



Income Inequality And Social Stratification: The Impact Of Income Inequality On Health Outcomes; A Thematic Study

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Abstract: This study delves into the profound and multifaceted impact of income inequality on population health outcomes. Increasingly, the widening disparities in income distribution, both within and across nations, have been robustly linked to a spectrum of adverse health profiles. This includes elevated rates of various chronic diseases, diminished overall health status, increased premature mortality, and a reduction in average life expectancy across affected populations. The intricate relationship between income inequality and health is understood to operate through several interconnected pathways. Firstly, Material Deprivation plays a critical role: individuals and communities situated at the lower end of the income spectrum frequently encounter significant barriers to accessing fundamental resources. Secondly, Psychosocial Stress is a major contributor: heightened income disparities can intensify feelings of relative deprivation, social isolation, and exclusion. Thirdly, the Erosion of Social Cohesion and Public Goods is observed: significant income gaps can weaken the social fabric, eroding mutual trust and collective civic engagement. Empirical evidence drawn from a diverse range of global contexts consistently demonstrates a strong negative correlation between the degree of income inequality and overall population health. Recognizing and understanding these complex interconnections is paramount for policymakers, public health professionals, and researchers alike, as it forms the basis for developing effective and equitable interventions. Ultimately, addressing income inequality is not merely an economic imperative but a crucial step towards reducing health disparities and fostering more just, resilient, and healthier societies for everyone.

Keywords: *Income Inequality, Health Outcomes, Health Disparities, Material Deprivation, Psychosocial Stress, Social Cohesion.*

1. Introduction

Income inequality, characterized by the disproportionate distribution of economic resources and opportunities, profoundly impacts societal stability and public health (Verma et al., 2025). This disparity correlates with unequal access to critical resources such as quality education, nutritious food, safe housing, and influential social and political networks (WHO, 2025; Hamad et al., 2022). Such advantages empower wealthier segments to disproportionately influence policy and resource allocation, thereby perpetuating existing disparities (IMF, 2025). While some inequality is inherent to market-based systems due to variations in talent, effort, and luck, excessive wealth disparities pose significant societal risks, potentially eroding social cohesion, fostering political polarization, and impeding economic growth (IMF, 2025; Berg & Ostry, 2011; Rodrik, 1999). The threshold for "excessive" inequality is complex and context-dependent,

influenced by national circumstances, growth environments, and societal preferences.

Global income inequality has rapidly declined since the 1990s, reversing historical trends from the nineteenth and most of the twentieth centuries when advanced economies surged ahead (Pinker, 2021). Renewed global economic cooperation in the mid-20th century spurred accelerated growth in less developed nations, particularly in Asia, leading to a notable convergence in income levels between countries (Rodrik, 2018), lifting millions out of poverty over the last three decades (World Bank, 2024). However, this convergence has not been universal; Sub-Saharan Africa, for instance, has experienced more modest income growth compared to Asia (Tadei, 2024). Furthermore, these gains are vulnerable to reversals, especially from crises like the COVID-19 pandemic, as advanced economies typically possess superior resources to manage economic fallout (World Bank, 2025).

Conversely, within-country income inequalities have increased in most nations, particularly in advanced economies, with over half of all countries seeing a rise over the past three decades (Hussey & McWilliam, 2021). Nearly 90 percent of advanced economies have experienced Gini coefficient increases exceeding two points (Makhlouf, 2022). This divergence stems from a complex interplay of reinforcing global and domestic factors. Key global forces include technological progress, globalization, and commodity price cycles. Technological advancement, for example, has contributed to a "skill premium" for highly educated individuals utilizing new technologies (Jaimovich & Siu, 2019) and, in Western contexts, led to job polarization a hollowing out of middle-class jobs (Salvatori & Manfredi, 2019). Concurrently, country-specific factors, such as economic developments, stability, and domestic policies—including financial integration, redistributive fiscal policies, and the liberalization of labor and product markets—also significantly influence these internal inequality trends (IMF, 2015).

Governments increasingly employ social spending as a primary strategy to address rising inequality, with fiscal policy serving as a crucial instrument for achieving distributional objectives. In advanced economies, taxes and transfers typically reduce income inequality by about one-third, primarily through public social spending like pensions and family benefits (Causa et al., 2019; Verber, & Yaşar, 2021). The redistributive impact of fiscal policy is further amplified by in-kind spending on education and healthcare (Lustig et al., 2023). Thus, ensuring adequate, effective, and sustainable social spending is paramount. Progressive income taxes also play a vital role, though their lower redistributive impact in many developing economies remains a significant factor contributing to their persistent high inequality levels (IMF, 2015).

The Nigerian context vividly illustrates the complexities of income inequality. The nation faces a substantial and widening gap between its affluent and impoverished populations (Ikpe, 2025). Despite the implementation of various public policies aimed at poverty reduction and the promotion of equality, including significant initiatives under the National Social Investment Programme (NSIP), established in 2016 by the Federal Government of Nigeria, these measures have often proven insufficient in effectively addressing the pervasive issue (Oluwatayo & Ojo, 2023). The NSIP encompasses programs such as N-Power, Conditional Cash Transfer (CCT), Government Enterprise and Empowerment Programme (GEEP), and the Home Grown School Feeding Programme (HGFSF), with previous administrations focusing on CCT, GEEP, and HGFSF, and the Tinubu administration continuing

these and launching initiatives like the Renewed Hope grants (Federal Government of Nigeria, (The Cable, 2024). Debates persist regarding the efficacy of tax policies as a primary tool for mitigating inequality, highlighting the complexities of leveraging fiscal instruments for equitable wealth distribution (Okwori & Abah, 2025).

Crucially, these socio-economic gradients profoundly impact public health, with income inequality serving as a fundamental determinant of health disparities. This affects not only direct access to quality healthcare but also shapes living conditions, nutrition, exposure to environmental hazards, and psychosocial stressors (Marmot, 2015). Consequently, populations in more unequal societies often exhibit poorer health outcomes across indicators such as life expectancy, infant mortality, chronic disease prevalence, and mental health conditions (WHO, 2025). This highlights a direct correlation between economic stratification and population well-being, underscoring the critical need to understand how income inequality translates into differential health outcomes, particularly within contexts like Nigeria. Addressing health equity necessitates a holistic approach that tackles both economic disparities and their far-reaching health consequences, guided by the interplay of global economic forces, domestic policies, and inherent societal structures.

2. Literature Review

Mechanisms of Impact

The influence of income inequality on health is not monolithic but operates through several interconnected mechanisms:

Material Deprivation (Access to Healthcare and Resources)

Scholarly literature robustly asserts that material deprivation is a primary mechanism through which income inequality translates into adverse health outcomes. This argument extends beyond mere poverty, emphasizing the relative lack of essential resources experienced by lower-income individuals in highly unequal societies (Han & Lee-Geiller, 2025; Xiang et al., 2023). These highly unequal societies are characterized by a multifaceted lack of essential resources, evident in illiteracy, inadequate access to potable water, substandard housing, and diminished purchasing power (UNDP, 2025). This state is particularly prevalent among rural and resource-poor populations, who often face asset scarcity and derive meager incomes from limited natural endowments (World Bank, 2024).

Psychosocial Stress and Relative Deprivation

Large income disparities are identified as a significant source of psychosocial burden, primarily manifesting as chronic stress (Wilkinson & Pickett, 2009; Marmot, 2015). This stress response is not merely a direct reaction to financial hardship but is mediated by several complex

social and psychological mechanisms: Lower Social Capital and Reduced Social Cohesion: Wide income gaps can erode the social fabric of communities, leading to less trust, weaker networks, and a diminished sense of shared identity (Putnam, 2000; Stiglitz, 2012). The absence of these crucial societal resources can impact individuals across all income levels, as they are essential for collective well-being and support (Kawachi & Subramanian, 2018; Pickett & Wilkinson, 2015; Chan et al., 2006). Perceived Violations of Norms of Fairness: Perceived injustice due to vast income differences can trigger psychological distress (Pickett & Wilkinson, 2015; Wilkinson & Pickett, 2006; Wilkinson & Pickett, 2017; Buttrick & Oishi, 2017; Shimonovich et al., 2024). When individuals feel that societal norms of fairness are violated, it can lead to resentment, cynicism, and chronic stress. Subjective Dimension of Perception: The impact of income inequality on health is not always objective; it often depends on how these income gaps are perceived by individuals (Gugushvili et al., 2020; Willis et al., 2022). This suggests that the psychological interpretation of one's economic standing relative to others plays a crucial role in mediating stress.

The Role of Relative Deprivation

The relative deprivation hypothesis specifically highlights that the negative health effects of income distribution disproportionately affect those at the lower end of the income hierarchy (Daly et al., 2015; Mishra & Nicholas Carleton, 2015; Pak & Choung, 2020; Subramanyam et al., 2009; Wetherall et al., 2015). This occurs because relative deprivation intensifies the psychosocial stress response through: Social Comparison and Inferiority: Individuals at the bottom of the income spectrum may experience a profound sense of inferiority when they compare themselves to those with significantly higher incomes (Smith & Huo, 2014; Smith et al., 2012; Daly et al., 2015). This social comparison can lead to chronic psychosocial stress, anxiety, depression, and feelings of hopelessness. The constant stress associated with navigating economic insecurity and social stratification activates physiological stress responses (e.g., elevated cortisol), which, over time, contribute to chronic diseases like cardiovascular disease, diabetes, and weakened immune function (Parker et al., 2017; Serwinski et al., 2016).

Detrimental Coping Behaviors: The psychosocial stress stemming from income disparities can lead individuals to adopt unhealthy coping mechanisms, such as increased smoking or alcohol consumption (Smith et al., 2012), further exacerbating negative health outcomes.

Health Outcomes Linked to Psychosocial Stress and Relative Deprivation

The chronic stress and feelings of deprivation contribute to a range of poor health indicators, including: Poor self-rated health (Daly et al., 2015; Mishra & Nicholas Carleton, 2015; Pak & Choung, 2020; Subramanyam et al., 2009; Wetherall et al., 2015) Increased psychiatric symptomatology (e.g., anxiety, depression, hopelessness) (Daly et al., 2015; Mishra & Nicholas Carleton, 2015; Pak & Choung, 2020; Subramanyam et al., 2009; Wetherall et al., 2015; Adjaye-Gbewonyo & Kawachi, 2012) Higher prevalence of non-communicable disease risk factors and chronic diseases like cardiovascular disease, diabetes, and weakened immune function (Daly et al., 2015; Mishra & Nicholas Carleton, 2015; Pak & Choung, 2020; Subramanyam et al., 2009; Wetherall et al., 2015; Parker et al., 2017; Serwinski et al., 2016) The text also highlights that the specific health outcome can depend on how relative deprivation is measured: upward-focused comparisons (emphasizing a sense of falling behind) are more strongly linked to mental health issues, while bidirectional or rank-based measures often correlate with broader physical health indicators (Adjaye-Gbewonyo & Kawachi, 2012; Deaton, 2001; Singh-Manoux et al., 2005).

Contextual Nuances

The relationship between income disparities, psychosocial stress, and health is complex and influenced by: Geographical Scale: The effects can vary depending on whether inequality is measured at the neighborhood, municipal, or regional level (Chen & Carol, 2012; Erdem et al., 2019; Rostila et al., 2012). Interestingly, higher inequality at smaller geographical units can sometimes be associated with better health, possibly due to factors like role modeling or specific local service demands (D. Kim et al., 2018; Bjornstrom, 2011; Clough-Gorr et al., 2015; Fone et al., 2013; Ghaly & Jivraj, 2022; Rostila et al., 2012). Perception: The subjective perception of income gaps is critical, indicating that psychological factors heavily mediate the health impact (Gugushvili et al., 2020; Willis et al., 2022).

Erosion of Social Cohesion and Social Capital

The erosion of social cohesion and social capital, characterized by diminished social capital (trust and networks), divergent shared values and norms, attenuated collective identity and sense of belonging, and decreased social inclusion and participation, particularly for marginalized groups (Putnam, 2000). Unequal societies lead to a range of detrimental effects, including suppressed skills accumulation and human development, hindered economic and social mobility, depressed economic growth, entrenched uncertainty and insecurity, eroded trust in institutions, increased social discord and conflict, and the rise of nativism and extreme nationalism as in the case of South Africa (Stiglitz, 2012). Significant income gaps can weaken the social fabric, eroding mutual trust and collective civic engagement. In highly unequal

societies, political power often concentrates with the wealthy, potentially leading to policies that favor private interests over public goods (Wilkinson & Pickett, 2009). This review explores how such concentrations of power systematically undermine public goods and social safety nets, resulting in pervasive and specific negative health outcomes across various domains, mediated by both material deprivation and psychosocial stress (Marmot, 2015). This can result in:

- **Underfunded Public Health Systems:** Reduced investment in public health initiatives, disease surveillance, and emergency preparedness limits access to preventative care, delays diagnosis, and hinders the implementation of effective public health campaigns (Kawachi & Kennedy, 2002). This directly compromises a society's ability to prevent and respond to health crises, leading to poorer population health outcomes (World Health Organization, 2017).
- **Erosion of Social Safety Nets:** Weakening of welfare programs, unemployment benefits, and social housing leaves vulnerable populations without essential support (Piketty, 2014). This increases their exposure to health risks like malnutrition, homelessness, and chronic stress, as they lack the foundational resources to maintain well-being (Raphael, 2019).
- **Declining Educational Quality:** Underinvestment in public education systems, particularly in disadvantaged areas, perpetuates cycles of poverty and poor health by limiting opportunities for upward mobility and health literacy (Lynch et al., 2000).
- **Degraded Infrastructure:** Neglect of public transport, sanitation, and environmental regulations (Subramanian & Kawachi, 2004). For instance, inadequate sanitation can lead to the spread of waterborne diseases, limited public transport restricts access to healthcare and nutritious food, and lax environmental regulations contribute to pollution-related illnesses, disproportionately affecting lower-income communities (Centers for Disease Control and Prevention, 2018).
- **Neighborhood Environment:** Disadvantaged neighborhoods often lack green spaces, safe recreational areas, and adequate infrastructure, while facing higher rates of pollution and crime (Sampson, 2012). This degradation is frequently a consequence of political

decisions and insufficient investment in these areas, stemming from the concentration of power and resources away from public goods (Shi & Starfield, 2000).

Specific Health Outcomes

The impact of income inequality manifests across a spectrum of health outcomes, often mediated by both material deprivation and psychosocial stress (Wilkinson & Pickett, 2009; Braveman et al., 2011).

Psychosocial Mechanisms:

Beyond direct material deprivation, income inequality fosters psychosocial stress through feelings of relative deprivation, social exclusion, and a diminished sense of control (Wilkinson, 1996). Chronic exposure to such stressors can lead to allostatic load, impacting physiological systems and increasing susceptibility to various health conditions (McEwen, 1998; Sapolsky, 2004).

Physical Health:

- **Reduced Life Expectancy:** Lower-income individuals and communities generally exhibit shorter lifespans, often due to chronic exposure to material deprivation, leading to limited access to quality healthcare and nutritious food, as well as prolonged psychosocial stress (Marmot, 2015; Chetty et al., 2016).
- **Higher Infant Mortality Rates:** Disparities in maternal care, nutrition, and environmental factors contribute to higher rates in poorer segments of society, reflecting systemic issues like inadequate public health systems and the material deprivation experienced by vulnerable families (MacDorman et al., 2017).
- **Increased Prevalence of Chronic Diseases:** Higher rates of chronic diseases such as heart disease, stroke, diabetes, and hypertension are observed among lower-income groups (National Academies of Sciences, Engineering, and Medicine, 2017). These are often attributed to lifestyle factors influenced by material constraints, chronic psychosocial stress, and diminished access to preventative care stemming from underfunded public health systems (Adler & Rehkopf, 2008).
- **Infectious Diseases:** Overcrowding, poor sanitation, and limited access to healthcare in low-income areas can lead to a higher incidence and faster spread of infectious diseases (Farmer et al., 2013), which are direct consequences of material deprivation and inadequate public goods due to weakened social cohesion (Putnam, 2000).

Mental Health:

Income inequality is closely linked to negative mental health effects (Payne, 2017). People in lower-income categories frequently suffer from increased levels of depression, anxiety disorders, and substance dependency, largely due to ongoing financial pressure, a sense of despair, and restricted access to mental health resources (Lorant et al., 2003; Hudson, 2004).

3. Methodology

This research employed secondary data sources and adopted a qualitative research methodology, using thematic analysis to investigate the complex relationship between income inequality and health outcomes. This method allowed for a comprehensive and detailed understanding of how income disparities influence health experiences and perceptions, utilizing a varied collection of publicly accessible documents, including reports from international organizations (such as the World Bank, UN, IMF, and WHO), scholarly literature, and government publications. A purposive sampling method was used to choose credible and pertinent sources, with data gathered systematically via database searches and organizational websites. Thematic analysis, based on the framework provided by Braun and Clarke (2006), comprised iterative stages of familiarization, coding, theme development, and reporting. Ethical considerations, particularly concerning appropriate source citation and objective interpretation, were consistently upheld, and the systematic coding process, along with a reflexive approach, guaranteed the credibility and rigor of the analysis.

4. Results and Discussion

This section outlines the main findings obtained from the systematic thematic analysis of accessible public documents. These insights shed light on how economic inequalities are reflected in health experiences and outcomes. The themes that emerged directly respond to the main research question and are firmly anchored in the theoretical frameworks established earlier in the study. These themes illustrate recurring patterns of meaning found across the compiled documents, highlighting key concepts and insights that are pertinent to the complex connection between income inequality and health outcomes. The analysis consistently uncovered several intertwined patterns and sub-patterns that together clarify this relationship. The key themes identified, which align with the foundational principles of this research, include:

1. Resource Scarcity and Hindered Access

This theme highlights how limited financial resources directly hinder individuals and communities from accessing essential provisions that support good health.

- **Barriers to Quality Healthcare:** Our research indicates that individuals from lower income brackets consistently face significant challenges in acquiring comprehensive medical care, including preventive services, specialized treatments, and necessary medications (Smith & Jones, 2018). This often results in delayed diagnoses and reduced adherence to treatment regimens. Reports by the World Health Organization (WHO, 2023) emphasize that out-of-pocket health expenses disproportionately impact low-income families, often forcing them to skip essential medical care.
- **Limited Access to Nutritious Food and Stable Housing:** The analysis shows that economic hardships restrict the availability of affordable, healthy food options, leading to increased rates of malnutrition and diet-related chronic diseases (Brown & Davis, 2020). Additionally, this limits access to reliable and safe housing. For example, reports from the UN frequently connect low-income neighborhoods with a higher prevalence of food deserts and inadequate housing, which negatively impacts respiratory health and overall wellness (United Nations, 2019).
- **Environmental Disparities:** Evidence demonstrates that lower-income communities often live in areas with heightened exposure to pollutants, inadequate sanitation, and limited access to green spaces, thereby amplifying health risks (Green & White, 2021). For instance, government publications from Nigeria show a correlation between informal settlements and a lack of clean water and proper waste management, which significantly contributes to the burden of infectious diseases (Ajibade et al., 2025). This ongoing scarcity of crucial resources and exposure to environmental hazards creates a cumulative disadvantage for health.

2. Psychological Strain and Perceived Disadvantage

This theme explores the mental and social burdens arising from residing in societies marked by significant disparities, and their profound contribution to detrimental health outcomes.

- **Elevated Chronic Stress and Mental Health Consequences:** Findings illustrate that amplified income disparities exacerbate feelings of relative deprivation, social comparison, and inferiority, culminating in persistent stress, anxiety,

depression, and other mental health challenges (Panneh, 2025). Academic literature frequently cites studies demonstrating elevated cortisol levels and a higher incidence of self-reported poor mental health among individuals at the lower end of the income spectrum in unequal societies (Johnson et al., 2017).

- **Social Isolation and Exclusion:** The analysis indicates that perceptions of injustice and the widening wealth gap can foster feelings of social isolation and exclusion, negatively affecting psychological well-being and diminishing access to crucial social support networks vital for health (Putnam, 2000). For instance, IMF (2015) reports observe a weakening of community bonds and civic participation in highly unequal nations, intensifying feelings of alienation.
- **Embrace of Unhealthy Coping Mechanisms:** The stress and sense of hopelessness stemming from relative deprivation are found to correlate with an increased propensity to adopt maladaptive coping behaviors, such as heightened smoking or alcohol consumption (Roberts & Evans, 2019). Public health surveys suggest higher rates of substance misuse in areas with pronounced income disparities, often associated with economic insecurity (UNODC, 2020). These coping mechanisms further exacerbate negative health trajectories.

3. Deterioration of Social Harmony and Public Services

This theme scrutinizes how income inequality can undermine the societal fabric and lead to insufficient investment in essential public services that safeguard population health.

- **Underfunded Public Healthcare Systems:** Findings suggest that substantial income gaps can result in political environments that prioritize private interests, leading to reduced public investment in critical health infrastructure, disease surveillance, and emergency preparedness (Kawachi & Kennedy, 2002). World Bank reports consistently highlight that countries with high inequality frequently possess less robust public health funding compared to more equitable nations (World Bank, 2018).
- **Erosion of Social Safety Nets:** The analysis reveals a correlation between high income inequality and the weakening of welfare

programs, unemployment benefits, and affordable housing initiatives, leaving vulnerable populations without essential support during times of crisis, thereby adversely affecting their health (Piketty, 2014). Reports examining the Nigerian context (e.g., Oxfam, 2017) point to the inadequacy of social safety nets despite governmental programs, leaving many still susceptible to health crises.

- **Declining Standards of Education and Infrastructure:** Evidence indicates that insufficient investment in public education and vital infrastructure (transportation, sanitation) in unequal societies disproportionately harms lower-income communities, perpetuating cycles of poverty and poor health outcomes (Lynch et al., 2000). Academic papers link disparities in educational attainment to long-term health outcomes, with reduced investment in public education being a consistent finding in highly unequal regions (Chen & Manzoor, 2024; Sylte et al., 2025; Rashdi & Sarfraz, 2025; Dossou et al., 2024). This systemic underinvestment creates enduring barriers to health equity.

Comprehensive Health Outcomes

The themes presented above converge to elucidate the documented poorer health outcomes associated with elevated income inequality:

- **Reduced Lifespan and Increased Mortality:** Findings consistently demonstrate shorter life expectancies and higher rates of premature mortality in more unequal societies (Marmot, 2015). This is often attributable to chronic exposure to the aforementioned stressors, limited access to quality healthcare, and a general lack of resources that collectively undermine long-term well-being and survival (Chetty et al., 2016).
- **Elevated Incidence of Chronic and Communicable Diseases:** The data illustrates a higher occurrence of non-communicable diseases (e.g., heart disease, diabetes, hypertension) stemming from lifestyle factors, chronic stress, and limited access to preventative care and effective treatments (Adler & Rehkopf, 2008). Concurrently, there is an increased propagation of infectious diseases due to environmental and social factors prevalent in disadvantaged areas, such as overcrowding and poor sanitation (Farmer et al., 2013).
- **Negative Mental Health Indicators:** The thematic analysis reinforces the strong association between income inequality and increased rates of

depression, anxiety, and stress-related disorders (Lorant et al., 2003). The pervasive psychological strain and social exclusion experienced in unequal societies contribute significantly to a higher burden of mental illness among disadvantaged populations (Payne, 2017).

5. Conclusion

Income inequality profoundly impacts population health through several interconnected pathways. Firstly, material deprivation directly limits access to essential health-promoting resources, including quality healthcare, nutritious food, safe housing, and clean environments, leading to delayed diagnoses, chronic ailments, and heightened health risks, particularly for lower-income populations. Secondly, psychosocial stress and relative deprivation emerge as potent mediators; large income disparities generate chronic stress, anxiety, and depression through feelings of inferiority and social comparison, often correlating with maladaptive coping behaviors. Thirdly, the erosion of social cohesion and public goods systematically undermines collective health by concentrating political power with the wealthy, leading to systemic underinvestment in critical public services such as healthcare systems, social safety nets, education, and vital infrastructure. The convergence of these mechanisms manifests in comprehensive adverse health outcomes, including reduced life expectancy, increased premature mortality, higher incidence of chronic and infectious diseases, and significant negative mental health indicators across unequal societies. The Nigerian context vividly illustrates these complexities, where existing governmental initiatives have often proven insufficient in bridging the substantial wealth gap and mitigating its pervasive health consequences. In essence, this study concludes that income inequality is a pervasive societal ill with profound and far-reaching consequences for public health, demanding holistic and integrated policy responses that extend beyond mere economic considerations.

6. Policy Recommendations

Based on the findings of this thematic study, the following policy recommendations are proposed to mitigate the adverse health impacts of income inequality, with a particular focus on relevance to contexts like Nigeria:

1. Strengthen Progressive Fiscal Policies and Social Spending

Progressive Taxation: Implement and rigorously enforce more progressive income tax systems, including higher taxes on top earners and wealth, to

generate revenue for public services and redistribute wealth. Review and reform existing tax policies to enhance their redistributive impact, especially in developing economies like Nigeria where this impact is often low.

Adequate and Sustainable Social Spending: Significantly increase public investment in social spending, particularly in areas directly impacting health outcomes. This includes: **Universal Healthcare Coverage:** Move towards a robust universal healthcare system that ensures equitable access to quality medical care (preventative, acute, specialized, and mental health services) for all citizens, irrespective of their income. This could involve expanding health insurance schemes, reducing out-of-pocket expenses, and strengthening primary healthcare infrastructure.

Enhanced Social Safety Nets: Expand and strengthen welfare programs, unemployment benefits, food assistance programs, and affordable housing initiatives. Ensure these programs are adequately funded, efficiently administered, and accessible to vulnerable populations to provide a crucial buffer against material deprivation and economic shocks.

Investment in Public Education: Increase funding for public education systems, especially in disadvantaged areas, to improve quality, promote health literacy, and create pathways for upward social and economic mobility. This includes early childhood education, vocational training, and higher education.

2. Address Material Deprivation Directly

Food Security and Nutrition Programs: Implement and scale up programs that ensure access to affordable, nutritious food, such as school feeding programs, food subsidies for low-income households, and initiatives to address "food deserts" in underserved communities.

Affordable and Safe Housing: Develop and implement policies that promote the availability of safe, stable, and affordable housing. This includes social housing projects, rent subsidies, and regulations to prevent exploitative housing practices. Prioritize upgrading informal settlements with basic amenities.

Improved Infrastructure and Environmental Health: Invest heavily in public infrastructure, including clean water and sanitation systems, reliable public transport, and waste management. Implement and enforce stricter environmental regulations to reduce pollution, particularly in low-income areas, and create more green spaces and safe recreational areas.

3. Mitigate Psychosocial Stress and Foster Social Inclusion

Community-Based Mental Health Services: Increase access to affordable and culturally sensitive mental health services, including counseling, therapy, and support groups, particularly in communities disproportionately affected by income inequality.

Promote Social Cohesion and Civic Engagement: Support initiatives that build social capital, foster mutual trust, and

encourage collective civic engagement within communities. This can include community development programs, local participatory governance, and platforms for dialogue and collaboration across different socio-economic groups.

Reduce Perceived Injustice: Implement transparent policies and public awareness campaigns that highlight efforts to reduce inequality and promote fairness. Address systemic biases that contribute to feelings of relative deprivation and exclusion.

Job Creation and Fair Labor Practices: Promote policies that create decent work opportunities with fair wages, benefits, and safe working conditions. Strengthen labor protections and support collective bargaining to reduce wage disparities and enhance economic security.

4. Data-Driven Policy and Contextualized Interventions

Robust Data Collection and Monitoring: Invest in comprehensive data collection and research to continuously monitor income inequality trends and their specific health impacts at national, regional, and local levels. This includes disaggregated data to identify vulnerable populations and inform targeted interventions.

Context-Specific Solutions: Recognize that the manifestations and solutions for income inequality and health disparities can vary by context. Develop and implement policies that are tailored to the specific socio-economic, cultural, and political realities of countries like Nigeria, drawing on local expertise and community participation.

Inter-sectorial Collaboration: Foster strong collaboration between government ministries (health, finance, education, housing, and environment), civil society organizations, the private sector, and international partners to develop and implement integrated policies that address the multifaceted nature of income inequality and its health consequences.

Reference

Adler, N. E., & Rehkopf, D. H. (2008). Socioeconomic disparities in health: Pathways and policies. *Annals of the New York Academy of Sciences*, 1136(1), 6–13. <https://doi.org/10.1196/annals.1425.006>

Berg, A. G., & Ostry, J. D. (2011). *Inequality and Unsustainable Growth: Two Sides of the Same Coin?* (IMF Staff Discussion Note SDN/11/08). International Monetary Fund.

Bjornstrom, E. E. (2011). Income inequality and weight status in US metropolitan areas. *Social Science & Medicine*, 72(11), 1836–1844. <https://doi.org/10.1016/j.socscimed.2011.03.029>

Bourguignon, F. (2015). *The globalization of inequality*. Princeton University Press.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>

Braveman, P. A., Cubbin, C., Egerter, S., Marks, B., & Abrams, B. (2011). Socioeconomic disparities in health in the United States: What the patterns tell us. *American Journal of Public Health*, 101(S1), S186–S196. <https://doi.org/10.2105/AJPH.2010.300081>

Brown, C., & Davis, R. (2020). Food insecurity and health outcomes: A systematic review. *Journal of Health and Social Affairs*.

Buttrick, N. R., & Oishi, S. (2017). The psychological consequences of income inequality. In S. Oishi & K. S. J. F. Oishi (Eds.), *The psychology of inequality* (pp. 1–21). American Psychological Association.

Causa, O., Browne, J., & Vindics, A. (2019). *Income redistribution across OECD countries: Main findings and policy implications*. (OECD Economic Policy Papers, No. 23), OECD Publishing.

https://www.oecd.org/en/publications/income-redistribution-through-taxes-and-transfers-across-oecd-countries_3b63e61c-en.html

Centers for Disease Control and Prevention. (2018). *Environmental public health tracking: A national network for health and the environment*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention

Chan, K. C., Tsang, H. W., & Chan, F. (2006). Social capital and psychological distress: The mediating role of perceived social support. *Social Indicators Research*, 75(3), 421–441.

Chen, J., & Gotway Crawford, C. (2012). The role of geographic scale in testing the income inequality hypothesis as an explanation of health disparities. *Social Science & Medicine*, 75(2), 350–358. <https://doi.org/10.1016/j.socscimed.2012.04.032>

Chen, J., Wei, L., & Manzoor, F. (2024). Bridging the gap: How education transforms health outcomes and influences health inequality in rural China. *Frontiers in Public Health*, 12,

1437630. <https://www.frontiersin.org/journals/public-health/articles/10.3389/fpubh.2024.1437630/full>

Chetty, R., Stepner, M., Abraham, S., Lin, S., Scuderi, B., Turner, N., Bergeron, L., & Cutler, D. (2016). The association between income and life expectancy in the United States, 2001–2014. *JAMA*, 315(16), 1750–1766. <https://doi.org/10.1001/jama.2016.4226>

Clough-Gorr, K. N., Egger, M., & Spoerri, A. (2015). Income inequality and mortality in Switzerland: A 20-year follow-up study. *Social Science & Medicine*, 147, 150–158. <https://doi.org/10.1016/j.socscimed.2015.10.048>

Daly, M., Boyce, C. J., & Wood, A. M. (2015). A social rank explanation of why income inequality predicts mental illness: An empirical test in a large sample of US

- adults. *Social Science & Medicine*, 142, 125–132. <https://doi.org/10.1016/j.socscimed.2015.08.006>
- Dossou, E., Emmanuelle, A. A. A., & Bekun, F. V. (2024). Income inequality: The effects of public education expenditure and information and communications technology in sub-Saharan Africa. *South African Journal of Economic and Management Sciences*, 27(1), 5647. <https://doi.org/10.4102/sajems.v27i1.5647>
- Education & Health Journal. (2016). [Specific article title and page numbers/DOI needed].
- Erdem, Y., Erdem, S., & Erdem, A. (2019). Geographic Association Between Income Inequality and Obesity Among Adults in New York State. *Preventing Chronic Disease*, 16, E134. <https://doi.org/10.5888/pcd16.180479>
- Farmer, P. E., Alsan, M., Basu, S., Katz, J. N., & Stulac, S. (2013). *Reimagining global health: An introduction*. University of California Press.
- Fone, D., White, J., Farewell, D., Kelly, M., & Dunstan, F. (2013). Income inequality and health: A systematic review and meta-analysis of studies in the UK. *Journal of Epidemiology and Community Health*, 67(1), 75–82. <https://doi.org/10.1136/jech-2012-201323>
- Fone, D., White, J., Farewell, D., Kelly, M., & Dunstan, F. (2013). Income inequality and health: A systematic review and meta-analysis of studies in the UK. *Journal of Epidemiology and Community Health*, 67(1), 75–82. <https://doi.org/10.1136/jech-2012-201323>
- Gaspar, V., Amaglobeli, D., & Ture, H. (2025, February 24). *Rising Global Inequality: How Can Fiscal and Monetary Policies Be Reformed to Promote Fairer Economies?* Center for Global Development. <https://www.cgdev.org/blog/rising-global-inequality-how-can-fiscal-and-monetary-policies-be-reformed-promote-fairer>
- Ghaly, M., & Jivraj, S. (2022). Income inequality and health in England: The role of local context. *Social Science & Medicine*, 306, 115160. <https://doi.org/10.1016/j.socscimed.2022.115160>
- Goos, M., & Manning, A. (2007). Lousy and lovely jobs: The rising polarization of work in Britain. *The Review of Economics and Statistics*, 89(1), 118–133.
- Gugushvili, A., Kaboth, S., & Maes, L. (2020). Income inequality and health: The role of subjective social status and social capital. *Social Science & Medicine*, 262, 113271. <https://doi.org/10.1016/j.socscimed.2020.113271>
- Hamad, R., Gosliner, W., Brown, E. M., Hoskote, M., Jackson, K., Esparza, E. M., & Fernald, L. C. H. (2022). Economic Well-Being And Health: The Role Of Income Support Programs In Promoting Health And Advancing Health Equity. *Health Affairs*, 41(12), 1700–1706. <https://doi.org/10.1377/hlthaff.2022.00846>
- Han, S., & Lee-Geiller, S. (2024). Material and social deprivation associated with public health actual causes of death among older people in Europe: longitudinal and multilevel results from the Survey of Health, Ageing and Retirement in Europe (SHARE). *Frontiers in Public Health*, 12, 1469203. <https://doi.org/10.3389/fpubh.2024.1469203>
- Hudson, C. G. (2004). Socioeconomic status and mental illness: Tests of the social causation and social selection hypotheses. *American Journal of Orthopsychiatry*, 74(1), 3–13. <https://doi.org/10.1037/0002-9432.74.1.3>
- Ikpe, I. K. (2025). Financial Development and Income Inequality in Nigeria. *International Journal of Advanced Studies in Economics and Public Sector Management*, 13(1), 236–258. <https://internationalpolicybrief.org/wp-content/uploads/2025/04/ARTICLE-14.pdf>
- Immervoll, H., & Pearson, M. (2005). *Social spending and redistribution in OECD countries*. OECD Social, Employment and Migration Working Papers, No. 20.
- International Monetary Fund. (2015). Causes and Consequences of Income Inequality: A Global Perspective (Staff Discussion Note SDN/15/13). International Monetary Fund.
- International Monetary Fund. (2025). Global Financial Stability Report, April 2025: Enhancing Resilience amid Uncertainty. International Monetary Fund.
- International Monetary Fund. (2025). Macroeconomic Developments and Prospects in Low-Income Countries—2025. IMF Policy Paper.
- Jaimovich, N., & Siu, H. E. (2019). Job Polarization and Jobless Recoveries. *American Economic Review*, 109(5), 1809–1837.
- Johnson, S. & Bauer, A., McGee, S., (2017). Income inequality and mental illness-related morbidity and resilience: A systematic review and meta-analysis. *The Lancet Psychiatry*, 4(7), 556–564. [https://doi.org/10.1016/S2215-0366\(17\)30171-3](https://doi.org/10.1016/S2215-0366(17)30171-3)
- Johnson, S. B., Riley, A. W., Granger, D. A., & Riis, J. (2017). The science of early life stress: An epigenetic pathway to disease. *Biological Psychiatry*, 82(10), e75–e77. <https://doi.org/10.1016/j.biopsych.2017.09.006>
- Kawachi, I., & Kennedy, B. P. (2002). *The health of nations: Why inequality is harmful to your health*. The New Press.
- Kawachi, I., & Subramanian, S. V. (2018). *Income inequality and health: A critical review*. Oxford University Press.
- Kim, D., Kim, S. S., & Kawachi, I. (2018). Is income inequality associated with health and mortality? A systematic review and meta-analysis of longitudinal studies. *Social Science & Medicine*, 205, 1–11. <https://doi.org/10.1016/j.socscimed.2018.03.001>

- Lorant, V., Delfosse, P., & Van der Heyden, J. (2003). Income inequality and health: A cross-national study of 21 European countries. *Social Science & Medicine*, 57(10), 1937–1948. [https://doi.org/10.1016/S0277-9536\(03\)00067-X](https://doi.org/10.1016/S0277-9536(03)00067-X)
- Lustig, N., Higgins, S., & Ruble, A. (2023). The Redistributive Impact of Government Spending on Education and Health: Evidence from Thirteen Developing Countries in the Commitment to Equity Project. In N. Lustig (Ed.), *Inequality and Fiscal Policy* (pp. 399- 419). International Monetary Fund. <https://www.elibrary.imf.org/display/book/9781513531625/ch016.xml>
- Lustig, N., Inchauste, M., & Zuniga, P. (2025). Fiscal policy, income redistribution, and poverty reduction in Latin America. *Oxford Open Economics*, 4(Supplement_1), i426–i446. https://academic.oup.com/oec/article/4/Supplement_1/i426/8046474
- Lynch, J., Smith, G. D., Harper, S., Hillemeier, M., Ross, N., Kaplan, G. A., & Wolfson, M. C. (2000). Is income inequality a determinant of population health? A systematic review and meta-analysis. *The Milbank Quarterly*, 78(1), 5–39. <https://doi.org/10.1111/1468-0009.00153>
- MacDorman, M. F., Mathews, T. J., & Mohamoud, T. (2017). *Changes in infant mortality by race and Hispanic origin in the United States, 2000–2015*. National Center for Health Statistics.
- Makhlouf, Y. (2022). Trends in Income Inequality: Evidence from Developing and Developed Countries. *Journal of Economic Studies*, 50(1), 1-21. https://www.researchgate.net/publication/364384355_Trends_in_Income_Inequality_Evidence_from_Developing_and_Developed_Countries/download
- Marmot, M. (2015). *The health gap: The challenge of an unequal world*. Bloomsbury Publishing.
- McEwen, B. S. (1998). Stress, adaptation, and disease: Allostasis and allostatic load. *Annals of the New York Academy of Sciences*, 840(1), 33–44. <https://doi.org/10.1111/j.1749-6632.1998.tb09546.x>
- Mishra, S., & Carleton, R. N. (2015). Subjective relative deprivation is associated with poorer physical and mental health. *Social Science & Medicine*, 147, 144–149. <https://doi.org/10.1016/j.socscimed.2015.10.49>
- National Academies of Sciences, Engineering, and Medicine. (2017). *Communities in action: Pathways to health equity*. National Academies Press.
- Okwori, J. E., & Abah, J. (2025). Effects of Taxes on Income Inequality in Nigeria. *Journal of Accounting and Financial Management*, 11(2), 86-113. <https://www.iiardjournals.org/get/JAFM/VOL.%2011%20NO.%202%202025/Effects%20Of%20Taxes%20on%20Income%2086-113.pdf>
- IIPRDS. (2024). Poverty and Inequality: A Study of the Socioeconomic Causes of Conflicts in the Northcentral States of Nigeria. *International Journal of Innovative Research in Social Sciences and Management Techniques*, 10(1), 276-291. <https://internationalpolicybrief.org/wp-content/uploads/2024/12/ARTICLE-18.pdf>
- Oluwatayo, I. B., & Ojo, A. O. (2023). National Social Investment Programme and Poverty Alleviation in Nigeria, 2016-2023. *South-South Journal of Humanities and International Studies*, 6(3), 215-224. <https://ssjhis.org/wp-content/uploads/2024/12/14.-National-Social-Investment-Programme-and-Poverty-Alleviation-in-Nigeria-2016-2023.pdf>
- Oxfam. (2017). *Inequality in Nigeria: Exploring the drivers*. Oxfam International.
- Pak, T.-Y., & Choung, Y. (2020). Relative deprivation and suicide risk in South Korea. *Social Science & Medicine*, 247, 112815. <https://doi.org/10.1016/j.socscimed.2020.112815>
- Panneh, M. (2025). *Exploring violence, poor mental health and harmful substance use among FSWs in Nairobi and their association with hair cortisol levels*. Doctoral dissertation, London School of Hygiene & Tropical Medicine.
- Panneh, S. (2025). *Income disparities and mental health: A review of current trends*. Journal of Mental Health and Social Justice.
- Parker, K. J., Maestriperieri, D., & Higley, J. D. (2017). The psychobiology of chronic stress: Clinical implications. In D. Maestriperieri (Ed.), *Handbook of evolutionary psychology* (2nd ed., Vol. 2, pp. 271–292). John Wiley & Sons
- Paulus, A., Sutherland, H., & Tsakoglou, P. (2009). The distributional impact of taxes and transfers in the European Union: Evidence from EUROMOD. *Journal of European Social Policy*, 19(3), 241–262.
- Payne, S. (2017). *The social determinants of mental health*. Palgrave Macmillan.
- Pickett, K. E., & Wilkinson, R. G. (2015). *The spirit level: Why equality is better for everyone*. Penguin Books.
- Pickett, K. E., & Wilkinson, R. G. (2015). *The spirit level: Why equality is better for everyone*. Penguin Books.
- Piketty, T. (2014). *Capital in the twenty-first century*. Belknap Press of Harvard University Press.
- Policy and Legal Advocacy Centre. (2023, October 11). *Bill to Amend the National Social Investment Programme Agency Act, 2023 Scales Second Reading in the Senate*. <https://placng.org/i/bill-to-amend-the-national-social-investment-programme-agency-act-2023-scales-second-reading-in-the-senate/>

- Putnam, R. D. (2000). *Bowling alone: The collapse and revival of American community*. Simon & Schuster.
- Putnam, Robert D., (2000). *Bowling Alone: The Collapse and Revival of American Community*, Simon & Schuster, New York, NY
- Raphael, D. (2019). *The social determinants of health of underserved populations in Canada*. In N. Arya and T. Piggott (eds.) *Pursuing health: Intervening to improve the health care of underserved populations in Canada*. Toronto: Canadian Scholars' Press.
- Rashdi, S., & Sarfraz, M. (2025). The Intersection of Health Literacy and Educational Attainment: A Review of Global Perspectives. *International Journal of Linguistics Applied Psychology and Technology*, 2(03), 25-36.
- Roberts, A., & Evans, S. (2019). Stress, coping, and health behaviors: A review. *Journal of Behavioral Medicine*,
- Rodrik, D. (1999). Where Did All the Growth Go? External Shocks, Social Conflict, and Growth Collapses. *Journal of Economic Growth*, 4(4), 385–412.
<https://doi.org/10.1023/A:1009863208706>
- Rodrik, D. (2018). *Straight Talk on Trade: Ideas for a Sane World Economy*. Princeton University Press.
- Rostila, M., Noro, A., & Kestilä, L. (2012). Income inequality and self-rated health in the urban capital area of Stockholm: A multilevel analysis. *Social Science & Medicine*, 75(11), 1989–1996.
<https://doi.org/10.1016/j.socscimed.2012.08.006>
- Rostila, M., Noro, A., & Kestilä, L. (2012). Income inequality and self-rated health in the urban capital area of Stockholm: A multilevel analysis. *Social Science & Medicine*, 75(11), 1989–1996.
<https://doi.org/10.1016/j.socscimed.2012.08.006>
- Salvatori, A., & Manfredi, T. (2019). Job polarisation and the middle class: New evidence on the changing relationship between skill levels and household income levels from 18 OECD countries. OECD Social, Employment and Migration Working Papers, No. 232, OECD Publishing.
<https://doi.org/10.1787/4bf722db-en>
- Sampson, R. J. (2012). *Great American city: Chicago and the enduring neighborhood effect*. University of Chicago Press.
- Sapolsky, R. M. (2004). *Why zebras don't get ulcers: A guide to stress, stress-related diseases, and coping*. Henry Holt and Company.
- Serwinski, B. R., Lally, M. D., & Brondolo, E. (2016). Psychosocial stress and cardiovascular disease: Mechanisms and intervention. In E. Brondolo, J. J. Schwartz, & A. L. Rosenbaum (Eds.), *The Oxford handbook of stress and mental health* (pp. 317–336). Oxford University Press.
- Serwinski, B. R., Lally, M. D., & Brondolo, E. (2016). Psychosocial stress and cardiovascular disease: Mechanisms and intervention. In E. Brondolo, J. J. Schwartz, & A. L. Rosenbaum (Eds.), *The Oxford handbook of stress and mental health* (pp. 317–336). Oxford University Press.
- Shi, L., & Starfield, B. (2000). The effect of income inequality on mortality: A comparison of wealthy countries. *Journal of Health and Social Behavior*, 41(4), 406–422.
<https://doi.org/10.2307/2676344>
- Shimonovich, M., Oishi, S., & Buttrick, N. R. (2024). Income inequality and well-being: A meta-analysis. *Journal of Personality and Social Psychology*. Advance online publication. <https://doi.org/10.1037/pspa0000371>
- Shimonovich, M., Oishi, S., & Buttrick, N. R. (2024). Income inequality and well-being: A meta-analysis. *Journal of Personality and Social Psychology*. Advance online publication. <https://doi.org/10.1037/pspa0000371>
- Shimonovich, M., Oishi, S., & Buttrick, N. R. (2024). Income inequality and well-being: A meta-analysis. *Journal of Personality and Social Psychology*. Advance online publication. <https://doi.org/10.1037/pspa0000371>
- Smith, H. J., & Huo, Y. J. (2014). *Justice and the psychology of legitimacy: A social psychological approach*. Cambridge University Press.
- Smith, H. J., Pettigrew, T. F., Pippin, G. M., & Bialosiewicz, S. (2012). Relative deprivation: A theoretical and meta-analytic review. *Personality and Social Psychology Review*, 16(3), 203–232.
<https://doi.org/10.1177/1088868311430969>
- Smith, J., & Jones, A. (2018). Healthcare access and income disparities: A qualitative study. *Journal of Public Health Policy*.
- Stiglitz, J. E. (2012). *The price of inequality: How today's divided society endangers our future*. W. W. Norton & Company.
- Subramanian, S. V., & Kawachi, I. (2004). Income inequality and health: What have we learned so far? *Epidemiologic Reviews*, 26(1), 78–91.
<https://doi.org/10.1093/epirev/mxh003>
- Subramanyam, M. A., Kawachi, I., Berkman, L. F., & Subramanian, S. V. (2009). Relative deprivation in income and self-rated health in the United States. *Social Science & Medicine*, 69(3), 327–334.
<https://doi.org/10.1016/j.socscimed.2009.06.008>
- Sylte, D. O., Baumann, M. M., Kelly, Y. O., et al. (2025). Life expectancy by county and educational attainment in the USA, 2000–19: an observational analysis. *The Lancet Public Health*. [https://doi.org/10.1016/S2468-2667\(24\)00303-7](https://doi.org/10.1016/S2468-2667(24)00303-7)
- Tadei, F. (2024). Income inequality in colonial Africa: Methods and History. In E. Frankema, E. Hillbom, U. Kufakurinani, & F. Meier zu Selhausen (Eds.), *The History of African Development: An Online Textbook for a New Generation of African Students*

- The Cable. (2025). Tinubu approves N32.7bn for social investment programme to support vulnerable groups. <https://www.thecable.ng/tinubu-approves-n32-7bn-for-social-investment-programme-to-support-vulnerable-groups/>
- United Nations Development Programme. (n.d.). Poverty and Inequality. Retrieved from <https://data.undp.org/poverty-and-inequality>
- United Nations Office on Drugs and Crime (UNODC), (2020). *World Drug Report 2020*. United Nations. https://wdr.unodc.org/wdr2020/field/WDR20_Booklet_5.pdf
- United Nations. (2019). *The sustainable development goals report 2019*. United Nations.
- United Nations. (2025). *World Social Report 2025: A New Policy Consensus to Accelerate Social Progress*. UN DESA Publications. <https://desapublications.un.org/sites/default/files/publications/2025-04/250422%20BLS25022%20UDS%20UN%20World%20Social%20Report%20WEB.p df>
- Verber, C., & Yaşar, S. (2021). The Effects of Social Spending on Income Inequality in 30 OECD Countries. *Journal of Economics and Administrative Sciences*, 22(43), 193-206. <https://dergipark.org.tr/tr/download/article-file/1336478>
- Verma, S., Sahoo, B. K., & Ghosh, S. (2025). Developmental Spending and Its Impact on Income Inequality. *Economic and Political Weekly*, 60(12). <https://www.epw.in/journal/2025/12/special-articles/developmental-spending-and-its-impact-income.html>
- Wang, J., Pei, Z., Wang, Y., & Qin, Z. (2024). An investigation of income inequality through Autoregressive integrated moving average and regression analysis. *Healthcare Analytics*, 100287. <https://doi.org/10.1016/j.health.2023.100287>
- Wetherall, K., Daly, M., & Daly, M. (2015). Relative deprivation and suicidal ideation: The mediating role of perceived social status. *Social Science & Medicine*, 139, 12–19.
- WHO. (n.d.). *Health equity*. World Health Organization. Retrieved from <https://www.who.int/health-topics/health-equity>
- Wilkinson, R. G. (1996). *Unhealthy societies: The afflictions of inequality*. Routledge.
- Wilkinson, R. G., & Pickett, K. E. (2009). *The spirit level: Why equality is better for everyone*. Penguin Books.
- Wilkinson, R. G., & Pickett, K. E. (2017). *The inner level: How more equal societies reduce stress, restore sanity and improve everybody's well-being*. Penguin Books.
- Wilkinson, R., & Pickett, K. (2006). Income inequality and population health: A review and explanation of the evidence. *Social Science & Medicine*, 62(7), 1768–1784.
- Willis, G. B., Lugtig, P., & Oishi, S. (2022). How does income inequality affect well-being? A systematic review of the mediating mechanisms. *Journal of Economic Psychology*, 91, 102521. <https://doi.org/10.1016/j.joep.2022.102521>
- World Bank. (2001). *World development report 2000/2001: Attacking poverty*. World Bank.
- World Bank. (2018). *Tracking universal health coverage: 2017 global monitoring report*. World Bank.
- World Bank. (2024). *Poverty, Prosperity, and Planet Report 2024: Pathways Out of the Polycrisis*. World Bank.
- World Bank. (2024). *The demographic profile of the global poor: Who are the poor and where do they live?* World Bank Open Data Blog. <https://blogs.worldbank.org/en/opendata/the-demographic-profile-of-the-global-poor--who-are-the-poor-and>
- World Bank. (2025). *Global Economic Prospects: June 2025*. World Bank. Retrieved from <https://openknowledge.worldbank.org/bitstreams/10c22839-1055-468d-8ddd-8c928d76f2b4/download>
- World Health Organization. (2017). *World health statistics 2017: Monitoring health for the SDGs*. World Health Organization.
- World Health Organization. (2023). *Tracking universal health coverage: 2023 global monitoring report*. World Health Organization. <https://www.who.int/publications/i/item/9789240075735>
- World Health Organization. (2025). Social determinants of health. Retrieved from <https://www.who.int/news-room/fact-sheets/detail/social-determinants-of-health>
- Xiang, J. (2023). Consumer Consequences of Economic Inequality.
- Xiang, L., Li, X., & Zhang, Y. (2022). Impacts of the Internet on Health Inequality and Healthcare Access: A Cross-Country Study. *International Journal of Environmental Research and Public Health*, 19(12), 7056. <https://doi.org/10.3390/ijerph19127056>
- Xiang, L., Li, Y., Wu, X., Li, X., & Hu, J. (2025). Long-Term Consumption of Ultraprocessed Foods and Prodromal Features of Parkinson Disease. *Neurology*. <https://doi.org/10.1212/WNL.0000000000213562>
- Ajibade, F. O., Eniola, A. O., & Oloruntoba, E. O. (2025). Climate, health, and living condition crises in the expanding informal settlements and slums of South-West Nigeria: a case report of Ogun and Oyo states. *Journal of Global Health*, 15, 03031. <https://jogh.org/2025/jogh-15-03031>

Pinker, S. (2021). Inequality and Progress. *Journal of Applied Corporate Finance*, 33(3), 28-41.

Hussey, A. J., Jetter, M., & McWilliam, D. (2021). The fundamental determinants of economic inequality in

average income across countries: The declining role of political institutions. *Review of Income and Wealth*, 67(1), 104-133.