

Time on my side? Life course trajectories of poverty and health

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Abstract

This study examines the relationship between poverty and health in time. Following the argument that time is significant for shaping the experience of being poor or not poor and growing evidence of heterogeneity in long-term patterns of poverty, we investigate whether different kinds of poverty have distinct consequences for long-term health. Using data from the 1968–1996 annual waves of the United States Panel Study of Income Dynamics Data, we estimate a general growth mixture model to assess the relationship between the longitudinal courses of poverty and health. The model allows us to first estimate latent poverty classes in the data and then determine their effects on latent self-rated health. Four types of long-term poverty patterns characterized as stable nonpoor, exiting poverty, entering poverty and stable poor were evident in the data. These different kinds of poverty affected self-rated health trajectories in distinct ways, but worked in concert with age, education and race to create gaps in initial health status that were constant over time.

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Trajectories of poverty and health

We have long known that poverty harms health. Various pathways have been proposed to explain this link, the most prominent of which is that lack of money restricts access to the fundamental conditions of health, such as adequate housing, good nutrition and opportunities to participate in society (Link & Phelan, 1995; Shaw, Dorling, & Davey Smith, 1999). Nevertheless, in our search for mechanisms, an essential step in creating ameliorative social policies, we have failed to adequately consider the role of time. Indeed, time is important, not only because it is another dimension over which experiences can be measured, but also because it is the

medium within which poverty and illness occur and it shapes the personal and social significance of being rich or poor, or healthy or ill (Walker & Ashworth, 1994). For example, it is argued that the causes and consequences of long periods of poverty differ so fundamentally from those of short ones that the two experiences should be categorized as separate social phenomena (Walker, 1998; Walker & Leisering, 1998).

Such temporal diversity presents a strong case for reconsidering the poverty–health relationship. How can we characterize patterns of poverty and health over time? If different *patterns* of poverty reflect different *kinds* of poverty, do they have distinct health consequences? Existing research on poverty and health cannot address these questions because it is either cross-sectional or limits the study of change to only two or three observation points (Borg & Kristensen, 2000; Hope, Power, & Rodgers, 1999; Lantz et al., 2001;

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Martikainen et al., 1999; Power, Matthews, & Manor, 1996; Thiede & Traub, 1997; van de Mheen et al., 1998).

In this paper, we draw on conceptual and methodological advances in life course dynamics to examine long-term patterns of poverty and health. A first challenge is to conceptualize their dynamic nature. For example, several well-known models of poverty, including those suggesting that poverty, once attained, is an irreversible state, are disputed by those who argue that the life course is becoming increasingly individualized in late modernity (Shanahan, 2000). A second challenge lies with measuring this dynamic diversity and examining the relationship between the longitudinal courses of poverty and health. Life course methods emphasizing long-term patterns or trajectories suggest a way forward here, as does the tradition among poverty researchers of characterizing poverty states according to the number and duration of spells. These methods, however, are not without problems that are related mainly to the subjective categorization of long-term patterns. A promising alternative, mixture modeling, allows us to avoid this restriction (Jones, Nagin, & Roeder, 2001; Nagin, 1999).

We investigate the dynamics of poverty and health through a mixture model that allows us to identify long-term latent classes of poverty, and then assess the effects of these poverty patterns on health trajectories through latent growth curve analysis. Using data from the United States Panel Study of Income Dynamics, we find temporal diversity in poverty histories. We also find that poverty history of any kind is health damaging, but in ways that depend on age, education and race. Before outlining and testing our analytic model, we begin with a brief discussion of theory and research on time, health and poverty.

Conceptual approaches to health and poverty in time

Approaches to health as a process depend, to some extent, on what aspect of health is being considered. Because self-assessed health, the measure we use to examine health trajectories, is a valid and reliable global health measure (Farmer & Ferraro, 1997; Idler & Benyamini, 1997), we briefly review ideas about physical and psychological health in time. The dominant view of physical health is that it deteriorates with age. This conception is based on a mechanistic model of the body as a machine whose parts eventually wear out and fail (Leder, 1992). The physiological deterioration process may have sudden life-threatening consequences or it may be manifested in chronic symptoms that gradually constrain individuals' lives. In either case, body breakdown is inevitable.

Views of psychological health and aging are not so straightforward. Mirowsky and Ross (1992) outline a

number of approaches based on theories of human development. The age as maturity thesis sees psychological health as improving over time as growing insights and practice with living lead to the integration of various dimensions of the self as a "harmonious whole." Conversely, age as decline suggests a deterioration in mental health that parallels that observed in the biological realm. In fact, chronic disease and related functional impairment are considered to be the direct causes of decline in psychological health in successively older age groups. Finally, age as stage reflects both age as maturity and decline. Anchored in normative conceptions of social roles across the life course, it suggests that mental health improves as individuals assume their key adult roles in the labour market and the family. However, as older age brings with it the loss of these roles and relationships, psychological health declines.

The conceptualization of poverty and time is dominated by three hypotheses: the persistence hypothesis, the life cycle hypothesis and the individualization hypothesis (Andress & Schulte, 1998). Underlying the persistence hypothesis is the view that the individual and institutional consequences of poverty are the causes of its enduring nature. Those who focus on individual factors emphasize the creation of a dependency culture that is transmitted intergenerationally through socialization in the family and social networks in poor neighbourhoods. In other words, poverty is persistent because socialization deficits produce 'counterproductive' attitudes and behaviours. In contrast, those who focus on institutional factors emphasize segregation, social control and social exclusion. For example, labour market segmentation keeps certain groups of workers permanently trapped in low-wage work, welfare systems (re)produce their own clientele and processes of marginalization limit access to material and social resources, including citizenship and integration into local communities (Andress & Schulte, 1998; Shaw et al., 1999).

The life cycle hypothesis, first proposed by Rowntree (1901), portrays poverty as fluctuating in tandem with dominant family formation and employment patterns. He argued that early exposure to poverty began in childhood when the many mouths to feed strained available resources. Among youths, leaving home and earning wages meant the easing of monetary constraints, until marriage and children plunged them back into poverty. When children could work for pay, income pressures eased and continued to abate as they left the parental home. When old age finally prevented employment, persistent poverty was the norm for the working class elderly in the absence of old-age pensions. A recent re-evaluation of Rowntree's thesis shows both adherence to and divergence from his early formulation among Western industrialized countries, a divergence that is based largely on differences in social welfare programs

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