

THE EFFECTS OF CHRONIC POVERTY ON SOUTH AFRICAN AND AMERICAN ADOLESCENT PSYCHOSOCIAL DEVELOPMENT

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Although little research exists on the effects of chronic poverty on adolescents, it is clear that the results of chronic childhood poverty have lasting effects on children's psychosocial development. For Black adolescents in South Africa, significantly more destitute living conditions, the AIDS crisis, and the relatively recent experiences of apartheid may shorten their adolescence and make positive developmental task resolution more difficult than for African-American adolescents. Comparing place-based influences on psychosocial development offers an important perspective for the practitioner, since much of the research on psychosocial development is based in a few countries and may not be applicable to others.

Chronic childhood poverty can create life-long problems for adolescents. This is particularly true for those who have experiences with poverty in early childhood. This article will examine how risk and protective factors influence the effects of chronic poverty on adolescent development. Unfortunately, research on risk and protective factors and psychosocial development has been undertaken primarily in the United States and Europe, making the applicability of findings questionable for other parts of the world. This study will also compare conditions of chronic poverty and adolescent development in the United States with those in South Africa, exploring place-based influences on the psychosocial development of American and South African Black adolescents.

THE EFFECTS OF CHRONIC POVERTY

There is less knowledge of the effects of chronic poverty on adolescents than on children in general (Garbarino, 1985), but there is some consensus concerning the long-term effects of chronic poverty on child well-being, and these

insights can be applied to adolescents.¹ Jeanne Brooks-Gunn (1995) defines child well-being as social, cognitive or academic, mental or emotional, and physical health and development. The measures of child well-being should also be applied to adolescents. Each of these measures can be influenced by the depth, timing, and duration of poverty.

Cognitive Capacities

Young children who are chronically poor have deficits in verbal memory, vocabulary, math and reading achievement, and may exhibit problem behavior (Brooks-Gunn, 1995; Korenman, Miller, and Sjaastad, 1994). These deficits are not accounted for by family structure, maternal education, academic ability or deficiency, but by the depth of poverty, and are substantially worse among the chronically poor than among children who were poor for 1 year or less (Korenman et al., 1994). Family income during the early years of a child's life is significantly related to cognitive and academic development in middle childhood, and is a major indicator of school completion (Balter and Tamis-LeMonda, 1999). Because of this, family income has clear relevance to well-being in adolescence and the development toward adulthood.

Psychological Well-being

Although poverty in adolescence has less influence on grades than poverty in earlier childhood, adolescent poverty does predict delinquency, depression, and loneliness (Balter and Tamis-LeMonda, 1999). According to Laurence Balter and Catherine Tamis-LeMonda, male and female adolescents respond differently to poverty and economic hardship. Female adolescents may experience low psychological well-being, while male adolescents may exhibit antisocial behavior. Among the chronically poor, the effects of poverty on early childhood development may combine with the effects of poverty on adolescence, producing potentially harmful results.

Risk Factors

Risk factors generally refer to internal or environmental factors that increase the risk of negative behavioral, physical, emotional, and cognitive outcomes for an individual. Risk factors can significantly exacerbate the detrimental effects of chronic poverty on adolescent development. The negative effect of these risk factors deepens with the intensity and number of risk factors involved (Kemp,

Whittaker, and Tracy, 1997; Eamon, 2001).

In combination, stressors such as early trauma and poor environmental factors are correlated with later life problems (Kemp et al., 1997). For example, chronically low family income levels, compounded by physical health problems and a lack of neighborhood health resources, can lead to increased family stressors (Brooks-Gunn, 1995) and increased effects upon socioemotional development (Eamon, 2001). Among the families and adolescents who continually endure multiple risk factors associated with poverty, the vulnerability is clear (Kemp, Whittaker, and Tracy, 1997).

Living in a dangerous or disadvantaged neighborhood is one such risk factor that deepens the effect of poverty on adolescent development. Because neighborhood quality is associated with effective parenting, school success, health outcomes, and quality of life in general (Kemp et al., 1997), the effects of long-term poverty could be increased by living in a poor, violent neighborhood without the benefits, such as strong, positive social networks and good schools, found in healthier communities.

For adolescents, poverty in earlier childhood would be a significant risk factor. According to Brooks-Gunn, "Once a child embarks upon the path of poor cognitive development or high behavioral problems, in part due to poverty related to circumstances during the first years of life, this trajectory is likely to continue through adolescence and young adulthood" (1995, p. 94). Earlier experiences in poverty are likely to be risk factors, indicating that the length of time in poverty is in itself a risk factor.

In Glen Elder's study on children of the Great Depression, the negative impacts of economic loss on child behavior are largely attributed to increasingly harsh, arbitrary discipline on the part of the father, and this paternal behavior is thought to be due to changes in family income (as cited by Brooks-Gunn, 1995). Because sudden income loss is more stressful than deprivation, sudden income loss could be considered a risk factor (Eamon, 2001). The stresses of negotiating new feelings and freedoms can be significant in the process of adolescent development. Among chronically poor adolescents, the stressors associated with normal adolescent development, combined with poverty-related stressors, could lead to the loss of coping behaviors.

Protective Factors

Fortunately, a number of protective factors can give adolescents coping tools with which to combat the negative effects of chronic poverty. Protective factors are internal or environmental factors that protect an individual from the

negative behavioral, physical, emotional, or cognitive outcomes. The Home Observation for Measure of the Environment (HOME) test shows that the home environment can be a key mediator in the effects of long term poverty (Korenman et al., 1994). The HOME test includes measures of maternal affection, physical aspects of the home, and learning opportunities outside of the home (Korenman et al., 1994). The test can give great insight to the risk and protective factors found in the home (Korenman et al., 1994; Balter and Tamis-LeMonda, 1999). Although it is not clear which of the variables measured in the HOME test are most significant (Korenman et al., 1994), strong social networks and social support for the parents seem to buffer the stressors associated with poverty in family life by contributing to more positive interactions between family members (Balter and Tamis-LeMonda, 1999). It may be expected that without such social supports as family, community, and friends to give parents respite from child care or to offer financial or emotional support, the cumulative effect of difficult family interactions and chronic poverty-related stresses could be too much for many families to handle.

Susan Kemp, James Whittaker, and Elizabeth Tracy (1997) do an excellent job of summarizing several resiliency factors. As used by Kemp, Whittaker, and Tracy (1997), resiliency factors include personal, familial, and community protective factors. These contribute to positive outcomes for children, in spite of the hardship that they encounter, and are clearly applicable to adolescents, as well as younger children. Personal resiliency factors include cognitive competence, action orientation, and active coping. All of these could be reduced by serious deprivation. Fortunately, there are several other personal factors, such as easygoing temperament, hope, experiences in self-efficacy, realistic expectations and appraisal of the environment, empathy, and adaptive distancing. There are also many familial and environmental resiliency factors. Because these personal factors are either rooted in personality or, in the case of most of those mentioned, are actually further developed by challenges in one's personal life, there is hope for chronically poor adolescents. Family and environmental resiliency factors include stable, positive relationships with adults, positive parental modeling of coping skills, support networks, realistically high expectations (in school and community), consistent social support, positive community norms and role models, and community resources for families, as well as for adolescents (Kemp et al., 1997).

CHRONIC POVERTY AND AMERICAN ADOLESCENTS

In the United States, 13.9 percent of children live below the poverty line, and the poorest fifth of all children are poor for much longer than in any other

major industrialized nation (United Nations Children's Fund [UNICEF], 2000). In fact, this poorest fifth of children in the United States are less likely to move out of their income bracket than counterparts in any other industrialized nation (United Nations Children's Fund, 2000). Six percent remain poor for 10 years or longer (United Nations Children's Fund, 2000). In comparing long-term poor children with those who have been poor for only 1 year, development indicators show that long-term poor children have various and substantial deficits. Also noteworthy is the fact that family income in a child's younger years is a better predictor of school completion and cognitive development measures than income in adolescence. These observations give some sense that chronically poor adolescents can be affected by the length of their poverty in ways that newly poor adolescents cannot (Korenman et al., 1994; Balter and Tamis-LeMonda, 1999). Adolescents must negotiate new roles as they transition into adulthood. Without the strong presence of protective factors, economic hardship and the denigration that comes of being poor in America's bootstrap culture could make the developmental tasks of adolescence overwhelming.

CHRONIC POVERTY IN SOUTH AFRICA

Very few studies have been undertaken to examine the effects of chronic poverty on adolescents. It is therefore necessary to piece together that information from what we know about children and chronic poverty. The situation is no different in the available South African research. One excellent study on South African children illustrates in great detail the situation of thousands of children born on the dawn of Nelson Mandela's release from prison. Titled *Mandela's Children*, the book is based on a longitudinal cohort study and gives insight into the conditions faced by the millions of South African children now coming into adolescence. The authors consider chronic, multigenerational poverty to be a massive threat to the Black youth of South Africa (Barbarin and Richter, 2001).

Comprising 44.24 percent of the population, children and youth under 18 are particularly affected by poverty. Six out of 10 children are poor in South Africa. By comparison, this is true for a little more than 1 out of 10 children in the United States (Robinson and Sadan, 1999; UNICEF, 2001).

Access to basic infrastructure is a major problem in South Africa. Shirley Robinson and Mastroera Sadan report that in 1996, only 44.7 percent of the nation had access to potable, municipal water sources. Sanitation services were available to only 50.3 percent of South Africa's population, and 52.2 percent

of the nation had access to refuse services (Robinson and Sadan, 1999). The lack of potable water sources and refuse and sanitation services creates health risks for a large percentage of the population.

With these figures, it is no surprise that chronic poverty is deadly in South Africa. Twelve out of every 100 South African children die before the age of 5. One-quarter of South African children are stunted from long-term malnutrition. Although stunting is prevalent among Black children, the effect of long-term malnutrition is by no means limited to them. Chronic, inadequate nutrition is a problem in at least three major racial segments of South African society (Barbarin and Richter, 2001). Among colored and Indian children (South African racial distinctions constructed under apartheid), one-third of children under 14 are underweight and stunted (Barbarin and Richter, 2001).

SUITABILITY FOR COMPARISON

Comparing the experiences of South African Black adolescents with American Black adolescents allows practitioners to understand differences between psychosocial development in a country in which research is limited and that in one where seminal research has been done. Examining race and place-based differences also assists practitioners in applying theory appropriately without assuming similarities or differences from the theorists' original sample.

In examining the differences between chronically poor Black adolescents in the United States and chronically poor Black South African adolescents, several key issues arise. One is the extent to which the experiences of each group are comparable. This issue is dealt with by Oscar Barbarin and Linda Richter's detailed study (2001) on Mandela's children. Much of the South African literature concerning poverty and child development is based on studies of American children. They find numerous similarities between families in South Africa and the United States, and test several measures used in American studies, finding them fairly helpful when slightly modified to address the differences in African and American culture (2001).

Because South Africa and the United States are both nations in which racial segregation and Black migration have played major political, cultural, and individual roles, these two countries may be particularly suitable for comparison, despite differences in the countries themselves and the timeline of such events. Furthermore, since chronic poverty is particularly prevalent among Blacks in both countries, our discussion will now focus on the similarities and differences in psychosocial development among Black Americans and

Black South Africans (Barbarin and Richter, 2001; Blank, 1997).

CHALLENGES TO PSYCHOSOCIAL ADOLESCENT DEVELOPMENT

According to James Marcia, as adolescents develop, seven psychosocial issues arise concerning identity conflict (Sadhna Diwan, personal communication, October 20, 2003). These require resolution. The current study will focus on four such issues: self-certainty versus self-consciousness, role experimentation versus role fixation, apprenticeship versus work paralysis, and leadership or followership versus confusion of values.

Melvin Lewis and Fred Volkmar (1990) consider the consolidation and integration of one's personality, as well as adaptation to the changing, unfamiliar society, to be two of the pivotal developmental tasks of adolescence. Because Black youths in both countries must find their identity in societies that often hold clearly negative stereotypes of Blacks, these tasks become even more difficult.

For all youths, physical growth in infancy and childhood set the stage for biological, behavioral, and emotional self-regulation. According to Barbarin and Richter, biological, behavioral, and emotional self-regulation are the foundations for many things, including social competence and psychosocial maturity in adolescence (2001). They argue that many of Mandela's children struggle with behavioral and emotional self-regulation. For South African adolescents, the prevalence of stunting is also directly connected to success in adolescence; for African-American youths, social programs like Food Stamps and Temporary Aid for Needy Families (previously known as Aid to Families with Dependent Children) have reduced the likelihood of severe physical side effects of chronic poverty but not its psychological effects (Barbarin and Richter, 2001; Blank, 1997).

For adolescents in South Africa, a rapidly changing social milieu, racial discrimination, neighborhood violence, and large numbers of deaths due to sickness and malnutrition present stresses. These pose constant threats to personal equilibrium and positive resolution of identity conflict (Newman and Newman, 2003). For African-American adolescents, the physical effects of poverty are generally less severe, suggesting that neighborhood violence and racial discrimination are two core threats to identity development (Barbarin and Richter, 2001; Blank, 1997). Being chronically poor becomes a more serious threat to healthy adolescent development when familial support and coping behaviors are absent or seriously deficient. Unfortunately, chronic

poverty and deprivation break down the coping behaviors needed to successfully develop a positive self-identity in an environment of denigrated or violent role models and palpable racial discrimination (Eamon, 2001).

The Changing Social Milieu

While the political and social environment has not changed significantly for African Americans in the past 10 years, it has certainly changed in that time for Black South Africans. In 1990, Nelson Mandela was freed and apartheid subsequently came to an end. In many ways, South Africa is going through changes experienced in the United States during the 1940s, 1950s, and 1960s, with a significant change from rural to urban society, Black migration to the cities, and the end to segregation, the American equivalent of apartheid (Patterson, 2000).

Unfortunately, thousands of Black families who left the South African countryside for the promised employment and education of the city face inadequate shelter and dangerous environmental conditions as they cope with the massive changes in family and community life that have left many families isolated (Barbarin and Richter, 2001). In South Africa, the movement of Black families to crowded urban shantytowns and blighted business districts has separated these families from extended kin networks that formerly provided much-needed support through familial systems of mutual obligations (Barbarin and Richter, 2001). For developing teens in the United States, urban migration happened two generations ago. New kinship networks have since grown to assist young people in negotiating role and work identity, and authority development. Many Black South African teens no longer have access to the support network or to the traditional practices and rituals that gave order to their parents' or grandparents' transitions from childhood to adulthood (Barbarin and Richter, 2001).

Household Make-up

One of the key problems facing Black adolescents in South Africa is the massive scope of changes in household make-up. Although the rate of single motherhood has risen in the United States, irrespective of race, it is a particular and growing problem among South African Blacks (Blank, 1997; Barbarin and Richter, 2001). With desperate, chronic poverty and relocations to cities, parents have to live separately in order to support the family (Barbarin and Richter, 2001). South African Black households typically contain significantly more children than American Black households. South

Africans have a Gross National Income of \$2,900 in U.S. dollars, and much fewer supportive services available. It is arguable that South African mothers, fathers, and other caretakers are more taxed, with significantly smaller resources at their disposal (Barbarin and Richter, 2001; United Nations Children's Fund, 1999).

In South Africa, Barbarin and Richter (2001) report that one child in three under the age of 16 does not live with his or her mother, and that one in five lives with neither parent (Barbarin and Richter, 2001). Because AIDS is expected to infect one in four adults in southern Africa within this decade, it is unlikely that these children will return to live with their parents soon (Barbarin and Richter, 2001). For adolescents, all of these factors mean less time with a caring, committed caretaker, leaving them more vulnerable to the negative effects of chronic poverty. Without a caring adult in the home as a supportive role model, adolescents may have serious trouble with positively resolving issues of role experimentation and leadership and followership. They may also have difficulty developing healthy self-certainty.

Neighborhood Violence

A surprising similarity between South African and American Black experiences lies in the prevalence of neighborhood violence. In the Barbarin and Richter's study (2001), South African parents reported neighborhood safety in similar percentages to those reported by American parents. Only 22 percent of Black South African parents considered their neighborhood safe. According to Barbarin and Richter (2001), this is comparable to the experience reported by African-American parents. In both countries, rising gang activity and juvenile crime are primary concerns, suggesting that violence in neighborhoods is a key concern (Barbarin and Richter, 2001).

It can be argued that chronic poverty and racial discrimination can combine to cause negative resolution in conflicts between role experimentation and fixation, apprenticeship and work paralysis, and leadership and authority confusion. Delinquency and gang membership can result if one or more of these conflicts is not resolved but instead leads to confusion. For the majority of both South African and African-American youths, chronic poverty and racial bias limit their neighborhood choices, relegating them to neighborhoods where violence is a regular part of life (Barbarin and Richter, 2001). Regular exposure to crime and the standardization of antisocial behavior provides negative roles for experimentation and the possibility for authority confusion or negative resolution of followership issues. This occurs when those who rule the block are made powerful through violence and coercion (Barbarin and

Richter, 2001).

Continued exposure to neighborhood, community, and possibly familial violence, through the medium of chronic economic hardship, may increase an adolescent's proclivity to engage in antisocial behavior, such as aggression and delinquency. Such exposure may also lead to underemployment, which suggests evidence of work paralysis (Barbarin and Richter, 2001). Engagement in aggression and delinquency may make it more difficult to achieve academic success. Academic failure is already a risk for chronically poor youths, leading to extended difficulty in engaging in meaningful, well-paying work (Barbarin and Richter, 2001; Brooks-Gunn, 1995; Korenman et al., 1994). An adolescent faced with the decision between working legally for a pittance and engaging in the informal economy for substantially larger, though illicit, wages may experience long-term work paralysis in the form of such illegal activities as drug dealing.

The Loss of Adolescence

In many ways, African-American youths have the luxury of a longer adolescence than do many Black South African teens. Although adolescents from poorer American families generally start work earlier and have a shorter adolescence than do wealthier adolescents, South African adolescents are faced with a myriad of challenges that shorten their adolescent experiences even further (Lewis and Volkmar, 1990). The extent of AIDS infection in Southern Africa, the deeper level of poverty in South Africa, and an unreliable national infrastructure can combine to hurry or halt the development process for adolescents.

The confluence of economic hardship and the accumulation of risk factors is known to increase premature sexuality and childbearing (Barbarin and Richter, 2001). Orphaned South African adolescents learn at a young age to provide for siblings in the absence of a parent. If they engage in immature sexual behavior, these adolescents may easily find themselves infected with HIV or giving birth to an HIV-infected baby (Barbarin and Richter, 2001). Adolescents who suddenly find themselves supporting others through the death or illness of a caretaker or through the birth of their own child may not have the luxury of engaging in role experimentation, but may experience identity foreclosure. In identity foreclosure, very little role experimentation occurs (Newman and Newman, 2003). These adolescents may also experience identity moratorium, in which the subject's role or identity is put on hold (Newman and Newman, 2003). African-American youths may also experience

identity foreclosure and moratorium through early work or pregnancy, but a more supportive infrastructure in the United States ensures that American adolescents will have a somewhat better chance of receiving a decent education and attending university, a key place for role exploration. Because South African teens are more likely to lose one or both parents through death and may already be separated from kinship networks, many may lose the very important protective factor embodied in a caring, engaged, adult caretaker (Barbarin and Richter, 2001).

Denigration of the Self

Adolescents who are unable to achieve positive identity resolution may experience the perpetuation of self-denigration. Because group identity is such a pivotal developmental task for adolescents, personal identity is often tied to connection with a group. As Barbara Newman and Philip Newman aptly write, “Perceiving oneself as a competent member of a group or groups is fundamental to one’s self-concept as well as one’s willingness to participate in and contribute to society” (2003, p. 318). For chronically poor Blacks in South Africa and the United States, the natural progression of group identification can easily lead to self-denigration. As Lillian Rubin (1992) finds, children of even the working poor are exposed to denigration of their parents by the larger society. Among those whose poverty is compounded by racial denigration and the scorn reserved for those who are perceived as choosing not to work, the denigration of the self is an easy step. In Barbarin and Richter’s study (2001), a primary wage earner with low-prestige work is clearly associated with aggressive behavior among children in Black South African households. This pattern of response to parental status often continues in adolescence (Barbarin and Richter, 2001). Thus, the outgrowth of familial denigration can be the adolescent’s negative personal identity resolution, authority confusion, or role confusion. Compounded with a group identity linked to a poor, violent neighborhood, and denigrated by the outside world, self denigration can easily occur.

An important difference between South African and American Blacks lies in the fact that American Blacks are part of the minority. South African Blacks not only comprise the majority in their country, but they are organized into strong ethnic groups, clans, and family associations. These associations share languages and traditions as their common connection. These ancient affiliations are noticeably absent from the African-American experience. However, while the majority status may foster a sense of strength and a strong connection to a rich group history for South African Black adolescents, these adoles-

cents still experience the difficulties that Ronald Takaki describes as looking in a mirror and seeing nothing (1993). Although they form a numerical majority, South African Blacks, like African-Americans, live in a culture where faces like theirs are rarely seen in positions of political power. While this has changed for the better in the past decade, much progress must still be made before Black adolescents in either country will have significant numbers of highly visible, positive Black role models needed to diminish self-denigration.

CONCLUSION

The difficulties in psychosocial development among chronically poor South African adolescents are exacerbated by cultural upheaval and the AIDS crisis. Destitute conditions in South Africa may make identity development more difficult there for chronically poor adolescents than for Black adolescents in the United States. While adolescents in the United States have the strength of a more developed infrastructure and social welfare system, key strengths for South African adolescent psychosocial development include strong connections to a rich group history and the underlying power that comes with membership in a majority group. ■

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NOTE

1. The term "chronic poverty" is rarely defined. For the purposes of this article, chronic poverty will be considered poverty that reoccurs or extends over several years or several generations, and that may threaten the individual's basic existence (Brooks-Gunn, 1995; Blank, 1997).

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