

Ten-hut: New discoveries on how military organization affects civilians

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Researchers are reporting new discoveries about how militarization affects the general, civilian population, and the biggest positive impact is adequate sanitation and access to education. The research led by Steve Carlton-Ford, professor and head of the University of Cincinnati Sociology Department, was presented at the 109th meeting of the American Sociological Association in San Francisco.

Pooling data from UNICEF, the World Bank, the Peace Research Institute of Oslo (PRIO) the Integrated Network for Societal Conflict Research and the Quality of Government Institute, the study examined country-level availability of safe water, sanitary facilities, percentage of educated population and impact of what is considered a standard measure of population well-being – [child mortality](#) – in a time-series sample from 1996-2008.

"There has been speculation that there are positive aspects of social militarization, with the belief that building up these armies means building up infrastructure, which would benefit the general population," explains Carlton-Ford. "In that regard, there's the belief that in order to build a strong army, there needs to be an educated population, a good food supply, health care investment, sanitation and water, a developed agriculture, good transportation and industry. However, there has also been the counter argument that militarization draws money away from those investments."

The researchers checked data from 148 countries, focusing on the

effects of social militarization and of praetorian militarization.

Social Militarization – Social militarization involves building and maintaining armies. Examples of countries with high levels of social militarization include Armenia, Bahrain, Belarus, Eritrea, Greece, Israel, Jordan, Cambodia, South Korea, Singapore and Turkey.

Praetorian Militarization – Praetorian militaries have direct or indirect control over the government in power. Praetorian militaries typically operate in coup-prone countries. They are small in terms of troop numbers but are highly funded. Countries with high levels of praetorian spending include Afghanistan, Democratic Republic of Congo, India, Kenya, Pakistan, Saudi Arabia, Tajikistan and Uganda.

The researchers found that availability of improved sanitation, improved water, more educated women and more educated men all individually lead to lower [child mortality rates](#).

Furthermore, countries with higher levels of access to sanitation have dramatically lower levels of child mortality, report the authors.

"Countries with higher levels of female education also have significantly lower levels of child mortality. The models that include access to improved water or male education individually provide quite similar results," state the researchers.

The authors also found that, controlling individually for access to safe water, improved education or male education, praetorian militaries still held higher child mortality rates.

The examination found that [social militarization](#) lowered child mortality rates and praetorian militarization increased the under-5 mortality rates, even after examining economic development, regime or a country's

involvement in armed conflict. "Overall, regime type exerts little consistent effect on child mortality, although the contrast between military governments and democracies is significant, with military governments having lower child mortality rates than democracies at comparable levels of other variables in the model," write the authors, adding that poor governance consistently increased the under-5 mortality rate.

The analysis found that countries with higher level of economic development have dramatically lower levels (nearly 60 percent lower) of child mortality, as do countries that are more democratic. They also found that neither food supply nor health expenditures had a significant impact on child mortality rates.

The authors suggest future research in exploring how [militarization](#)'s influence on income inequality could impact child mortality.

Provided by University of Cincinnati

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