

CHILD POVERTY INSIGHTS

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Escaping Poverty Traps – Children and Chronic Poverty



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How is chronic poverty important to development?

The last five years saw unprecedented global wealth creation; yet, the number of people living in chronic poverty—extreme poverty that persists for a long time—has *increased*. Between 320 and 443 million people are now trapped in chronic poverty, which many times is also transmitted inter-generationally to their children. The Millennium Development Goals target to halve global poverty by 2015 fails to account for the many who will remain trapped in poverty for some duration of time. The MDGs can only be achieved if chronic poverty is effectively tackled, particularly in sub-Saharan Africa and South Asia, and if the target is extended to 2025 to enable national governments and international organisations to make the necessary political commitments and resource allocations and implement necessary policies.

Whichever way one frames the problem of chronic poverty – as human suffering, as vulnerability, as a basic needs failure, as the abrogation of human rights, as degraded citizenship – widespread chronic poverty occurs in a world that has the knowledge and resources to eradicate it. Tackling chronic poverty is therefore *the* global priority for our generation and is vital if our world is to achieve an acceptable level of justice and fairness.

What drives chronic poverty?

Chronic poverty is distinguishable by its duration and multidimensionality. Chronically poor people always or during long period of their lives, live below a poverty line, and their situations are usually defined by structural and social inequalities influenced by multiple discriminations. This is different from the transitorily poor, who move in and out of poverty, or only occasionally fall below the poverty line. The chronically poor are not a distinct group; most of them are ‘working poor,’ with a minority unable to engage in labour markets. They include people who are discriminated against or socially marginalised, frequently because they are members of ethnic, religious, indigenous, nomadic and caste or class groups. They are also migrants and bonded labourers; refugees and internally displaced; disabled people; those with ill health; and the young and old. In many contexts poor women and girls are the most likely to experience lifelong poverty.

Yet, despite this heterogeneity, **five main traps underpin chronic poverty**:

1. **Insecurity:** The chronically poor frequently live in insecure environments with few assets or entitlements to cope with shocks and stresses.

2. **Limited citizenship:** Chronically poor people have no meaningful political voice and lack effective political representation.
3. **Spatial disadvantage:** Remoteness, certain types of natural resource base, political exclusion and weak economic integration can all contribute to the creation of intra-country spatial poverty traps.
4. **Social discrimination:** Chronically poor people often have social relations of power, patronage and competition that can trap them in exploitative relationships or deny them access to public and private goods and services. These are based on class and caste systems, gender, religious and ethnic identity, age and other factors.
5. **Poor work opportunities:** Where there is limited or unevenly distributed economic growth, work opportunities are limited and people can be exploited. Such work allows day-to-day survival but does not facilitate asset accumulation or fund children's education.

In what ways are children disproportionately affected by chronic poverty?

Chronic poverty has serious consequences for children, not least the strong likelihood of suffering a premature death from easily preventable health problems, or lifelong ill health due to deprivations. The durable nature of chronic poverty combined with lower levels of assets result in decreased resilience to shocks and weaker springboards for escaping poverty. The long-term impact that chronic poverty has when experienced in childhood and the potential for intergenerational transmission that adds to its injustice and to the intractable nature of this issue. Intergenerational transmission of poverty occurs through different channels in different contexts. For instance, low levels of *in utero* and child nutrition resulting from poor maternal and child health lead to long term physical and mental stunting. Low levels of parental education and income serve to limit the potential for children's education and low parental income is also a key driver to early marriage and early childbirth, themselves determinants of higher than average maternal death and injury and lifelong resultant illness among girls and young women. Poor parents have poor children, and those children are more likely to grow up as poor adults because of the structural, social and health limitations faced as children.

Additionally, child poverty has strong gender dimensions, and social institutions many times play a role in leading to and perpetuating chronic poverty, vulnerability and discrimination over the course of childhood and into adulthood for girls. The chronically poor are more likely to experience higher levels of vulnerability to multiple discriminations, all of which compound and contribute to the severity and duration of the experience of poverty and increase the impact on life-course potential. Girls' vulnerabilities in relation to poverty dynamics are different to those of boys; more than 100 million girls aged 10 to 19 are expected to marry between 2005 and 2015¹, increasing the risk to the known dangers of early pregnancy and forgone educational opportunities. 60,000 to 70,000 girls aged 15 to 19 die from complications of pregnancy and childbirth every year (WHO, 2008d, in Temin et al., 2010). Women under 20 giving birth face double the risk of dying in childbirth compared with women over 20, and girls under age 15 are five times as likely to die as those in their 20s². Meanwhile, it is estimated that more than 130 million girls and women alive today have undergone female genital mutilation (FGM) or cutting (FGC), which among other issues can lead to life threatening and lifelong health problems (UN, General Assembly, 2006). Moreover, young women are particularly vulnerable to coerced sex and are increasingly being infected with HIV and AIDS (UNIFEM, 2010). Further, two thirds of the 137 million illiterate young people in the world are women (UNFPA, 2007), and in 2007 girls accounted for 54 percent of the world's out-of-school population (UN, 2009). In many cases, these overlapping and intersecting experiences of deprivation and vulnerability, foregone human development opportunities and abuse or exploitation serve to perpetuate and intensify poverty of girls and women over the life-course.

Childhood, adolescence and early adulthood are critical in determining life-course potential. Physical and neurological development and social, educational and work skills attainment are all decisive development and learning acquisitions. Yet this key period remains for many children one of deprivation, danger and vulnerability, resulting in a significant lack of agency and critical development deficits, which often have long-term detrimental life-course consequences.

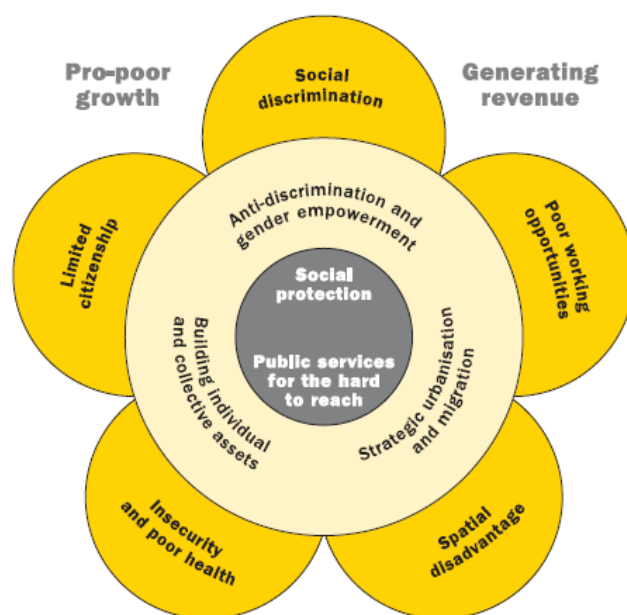
How can chronic poverty be addressed?

The following five key policy responses presented in the second chronic poverty report (2008) refer to the five main traps that underpin chronic poverty although it should be noted that they do not map neatly one-for-one against each trap, but rather create an integrated policy set that respond to the multiple, overlapping causes of chronic poverty:

¹ Based on girls aged 10 to 19 in developing countries, excluding China, projected to marry before their 18th birthday (Clark, 2004). www.unfpa.org/swp/2005/presskit/factsheets/facts_child_marriage.htm

² www.wpf.org

- i. **Social protection:** Publicly provided social protection, and particularly social assistance, plays a vital role in reducing insecurity and increasing opportunities for the chronically poor to engage with the growth process.
- ii. **Public services for the hard to reach:** Making available reproductive health services and post-primary education can break the intergenerational transmission of poverty and have a dramatic effect on the prospects of chronically poor households.
- iii. **Building individual and collective assets:** Asset holdings increase the personal (and collective) agency of the chronically poor. The more assets – psychological, as well as physical and social – a household possesses, the more leverage it has in social networks and transactions, as well as in formal financial markets.
- iv. **Anti-discrimination and gender empowerment tools:** Tackling social discrimination promotes a just social compact and increases the economic opportunities of the chronically poor. Powerful policy levers in areas such as legal rights, political representation, economic resources and attitudes and perceptions will facilitate the transformative social change necessary to enabling gender empowerment.
- v. **Strategic urbanisation and migration:** Chronic poverty remains mainly a rural phenomenon although urban chronic poverty can be particularly harsh, because chronically poor people do not access the benefits of urbanisation, and cannot seize the opportunities offered by migration. Chronically poor people need to be given the chance to migrate, through education and antidiscrimination policies.



Bringing services to the chronically poor is certainly a challenge but it is worth keeping in mind that interventions in reproductive health, education, nutrition and social protection complement each other, forming a virtuous circle of social and economic development. What can be done in each of these five policy areas partly depends upon country context. Although country context influences the chances of ending chronic poverty, it certainly does not determine it.

Additionally, policy change must include the chronically poor themselves as the leading actors in overcoming their poverty. To date, when their existence is recognised at all, the chronically poor are perceived both by policymakers and in the popular imagination as dependent and passive. The fact is that nothing could be further from the truth. Most people in chronic poverty are striving and working to improve their livelihoods and the prospects for their children, in very difficult circumstances they have not chosen (CPRC, 2008). They need real commitment from decision-makers, matched by actions and resources, to support their efforts and overcome the obstacles that trap them in poverty and deny them citizenship.

How can children's chronic poverty be tackled?

Fundamentally progressive social change is essential for tackling chronic poverty. Existing social orders (caste, age, gender, race and class relations etc.) underpin and perpetuate social discrimination, poor work opportunities and limited citizenship that stop the poorest from improving their circumstances.

Chronically poor people do not just need 'good policies' they need societies that give them a voice and facilitate their human rights. Achieving this is the most difficult part of the policy and political agenda – social and cultural relationships and practices are often entrenched. Policies to end chronic poverty have a particular focus on childhood as explained, because of the implications of life course and inter-generational poverty transfers. **Tackling poverty in childhood requires a specific focus** and whilst household improvements are important, they are not sufficient to improve children's life chances and wellbeing. This is illustrated by the [Chronic Poverty Centre's report on Stemming Girls Chronic Poverty](#) which highlights the role of five social institutions in particular that perpetuate inequalities, discrimination and exclusion, in turn generating a myriad of development deficits and physical and psychological trauma

(CPRC, 2010). Discriminatory family codes, son bias, limited resource and rights entitlement, physical insecurity and restricted civil liberties are all significant barriers to human development and can lead to and perpetuate chronic poverty and vulnerability over the course of childhood and adulthood, and potentially inter-generationally.

Six key recommendations for action to more effectively tackle chronic poverty and promote progressive social change are:

1. Develop and enforce context-sensitive legal provisions to eliminate gender discrimination in the family, school, workplace and community: The harmonisation of national legal frameworks with international commitments (CEDAW) and of local customs and codes with more formal legislative approaches combined with the introduction of reforms such as a ban on sex-selective abortion or the prevention of gender-based-violence.

2. Support measures to promote children's, and especially girls' right, to be heard and to participate in decisions in areas of importance to them: Empowerment programmes supported by mentors to promote girls' voice and agency combined with educational programmes for boys and young men to challenge aggressive understandings and practices of machismo.

3. Invest in the design and implementation of child- and gender-sensitive social protection: Initiatives to promote girls schooling, cash transfers, social health insurance and health fee exemptions, asset transfers and public works programmes designed to target female time poverty are all forms of social protection that can be a powerful tool to mitigate the worst effects of both economic and social risks and to promote pathways out of poverty.

4. Strengthen services for girls who are hard to reach, because of both spatial disadvantage as well as age- and gender-specific socio-cultural barriers: Initiatives aimed at promoting girls' access to and use of existing services need to focus on innovative and gender-sensitive means of extending programmes such as microfinance and reproductive health services and on bringing services to girls where possible.

5. Support measures to strengthen girls' and young women's individual and collective ownership of, access to and use of resources: A collective approach, supported by strong mentors is needed to promote information sharing, self-esteem, capability development and social capital to help girls gain confidence with and through each other and to develop a sense of agency.

6. Strengthen efforts to promote girls' and women's physical integrity and control over their bodies, especially in conflict and post-conflict settings: Educational and empowerment programmes that raise girls' and young women's awareness of their right to be protected from violence, efforts to counter the culture of impunity surrounding gender-based violence in conflict and post-conflict settings and efforts to involve girls and young women in age- and gender-sensitive disarmament, demobilisation and reintegration programmes are all vital.

Some General Resources

- Chronic Poverty Research Centre (CPRC) (2010). [Stemming Girls Chronic Poverty: Catalysing development change by building just social institutions](#), Belmont Press Limited, Northampton (CPRC)
- Chronic Poverty Research Centre (CPRC) (2008). [The Chronic Poverty Report 2008-9: Escaping Poverty Traps](#). Manchester: CPRC. Manchester: Chronic Poverty Research Centre (CPRC)
- Chronic Poverty Research Centre (CPRC) (2010) Tackling chronic poverty: Key messages for policy makers (working paper)
- Temin, M., Levine, R. and Stonesifer, S. (2010). [Start with a Girl. A New Agenda for Global Health](#). Washington, DC: Center for Global Development (CGD)
- United Nations Development Fund for Women (UNIFEM) (2010). '[Annual Report 2009-2010](#).' New York: UNIFEM
- United Nations (UN) General Assembly (2006). '[In-Depth Study on All Forms of Violence against Women](#).' Report of the Secretary-General. A/61/122/Add.1. 6 July
- United Nations Population Fund (UNFPA) (2007). [Framework for Action on Adolescents and Youth: Opening Doors with Young People](#). New York: UNFPA
- United Nations (UN) (2009). [Millennium Development Goals Report 2009](#). New York: UN