



SOCIODEMOGRAPHIC RISK AND CHILD WELL-BEING

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A significant body of research indicates that over time a number of economic, demographic, social, and physical risks can harm children's development, contributing to problem behaviors, failure in school, and poor mental health (Cole and Cole 1993). Such risks may include low socioeconomic status, overcrowding or large family size, low maternal education, limited employment skills by the head of the household, and welfare status (Garmezy 1993). While many children surmount individual risk factors, children who endure several risks simultaneously are more likely to develop serious problems (Garmezy 1993).¹ A set of social and demographic factors are explored here individually and collectively as measures of risk.

Measuring Sociodemographic Risk

The National Survey of America's Families (NSAF) includes several questions that can be used to assess sociodemographic risk. The following measures comprise an index of this risk:

- Single parenthood,
- Four or more children living in the child's household,
- The lack of a high school diploma or GED by the child's parent, and
- Poverty.

Children who experienced three or more risks were classified as having a high level of sociodemographic risk.

Nationally in 1997, 8 percent of children under age 18 experienced high levels of sociodemographic risk (figure 1).² Among the 13 states analyzed in the NSAF, the proportion of children experiencing high risk ranged from 3 to 17 percent. In Alabama, California, Mississippi, New York, and Texas, percentages were higher than the national average, while the percentages in Colorado, Michigan, Minnesota, New Jersey, Washington, and Wisconsin fell significantly below the national average.³

Poverty itself may not cause negative outcomes in children, but poverty co-occurs with many other stressors.

Co-occurrence of Risks

Risk factors tend to co-occur—that is, a child who experiences one stressful factor is likely to experience other stressors as well (table 1).

- Twenty-two percent of poor children experienced poverty but no other risk factors.
- About half experienced poverty plus one other risk factor.
- Almost a quarter experienced poverty plus two other risk factors.
- Five percent experienced all the risk factors.

Some researchers believe that poverty itself may not directly cause negative outcomes in children; rather, poverty is associated with so many stressors, beginning with poor prenatal

Table 1
Children under Age 18 Experiencing One, Two, Three, or Four Risks, by Type of Risk, 1997

| | Family Income below 100% of the Federal Poverty Level (%) | Unmarried Parents (%) | In Households with Four or More Children (%) | Parents without High School Diploma (%) |
|---|--|-----------------------------|---|--|
| Total percentage of children experiencing this risk | 20.4 | 25.6 | 15.1 | 13.8 |
| Of these children, percentage experiencing: | | | | |
| 0 additional risk factors | 21.6 | 47.1 | 45.0 | 30.6 |
| 1 additional risk factor | 49.8 | 33.7 | 23.5 | 31.8 |
| 2 additional risk factors | 23.8 | 15.7 | 21.9 | 30.0 |
| 3 additional risk factors | 4.8 | 3.5 | 9.5 | 7.6 |

care and including family disorganization and breakup, that it serves as a signal for high sociodemographic risk (Garnezy 1993).⁴

Negative Outcomes Associated with High Sociodemographic Risk

Children who experience high levels of sociodemographic risk are substantially more likely than other children to suffer negative outcomes, such as emotional and behavioral problems and difficulties in school. The NSAF provides information on several such outcomes, reported by the most knowledgeable adult in the household, usually the child's mother.

Behavioral and Emotional Problems

The NSAF uses a behavioral and emotional problems scale that consists of two sets of age-appropriate mental health questions.⁵ Both younger and older children who had high levels of sociodemographic risk were more likely than were other children to be described as having a high level of behavioral and emotional problems (figure 2).

- Among children ages 6 through 11, 18 percent of high-risk children exhibited a high level of behavioral problems, compared with 6 percent of other children.

- Similarly, among youth ages 12 through 17, 25 percent of high-risk youth exhibited a high level of behavioral problems, while just 7 percent of other youth did.

School Problems

The NSAF also includes a scale to measure the level of children's school engagement.⁶ Both older and younger high-risk children were more likely to have low levels of school engagement than other children (figure 3).

- Among high-risk children ages 6 through 11, 32 percent exhibited low school engagement, compared with 14 percent of other children.
- Among high-risk youth ages 12 to 17, 43 percent were described as having a low level of school engagement, compared with 24 percent of other youth.

The NSAF examined two specific school-related problem behaviors: how often the child had skipped school in the past year and whether the child had been suspended or expelled from school. High-risk children were significantly more likely to have skipped school and to have been suspended or expelled from school than other children (figure 4).

- Among children who experienced high levels of sociode-

mographic risk, 24 percent had skipped school two or more times, compared with 9 percent of other children.

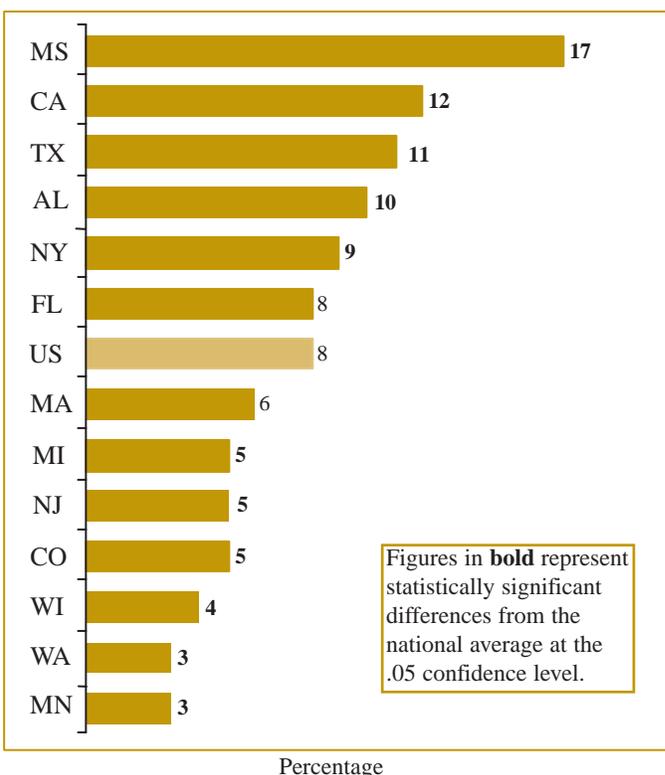
- Similarly, 31 percent of high-risk children had been suspended or expelled from school, compared with 12 percent of other children.

Conclusions

Nationwide, 8 percent of children under age 18 live in families with high levels of social and demographic risk, defined here as families with three or more social or demographic disadvantages: poverty, a single parent, four or more children, and a parent who lacks a high school diploma. These children are substantially more likely than other children to experience a high level of behavioral and emotional problems. Children from high-risk families are also more likely than are other children to have been suspended or expelled from school or to have skipped school, and they are disproportionately likely to be poorly engaged in school.

One use of this scale is to distinguish children in high-risk families from those in low-risk families and to examine trends in their well-being over time, in much the same way that we monitor the well-being of low-income children.

Figure 1
Children under Age 18 with High Levels
of Sociodemographic Risk, by State, 1997



gram rules, as well as the potential inability to obtain steady, well-paying employment, could prevent other families from escaping poverty. Thus, welfare reform could change families in ways that could either benefit or harm children.

Research suggests that, for children who are exposed to risk factors, negative effects can be reduced by altering children's exposure to risks or by changing their perceptions of risks and helping them develop coping strategies (Smith and Carlson 1997).⁷ There are also certain protective factors that may strengthen children's resiliency and help them cope with sociodemographic risks. These could include personal characteristics, such as temperament, disposition, and behavioral and cognitive skills, as well as environmental characteristics, such as social support from the community, parental warmth, adult monitoring and supervision, and positive role models (Coie et al. 1993). Even when protective factors are present, however, high levels of risk are found to be associated with poorer developmental outcomes for children (Moore et al. 1995).

These baseline data on sociodemographic risk give policymakers and the public information about

Another purpose of this scale is to provide an indicator that can be tracked over time as a measure of the proportion of children at developmental risk. The implementation of welfare reform may affect children's experience of these four risk factors (Moore 1998; Child Trends 1999), since the new law is designed to promote job preparation, work, marriage, and two-parent families and to discourage nonmarital childbearing. Features of the law that encourage employment and end increased cash benefits for mothers who have additional children could discourage childbearing, leading to smaller family sizes. Strengthened child support enforcement might discourage nonmarital births. Prohibitions against teen mothers receiving welfare benefits if they drop out of school might raise the educational attainment of some parents. Also, many families are now allowed to retain an increased amount of their earnings from work without having their cash welfare benefits reduced. Some families

may be able to leave poverty by increasing their wages through employment. On the other hand, time limits for the receipt of welfare benefits and reductions in benefits for recipients who do not meet pro-

Figure 2
Children with High Levels of Behavioral and Emotional
Problems, by Risk Level and Age, 1997

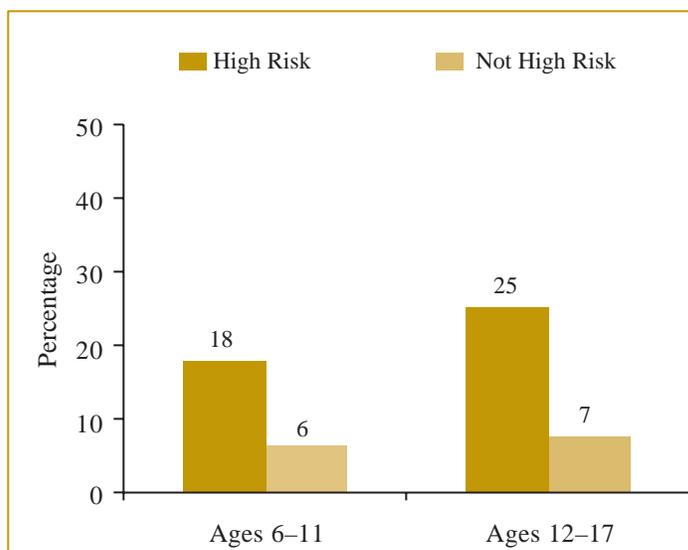


Figure 3
Children with Low School Engagement, by Risk Level and by Age, 1997

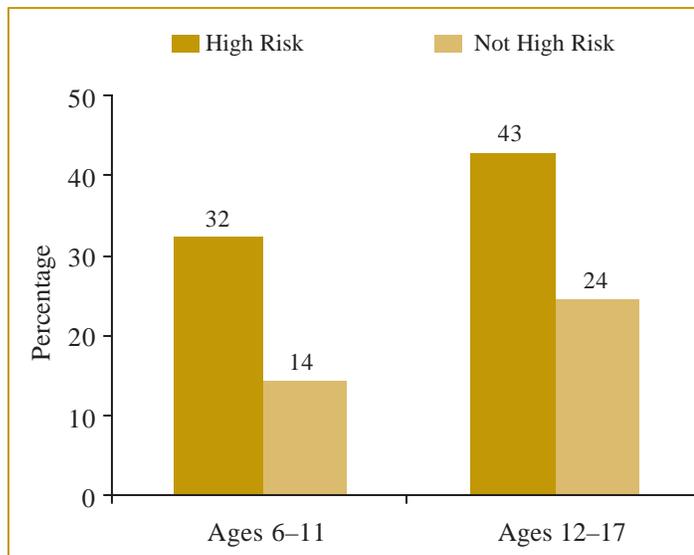
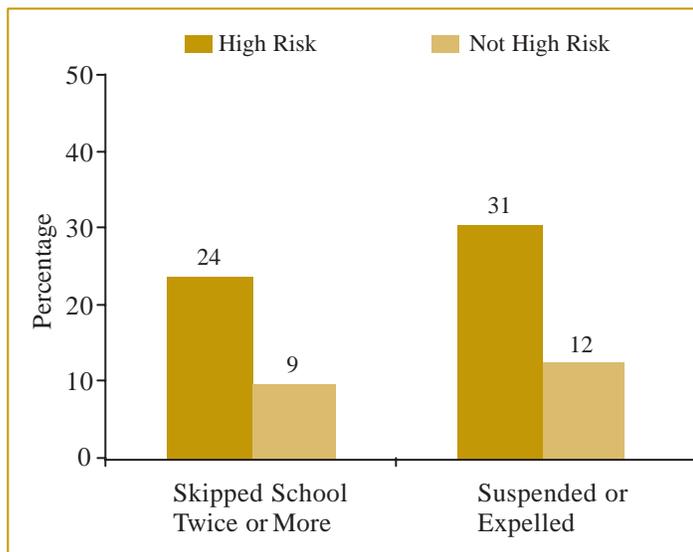


Figure 4
Children Ages 12 to 17 Who Have Skipped School or Been Suspended/Expelled, by Risk Level, 1997



children whose environments may predispose them to developmental problems. As social policy changes, it is possible that some sociodemographic risk factors could become more prevalent while others become less common. However, it is also possible that children's experience of cumulative sociodemographic risks could either worsen or improve overall. Changes in estimates over time of children's experience

of sociodemographic risk, along with future research about protective factors that could increase children's resiliency or interventions that could help reduce the impacts of risks, will help inform decisions at all levels of government.

Notes

1. See also Coie et al. (1993).
2. Estimates have been rounded to

the nearest tenth in the table and to the nearest whole number in the text and figures.

3. Two-tailed tests for statistically significant differences between percentages for different groups were performed at the .05 level for all differences discussed within the text.

4. See also Rutter, M. 1996. "Stress Research: Accomplishments and Tasks Ahead." *In Stress, Risk, and Resilience in Children and Adolescents: Processes, Mechanisms, and Interventions*, edited by R.J. Haggerty, L.R. Sherrod, N. Garnezy, and M. Rutter (354-85). Cambridge: Cambridge University Press.

5. This scale was originally developed for the National Health Interview Survey (NHIS). Parents were asked whether the child does not get along with other kids; cannot concentrate or pay attention for long; and/or has been unhappy, sad, or depressed. Additionally, parents of 6- to 11-year-olds were asked whether the child feels worthless or inferior; has been nervous, high-strung, or tense; and/or acts too young for his or her age. Parents of 12- to 17-year-olds were asked whether the child has trouble sleeping, lies or cheats, and/or does poorly at schoolwork. A score of 12 or less on this 18-point scale indicated a high level of behavioral problems.

6. Lisa Bridges and Jim Connell of the Institute for Research and Reform in Education in California created the school engagement scale, which includes items about whether the child (1) cares about doing well in school, (2) only works on schoolwork when forced to, (3) does just enough schoolwork to get by, and (4) always does homework. A score less than or equal to 10 indicates low school engagement.

7. See also Zimmerman, M.A., and R. Arunkumar. 1994. "Resiliency Research: Implications for Schools and Policy." *Social Policy Report* 8 (4): 1-17.

References

Child Trends. 1999. *Children and Welfare Reform: A Guide to Evaluating the Effects of State Welfare Policies on Children*. Washington, D.C.: Child Trends.

Coie, J.D., N.F. Watt, G.S. West, J.D. Hawkins, J.R. Asarnow, H.J. Markman, S.L. Ramey, M.B. Shure, and B. Long. 1993. "The Science of

Prevention: A Conceptual Framework and Some Directions for a National Research Program." *American Psychologist* 48 (10): 1013–22.

Cole, M., and S.R. Cole. 1993. *The Development of Children*, 2nd ed. New York: Scientific American.

Garmezzy, N. 1993. "Children in Poverty: Resiliency despite Risk." *Psychiatry* 56: 127–36.

Moore, K.A. 1998. "How Do State Policy Makers Think about Family Process and Child Development in Low-Income Families?" Unpublished paper. Washington, D.C.: Child Trends.

Moore, K.A., M.J. Zaslow, M.J. Coiro, S.M. Miller, and E.B. Magenheimer. 1995. *The JOBS Evaluation: How Well Are They*

Faring? AFDC Families with Preschool-Aged Children in Atlanta at the Outset of the JOBS Evaluation. Washington, D.C.: U.S. Department of Health and Human Services and U.S. Department of Education.

Smith, C., and B.E. Carlson. 1997. "Stress, Coping, and Resilience in Children and Youth." *Social Service Review* 71: 231–56.

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This series presents findings from the National Survey of America's Families (NSAF). First administered in 1997, the NSAF is a survey of 44,461 households with and without telephones that are representative of the nation as a whole and of 13 selected states (Alabama, California, Colorado, Florida, Massachusetts, Michigan, Minnesota, Mississippi, New Jersey, New York, Texas, Washington, and Wisconsin). As in all surveys, the data are subject to sampling variability and other sources of error. Additional information about the survey is available at the Urban Institute Web site: <http://www.urban.org>.

The NSAF is part of *Assessing the New Federalism*, a multiyear project to monitor and assess the devolution of social programs from the federal to the state and local levels. Alan Weil is the project director. The project analyzes changes in income support, social services, and health programs. In collaboration with Child Trends, the project studies child and family well-being.

The project has received funding from The Annie E. Casey Foundation, the W.K. Kellogg Foundation, The Robert Wood Johnson Foundation, The Henry J. Kaiser Family Foundation, The Ford Foundation, The John D. and Catherine T. MacArthur Foundation, the Charles Stewart Mott Foundation, The David and Lucile Packard Foundation, The McKnight Foundation, The Commonwealth Fund, the Stuart Foundation, the Weingart Foundation, The Fund for New Jersey, The Lynde and Harry Bradley Foundation, the Joyce Foundation, and The Rockefeller Foundation.

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Publisher: The Urban Institute, 2100 M Street, N.W., Washington, D.C. 20037

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