

CHILDREN AND POVERTY

Child poverty in the United States is on the rise -- again. After falling sharply in the 1960s to stand at 14% by the end of the decade, the child poverty rate climbed to 21.8% of all American children in 1991, about 14.3 million children in all.

The impact of poverty on these children is far reaching. It is associated with hunger, delays in cognitive development, emotional and behavior problems, abuse, delinquency, unfavorable home environments, heightened stress among overburdened parents, and higher risks of marital discord and hostile or insensitive child rearing.

POVERTY IN THE UNITED STATES

Even before the rise of child poverty in the 70s and 80s, America's children were faring far worse than those in other industrialized nations. In 1986-87, for example, the U.S. child poverty rate stood at 20%, while 9% of Canada's children and only 2% of Sweden's children were poor.

Substantial increases in divorce and out-of-wedlock births have focused attention on the rise of single-mother families as a cause of increasing U.S. child poverty rates. However, Bureau of Census data indicate about one-third of poor, single-mother families would remain poor even with the income of absent fathers. The joint income of many poor parents is simply not sufficient to lift them from poverty.

Such data suggest that while single-mother families account for an important proportion of childhood poverty, the overriding factor remains low earnings or unemployment.

The research literature on poverty is complicated and difficult to interpret, because so many

factors are correlated with poverty. Poverty could be a direct cause (e.g. of hunger, for example), an indirect cause (e.g. poverty produces stress, which causes family disturbances), or only a correlate, but not a cause of the problem. This distinction makes a difference when prescribing treatment or prevention. If poverty is the direct cause, provide income assistance; if it is not the cause, but a correlate, treat or prevent the problem directly. In most research, these possible roles for poverty cannot easily be separated and identified. So what follows is at least what poverty is associated with and, perhaps, what it causes directly or indirectly.

RISKS TO CHILDREN AND FAMILIES

Parents and the home environment strongly influence how children cope with poverty. Unfortunately, poverty tears at the family fabric, affecting parents and children alike.

Poverty, as a chronic stressor, has been shown to play a key role in acrimonious relationships between parents that produce problems ranging from irritability to extreme hostility to physical abuse. Such distress among parents can produce a variety of problems in their children, including modeling of harsh behavior and the emotional reactions of fear, distress, and extreme physiological arousal, and being subjected to harsh, cold, unpredictable, explosive, and unresponsive parental behavior.

The influence of family income on the home environment and on children has been documented in several studies. The findings include:

- Among poor African-American single mothers, unemployment and work interruption tends to affect their psychological outlook, increasing the punishment they administer to their adolescents. The youth, in turn, tend to suffer increased depression and report heightened negative feelings toward their mothers.

·Family economic stress resulting in marital discord, financial conflict, and parental hostility can lead to emotional problems, such as depression and anxiety among adolescents. Parents' aversive behavior was also shown to increase the risk of overt aggression or conduct problems among their children.

·Greater financial resources lead to greater optimism among families and less depression. A study of rural African-American families also found the brighter outlook helps children perform better in school.

Child Development

In an analysis of national longitudinal data related to early child development, family income and poverty were found to be strongly associated with a child's cognitive development and behavior.

·**Low-income students are at a disadvantage compared to high-income students.** IQ tests showed low-income children were at a disadvantage when compared to scores of high-income children, even after accounting for other differences, such as family structure and the extent of the mother's schooling. Even neighborhood income status was a factor. Age five IQs, for example, were found to be higher in neighborhoods with greater concentrations of affluent neighbors.

·**The harmful effects of poverty on child development are cumulative.** Researchers noted the effects of persistent poverty were nearly twice as large as the effects of transient poverty.

·**The consequences of poverty are also seen in poor children's early language development.** Among a group of Kansas children who were studied, the language learning experience of those who were poor was found to result in smaller vocabularies by age 3, and lower language and reading-related performance through the third grade.

Social Development

Poverty has been linked to socializing factors associated with behavior problems in children.

Findings of recent research suggest:

·Poor children are more likely than others to receive harsh discipline and less cognitive stimulation in the home environment. Their parents are more likely to be less warm to them, perceive less social support and greater isolation, and feel that aggression is an appropriate means of solving problems.

·Poor children are more likely to witness violence in their neighborhoods and families. Unfortunately, incidents of violence are more readily observed in low-income neighborhoods and within poor families. Children risk learning aggressive behavior patterns by observing aggressive behavior models.

·Poverty is associated with children having more transient peer groups. Frequent changes in day care and living arrangements may result in fewer opportunities for poor children to form stable friendships that might help socialize them to avoid aggressive behavior.

Health

·Newborns are more likely to be of low birth weight when born to women who are poor. When compared to other infants of comparable birth weights, those born poor show greater post-neonatal mortality and later school failure. Also, low birth weight infants are less likely to recover mentally if raised in low-income homes.

·Poor children are less likely than those who are not poor to receive timely immunizations. They have a much greater frequency of asthma, bacterial meningitis, and

rheumatic fever. Mortality for house fires, motor vehicle injuries, and homicide are also higher for poor children.

Hunger

Hunger can disrupt the entire family system. During a 1984 drought and temporary food shortage in Kenya, for example, researchers noted that families divided resources to spare toddlers from hunger. But school-age children got less food while taking on more caretaking responsibilities for younger siblings.

The school children, as a result, had energy levels insufficient to maintain normal activities during the food shortage, and active exploration, classroom attentiveness, and social involvement declined. Mothers had less to eat than the rest of the family and the amount of time they spent holding and caring for their toddlers decreased.

Researchers suggest many welfare mothers in the U.S. face similar issues. For example, when a family's welfare money runs out at the end of each month, children may get less to eat on a cyclical level.

TREATMENT

Health and nutrition programs and quality day-care programs have helped soften some of the consequences of childhood poverty.

Health

Research has identified six protective aspects of care giving that improve the chances of poor, low-birth-weight infants of achieving normal health and development:

- Availability of toys and learning materials;
- Increased parental responsiveness;
- A variety of stimulation;
- Greater parental acceptance of their behavior;
- A safe play area; and
- Less crowded living conditions.

When at least three of these protective factors exist in poor households, prematurely-born children tend to show greater resiliency to the effects of poverty by age three.

Nutrition and Development

The combining of developmental interventions with nutrition and medical care has been associated with improvements in verbal and achievement test scores among malnourished children. A long-term study of malnourished Jamaican children, for example, reported that children given only medical and nutritional care had poorer test scores than those who also received play supervision by professionals, home visits, and a semi-structured curriculum emphasizing verbal interactions and improving their mothers' teaching skills.

Researchers concluded that psychosocial stimulation should be an important part of the treatment of severely malnourished children.

Child Care

Poor children enrolled in quality day care before age three are likely to be better prepared for school at ages five and six.

In a Johns Hopkins University study, early day-care attendance was associated with higher reading recognition scores among poor children. Mathematics scores were also higher for poor children who attended day care, particularly those who attended center-based programs.

Unfortunately, day care centers serving mostly low-income children are often only adequate in educational quality, even though many factors, such as teacher training and wages, are comparable to centers serving high-income families. Although the supply of child-care programs is generally sufficient, the issue for poor families, in addition to cost, is quality.

PREVENTION

Education and support for impoverished children and their parents -- especially in the form of the comprehensive family support programs that are now popular -- have the potential to improve the home environment and help prevent school failure.

For example, a study of the effects of the Yale Child Welfare Project -- a small, intensive program of support and education for poor, urban women -- found that participating mothers achieved higher levels of education and became more self-supporting than those in the control group. Benefits were seen among their first-born children, who were better adjusted in school than their counterparts, whose mothers were not included in the program. A follow-up study discovered that later siblings in the program also enjoyed the same positive outcomes in school as their brothers and sisters.

Child Education

Educational interventions are most effective when begun during preschool years and sustained into grade school.

A recent follow-up study of low-income children who received early educational intervention found that scores on cognitive and academic achievement tests increased as the duration of intervention increased.

Children given early intervention in preschool and through three years of public school had broad IQ gains that persisted longer than those seen among children given intervention only in preschool or only in primary school.

Health

School programs for pregnant teenagers have shown potential as an effective way to provide them with prenatal services and improve their chances of having healthy babies.

In New Haven, Connecticut, a study of mostly low-income teen mothers found premature births to be significantly reduced among those who attended a special public school during the first half of their pregnancies. One premature birth was reported among the 115 teen mothers who enrolled early and were provided education, social support, and health monitoring at the school center and prenatal care at hospital and neighborhood clinics.

WHAT MIGHT BE DONE?

Although fully enforcing child support might ease child poverty by requiring more fathers to pay their fair share, most impoverished children will remain poor unless public policies are expanded or created that address joblessness, underemployment, and low wages.

Research suggests that effective employment policies might involve government-supported employment; higher government-mandated minimum wages; education/training to improve the skills

of both working and unemployed parents; and quality child care that might enable more parents to work more hours, or train for and then be employed in full-time jobs. Most early childhood programs, such as Head Start, are half-day.

Public child support systems might also be improved. From 1970 to 1991, for example, the inflation-adjusted value of Aid to Families with Dependent Children in a typical state fell from \$777 to \$435 a month for a family of four.

Reform also needs to address the poor record of private child support. In 1989, for example, only 51% of children eligible for private child support received the full amount, and 25% received nothing at all.

REFERENCES

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This report, written by Jeffery Fraser, is based on the above-referenced publications. It is not intended to be an original work, but a summary produced for the convenience of our readers.