RELATIONSHIP BETWEEN CHILDHOOD POVERTY AND DEPRESSION AND ANXIETY

A Quantitative Analysis

By

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Introduction

Being a child living in poverty has many effects on a child's emotional, social, and physical well-being. Childhood poverty rates are higher in the U.S. than any other industrialized nation (Anders, 2011). Children growing up in poverty are said to have many disadvantages that include lack of nutritious foods, lack of high-quality education, and limited access to good healthcare. Sometimes the effects of childhood poverty can last during adolescence and even into adulthood. Much research today looks at the link between childhood poverty and mental health. Depression and anxiety plague many Americans today and it is the leading cause of disabilities worldwide. (World Health Organization).

Motives for the Study

Based on the above the discussion, we can see that there is a disparity between socioeconomic status and a child's mental health throughout their life. The purpose of this study is to explain the relationship between childhood poverty and depression/anxiety. Cognitive and social development in childhood sets the stage of healthy relationships and mental health in adulthood. Growing up in a poor household can expose a child to traumatic experiences and he or she are less likely to have available resources to cope with those traumas (Nikulina, 2011). Low socioeconomic status in childhood can increase the risk of depression (Romens, 2015). Children of low-income families often live in an unstable environment which causes them to lack healthy social skills and regulate their emotions. However, early theoretical models suggest that the stressful experiences of childhood poverty and neglect may lead to poorer mental health (Nikulina, 2014). Compared to others, children of low-income communities have poor social and health social outcomes, including higher rates of chronic illnesses, lower rates of educational achievement and more behavioral

problems (Leffman, 2014). I pose the question: Is there a relationship between anxiety/depression and childhood poverty? The independent variable of the study will be family income and the dependent variable will be diagnoses of anxiety and/or depression. This paper will examine the immediate and long-term effects that poverty has on mental health of children from birth until 18 years old.

Literature Review

The literature today examines the many factors and influences of child mental health as it relates to socioeconomic status. Economic hardship is a predictor of child neglect and maltreatment because of parental stressors. Childhood poverty can cause depression, anxiety, and various negative life outcomes in adulthood. The parental factors, family demographics, race & ethnicity, and familial income are several factors measured in current research to help determine the correlation between childhood poverty and depression.

<u>Family Poverty</u>

According to the U.S Census, in 2014 there was approximately 50 million people living in poverty and the poverty rate for children under the age of 18 was 21 percent. There are two theory models that give an analysis of family poverty. The family stress model suggests that a child's mental health is primarily affected by the stress that poverty has on the parents. The family investment model explains that poor parents may not be able to afford to live in safe neighborhoods or adequate resources and education for their children. Poverty is not something that happens at random throughout the U.S. Higher education, personal skills, good mental & physical health and a stable marriage are some factors that can reduce the risk of a family poverty (Butler, 2014). These factors can also be poverty indicators. Children whose parents suffer from chronic illness, drug or substance abuse and single parents are

more likely to live in poverty. Children living in poverty have a greater chance of being exposed to traumatic experiences that can have a long term emotional repercussions due to lack of adequate adult supervision. Under the family investment model, parents may not be able to afford or obtain mental health resources (Butler, 2014). Poverty is not only the lack of material resources, but having a low income limits choices that can prevent families from living in poverty and social exclusion (Seguin, 2012). Seguin's longitudinal study of family poverty in Quebec examined three indicators to poverty: living with low-income below the poverty line, receiving social welfare, and having a low SES. Seguin's study concluded that exposure to poverty in early childhood, from birth to 10 years of age, put children more at risk for chronic illnesses in adulthood and poor social and emotional regulation. The more time spent in poverty from birth to age 9, the more the child is at risk for serious mental health problems (Evan & Cassels, 2013). Evan and Cassels assessed mental health as an adult of children who lived in rural poverty. Family poverty was measured by the participants' family responses on the U.S Census.

Poverty Linked to Depression

Depression is the leading cause of disabilities worldwide with an estimated 100 million people suffering from it(World Health Organization). Depression can be characterized in children by irritability, difficulty sleeping, drastic behavior changes in school, frequent bouts of sadness, and suicidal thoughts. Even though depression is so prevalent in the world today, there is few people who receive effective treatment for it. Children who living in poverty are among those who lack financial and community resources for help with depression. Nikulina's study focused on the diagnosis of Post-Traumatic Stress Disorder, Major Depressive Disorder, academic achievement and crime in adulthood of children who lived in

childhood poverty and experienced neglect. A sample size of 1,005 children under the age of 11 were studied and only 501 of the participants were living in childhood poverty and experienced neglect. The findings of the analysis showed that 31% of the neglected group met the criteria to be diagnosed with PTSD and 25% of the neglected group met the criteria for MDD. It was concluded that only childhood family poverty predicted the diagnosis of MDD in adulthood. The children of both the control and the experimental group of the study were of Black or White non-Hispanic origin, however race was not specifically included in the analysis.

In Butler's study, the focus was on economic hardship and depressive symptoms in adolescents' ages 12 to 17 years of age. Similar to Nikulina, Butler's sample consisted of non-Hispanic White children but that was the only demographic of the participants unlike Nikulina's. The findings in Bulter's study concluded that poverty was positively associated with depressive symptoms in children who lived in poverty from birth to age 12. The possibility of depression is predicted by childhood poverty in both studies. Several risk factors were measured to determine the likelihood of depression/anxiety. These risk factors include whether or not the child lives in a single parent home, if the parent reported income of less than $20,000, if there are four or more children in the home, and the gender and ethnicity of the child. (Dallaire, 2008). Juvenile onset depression has been predicted by some of the stated risk factors. These risk factors were also studied in the literature to make a clearer distinction of the role that poverty has on child/adolescent depression.

Research has also linked poverty to psychiatric disorders in adolescents age 13 to 17. (Purtell & Gershoff, 2016), but has found less conclusive findings on whether SES is a direct link to mental health disorders in adolescents. Research is conclusive that there is a relationship between childhood poverty and depression/anxiety and that there are many preceding factors that contribute to a child living in a low-income community. Depressive

symptoms in the literature has been measured using different psychiatric assessment questionnaires (Butler, 2014, Dallaire, 2008, Nikulina, 2010). The research has been consistent in concluding that there is a relationship between childhood poverty and depression disorders.

Gaps in Literature

There is much research out there on the effect of poverty on mental health, but not much on children's mental health while still actively living in poverty. There is a more complex relationship between child mental health and poverty, than mental health in adults. The studies above provided data on poverty at each age group however there is not much research on the effects of poverty in early childhood. Children under 18 represent 23 percent of the U.S Population but make up 33 percent of those living in poverty. Another gap in literature was that many researchers studied the likelihood of depressive symptoms but not actual diagnoses of depression. There has been much research on adolescents but not much on the effects of poverty in early childhood. There are many indicators that predict the likelihood of a person living in poverty but not much focus on the family size or their race and ethnicities. Using the General Social Survey, I will add to current research by identifying a correlation between depression, poverty, social and household size. Based on those gaps in the literature, I propose 3 hypotheses

H1: There is a significant relationship between childhood poverty and onset of depression

H2: There is a significant relationship between social class and depression

H3: There is a significant relationship the number of children living in a household and childhood poverty

Methods

For the purpose of discussing the relationship between childhood poverty and mental health I will be using the General Social Survey 2014 dataset. The GSS is a nationally representative dataset of many different variables. GSS is housed under the National Opinion Research Center or NORC, within the University of Chicago. GSS serves to main goals: to conduct basic scientific research on the structure of American society and to distribute up-to-date, high quality data to social scientists, students, policy makers and others. (GSS, 2015). For these reasons the GSS is adept to testing my proposed hypotheses. The sample size of my analysis will vary depending on my hypotheses and missing values. The final sample sizes ranges from N= 1,244 to N= 2,530.

The variables I will be testing for this analysis are *DEPRESS*, *INCOME*, and *CLASS* and *CHILDS*. For my dependent variable depression, variable respondents were asked if they have ever been told that they have depression. I recoded the variable into DEPRESS1 to refine the missing/invalid answers. For the first independent variable *INCOME*, incomes of respondents were ordinal in 12 categories ranging from "Less than $1000" to "25000 or more". The respondents were asked to record their total family income before taxes. I recoded *INCOME* into *newINCOME* with two categories 1. Under $25000 and 2. $25000 or more, making it a nominal variable. *CLASS* is the second independent variable in my analysis and it is a nominal variable that did not need recoding. In order to determine respondents' social class, the respondents were asked their perception of which social class they belonged to. There are four categories: Lower Class, Working Class, Middle Class, and Upper Class. The final independent variable in my study is *CHILDS*. For this variable respondents were asked how many children they ever had and recorded the number.

The method of analysis that will be used for testing my first hypothesis, the significance between childhood poverty and depression is Chi-Square. First I will run the descriptive statistics to test the frequency of the variables then I will perform a Cross tabulations and calculate Lambda using IBM SPSS Statistics software. A Chi-square test is suitable for my analysis because I am testing nominal variables. This statistical test will test the correlation and significance between childhood poverty and depression.

The second hypothesis in my study is the significance between social class and depression. Because both variables are nominal I will be using a Chi-Square test for my statistical analysis. After running the descriptive statistics on the two variables I will perform a Chi-Square test and Lambda calculation to test the correlation between social class and depression.

For my final hypothesis I pose the question "Does the number of children a person has affect total family income?" The variable *CHILDS* is an ordinal variable and *newINCOME* is a nominal variable so I will also be conducting a Chi-Square test. I will preform a cross tabulation and calculate Lambda to test my final hypothesis. The calculations will test the correlation between between the independent variable, CHILDS and the dependent variable, *newINCOME*.

Results

The variables used for this study were *newINCOME, CHILDS, DEPRESS1*, and *CLASS*, all of which were recoded. Refer to Table 1 for the descriptive statistics of each variable. A Chi-Square test and calculation of Lambda were used to determine to association between the dependent variable, DEPRESS1, and the respective independent variables, newINCOME, CHILDS, and CLASS.

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