

**Prevalence of relative income poverty
and its effect on outcomes among
9-year-olds**

Growing Up in Ireland

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Background

- ❖ Poverty is about being able to access resources which directly and indirectly impact on participation in society. About exclusion for norms of society
- ❖ Literature indicates that children in poverty have poorer outcomes in terms of physical health, behavioural and intellectual/cognitive development. For example:
- ❖ Brooks-Gunn & Duncan (1997) — developmental delays, learning disability, and poorer school performance, retention etc.
- ❖ Dawson (1998) — poor physical health and chronic health conditions
- ❖ Goodman and Gregg (2010) — educational outcomes
- ❖ This preliminary analysis of poverty from the GUI 9-year cohort addresses two questions:



Two Research Questions

1. What is the prevalence of relative income poverty among 9-year-olds and which family characteristics are most strongly associated with it?
2. Does being in relative income poverty have a significant effect on 9-year-old's outcomes in a number of areas?



Defining relative income poverty

- ❖ Defined as being below the 60 per cent median household equivalised income figure
- ❖ Equivalence weights used 1.00; 0.66 and 0.33
- ❖ Main sources of information on income and poverty status in Ireland is EU-SILC conducted by the CSO.



Measuring income in EU-SILC and GUI

- ❖ EU-SILC is a dedicated survey of income.
- ❖ Records disaggregated income figures from all members of the household
- ❖ GUI asks only one question on income of the Primary Caregiver
- ❖ Median income from GUI 9-year-cohort is 93% of comparable income from GUI
- ❖ This analysis uses an adjusted relative income poverty line from SILC as the poverty threshold



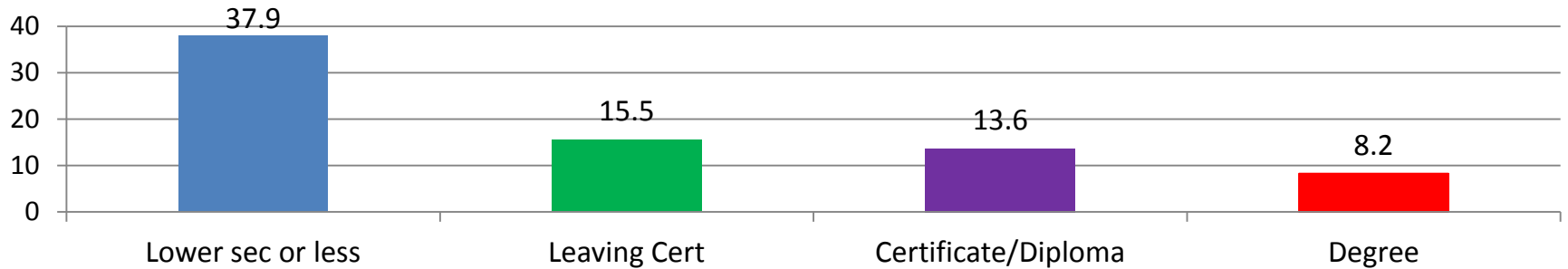
Prevalence levels - EU-SILC and GUI – families with a 9-year-old, 2007 / 2008

- ❖ Use EU-SILC for prevalence-dedicated income survey
- ❖ Use GUI to explore relationship between child outcomes and income/poverty
- ❖ Differences in EU-SILC and GUI income arising from:
 - measurement and disaggregation/detail
 - reference period
- ❖ Prevalence level for relative income poverty compare favourably

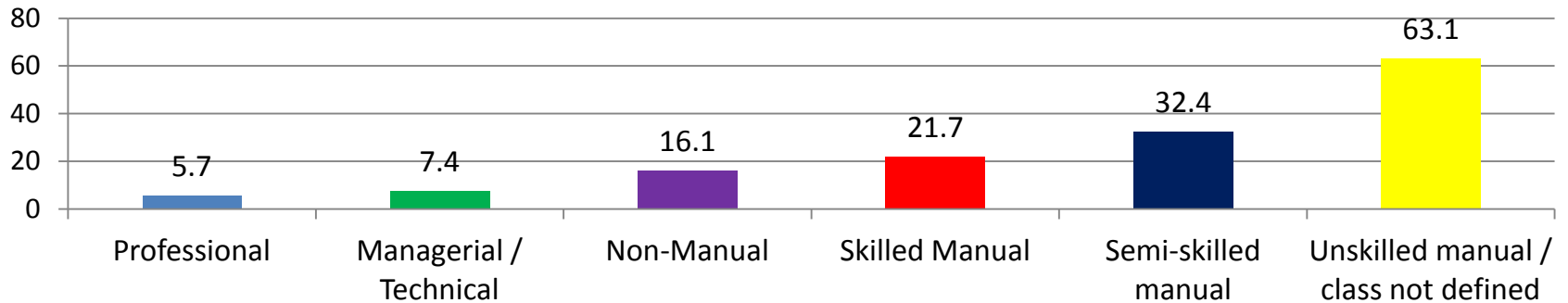
Relative Line	% families with 9-year-old, GUI	% of families with 8-9-10-year-old, SILC
50 per cent	12.1	13.4
60 per cent	20.7	21.8
70 per cent	29.8	30.5

Characteristics of families with 9-year-olds in poverty - GUI

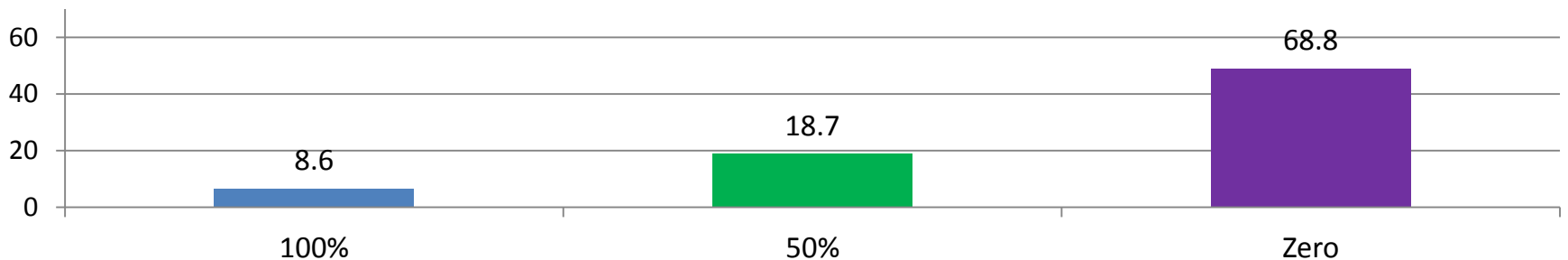
Primary Caregiver's education, percentage below 60% relative income line



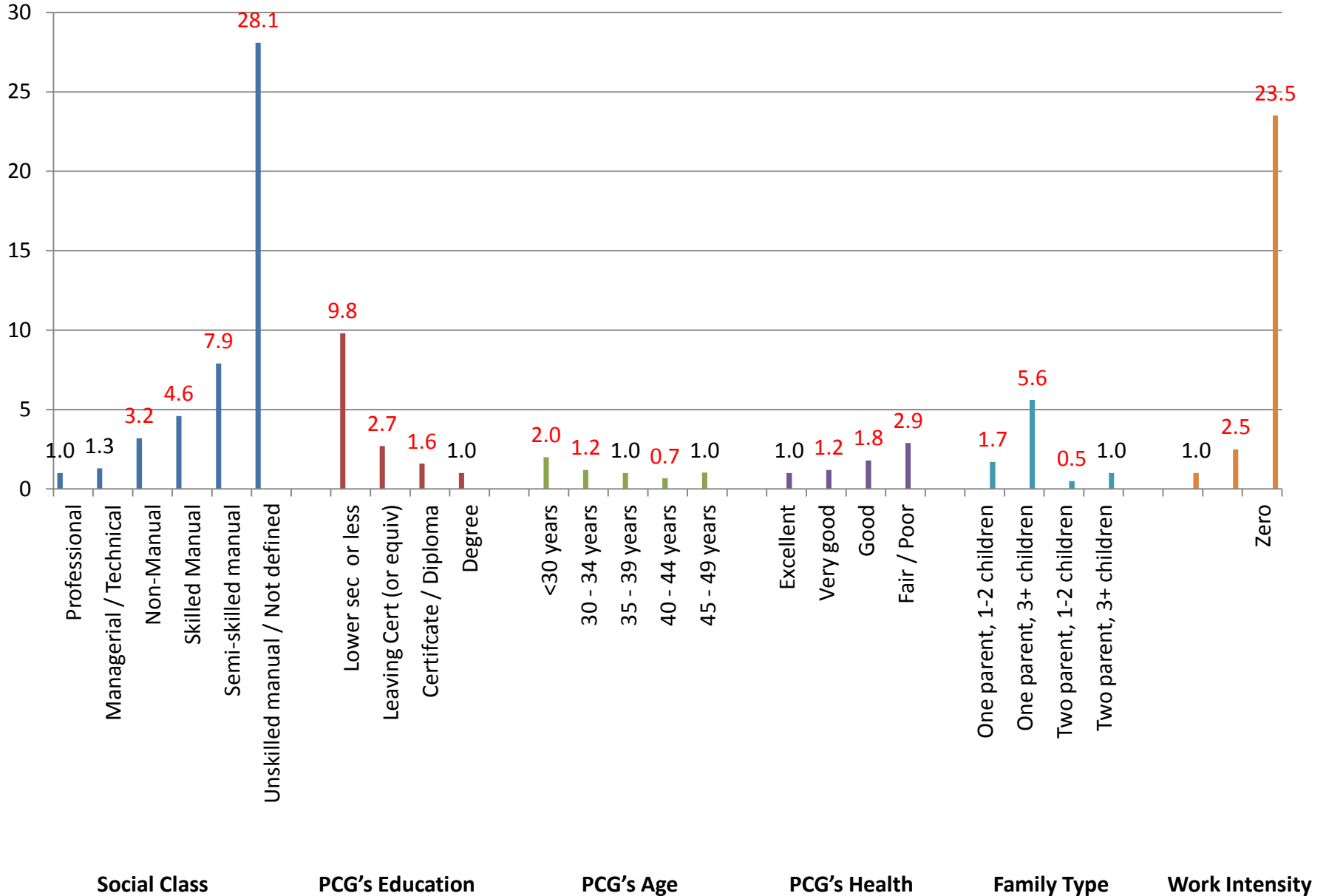
Family social class, percentage below 60% relative income line



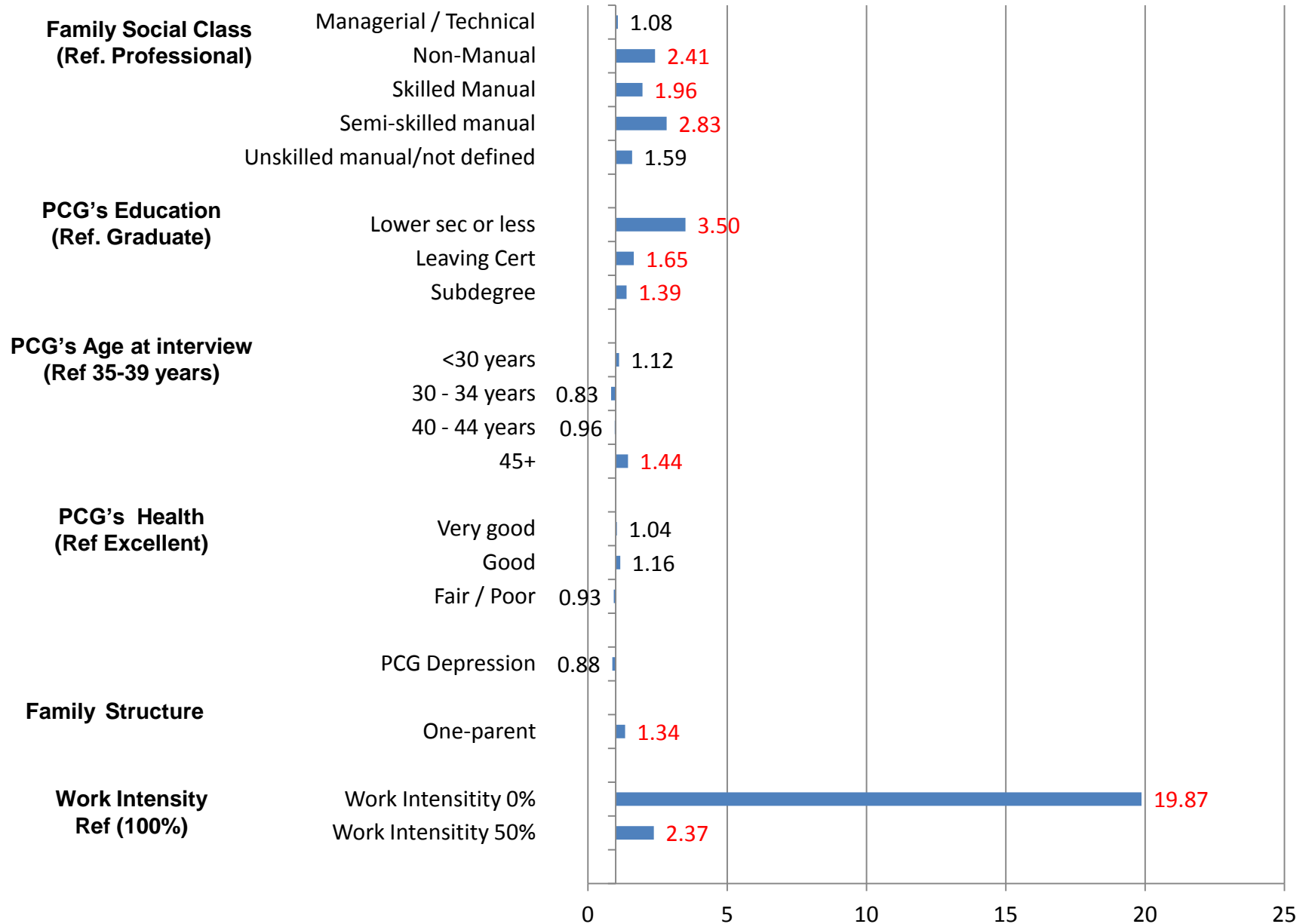
Work Intensity of Study Child's immediate family unit, percentage below 60% relative income line



BIVARIATE odds ratio of being in poverty - GUI



MULTIVARIATE odds ratio of being in poverty





Does poverty have a significant impact on outcomes?

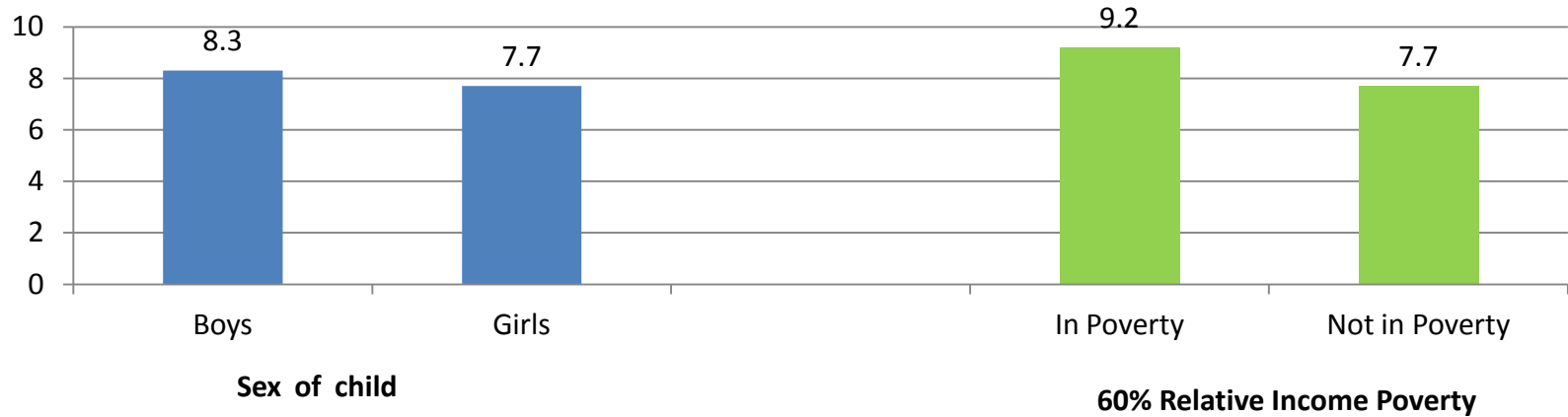
- ❖ Behaviour – Strengths and Difficulties Questionnaire (SDQ)
- ❖ School performance – Drumcondra Maths. test
- ❖ Health and chronic illness



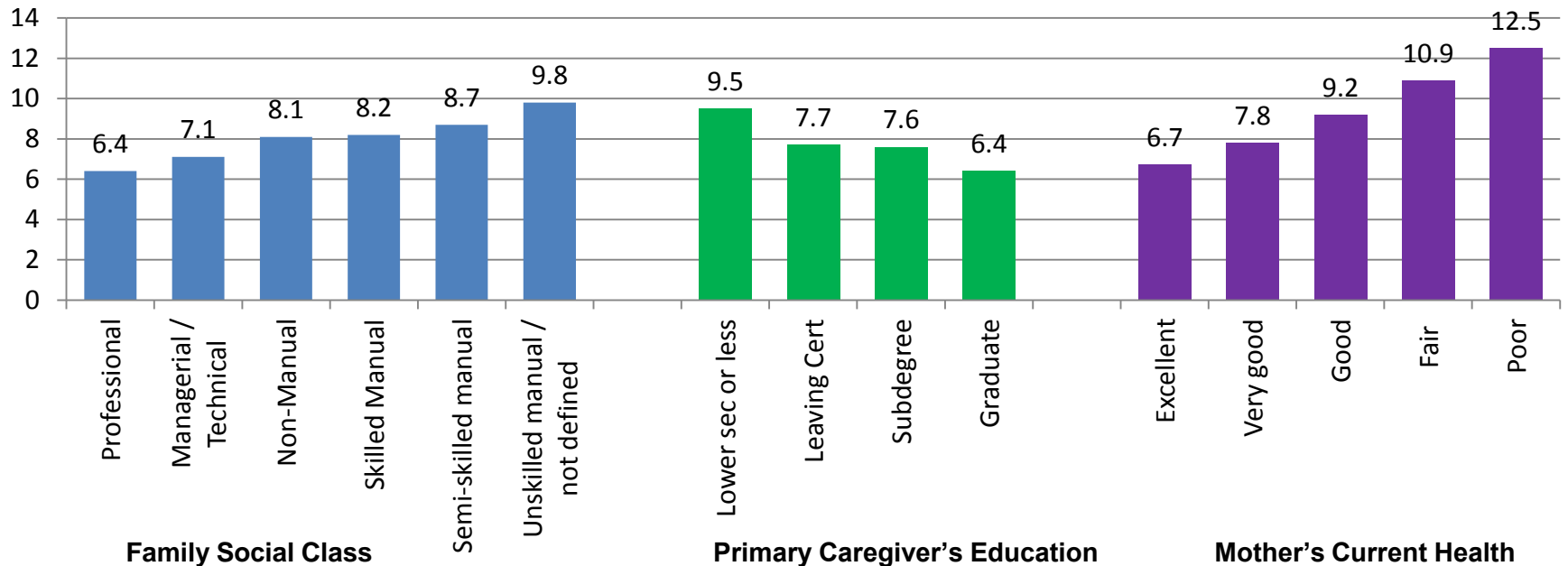
Behavioural Outcomes - SDQ

- ❖ SDQ is a measure of psychopathology in children aged 3 – 16 years of age
- ❖ 4 subscales:
 - Emotional problems
 - Conduct problems
 - Hyperactivity / inattention
 - Peer problems
- ❖ Also Total SDQ score across the 4 subscales
- ❖ 5 items (questions) on equal subscales
- ❖ Not true (0); somewhat true (1); certainly true (2)
- ❖ Total SDQ score ranges from 0 – 40
- ❖ Pro-social subscale not used here

Total SDQ Scale – average scores, by sex of 9-year-olds and poverty status



Total SDQ Scale – average scores, by family social class, mother's education and mother's self-assessed current health status



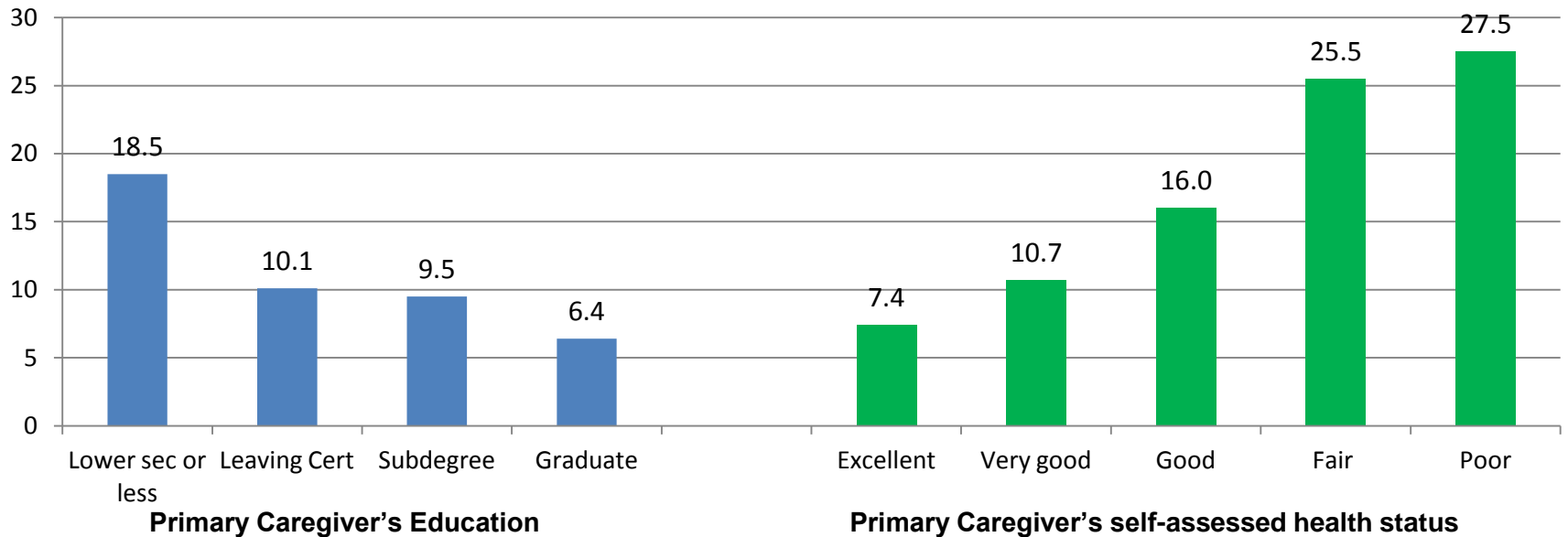
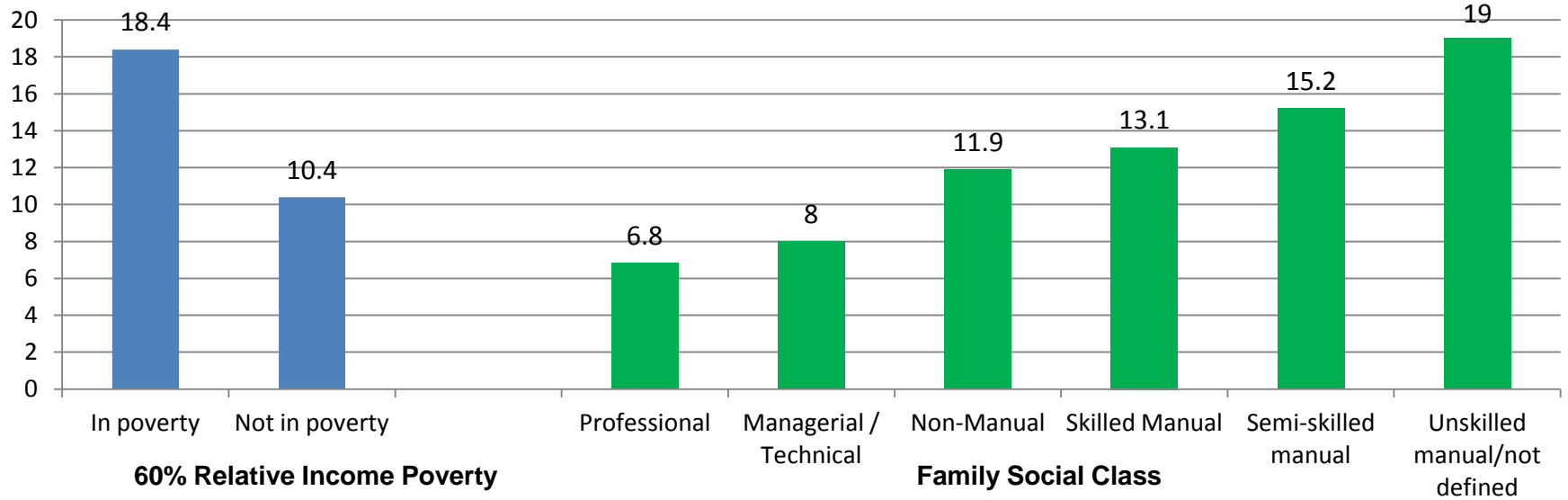


Behavioural Outcomes - SDQ

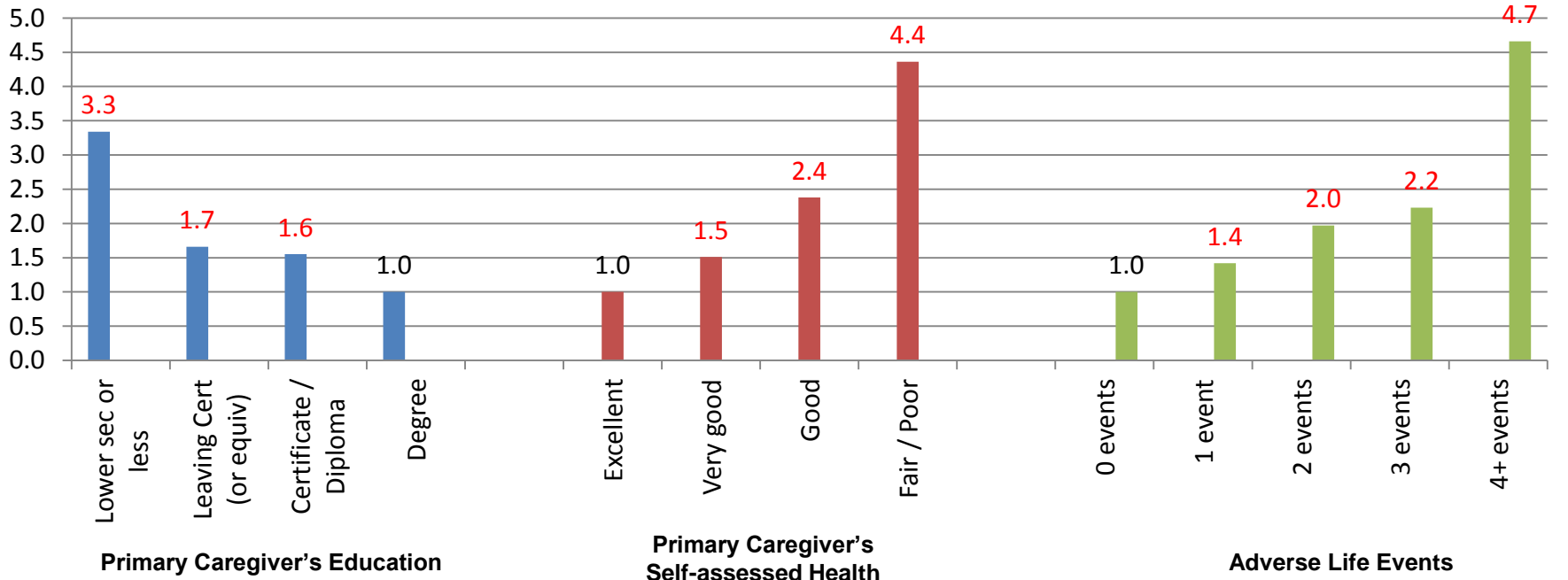
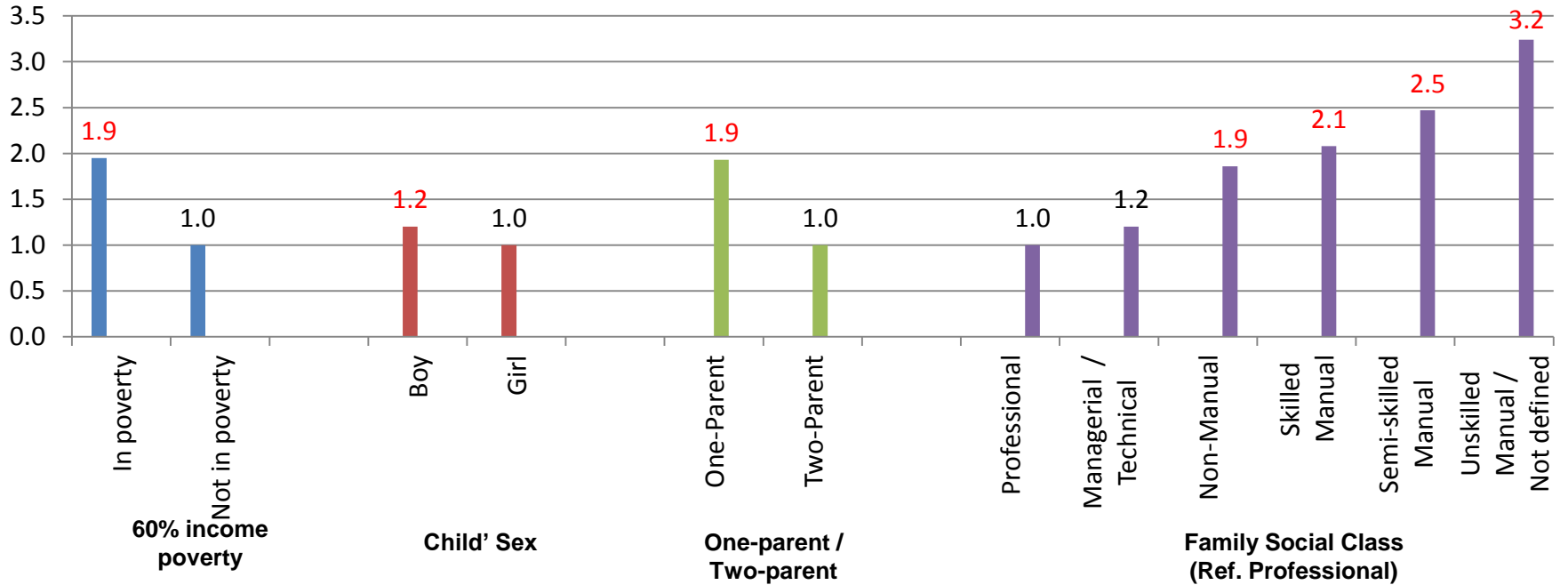
SDQ scores classified as:

- ❖ “Normal” – bottom 80% of distribution
- ❖ “Borderline” – next 10% of distribution
- ❖ “Abnormal” – top 10% of distribution – 90 percentile and above
- ❖ Because of discrete nature of the scale 11.9 per cent of 9-year-olds fall into “abnormal” range.
- ❖ Focus on those in “abnormal” category. What are their characteristics and is poverty significant?

Percentage of 9-year-olds classified as 'abnormal' SDQ by poverty status, family social class, PCG education and PCG's self-assessed health status



Bivariate (or gross) odds ratio of being in “abnormal” SDQ category

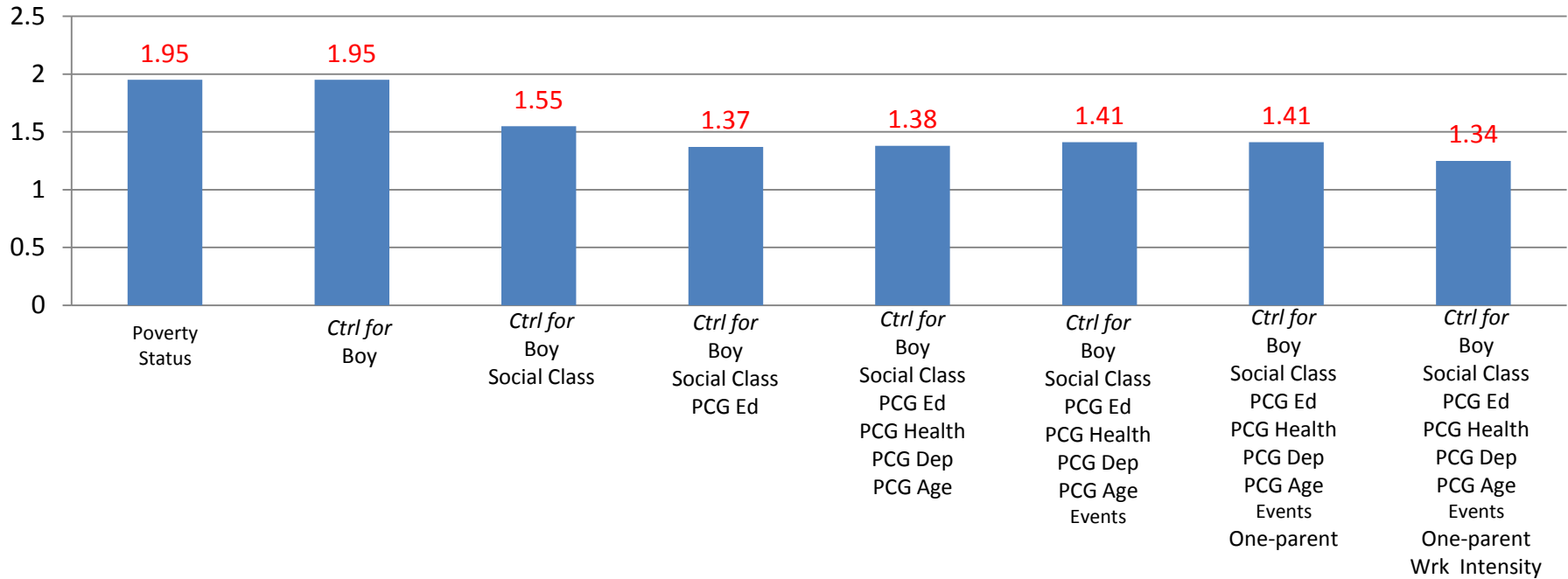




❖ Adverse Life Events Experienced by the 9-year-old

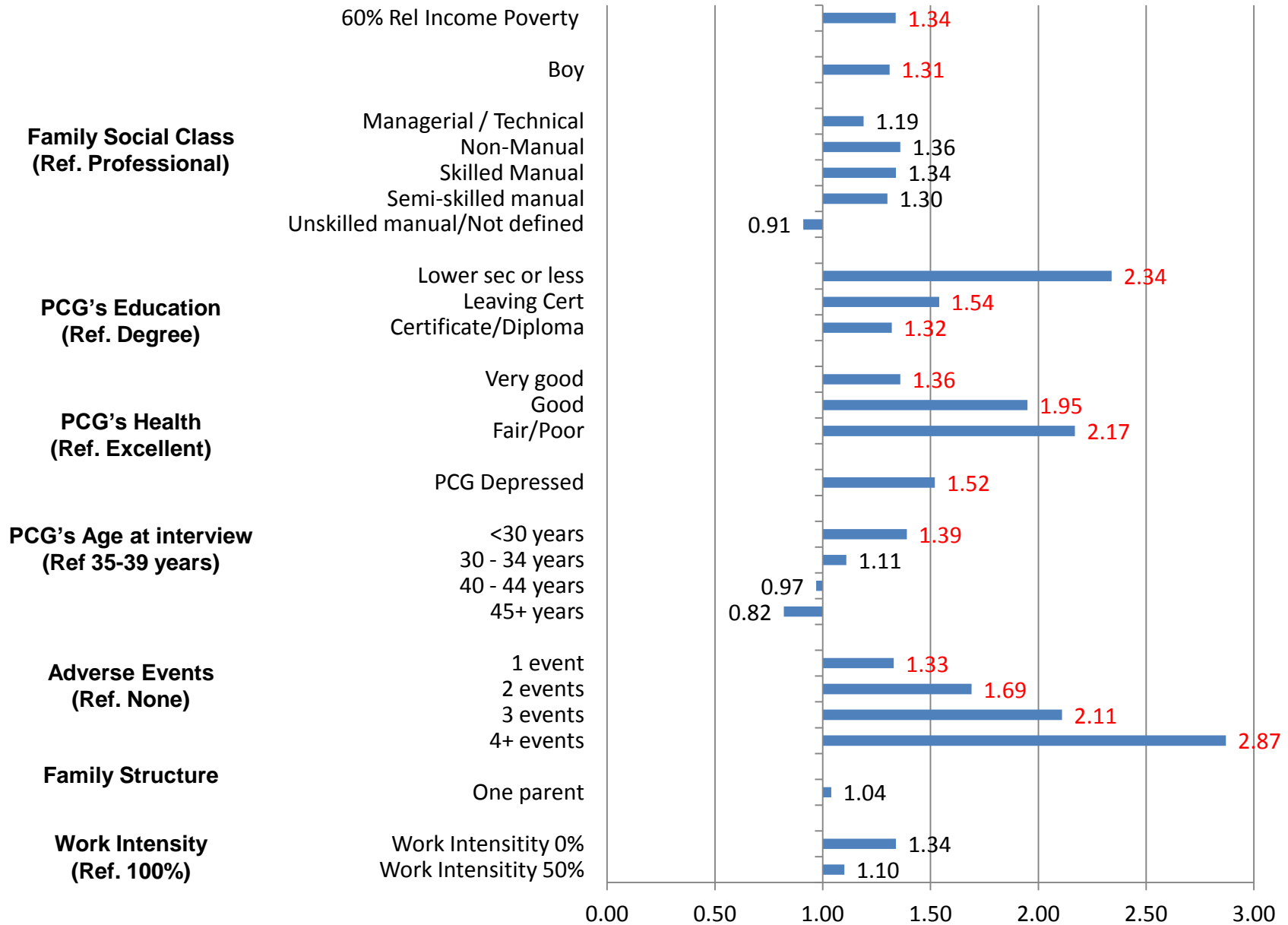
- Death of a parent
- Death of a close family member
- Death of a close friend
- Divorce/separation of parents
- Moving house
- Moving county
- Stay in foster home / residential care
- Serious illness/injury
- Serious illness/injury of a family member
- Drug taking / alcoholism in immediate family
- Mental disorder in immediate family
- Conflict between parents
- Parent in prison
- Other disturbing event

Net odds ratio for 60% relative income poverty of being in “abnormal” SDQ category – 8 equations

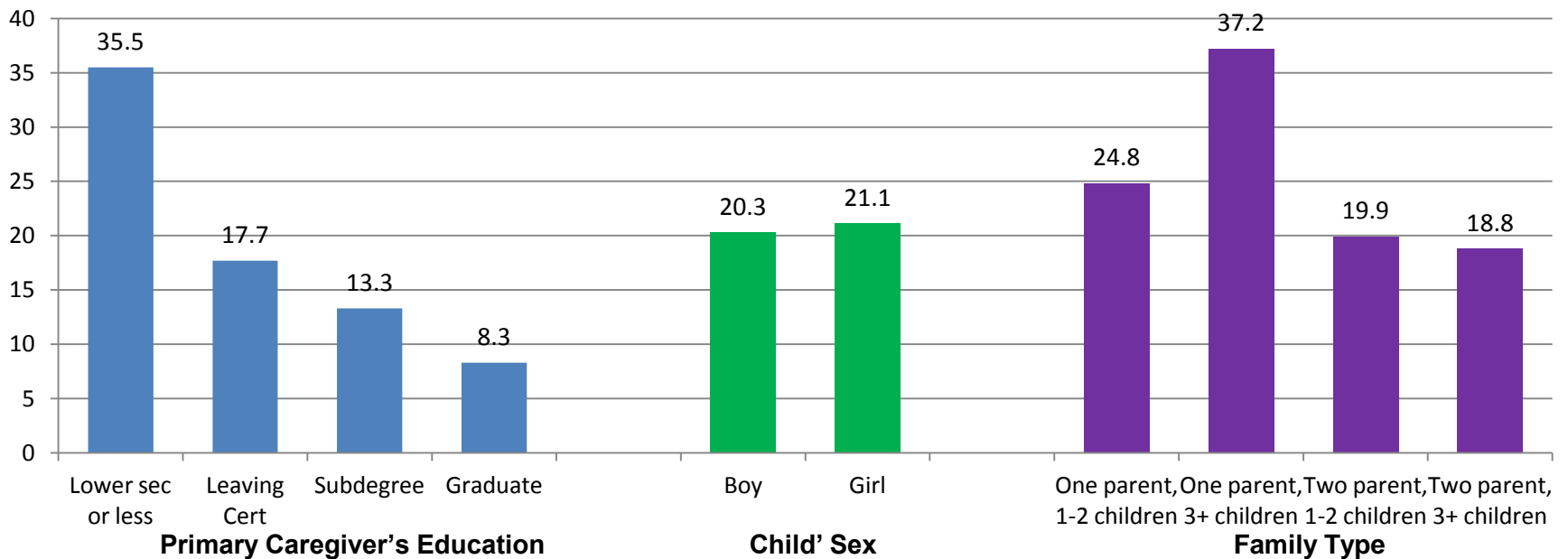
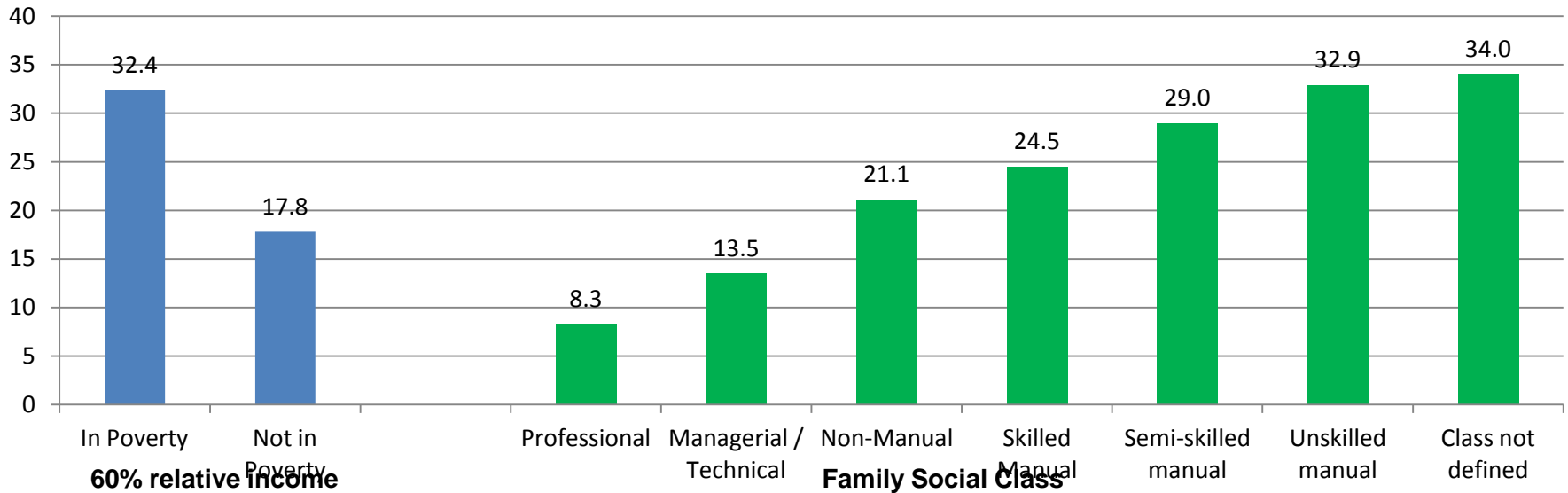


Full breakdown of equation 8 on next slide

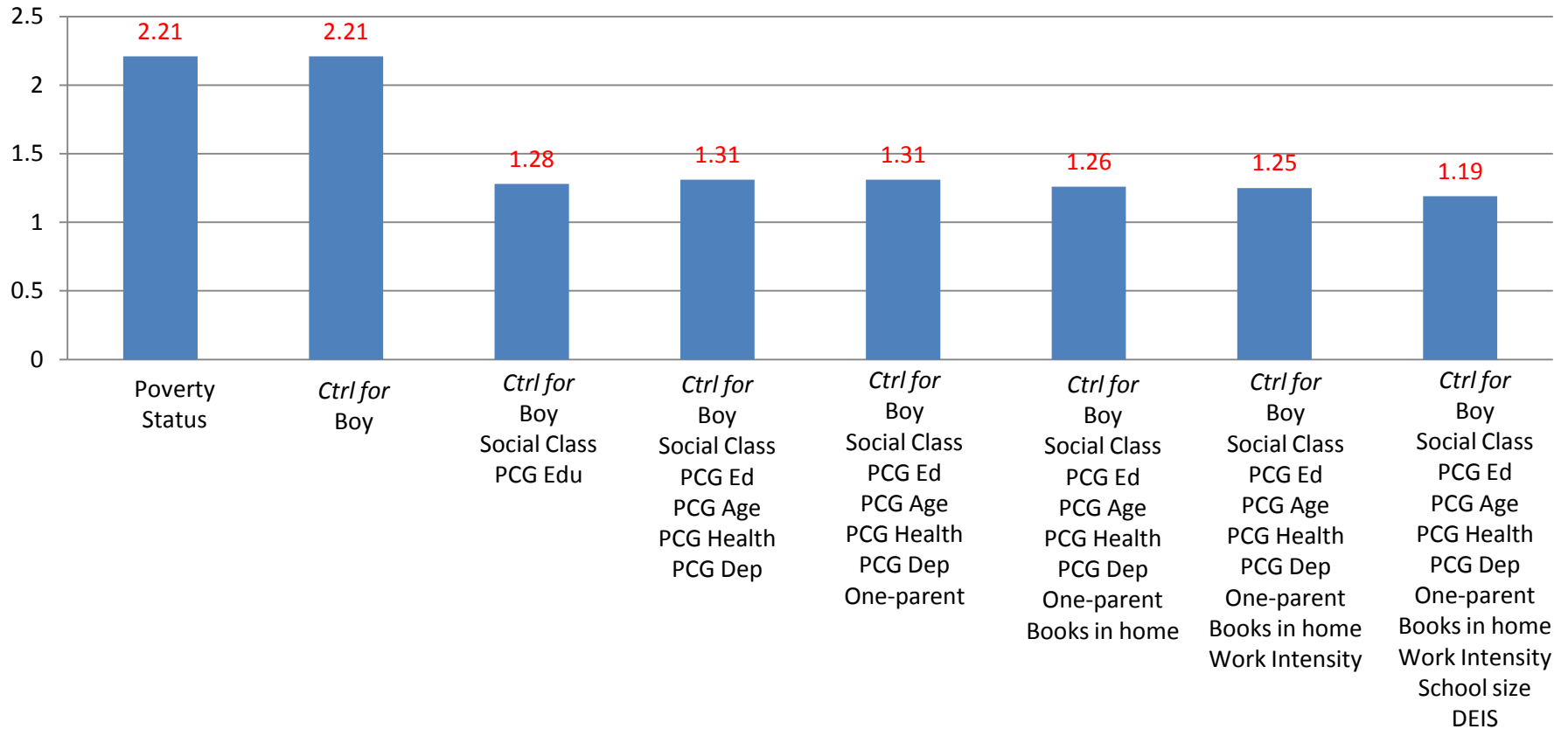
Multivariate odds ratio of being in “abnormal” SDQ category



Percentage of 9-year-olds in the lowest quintile of maths scores classified by poverty status; family social class; PCG education; child's sex and family type

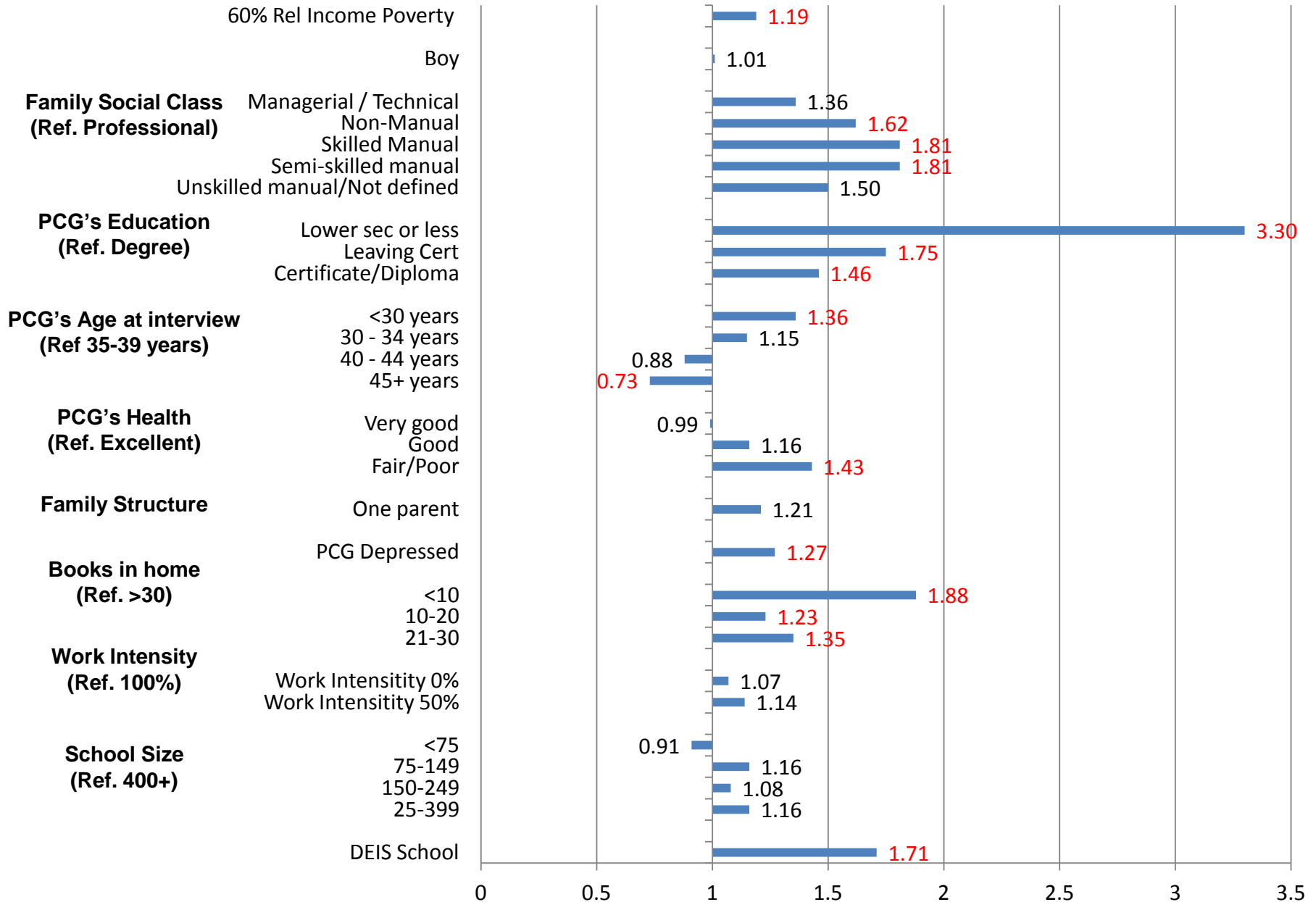


Net odds ratio for 60% relative income poverty status of being in lowest quintile of maths scores



Full breakdown of equation 8 on next slide

Multivariate odds ratio of being in lowest quintile of Drumcondra Maths scores





Physical Health

Two questions to Primary Caregiver on child's health and chronic illness

- ❖ In general, how would you describe the Study Child's health in the past year? (B10)
- ❖ Does the Study Child have any on-going chronic physical or mental health problem, illness or disability? (B11)



Physical Health

PCG's report on child's General Health	<i>Very healthy, no problems</i>	<i>Healthy, but a few minor problems</i>	<i>Sometimes quite ill</i>	<i>Almost always ill</i>
In Poverty	68.9%	29.2%	1.8%	0.1%
Not in Poverty	74.1%	24.4%	1.4%	0.1%

Whether or not Child has Chronic illness	Yes	No
In Poverty	13.1%	86.9%
Not in Poverty	10.7%	89.3%

❖ Poverty status significant on bivariate basis for both physical health and chronic illness, but not when controlling for any of the standard socio-demographic characteristics.



Summary

- ❖ Main strength of GUI is that it allows one to examine relationships across domains in the child's world.
- ❖ Here we looked at prevalence and impact of relative income poverty
- ❖ If you want to examine prevalence per se use SILC
- ❖ Saw poverty status most strongly related to class and education and also work intensity
- ❖ Preliminary analysis suggests being in poverty has a significant effect on child's physical health on bivariate basis but not if considered in multivariate framework with other socio-demographic characteristics



Summary

- ❖ Being in SDQ “abnormal” category significantly related to poverty status, even controlling for range of family characteristics. Seems to be mediated through individual and family characteristics, not traditional model of social stratification.
- ❖ Being in in lowest quintile significantly related to poverty status, of Drumcondra scores in maths, even controlling for range of socio-demographics