAT. Historically, Netherlands - Inequality of income distribution reached a record high of 4.15 Ratio in December of 2020 and a record low of 3.58 Ratio in December of 2013.

It has been observed that inheritance of wealth has a direct impact on social mobility. Wealth inheritance has a multiplier effect which is not limited to Wealth and its multiple effects but also in the form of well-connected and aware parents which normally provide more focus and resources to their children in the form of education, schools and platforms.

The Dutch Ministry of Health, Welfare and Sport is responsible for promoting physical and mental well-being, social infrastructure and an active lifestyle. In addition to the Ministry, the National Competence Center (Pharos) also contributes to reducing major health inequalities. The center does this by collecting, enriching and sharing national and international knowledge. This involves scientific knowledge, practical knowledge of health care providers, policy makers and other professionals.

Pharos (Dutch Centre of Expertise on Health Disparities) is a national health expertise centre that provides accessible health care to refugees, non - western migrants, and people with limited health literacy. They focus on all areas that are important for health. They recruit refugees and migrants and train them as ‘Key persons’ - who provide health education and meditation to herd - to - reach refugees and healthcare institutions.

The Ministry not only encourages people to lead healthy lifestyles, but also ensures that sufficient facilities are available to people with health problems and that these people have sufficient choices. It also aims to strengthen the social infrastructure that supports those who are not economically independent or do not actively participate in society and sports. The ministry's work focuses on three policy areas:

- **Public health:** The Department encourages people to adopt healthy lifestyles, exercise more, smoke less, drink alcohol in moderation, practise safe sex, and eat healthy. It also works with health insurers, health care providers, and patient organisations to ensure that enough facilities are available for people with health problems and that these people have adequate choices.
- **Welfare:** In cooperation with the Ministries of Economy, Education, Housing and Environment, the Ministry of Health, Social Affairs and Sports works to strengthen the social infrastructure that supports those who are not economically independent or do not actively participate in society. Volunteer work and youth support are key elements of Dutch social policy.
- **Sport:** Sports are crucial to promote health, socialise and contribute to self-development. The Ministry's mission is to enable everyone to participate in sports. It also finances top-level sport so that the Netherlands can compete on the international stage.

Furthermore, with **education and greater exposure to mass media of communication the political parties could also educate the people about their rights.** Awareness and amendments from the government could emphasise the importance of sanitation. Subsidies and grants to the poorer and helpless from the government. Migrant laws on jobs and appropriate income for the migrants to qualify

for these laws and then reside in the country. Non gov't - Organisations could support the sick.

The **Dutch have mitigated income inequality through high progressive income taxes, free public education, gender equality advocacy**, as well as comprehensive labour protection laws among other measures. Yet they remain insufficient to counter the long-standing wealth gap. It is evident that an economy as large as the Netherlands cannot rely on solutions tailored to income inequality to fix their wealth inequality. Instead, policymakers should look into solutions like increasing Estate and inheritance tax.

In summary, the Netherlands is cognizant of its health inequalities due to economic disparities and refugees. It is constantly aiming to bridge them in sustainable fashion through the multiple initiatives and programmes of the Ministry of Health and Sports and Pharos.

Conclusion:

Health inequalities in the Netherlands are caused by economic disparity and refugee status. By taking part in a variety of initiatives and programmes such as those of the Ministry of Health and Sports and Pharos, Netherlands is constantly striving to bridge the gap in sustainable fashion. Several of these initiatives such as progressive taxation, free education, healthcare and sports infrastructure among others are in the right direction but they have not been adequate to address the well-established wealth gap. The Netherlands' government should also gauge their existing tax policies like increasing Estate and inheritance tax which would reduce intergenerational social mobility, as inherited wealth grows relatively higher than self-made wealth.

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