A Growing Crisis

Disadvantaged Women and Their Children

United States Commission on Civil Rights Clearinghouse Publication 78 May 1983

U.S. COMMISSION ON CIVIL RIGHTS

The U.S. Commission on Civil Rights is a temporary independent, bipartisan agency established by Congress in 1957 and directed to:

- Investigate complaints alleging that citizens are being deprived of their right to vote by reason of their race, color, religion, sex, age, handicap, or national origin, or by reason of fraudulent practices;
- Study and collect information concerning legal developments constituting discrimination or a denial of equal protection of the laws under the Constitution because of race, color, religion, sex, age, handicap, or national origin, or in the administration of justice;
- Appraise Federal laws and policies with respect to discrimination or denial of equal protection of the laws because of race, color, religion, sex, age, handicap, or national origin, or in the administration of justice;
- Serve as a national clearinghouse for information in respect to discrimination or denial of equal protection of the laws because of race, color, religion, sex, age, handicap, or national origin;
- Submit reports, findings, and recommendations to the President and the Congress.

MEMBERS OF THE COMMISSION

Clarence M. Pendleton, Jr., *Chairman*
Mary Louise Smith, *Vice Chairman*
Mary Frances Berry
Blandina Cardenas Ramirez
Jill S. Ruckelshaus
Murray Saltzman

John Hope III, *Acting Staff Director*

A Growing Crisis

Disadvantaged Women and Their Children

United States Commission on Civil Rights Clearinghouse Publication 78 May 1983

ACKNOWLEDGMENTS

The Commission is indebted to Ki-Taek Chun, project director, and to staff members Rodney J. Cash, Constance Hamilton, Margaret G. Hodge, and Patricia O. Reynolds, who prepared this report under the direction of Ronald D. Henderson, Division Chief. The Commission also appreciates the contributions of staff members Sally Knack and Carole A. Williams and student assistants Frederick J. Gant and Roshon L. Magnus. Helpful comments were provided in the initial stage of the project by consultant Harriette P. McAdoo. Support in preparing the report was provided by Audrey H. Wright, project secretary, Diane M. Ferrier, Connie Lee, Cathy H. Somers, Virginia Williams, and Morrine W. Wilson.

Final preparations for publication were handled by Vivian Hauser, Audree Holton, and Vivian Washington of the Publications Support Center.

The report was prepared under the overall supervision of Caroline Davis Gleiter, Assistant Staff Director, Office of Program and Policy Review.

CONTENTS

Chapter 1

Introduction

Through most of American history, women have often had to support themselves and their families when death, abandonment, or war took the men from the household. Historically, women have taken work into the home, assumed management of family farms and businesses, and worked in industry. Poverty frequently dictated that black and immigrant women work in the fields or in domestic service on a more permanent basis. Women traditionally joined the paid labor force when it was nationally expedient or personally necessary. Black women, out of necessity, had more consistent working patterns.

One example of national expediency was the Second World War, when the Nation's burgeoning work force needs required the massive employment of women. Without the industrial contributions of women, victory would have been delayed. This national experience reinforced a growing recognition that women could carry out family functions while working outside the home.[1]

Since the mid-1940s, the labor force participation rates of women have risen although there was a slight decline following the conclusion of World War II. In 1944, 35 percent of women 16 years and over and nearly 22 percent of married women were in the civilian labor force.[2] By 1950 female workers as a percentage of the female population 16 years and older had fallen to 31.4 percent, but the proportion of married working women had grown to almost 24 percent.[3] By 1979, 58.9 percent of white and black married women with children but no husband present and 40 percent of similarly situated Hispanic women were in the labor force.[4] Of all never-married mothers with children, 63 percent were labor force participants in 1979.[5]

Increased labor force participation has not translated into increased economic security. Today women who maintain their own families are an ever-increasing proportion of the poverty ranks. These women are often the sole providers in their families. Although they may be entitled to child or spousal support, ex-husbands and fathers have poor records for making such payments. Hence, women who head families often have inadequate resources, resources that are strained further by the need for child care. Besides, women are still victimized by discrimination in job training and the labor market. Most women who support themselves and their children do so by working rather than relying upon charity or public assistance. In general, women have been restricted to low-paying jobs in occupations with limited potential for advancement.[6] In combination, then, female family headship and discrimination in training and employment constitute an enormous impediment to financial security.

In the past 21 years, Federal, State, and local governments have made significant efforts to improve conditions leading to and resulting from poverty.

[1] Alice Kessler-Harris, *Out to Work—A History of Wage-Earning Women in the United States* (New York: Oxford University Press, 1982), p. 272.

[2] U.S., Department of Commerce, Bureau of the Census, *Historical Statistics of the United States, Colonial Times to 1970, Bicentennial Edition, Part I* (1975), p. 133.

[3] Ibid.

[4] U.S., Department of Labor, Bureau of Labor Statistics, *Perspectives on Working Women: A Databook*, Bulletin 2080 (1980), table 69, pp. 68–69.

[5] Ibid.

[6] U.S., Commission on Civil Rights, *Unemployment and Underemployment Among Blacks, Hispanics, and Women* (1982), p. 56.

Between 1960 and 1981, the proportion of the population defined as poor decreased from 22.2 to 14.0 percent.[7] The poverty rate of white male-headed families declined by 51 percent, from 14.4 to 7.0 percent.[8] The number of whites in poor male-headed families also fell, from 20 million to 10.5 million.[9] During these years of increased governmental assistance for the disadvantaged, families headed by white men made significant economic gains.

Families headed by women did not fare nearly so well. The poverty rate for all female-headed households decreased by 20 percent between 1960 and 1981, less than half the decease for white male-headed families.[10] More serious, the number of persons in poor families headed by women rose 54 percent[11] (contrasted with nearly a 50 percent decrease in the number of persons in poor families headed by white men).

For families headed by minority women, the situation was even worse. Between 1959 and 1981, the number of blacks in poor female-headed families more than doubled, while the number of whites below the poverty line increased by 24 percent.[12] Data for Hispanics are only available beginning in 1972.[13] The number of poor Hispanics in female-headed families doubled between 1972 and 1981.[14] As a group, female-headed households are sheltering an increasing percentage of poor persons, and this trend shows no signs of abating. This report focuses on these women in poverty and their children.

The U.S. Commission on Civil Rights has undertaken this report because it is alarmed about the increasing income disparities for women, particularly minority women, heading households. By reviewing research and data on various aspects of life affecting poor women, the Commission has sought to delineate the severity of problems that female heads of household and their children face and to determine the extent to which they may be suffering from disparate treatment or adverse effects because of their sex, race, ethnicity, or family status. After reviewing demographic trends reflecting the increasing numbers of female-headed families and the implications for their poverty status, this report focuses on employment, education, and health issues and their interrelationships.

Sex-stereotyped education, biased vocational counseling, sex-segregated jobs, and wage discrimination, although against the law, continue to influence the employment and earnings of women. Because women are in the worst paying jobs, those who work full time earn just 59 cents for every dollar a full-time male worker earns.[15] The health of disadvantaged women and children can also have a substantial effect upon poverty status. Ill health for the household head, for example, may prevent the individual from earning the income or gaining the job experience necessary to overcome poverty. The ill health of a child can put a severe financial and emotional strain on the entire household.

Table 1.1 shows 1981 poverty data based on total cash income for female household heads. The women are poor regardless of alimony, child support, or their own earnings, and they remain poor after welfare payments.[16] Moreover, even when they are employed, their poverty rate is high and increases with the presence of children.

How poverty is defined is important to understanding the full significance of the figures in table 1.1. The current index of poverty was originally developed by the Social Security Administration in 1964 and was adopted in 1969 by the Office of Management and Budget as the Federal Government's official statistical measure of poverty.[17] The Department of Agriculture determined from its survey of food consumption in 1955 that families of three or more persons spend

---

[7] U.S., Department of Commerce, Bureau of the Census, *Money Income and Poverty Status of Families and Persons in the United States: 1981,* series P–60, no. 134, p. 22 (hereafter cited as *Money Income: 1981).* In calculating the poverty level, total money income regularly received from wages, salaries, social security, public assistance, and other cash transfer payments are summed up. Noncash benefits such as food stamps, medicaid, and public housing are not included in the calculation.

[8] Ibid,. p. 24.

[9] Ibid.

[10] Ibid., p. 23.

[11] Ibid.

[12] Ibid. Data were collected and analyzed for black families for 1959 instead of 1960.

[13] This report uses the term "Hispanic" to refer to people whose origins are Mexican, Puerto Rican, Cuban, Central or South American, or other Hispanic origin. The Bureau of the Census, upon whose data this report relies heavily, uses the term "Spanish origin." The two terms are intended to refer to the same population.

[14] *Money Income: 1981,* p. 23.

[15] U.S., Department of Labor, Bureau of Labor Statistics, *Linking Employment Problems to Economic Status,* Bulletin 2123 (January 1982), table 2, p. 11.

[16] The value of food stamps is not included.

[17] U.S., Department of Health, Education, and Welfare, *The Measure of Poverty: A Report to Congress as Mandated by the Education Amendments of 1974* (1976), p. xxi.
Poverty levels for urban families of three and four, respectively, were: 1964, $2,452 and $3,143; 1970, $3,080 and $3,944; 1975, $4,269 and $5,469; 1980, $6,570 and $8,415; and 1981, $7,250 and $9,290. (The typical welfare family consists of a single parent with two children.)

TABLE 1.1

Poverty Rates for Female Householders, 1981

	No children under 18	One child	Two children	Three children
White female head	12.7%	31.3%	38.8%	58.8%
No earners	26.9	86.0	89.1	92.9
Head only earner	11.5	25.1	27.3	47.5
Black female head	35.8	45.1	61.2	72.6
No earners*	66.2	88.7	96.0	97.7
Head only earner*	37.1	26.4	42.1	57.2
Hispanic female head	30.5	47.8	60.1	76.8
No earners	64.0	(1)	(1)	(1)
Head only earner	25.0	30.4	(1)	(1)

**This item may be read as follows: In 1981 black women maintaining their own families who had no children under the age of 18 in the home had a poverty rate of 66.2 percent if no one in the household was employed and 37.1 percent if the female head was the only person employed. The poverty rate increases with the presence of one or more children. The overall rate for black women with no children under 18 is lower than the rate when the head is the only earner because other workers' earnings, when combined with the earnings of the head, reduce the rate.*

[1]Percentage not given when base is less than 75,000.

Source: U.S., Department of Labor, Bureau of Labor Statistics, unpublished tabulations.

approximately one-third of their income on food; the poverty rate was set at three times the cost of the Department's 1961 economy food plan and adjusted each year for inflation.[18] Although the 1961 plan was considered nutritionally adequate at the time, the Department of Agriculture now recommends a "thrifty food plan" as a fairer standard for calculating nutritional adequacy and thus a better basis for determining the poverty threshold. Because it costs more, this plan would tend to increase the proportion of the population considered poor.[19] On the other hand, the poverty index is based solely on money income and does not reflect the fact that many low-income persons receive noncash benefits, such as food stamps, school lunches, and medicaid health insurance.[20]

It is sometimes thought that poverty is a relatively constant condition for individuals and families. This is because most poverty research has been based on single-year, cross-sectional measures rather than longitudinal measures that canvass the same individuals at several points in time.[21] However, longitudinal research has demonstrated that between one-third and one-half of the poor in a given year are not poor the following year, although some of those who move out of poverty may return to being poor again. In all, the proportion of the population poor in a single year is substantially larger than the proportion consistently poor over the long run.[22] Families headed by women,

[18] U.S., Department of Commerce, Bureau of the Census, *Characteristics of Households Receiving Selected Noncash Benefits: 1981,* series P–60, no. 135, p. 21 (hereafter cited as *Noncash Benefits: 1981).*

[19] State-defined poverty levels are often far less adequate than the already inadequate Federal standard. Examples of this discrepancy in administering the aid to families with dependent children program are discussed in chap. 3.

[20] *Noncash Benefits: 1981,* p. 21.

[21] Martha S. Hill, "Some Dynamic Aspects of Poverty," in *Five Thousand American Families—Patterns of Economic Progress,* ed. Greg J. Duncan and James N. Morgan (Ann Arbor: Institute for Social Research, University of Michigan, 1981), vol. IX, p. 95.

[22] Richard Coe, "Dependency and Poverty in the Short Run and Long Run," in *Five Thousand American Families—Patterns of Economic Progress* (1978), vol. VI; Richard Coe, "The Poverty Line: Its Function and Limitation," *Public Welfare,* Winter 1978; Lee Rainwater, "Persistent and Transitory Poverty: A New Look," working paper, Joint Center for Urban Studies of MIT and Harvard University, October 1980; and Frank Levy, "How Big Is the American Underclass?" working paper, The Urban Institute, September 1977.

particularly black women, are overrepresented among those who are persistently poor.[23] Although research on persistent poverty has not included Hispanics, to the extent that the income, poverty, and employment characteristics of Hispanic female householders are similar to those of black female family heads, persistent poverty may be inferred as a problem for Hispanic female householders also.

This report draws upon 1982 Current Population Survey data from the Bureau of the Census and other current sources. The report concentrates on white, black, and Hispanic female-headed households and their children. Recent data for American Indian, Eastern and Southern European, and Asian American and Pacific Islander women were not consistently available while this report was being prepared. Other material in this report is from a literature review and represents the Commission's efforts to bring together information on the various dimensions of the circumstances of poor women, so that inequities, whether intentional or circumstantial, can be addressed. As detailed reports from the 1980 census become available in the months ahead, light could be shed on the particular problems faced by women of other races and ethnicities.

[23] Greg Duncan, Richard Coe, and Martha Hill, "The Dynamics of Poverty," Institute for Social Research, University of Michigan, September 1981, pp. 42–43.

Chapter 2

Marital Status and Poverty Among Women

For American women, the correlation between marital status and economic well-being has become an increasingly harsh reality in the latter half of the 20th century. For some women, marital status matters more than labor market status as an indicator of financial well-being.[1] Mothers who do not marry and women who are separated, divorced, or widowed may face the prospect of financial insecurity more often than married women.

This chapter discusses the relationship between marital status and economic well-being for women. It examines trends in marital disruption (separation and divorce), child care, and the consequences of teenage childbearing. One of the principal Federal assistance programs that poor women rely on, aid to families with dependent children, is also reviewed.

Trend Toward Female-Headed Families

The increase in the number and proportion of women heading households was small between 1960 and 1970, but has changed markedly since then. In 1960 female-headed families were 10 percent of all families;[2] in 1970, 10.8 percent.[3] By 1981 female-headed families were 18.8 percent of all families with children under 18 years of age, and the number of female-headed families had increased by 2.8 million (97 percent) since 1970.[4]

Female-headed families continued to be a larger proportion of the black family population than in any other subgroup. By 1981, 47.5 percent of black families with children present were headed by women, a rise from an already high 30.6 percent in 1970.[5] Among Hispanics, women headed 21.8 percent of all families in 1981, an increase from the 16.9 percent figure of 1970.[6] For whites, the proportion was smallest and the increase greatest: Women headed 14.7 percent of white families with children present in 1981, compared to 7.8 percent in 1970.[7]

Women with children but no husbands may lack the economic resources of husband-wife families for various reasons that include inadequate child support, lack of marketable skills, or job discrimination. Table 2.1 depicts not only the low median income of female householders when compared to husband-wife families, but also the increasing disparities between the two since 1970.[8]

[1] Isabel V. Sawhill, "Comments," in U.S., Department of Commerce, Bureau of the Census, conference on *Issues in Federal Statistical Needs Relating to Women*, series P–23, no. 83 (December 1979), p. 21.

[2] U.S., Department of Commerce, Bureau of the Census, *Special Studies: Female Family Heads*, series P–23, no. 50 (July 1974), p. 6 (hereafter cited as *Special Studies: Female Family Heads).* Data for 1960 were not collected in terms of families with children under 18.

[3] U.S., Department of Commerce, Bureau of the Census, *Families Maintained by Female Householders, 1970–1979,* series P–23, no. 107, p. 7 (hereafter cited as *Families Maintained by Female Householders, 1970–1979).* Data for 1970 were not collected in terms of families with children under 18.

[4] U.S., Department of Commerce, Bureau of the Census, *Household and Family Characteristics: March 1981*, series P–20, no. 371, p. 7 (hereafter cited as *Household and Family Characteristics: March 1981).*

[5] Ibid., p. 7.

[6] *Special Studies: Female Family Heads,* p. 6; *Household and Family Characteristics: March 1981,* p. 12.

[7] *Household and Family Characteristics: March 1981,* p. 7.

[8] In this report, "female householder families" refers to those

409-859 O - 83 - 2 : QL 3

TABLE 2.1

Median Income by Race and Type of Family

	1970	1981	increase 1970–81
Type of family			
Husband-wife families*	$10,516	$25,065	138%
Wife in labor force	12,276	29,247	138
Female householder, no husband present	5,093	10,960	115
Male householder, no wife present	—	19,889	—
White families			
Husband-wife families	$10,723	$25,474	138
Wife in labor force	12,543	29,713	137
Female householder, no husband present	5,754	12,508	117
Male householder, no wife present	—	20,421	—
Black families			
Husband-wife families	$ 7,816	$19,624	151
Wife in labor force	9,721	25,040	158
Female householder, no husband present	3,576	7,506	110
Male householder, no wife present	—	14,489	—

**This item may be read as follows: Median income earnings for female householder families with no husbands present rose from $5,093 to $10,960, an increase of 115 percent, between 1970 and 1981.*
Sources: U.S., Department of Commerce, Bureau of the Census, Consumer Income: Income in 1970 of Families and Persons in the United States, *series P–60, no. 80, pp. 33, 35, and 37;* Money Income and Poverty Status of Families and Persons in the United States: 1981 *(Advance Data), series P–60, no. 134, pp. 6, 7, 8, and 10.*

The distribution of family income has changed markedly since 1970. Median income differences between all female householder families and all husband-wife families widened over the decade. When median family income of female householders is compared with median income of couples with wives in the labor force, the disparities are even greater. Total female householder median income as a proportion of working couple income declined from 41.4 to 37.4 percent between 1970 and 1981.

Among black families, median income of female householders grew 110 percent between 1970 and 1981, but median income of husband-wife families grew 151 percent, a striking difference. Median income growth among black couples with wives in the labor force grew 158 percent. The decline in black female householder median income relative to black husband-wife median income was 7.5 percent between 1970 and 1981.

Among all Hispanic families, median family income rose from $7,348 to $16,401 between 1969 and 1981, an increase of 123 percent.[9] Median income among female-headed Hispanic families increased 107 percent, from $3,654 to $7,586, during this period.[10] Also between 1969 and 1981, Hispanic female householder median income as a percentage of all Hispanic median family income decreased from 49.7 percent to 46.2 percent. These data indicate that Hispanic female-headed families experienced income losses during the 1970s relative to all Hispanic families.

Much, if not all, of the income growth during this period was dissipated by an increase in the cost of living. For example, in 1981 median income for all

families headed by women with no husbands present. Hence, female-headed households and female householder families are used interchangeably. Male householders are men heading households without wives present.

[9] U.S., Department of Commerce, Bureau of the Census, *1970 Census of the Population: Persons of Spanish Origin,* PC(2)–IC, p. 121 (hereafter cited as *Persons of Spanish Origin: 1970);* and *Money Income and Poverty Status of Families and Persons in the United States: 1981* (Advance Data), series P–60, no. 134, p. 8 (hereafter cited as *Money Income: 1981).*

[10] *Persons of Spanish Origin: 1970,* p. 121; and *Money Income: 1981,* p. 9.

TABLE 2.2

Householder Median Income, 1981

Male householders:	
Married, wife absent	$14,582
Widowed	10,157
Divorced	18,806
Single	15,640
Female householders:	
Married, husband absent*	$ 7,612
Widowed	7,324
Divorced	12,380
Single	11,496

*This item may be read as follows: Median income for female householders without husbands was $7,612 in 1981.
Source: U.S., Department of Commerce, Bureau of the Census, Money Income and Poverty Status of Families and Persons in the United States: 1981 *(Advance Data), series P–60, no. 134, pp. 6, 7, 8, and 10.*

families was $22,388. However, in 1970 median family income expressed in 1981 dollars was $23,111.[11] While inflation has eroded the value of all families' purchasing power by about 3.5 percent, female householders, being poorer, have suffered the most.

Single Mothers

Whether by choice or circumstance, growing numbers of mothers have no husbands. Increased separation, divorce, and out-of-wedlock childbearing account for most of this trend. Between 1970 and 1981, for example, the divorce rate climbed from 47 to 109 finalized divorces per 1,000 married couples.[12] During the same period, families headed by never-married mothers climbed to 3.4 million, an increase of 356 percent.[13] As a result of this overall trend, 12.6 million children (20 percent of all children) lived with one parent; in 90 percent of these situations, that parent was the mother.[14] "In 1981, of the children who lived only with their mothers, 43 percent had a mother who was divorced, 27 percent had a separated mother and 16 percent had a mother who had never married."[15]

Regardless of why they are single parents, female householders earn less than male householders. For the categories shown in table 2.2, female median earnings range between 52 and 74 percent of male householder earnings.

High poverty rates among female householders have not been changing much. Table 2.3 shows that about one-third of all female householders were poor in 1969, 1978, and 1981; slight declines in the poverty rate in 1978 were erased by 1981. Hardest hit were black and Hispanic female householders: Consistently more than half were poor.[16] Overall, women headed about half of all poor families in 1981.[17]

Poverty among male householders and husband-wife families was significantly less, ranging in 1981 from a low of 6.0 percent of white husband-wife families to highs of 19.1 and 19.2 percent of black and Hispanic male householders, respectively. These highs were still more than 8 percentage points below the lowest female householder poverty rate of 27.4 percent, for white female householders. In overall terms, the poverty rate for all female householders in 1981 was more than three times that for male householders (34.6 percent compared to 10.3 percent) and more than five times that for husband-wife families (6.8 percent).[18]

The apparent persistence of poverty among black female-headed families suggests to some a culture of

[11] *Money Income: 1981,* p. 10.
[12] U.S., Department of Commerce, Bureau of the Census, *Marital Status and Living Arrangements: March 1981,* series P–20, no. 372 (June 1982), p. 1 (hereafter cited as *Marital Status and Living Arrangements: March 1981).*
[13] *Household and Family Characteristics: March 1981,* p. 7.
[14] *Marital Status and Living Arrangements: March 1981,* p. 5.
[15] Ibid.
[16] *Money Income: 1981,* p. 21.
[17] Ibid., p. 4.
[18] Ibid., p. 21.

TABLE 2.3

Female and Male Poverty Rates

	1969	1978	1981
All female householders*	32.3	31.4	34.6
White female householders	25.4	23.5	27.4
Black female householders	53.2	50.6	52.9
Hispanic female housholders	—	53.1	53.2
All male householders	—	5.3	10.3
White male householders	—	4.7	8.8
Black male householders	—	11.8	19.1
Hispanic male householders	—	—	19.2
All husband-wife families**	6.9	5.2	6.8
White husband-wife families	6.0	4.7	6.0
Black husband-wife families	17.8	11.3	15.4
Hispanic husband-wife families	—	—	15.1

**This item may be read as follows: The poverty rates for all women heading families with no husband present were 34.6 in 1981, 31.4 in 1978, and 32.7 in 1969.*
***Data for husband-wife families in 1969 were collected as "families with male head" and include some male householders with no wives present.*
Sources: U.S., Department of Commerce, Bureau of the Census, Twenty-Four Million Americans, Poverty in the United States: 1969, *series P–60, no. 76 (1970), p. 46;* Characteristics of the Population Below the Poverty Level: 1978, *series P–60, no. 124 (1980), pp. 83–86;* Families Maintained by Female Householders: 1970–1979, *series P–23, no. 107, p. 37; and* Money Income and Poverty Status of Persons in the United States: 1981 *(Advanced Data), series P–60, no. 134, p. 21.*

poverty that recycles from one generation to another.[19] One writer who subscribes to this view noted recently: "Among the economically weakest segment of Afro-Americans—perhaps 35 percent of black households—there is ample evidence of structural and cultural ingredients that transmit poverty across generations."[20] The author argues that income and employment deficiencies of increasing numbers of black female-headed families usually result in bad housing and schooling, which "translate into cross-generational disadvantages for disproportionately larger numbers of black children."[21] This author, among others, uses a traditional research approach to studying the poverty population, namely, working with overall data on different groups collected at different points in time that show fluctuations in the numbers and types of impoverished persons, but cannot show whether the same individuals are affected.

When examined from a longitudinal perspective, however, the poverty population, including blacks, has been shown to be dynamic, rather than static.[22] In other words, a significant segment of the poverty population in one year was not impoverished in subsequent years. Bearing in mind that individuals move into and out of poverty, one of the limitations of even longitudinal research is that young persons, after forming nonpoor households, may subsequently fall into poverty. The conclusion that increasing numbers of black female-headed families transmit poverty to their offspring when they attain adulthood is less certain, although this group appears to be more vulnerable to intergenerational transmission than any other. In a project examining the intergenerational transfer of poverty status in three studies using data from the Panel Study of Income Dynamics for the years 1968–76, the results indicated that family origins have a moderate influence on economic status, but

[19] Daniel P. Moynihan and Oscar Lewis, among others, have hypothesized about the culture of poverty and its hold on minority female-headed families.

[20] Martin Kilson, "Black Social Classes and Intergenerational Poverty," *The Public Interest,* no. 64 (Summer 1981), p. 68.

[21] Ibid., p. 62.

[22] Greg Duncan and James Morgan, eds., "Introduction, Overview, Summary, and Conclusions," in *Five Thousand American Families—Patterns of Economic Progress* (Ann Arbor: Institute for Social Research, Univ. of Michigan, 1976), vol. IV, pp. 1–22.

that influence is not so strong as to lock successive generations into poverty.[23]

The first study was a general analysis of parents' income versus the income of new households formed by their children. The author found that, on the average, young adults from poverty households have a 3-in-10 chance of forming poverty households, whereas young persons from nonpoor households have a 1-in-10 chance of forming poverty households.[24] Although there is a pronounced difference between these two probabilities, approximately 7 out of 10 young adults from poor families form nonpoor households.

The second study entailed an analysis of the relationship between family characteristics and the annual hours and earnings of young men. In testing for role model effects, the researcher found that the "work characteristics of fathers had little impact on a son's hours of work, but [the] father's work characteristics did have an impact on the son's wages and, hence, his earnings."[25] When compared with young men from male-headed households, those from female-headed households worked and earned less, "but the difference in earnings and hours seemed to have less to do with the sex of the household head than with the household's income."[26]

The third study examined variables predicting the formation of female-headed households on welfare and found a strong intergenerational relationship between welfare received by a teenager's parents and the probability of forming a welfare family of one's own. The absolute probability of welfare intergenerational transfer never exceeded 3.5 chances out of 10.

These studies suggest that there is some basis for concluding that some poor households transfer poverty to successive generations. Still, the vast majority of young adults (7 of 10) from poor households did not establish similar households at least initially, and a considerable majority of offspring (6.5 of 10) reared in female-headed families receiving welfare did not form welfare households. We cannot say conclusively whether or not poverty is transmitted across generations, but longitudinal research similar to the type reviewed here should be continued so that this question can be answered.

Teenage Mothers

As noted earlier, out-of-wedlock childbearing is a principal contributor to the increasing number of single women with children. Teenagers, 15–19 years old, are a significant segment of this group, whose members are disproportionately impoverished.

Out-of-wedlock births are generally unplanned, and they often interrupt or deny schooling and opportunity for young women to acquire marketable skills. Thus, the link between illegitimate births to teenagers and economic adversity is strong.[27] Low educational attainment is likely to result in marginal employment or no employment at all, and the incidence of poverty rises substantially as the age at which women become mothers falls.[28] These consequences bear more heavily upon the unwed teenage mother than upon the father, for it is generally the mother who assumes greater responsibility for the child.

The contemporary trend toward unwed teenage motherhood is particularly striking. Between 1940 and 1960, illegitimate childbearing among all teenagers was relatively small.[29] Since then, teenage childbearing has accounted for an ever-increasing share of births among never-married women:

> Prior to 1970, women 15 to 19 years old had less than half of all illegitimate births. By 1975, as a result of decreasing illegitimacy rates at older ages and increasing rates among women 15 to 19 years old, teenage women accounted for more than half of all illegitimate births.[30]

Between 1975 and 1979, illegitimate births to teenagers 15–19 years old increased from 223 to 253 per 1,000 live births.[31] As indicated in table 2.4, since 1950 unmarried teenagers have exceeded all other age groups in out-of-wedlock births. Furthermore, the increase in births to unmarried women has continued virtually uninterrupted for both whites and nonwhites.

---

[23] Frank Levy, "The Intergenerational Transfer of Poverty—Final Project Report," The Urban Institute, January 1980, p. 67.

[24] Ibid., p. 6.

[25] Ibid., p. 7.

[26] Ibid.

[27] Frank Furstenberg, Jr., *Unplanned Parenthood: The Social Consequences of Teenage Childbearing* (New York: The Free Press, 1976), pp. 217–18.

[28] Lloyd A. Bacon, "Early Motherhood, Accelerated Role Transition and Social Pathology," *Social Forces,* March 1974, p. 336.

[29] June Sklar and Beth Berkov, "Teenage Family Formation in Postwar America," in *Teenage Sexuality, Pregnancy and Childbearing,* ed. Frank Furstenberg, R. Lincoln, and Jane Menken (Philadelphia: Univ. of Pennsylvania Press, 1981), p. 25.

[30] U.S., Department of Commerce, Bureau of the Census, *Perspectives on American Fertility,* series P–23, no. 70 (July 1978), pp. 40–41.

[31] U.S., Department of Health and Human Services, National Center for Health Statistics, *Vital Statistics of the United States,* annual and unpublished data; published in *Statistical Abstract of the United States 1981,* p. 65.

TABLE 2.4

Births to Unmarried Women

Total live births (per 1,000 unmarried women)	1950	1955	1960	1965	1970	1974	1975	1976	1977	1978	1979
Under 15 years*	3.2	3.9	4.6	6.1	10.6	9.5	10.6	11.0	10.3	9.4	9.5
15–19	56.0	68.9	87.1	123.1	190.4	210.4	222.5	225.0	239.7	239.7	253.2
20–24	43.1	55.7	68.0	90.7	126.7	122.7	134.0	145.4	168.5	186.5	210.1
25–29	20.9	28.0	32.1	36.8	40.6	44.9	50.2	55.5	62.4	70.0	80.6
30–34	10.8	16.1	18.9	19.6	19.1	18.6	19.8	21.0	23.7	26.5	31.3
35 yrs. and over	7.7	10.7	13.6	15.1	12.4	10.5	10.4	10.9	11.1	11.7	13.1

**This item may be read as follows: Between 1950 and 1979, the number of births to unmarried girls under 15 years of age increased from 3.2 per 1,000 unmarried women to 9.5 per 1,000.*
Source: U.S., Department of Health and Human Services, National Center for Health Statistics, Vital Statistics of the United States, *annual data published in* Statistical Abstract of the United States: 1981, *p. 65.*

Between 1940 and 1977 the illegitimacy rate for white teenagers 15–19 years old quadrupled (from 3.3 to 13.6); the corresponding rate for nonwhite 15–19-year-olds doubled by 1972 (from 42.5 to 92.7), but fell to 86.4 percent over the next 5 years.[32]

Many researchers have examined the implications of teenage childbearing for education, employment, and other factors related to poverty. Between 1966 and 1972, one researcher conducted multiple interviews with 400 predominantly black and disadvantaged adolescent mothers in Baltimore. When compared with their classmates who did not give birth premaritally, these teenage mothers expressed a "gaping disparity . . . between the goals . . . articulated in the first interview and their experiences following delivery."[33] Two-thirds of these young women carried the major burden of supporting the family; approximately half were living below the 1972 poverty level ($4,275) for a nonfarm family of four.[34] The researcher concluded that:

> Early parenthood destroys the prospect of a successful economic and family career not because most young parents are determined to deviate from accepted avenues of success or because they are indifferent to, or unaware of, the costs of early parenthood. The principal reason that so many young mothers encounter problems is that they lack the resources to repair the damage done by a poorly-timed birth.[35]

In another study in the early 1970s, the relationship between the age at which women first bear children and their subsequent roles and fertility was analyzed using a randomly drawn sample of 408 women in several age brackets from the Bronx, Brooklyn, and Queens boroughs of New York City. (Nonwhites, other than blacks, were excluded from the study as were first generation migrants from Puerto Rico.) In this group, nearly 60 percent of first births were unplanned, more than one-third were conceived out of wedlock, and one-third were born to teenagers.[36] All three conditions applied to 22 percent of the mothers. In comparison with women who began childbearing in their early twenties, the teenage mothers in this sample were much more likely to drop out of school because of the pregnancy, be without employment experience, bear the child out of wedlock, and be on public assistance after the birth.[37]

Available literature suggests that teenage childbearing is associated with dependence on public assistance and other kinds of economic adversity. The Urban

[32] Arthur A. Campbell, "Trends in Teenage Childbearing in the United States," in U.S., Department of Health and Human Services, National Institute of Health, *Adolescent Pregnancy and Childbearing: Findings from Research* (December 1980), pp. 5–6 (hereafter cited as *Adolescent Pregnancy and Childbearing Research Findings).*

[33] Frank Furstenberg, Jr., "The Social Consequences of Teenage Parenthood," in *Adolescent Pregnancy and Childbearing Research Findings,* p. 297.

[34] *Adolescent Pregnancy and Childbearing Research Findings,* p. 160.

[35] Ibid., p. 164.

[36] Harriet B. Presser, "Early Motherhood: Ignorance or Bliss?" in Furstenberg, Lincoln, and Menken, eds., *Teenage Sexuality, Pregnancy and Childbearing,* p. 346.

[37] Harriet B. Presser, "Social Consequences of Teenage Childbearing," in *Adolescent Pregnancy and Childbearing Research Findings,* pp. 249–64.

Institute (a nonprofit research organization that studies urban problems) calculated that in 1975 households containing women who had borne their first child as teenagers, though not necessarily illegitimately, received $4.65 billion of the $9.4 billion disbursed through the Federal aid for families with dependent children program.[38] In sum, there is considerable evidence that teenage childbearing, particularly when it occurs out of wedlock, has a negative effect on the future economic well-being of the mother.

Divorced and Separated Mothers

The increase in divorce is one of the most significant social trends in America. In 1940 six marriages occurred for every divorce; by 1975 two marriages occurred for every divorce.[39] By 1981 the divorce ratio of 109 divorces per 1,000 active marriages was more than twice that of 1970.[40] Provisional reports from the National Center for Health Statistics suggest that the long-term increase in divorce may be leveling off or even falling slightly.[41] The higher divorce ratio among women (129 divorces versus 88 for men per 1,000 active marriages) indicates that divorced men generally remarry more quickly than divorced women.[42]

Divorce patterns among black, white, and Hispanic women differed between 1970 and 1981. During those 11 years, the black female divorce ratio increased from 104 to 289 divorced persons per 1,000 persons in active marriages.[43] In other words, by 1981 there were nearly 3 divorced black women to every 10 living with their husbands. The white female divorce ratio increased from 56 to 118 divorced persons per 1,000 persons in active marriages.[44] Hispanic women experienced the smallest rate of increase, from 81 to 146 divorced persons per 1,000 persons in active marriages between 1970 to 1981.[45] For women as a group, divorce occurred most frequently between the ages of 30 to 44, childrearing years for perhaps the majority of American households.[46]

Income and Poverty

Should marital disruption occur, women with children, regardless of their previous economic circumstances, are usually poorer after the marriage fails. One longitudinal study found that among middle-aged women with children whose marriages ended between 1967 and 1972, the proportion of families below the poverty level increased from about 10 percent to over 25 percent for whites and from 44 percent to almost 60 percent for blacks.[47]

In assessing the relationship between family composition change and economic well-being, one researcher concluded that marriages and remarriages have the most beneficial effects whereas marital disruptions are the most harmful for women and children.[48] More recent research found similarly that changes in family composition increased the number of families below the poverty level. Families maintained by women tended to have much higher poverty rates than those maintained by men.[49]

Marital disruption significantly increases white women's chances for being poor and virtually determines economic hardship for black women. Using the standard definition of poverty,[50] one researcher found that:

> about one white family out of four became poor after marital disruption. . . .About 40 percent of all white women who did not remarry over the seven-year [study] period were poor at least once; probably 15 to 20 percent were continuously poor or close to poverty.[51]

For black women, the economic results of marital disruption were more severe:

> At any one time 55 to 60 percent of the sample studied were poor by the standard definition and 70 percent were poor or relatively poor. If they did not remarry [and that likelihood

[38] Kristin Moore, "Teenage Childbirth and Welfare Dependency," *Family Planning Perspectives*, July/August 1978, p. 324.
[39] U.S., Department of Health, Education, and Welfare, *Social Security and the Changing Roles of Men and Women* (1978), p. 2.
[40] *Marital Status and Living Arrangements: March 1981*, pp. 3–4.
[41] The divorce rate declined from 5.3 per 1,000 population to 5.1 from January through August 1982, as compared to the same period in 1981 (94,000 and 100,000 divorces, respectively). U.S., Department of Health and Human Services, Public Health Service, "Births, Marriages, Divorces, and Deaths for August 1982," *Monthly Vital Statistics Report*, vol. 31, no. 8 (Nov. 15, 1982), p. 3.
[42] *Marital Status and Living Arrangements: March 1981*, p. 4.
[43] Ibid., p. 3.
[44] Ibid.
[45] Ibid.
[46] Ibid.
[47] Lois Shaw, "Economic Consequences of Marital Disruption," *National Longitudinal Study of Mature Women* (contract paper for U.S. Department of Labor, June 1978), p. 8.
[48] James N. Morgan, "Family Composition," in Duncan and Morgan, eds., *Five Thousand American Families—Patterns of Economic Progress* (1974), vol. I, pp. 99–121.
[49] U.S., Department of Commerce, Bureau of the Census, *Changing Family Composition and Income Differentials*, by Edward Welniak and Gordon Green (August 1982), p. 13.
[50] See chap. 1 for standard definition of poverty
[51] L. Shaw, "Economic Consequences of Marital Disruption," p. 18.

is greater for black women than for white], the probability that they would remain poor was high.[52]

When marital disruption occurs to couples with children, the children typically remain with the mother.[53] The new female householder presumably can rely upon a variety of sources that include her own earnings, alimony, child support, public assistance, personal savings, and division of community property; but these sources may not mean much.

A study of California divorces occurring in 1977 found, for example, that "men have much more disposable income after divorce, both absolutely and relatively than their former wives and children."[54] Another study, done at the University of Michigan's Institute for Social Research, found that (1) divorced men lost nearly 11 percent in real income while divorced women lost 29 percent; and (2) over a 7-year period following divorce, the economic position of men, when assessed in terms of need, improved by 17 percent while the position of women declined by 29 percent.[55]

Child Support

Commitments to pay child support are frequently broken. In 1978 approximately 60 percent of the 7.1 million women with children from an absent father were awarded or had an agreement to receive child support payments.[56] The proportion of women awarded child support payments was higher for white women (71 percent) than for Hispanic women (44 percent) or for black women (29 percent).[57] Of the women awarded child support by a court, roughly one-quarter received no payments, another quarter received less than the full amount awarded, and one-half received the agreed-upon amount.

Alimony

Divorced and separated women eligible for alimony or spousal support receive it infrequently. Only 14 percent of ever-divorced or separated women in 1979 were awarded or had an agreement to receive maintenance payments or alimony.[58] Nearly 70 percent of the women due payments actually received them, with the average annual payment being $2,850.[59] "The mean total money income for women receiving payments ($11,060) was higher than that for women due payments but not receiving them ($7,270)."[60]

Child Care

In previous factfinding efforts in the area of sex discrimination, the Commission has recognized the relationship between child care and equal opportunity and the need for a revised Federal role.[61] Educational and employment opportunities that women cannot pursue due to inadequate child care are opportunities effectively denied.

Women of different socioeconomic strata rely upon different resources for child care. Those with higher family incomes are more able to afford and, therefore, tend to utilize child care services.[62] Unmarried women of more meager means tend to rely upon the extended family as they have in the past. Mothers without mates, adequate income, or extended family support face a dilemma in finding affordable, reliable, and convenient child care, access to which may be the difference between supporting themselves partially, if not totally, or depending upon public assistance.

The increased number of mothers participating in the labor force provides some indication of the national need for child care. "Between 1950 and 1980, the labor force participation rates for wives with children under 18 increased from 18 to 54 percent, while the rate for other ever-married women with children increased from 55 to 69 percent."[63] "Among

---

[52] Ibid.

[53] Male householders increased by 95 percent to 666,000 between 1970 and 1981. Female householders with children under 18 years old increased by 97 percent to 5,634,000, although divorces alone do not account for all of this increase.

[54] Lenore J. Weitzman, "The Economics of Divorce: Social and Economic Consequences of Property, Alimony and Child Support Awards," *UCLA Law Review*, vol. 28, no. 6. Other findings of the California divorce study were:

—most divorcing couples had few community assets to be divided

—alimony was awarded to only 17% of divorcing women, and

—54% of women married 15 years or more were *not* awarded child support.

[55] Saul Hoffman and John Holmes, "Husbands, Wives and Divorce," in Duncan and Morgan, eds., *Five Thousand American Families—Patterns of Economic Progress* (1976), vol. IV, pp. 27–31.

[56] U.S., Department of Commerce, Bureau of the Census, *Child Support and Alimony: 1978* (Advance Report), series P–23, no. 106, p. 1.

[57] Ibid.

[58] Ibid.

[59] Ibid.

[60] Ibid.

[61] Ibid.

[62] Ibid.

[63] See U.S. Commission on Civil Rights reports: *Women and Poverty*, staff report (1974); *Women—Still in Poverty* (1979); and

women with a child under 1 year old, 31 percent of currently married women and 40 percent of all other women were in the labor force" by 1980.[64]

Although many mothers of preschool children are working, still more would be in the labor force if they could find adequate child care. One study found that between 17 and 23 percent of mothers with preschool children who were neither employed nor looking for work would be working if work were available and if they had access to adequate child care facilities.[65] If already working, these mothers would be working more hours if suitable child care could be found.[66]

Women who are most in need of employment are most likely to report that the unavailability of satisfactory child care at reasonable cost affects their labor force participation: the young mother (18–24), the unmarried mother, the black mother, the woman who did not graduate from high school, and the woman whose family income is less than $5,000.[67]

Even though more mothers are working outside the home, not all of them have made satisfactory child care arrangements.[68] Many children simply are at home by themselves for periods of time during the day. They are the so-called "latch-key" children. By one estimate, 32,000 preschoolers are caring for themselves.[69] By another estimate, 2 million school-age children between the ages of 7 and 13 are unsupervised.[70] The problem of adequate and affordable child care is particularly acute for low-income female householders whose earnings may be insufficient to defray day care expenses and still warrant continued employment.

The Federal Government has no single child care program, but has supported a host of child care activities tied to social service, education, child development, and job training and employment programs.[71] In addition, since 1976 Federal policy has provided generous tax credits for child care expenses related to education or employment.[72] Recent studies indicate that subsidizing public schools is the most significant way in which the government assists parents in meeting their child care needs.[73] In *Child Care and Equal Opportunity for Women,* the Commission noted that the provision of more child care facilities was linked to enhanced opportunities for women. Although expanded subsidies for child care may not be likely in an era of Federal Government retrenchment, development of a coherent and coordinated child care policy that unites efforts of all levels of government should be a priority.

Federal Assistance

Families whose incomes fall below specified guidelines may qualify for Federal assistance programs. Public assistance can consist of cash payments, as under the aid to families with dependent children program, or noncash transfers, such as food stamps, medicaid, or subsidized housing.[74] The number of households receiving either cash assistance or noncash transfers increased between 1979 and 1980, reflecting a rising poverty rate that accompanied a 5 percent decline in real median household income.[75]

Aid to families with dependent children (AFDC), sometimes simply called "welfare," is perhaps the best known income maintenance program for families with children under 18 years of age.[76] Under this program, Federal funding is provided to the States on a formula basis for cash payments to families in need to cover costs for food, shelter, clothing, and other needed items.[77]

Between 1969 and 1979, a relatively constant 80 percent of households receiving AFDC had only one adult, usually the mother.[78] Although the so-called "man-in-the-house rule" that denied benefits to children in a household containing an adult male was

Child Care and Equal Opportunity for Women (1981) (hereafter cited as *Child Care and Equal Opportunity).*

[64] U.S., Department of Commerce, Bureau of the Census, *Trends in Child Care Arrangements of Working Mothers,* series P–25, no. 117 (June 1982), p. 3 (hereafter cited as *Trends).*

[65] Ibid. U.S., Department of Labor, *Children of Working Mothers,* Special Labor Force Report 217 (March 1977), p. A–30.

[66] *Trends,* p. 3.

[67] Harriet Presser and Wendy Baldwin, "Child Care as a Constraint on Employment: Prevalence, Correlates, and Bearing on the Work and Fertility Nexus," *American Journal of Sociology,* vol. 85, no. 5 (March 1980), p. 1205.

[68] Ibid.

[69] Ibid., p. 1206.

[70] *Child Care and Equal Opportunity,* p. 8.

[71] Sandra Hofferth, "The Implications for Child Care," in *Women in the Labor Force in 1990,* ed. Ralph Smith (Washington, D.C.: The Urban Institute, 1979), table 15, p. 99.

[72] 125 Cong. Rec. S–77 (daily ed. Jan. 15, 1979) (remarks of Sen. Alan Cranston).

[73] For a review of these activities, see *Child Care and Equal Opportunity,* pp. 16–50.

[74] 26 U.S.C.A §44A (Supp. 1979).

[75] Ellen Galinsky, "Makeshift Child Care," *Working Mother,* May 1981, p. 142.

[76] Cash payments provide assistance in the form of currency. Noncash transfers are benefits received in a form other than money that provide for a specific need and indirectly serve to enhance or improve the economic well-being of the recipient.

[77] U.S., Department of Commerce, Bureau of the Census, *Characteristics of Households and Persons Receiving Selected Noncash Benefits: 1980,* series P–60, no. 131, p. 1.

[78] 42 U.S.C. §§601–644 (1976) (Supp. IV 1980).

409-859 O - 83 - 3 : QL 3

stricken in 1968, 25 States currently deny assistance to children in two-parent families where the principal earner is unemployed or underemployed.[79] Federal regulations allow States (as the other 25 do) to provide AFDC to families where both parents are in the home, but the principal earner is unemployed.[80]

Whether AFDC participation precipitates marital dissolution is an issue that has been researched extensively. After examining a number of studies, one research team concluded that in comparison to factors such as alcohol, drugs, competing sexual relationships, and physical abuse, "welfare and other economic factors appear to play a minor role in the separation decision."[81]

In research to determine the welfare experience of a representative sample of the U.S. population, one scholar found that AFDC (and the food stamp program) serve basically as an insurance program for a large number of households in need.[82] Families that experience an economic setback, such as loss of a spouse or job, are afforded some assistance until they are able to recover. In aggregating the data, the researcher showed that approximately 10 percent of the population received public assistance each year. For the 10-year study period (1969–78), he found also that approximately 25 percent of the entire population was in households receiving welfare assistance at one time or another.[83] Nearly 2 percent of the entire population was characterized as having long-term dependency (on AFDC and food stamps).[84] Of the long-term dependents, disproportionate numbers were black women. However, for the majority of black woman who had ever received welfare, "long-term dependency was the exception rather than the rule."[85] Budget reductions enacted by Congress under the Omnibus Budget Reconciliation Act of 1981 may have the effect of forcing some short-term welfare recipient households into long-term dependency by penalizing the working poor. (For further discussion, see chapter 3.)

Summary

During the last several decades, many women and their dependent children have experienced economic hardship. The phenomenal growth of female householder families, stemming in part from increasing marital disruption and out-of-wedlock births, has forced many women to be both chief parent and chief provider. The continuing trend in teenage childbearing out of wedlock is cause for concern. Teenage mothers often must interrupt or discontinue their education, thereby making the acquisition of marketable employment skills more difficult. If unable to find adequate and affordable child care, the teenage mother and those who experience marital disruption may be forced to rely upon public assistance for basic needs.

Female-headed families are disproportionately impoverished. Families headed by women with no husband present constituted 47 percent of all families below the poverty line in 1981. Minority female heads of household experience even higher levels of deprivation. More than half (53 percent) of all female-headed black and Spanish-origin families were below the poverty line.[86] The vulnerability of female-headed families, particularly minorities, to economic adversity and the surprising number of households having some recent contact with welfare programs underline the importance of these programs.

Disproportionate numbers of America's poor in the early 1980s are women. The demographic data that reflect these trends suggest that more of the same may lie ahead.

---

[79] States provide a share of the program's funding and administer the program.

[80] Henrietta J. Duvall, Karen W. Gondreau, and Robert E. Marsh, "Aid to Families with Dependent Children: Characteristics of Recipients in 1979," *Social Security Bulletin,* vol. 45, no. 4 (April 1982), pp. 1 and 6.

[81] Ibid., p. 3; King v. Smith, 392 U.S. 309 (1968).

[82] 42 U.S.C. §607.

[83] Harriet Ross and Isabel Sawhill, *Time of Transition: The Growth of Families Headed by Women* (Washington, D.C.: The Urban Institute, 1975), pp. 110–12.

[84] Richard Coe, "Welfare Dependency: Fact or Myth?" *Challenge,* vol. 25, no. 4 (September/October 1982), p. 48.

[85] Ibid. p. 48.

[86] Ibid., p. 47. In this instance, a household is defined as dependent if more than one-half of the total annual income of the head and wife of the household comes from welfare sources.

Chapter 3

Employment

Poor women do participate in the labor force. Their work orientation and life goals are quite similar to those of other Americans.[1] The problem is they are often unable to find work, must work part time, or the jobs do not pay a wage adequate to support a family. The Commission has found that 61 percent of black, 51 percent of Hispanic, and 45 percent of white women in the labor force in 1980 were either unemployed or underemployed, compared to 35 percent of white men.[2] Not all of these women were poor, but in 1979, 3.1 million women sought public assistance because they were unable to support their families.[3] Inadequate earnings, dependence, and poverty over time are associated with loss of confidence, making efforts to improve their status more difficult.[4]

This chapter discusses the relationship of employment status and poverty, the concentration of women in low-wage jobs, inequalities in wages paid to women, and work disincentives in Federal programs. Labor market data presented are for fully employed[5] women unless otherwise noted because they provide the most realistic means of comparison to men.

Employment and Poverty

Recent studies have shown that millions of working Americans endure economic hardship, and the most disadvantaged of these are women. Bureau of Labor Statistics studies of poverty by employment and marital status in 1979 and 1980 are most revealing.[6] Although no poverty rates are given by both race and sex, the rates are reported for women maintaining families alone and express the severity of their problems.[7]

Many fully employed women heading households are poor in spite of their work efforts. In 1980, 23 million women were fully employed, of whom 3.2 million were heads of household. The poverty rate for the women heading their own families was 5.4 percent, almost 2.5 times that for nuclear families, and twice the rate for men maintaining families with no spouse

[1] U.S., Department of Labor, Employment and Training Administration, *The Work Incentive (WIN) Program and Related Experiences,* by Leonard Goodwin, R&D monograph 49 (1977), pp. 10–11.

[2] U.S., Commission on Civil Rights, *Unemployment and Underemployment Among Blacks, Hispanics, and Women* (1982), p. 5 (hereafter cited as *Unemployment and Underemployment).*

[3] Henrietta J. Duvall, Karen W. Goudreau, and Robert E. Marsh, "Aid to Families with Dependent Children: Characteristics of Recipients in 1979," *Social Security Bulletin,* vol. 45, no. 4 (April 1982), p. 6 (hereafter cited as "AFDC: Characteristics").

[4] U.S., Department of Labor, *The Work Incentive (WIN) Program and Related Experiences,* p. 11.

[5] A fully employed woman is defined as one who has worked at least 35 hours a week, at least 50 weeks during the year.

[6] U.S., Department of Labor, Bureau of Labor Statistics, *Linking Employment Problems to Economic Status,* Bulletin 2123 (January 1982), and *Linking Employment Problems to Economic Status: Data for 1980* (1982).

[7] To produce most of its general labor force studies, the Bureau of Labor Statistics uses data from the Current Population Survey, conducted monthly by the Bureau of the Census. Because of the sample size, the data are not considered reliable for minority groups such as Asian and Pacific Island Americans, American Indians, and Alaskan Natives. Reliable data for these groups are obtained only during the decennial census, and special reports from the 1980 census are not yet available. Although tabulations for blacks and Hispanics would have been reliable, they were not produced for these reports. (The report using 1981 data is expected to provide data for these two groups.)

TABLE 3.1

Women and Men Maintaining Families Below the Poverty Level,[1] 1980

	Women who maintain families[2]	Husbands in nuclear families	Men who maintain families[2]	Total all men and women
Fully employed[3]	5.4%	2.6%	2.8%	2.5%
Partially employed[4]	39.9	11.0	20.2	11.8
Involuntary part-time[5]				
Could only find part-time work	56.6	26.2	([6])	22.2
Slack work, material shortage	28.3	11.8	22.0	11.9
Unemployed at some time*	55.6	14.3	24.0	17.5
Did not work	53.5	13.7	21.3	20.9
Ill, disabled	49.3	20.8	24.9	33.3
Taking care of home	59.4	([6])	([6])	18.1
Going to school	81.9	37.7	([6])	20.5
Unable to find work	85.1	53.4	([6])	44.7
Retired	11.1	7.9	11.3	13.5

**This item may be read as follows: Of all persons who were unemployed at some time during 1980, 17.5 percent were in poor families. Of women who maintained families alone and experienced unemployment, 53.5 percent were poor, compared to 21.3 percent of men who maintained families alone.*
Notes: The employment categories may overlap. Data are not available by race.
[1]After inclusion of cash transfers and excluding in-kind transfers such as food stamps and housing.
[2]Men and women maintaining families have no spouse present.
[3]Persons who worked 50–52 weeks of the year usually at a full-time job. Also referred to as full-time, year-round workers.
[4]Persons who worked less than 50 weeks of the year in either full-time or part-time jobs, and persons who worked part time 50–52 weeks.
[5]Persons who worked less than 35 hours for at least 1 week during the year (a) because they could only find part-time work or (b) because of the slack work or material shortages.
[6]Data not shown where base is less than 75,000.
Source: U.S., Department of Labor, Bureau of Labor Statistics, Linking Employment Problems to Economic Status: Data for 1980 *(1982), tables 4, 10 ,13, 17 and 26.*

present (see table 3.1). Since all cash income is included when calculating poverty rates,[8] the data show that, in spite of full-time work, these women are poor, and after welfare payments (if they are eligible), they are still poor.

Of all persons who have less than full-time employment, women heading families are most likely to be poor. The poverty rates for those who could only find part-time work in 1980 exceeded 56 percent for women maintaining families and 26 percent for husbands (in nuclear families).[9] Almost 56 percent of women maintaining families who were unemployed at any time during 1980 were poor. The corresponding rate for husbands experiencing unemployment was 14 percent. The poverty rates for women who looked for, but could not find work at all during 1980 were extremely high, reaching 85 percent for women maintaining families alone. The rate for husbands was 53 percent.

In general, the poverty figures in table 3.1 for women maintaining their own families indicate their lack of personal financial resources to carry them through periods of unemployment or reduced employment. In some cases a dependent child or other relative living in the home may help out, but they are frequently unable to make up the income lost by the primary breadwinner.[10]

[8] Poverty data used by the Bureau of Labor Statistics are provided by the Bureau of the Census and include all cash transfer payments (such as social security, AFDC, pensions, interest income) as income before determining whether the family is in poverty. In-kind benefits such as food stamps and housing are not counted.

[9] The "husband" rate includes all married men whether or not their wives are in the labor force. All poverty rates are based on total family income.

[10] U.S., Department of Labor, Bureau of Labor Statistics, calculated from unpublished data for 1981.

TABLE 3.2

Earnings of Fully Employed Workers, 1980

	All men	All women	Women		
			White	Black	Hispanic
Total	100.0%	100.0%	100.0%	100.0%	100.0%
Under $4,000	1.1	2.2	2.1	3.1	2.6
$4,000–6,999	3.3	10.8	10.1	15.6	21.4
$7,000–9,000*	7.7	24.6	24.6	24.3	28.1
$10,000–14,999	20.1	36.4	36.8	34.3	30.7
$15,000–19,999	21.4	16.5	16.4	16.3	12.0
$20,000–24,999	19.1	6.2	6.5	4.1	3.2
$25,000 & over	27.4	3.4	3.5	2.3	1.9
Median earnings	$18,910	$11,287	$11,413	$10,609	$9,769

**This item may be read as follows: In 1980, 28.1 percent of fully employed Hispanic women earned between $7,000 and $9,999.*
Source: U.S., Department of Labor, Bureau of Labor Statistics, unpublished tabulations, 1980.

The minimum wage provides a benchmark for determining the adequacy of employment. In 1980 full-time work[11] at the minimum wage ($3.10) provided an income of $6,448, just under the $6,570 poverty level for a family of three that year. (The average size of a family headed by a woman receiving aid to families with dependent children is three.)[12]

The 1980 earnings distribution for full-time workers shows disparities at the high as well as the low end of the scale. Over 2.8 million women (13 percent) who were fully employed had earnings of $7,000 or less, compared to 4.4 percent of fully employed men (see table 3.2). Eighty-eight percent of the men earned over $10,000, compared to 63 percent of white, 57 percent of black, and 48 percent of Hispanic women. These figures do not tell the whole story, however. Most of the women were clustered in the $7,000 to $15,000 range, with a total of 9.6 percent earning over $20,000, while most of the men earned over $15,000, with 46.5 percent earning over $20,000. Among the women, 10 percent of whites, 6.4 percent of blacks, and 5.1 percent of Hispanics earned over $20,000.

The poverty level is a severe measure of hardship and does not give a complete indication of how many families are really under stress trying to make ends meet. Table 3.3 presents another view of fully employed women and how they and their families are concentrated at the low end of the income and earnings distribution. By increasing the hardship standard to 1.25 times the official poverty threshold, the proportion of female-headed families in distress almost doubles. The proportion for men who maintain families alone increases at almost the same rate; however, only half as many men meet this definition of hardship.

Acquiring full-time employment will not necessarily solve the poverty problem for the many women who are unemployed or employed less than full time. This is apparent from the poverty figures for fully employed women given above. Guaranteed employment at the minimum wage may not be enough either. The fact is that a job often is not enough to enable women to leave poverty. The next section discusses aspects of occupations and wages, illuminating further the dilemma of women in the labor market.

Occupations and Wages

A woman's occupation has a major effect on her earnings. However, most women are concentrated in a few occupations that are typically low wage with little room for advancement. This concentration of women in certain occupations may be due to discrimination, which is a process that can be transposed from

[11] Full-time work in this example is defined as working 40 hours a week, 52 weeks a year.

[12] Duvall and others, "AFDC: Characteristics," table 3, p. 7.

TABLE 3.3

Poverty Status of Families of Fully Employed Workers, 1980

	Total (1,000)	Below poverty[1]	Below 1.25 poverty level	Below 1.50 poverty level	Below 2.00 poverty level	Median family income
Women who maintain families*	3,240	5.4%	10.4%	17.4%	34.1%	$15,843
Median personal earnings		$5,192	$6,130	$6,900	$ 8,347	
Husbands	31,063	2.6%	4.5%	6.9%	13.8%	$27,677
Median personal earnings		$4,489	$6,515	$8,220	$10,446	
Men who maintain families*	1,038	2.8%	5.6%	9.3%	18.3%	$22,788
Median personal earnings		(2)	(2)	(2)	(2)	

**These items may be read as follows: Although median family income for men who maintained families alone in 1980 was $22,788, median income for women maintaining families was $15,834. Of women maintaining families, 17.4 percent had incomes below 1.5 times the poverty level (median earnings were $6,900), and 9.3 percent of men maintaining families had earnings below 1.5 times poverty (median earnings not available).*

[1]The 1980 poverty level for a family of three was $6,570. The data presented here take into account the poverty thresholds for families of different sizes.

[2]Data not shown where base is less than 75,000.

Source: U.S., Department of Labor, Bureau of Labor Statistics, Linking Employment Problems to Economic Status: Data for 1980, *(1982), table B–1.*

individual attitudes and actions into social structures and business organizations.[13] Once institutionalized, discriminatory procedures cause: "unequal results along the lines of race, sex, and national origin, which in turn reinforce existing practices and breed damaging stereotypes which then promote the existing inequalities that set the process in motion in the first place."[14]

Large disparities in income, occupational, and wage statistics lend credence to the theory of discrimination. The Supreme Court has noted that statistics showing racial or ethnic imbalance are important in legal proceedings:

> [B]ecause such imbalance is often a telltale sign of purposeful discrimination; absent explanation, it is ordinarily to be expected that nondiscriminatory hiring practices will in time result in a work force more or less representative of the racial and ethnic composition of the population in the community from which employees are hired.[15]

Since the passage of Title VII of the Civil Rights Act of 1964 and other equal employment legislation, employers have been required to give women equal

[13] U.S., Commission on Civil Rights, *Affirmative Action in the 1980s: Dismantling the Process of Discrimination* (1981), p. 5.

[14] Ibid.

[15] International Brotherhood of Teamsters v. United States, 431 U.S. 324, 339 n. 20 (1977).

consideration in employment, training, promotions, and salaries.[16]

Occupations

Before legislation requiring equal opportunity, and even now, most women work in occupations traditionally dominated by females. (See chapter 4 for a discussion of stereotyping in education and training for employment.) Although the jobs are not always low skill, they do tend to be low wage and to have little promotion potential. The Commission has found that more than 26 percent of black, 23 percent of Hispanic, and 20 percent of white women are overeducated for their jobs.[17] This means they may have a college education, but work in jobs only requiring a high school diploma, or have a high school diploma, but work in jobs requiring an elementary school education. Even in "female" professions such as nursing, teaching, social work, and academic librarianship, men are disproportionately represented in positions that involve supervision, direction, and planning, and they consistently earn higher wages.[18]

Two major explanations for occupational segregation have been investigated by Andrea Beller. The first is that women choose traditionally female occupations, and the second is that employer discrimination leaves them no choice. Research by Beller supports the latter theory.[19] The first theory is a human capital approach,[20] developed by Solomon Polachek.[21] The theory is based on sex role differentiation and contends that women, "find occupations attractive in which skills deteriorate the least with absences from the labor force, and they enter them disproportionately."[22] The second explanation is a discrimination theory of employer choice developed by Barbara Bergmann.[23] It holds that:

> because women face barriers to entry into certain occupations, they tend to become crowded into a small number of occupations without barriers. Increasing the supply of labor reduces earnings in these. . .occupations, and limiting the supply of labor raises earnings in the occupations that become male.[24]

In research concerning these theories, Beller states:

> if women freely choose to enter only a third of all occupations and those occupations pay less, then women's

---

[16] The Civil Rights Act of 1964, 42 U.S.C. §2000e–2(a) (1976 & Supp. IV 1980), makes unlawful the following employer practices:

> (1) to fail or refuse to hire or to discharge any individual, or otherwise to discriminate against any individual with respect to his compensation, terms, conditions, or privileges of employment, because of such individual's race, color, religion, sex, or national origin; or
>
> (2) to limit, segregate, or classify his employees or applicants for employment in any way which would deprive or tend to deprive any individual of employment opportunities or otherwise adversely affect his status as an employee, because of such individual's race, color, religion, sex, or national origin.

The Equal Pay Act of 1963, 29 U.S.C. §206(d)(1) (1976 & Supp. IV 1980), states that an employer may not discriminate between:

> [E]mployees on the basis of sex by paying wages to employees in such establishment at a rate less than the rate at which he pays wages to employees of the opposite sex in such establishment for equal work on jobs the performance of which requires equal skill, effort, and responsibility, and which are performed under similar working conditions, except where such payment is made pursuant to (i) a seniority system; (ii) a merit system; (iii) a system which measures earnings by quantity or quality of production; or (iv) a differential based on any other factor other than sex[.]

Title IX of the Education Amendments of 1972, 20 U.S.C. §1681(a) (1976), provides:

> No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance.

Executive Order No. 11246, 3 C.F.R. 339 (1965), *amended by* Executive Order No. 11375, 3 C.F.R. 493 (1967), *reprinted in* 42 U.S.C. §2000e app. at 1233 (1976), requires that employers holding Federal contracts and federally assisted contracts:

> [W]ill not discriminate against any employee or applicant for employment because of race, color, religion, sex, or national origin. The contractor will take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to their race, color, religion, sex, or national origin. Such action shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship.

[17] *Unemployment and Underemployment,* pp. 9–10.

[18] Wendy Wolf and Neil Fligstein, "Sex and Authority in the Workplace: Causes of Sexual Inequality," *American Sociological Review,* vol. 44, no. 2 (April 1979), p. 236; and James W. Grim and Robert N. Stern, "Sex Roles and Internal Labor Market Structures: The 'Female' Semi-Professions," *Social Problems,* vol. 21 (1974), pp. 690–705.

[19] Andrea H. Beller, "Occupational Segregation by Sex: Determinants and Changes," *The Journal of Human Resources,* vol. 17, no. 3 (Summer 1982).

[20] Human capital theory uses characteristics of individuals, such as education, training, ability, experience, and personal choice, to explain differences between men and women in occupational distribution, occupational status, and wages.

[21] Solomon W. Polachek, "Occupational Segregation Among Women: Theory, Evidence, and a Prognosis," in *Women in the Labor Market,* ed. Cynthia B. Lloyd (New York: Columbia University Press, 1979).

[22] Beller, "Occupational Segregation by Sex," p. 372. See Polachek, "Occupational Segregation Among Women."

[23] Barbara Bergmann, "Occupational Segregation, Wages and Profits When Employers Discriminate by Race or Sex," *Eastern Economic Journal,* vol. 1 (April 1974), pp. 103–10.

[24] Beller, "Occupational Segregation by Sex," p. 372. See Polachek, "Occupational Segregation Among Women," and Bergmann, "Occupational Segregation, Wages and Profits," pp. 103–10.

lower earnings may not be a fundamental social problem. The major issue is whether the dramatic differences in the occupational distributions of the sexes result from different choices made by each, given equal opportunities, or from unequal opportunities to make similar choices.[25]

Occupational discrimination diminished somewhat during the 1970s, and enforcement of Title VII of the Civil Rights Act of 1964 and the Federal contract compliance program were found to be associated with an increase in the probability of a woman's being employed in a male-dominated occupation compared to a man's probability, thus supporting Bergmann's theory of employer discrimination.[26]

Women in Traditional Occupations

Women accounted for a disproportionate share (65 percent) of the increase in employment during the period 1972–82, and the occupations experiencing the greatest growth in employment tended to be those already dominated by women, such as secretaries, cashiers, registered nurses, and bookkeepers.[27] Women accounted for at least half of the increase in each occupational category experiencing growth, with the exception of craft and kindred jobs, where they accounted for 20 percent of the increase.[28]

The concentration of women in a few traditionally female occupations is closely related to low wages. (A discussion of women's low wages follows this section.) A large number of women can be found in jobs characterized as marginal. They "tend to have low wages and fringe benefits, poor working conditions, high labor turnover, little chance of advancement, and often arbitrary and capricious supervision."[29] In a recent report, the Commission found that 21.6 percent of black, 18.5 percent of Hispanic, and 13.9 percent of white women were employed in relatively low-paying jobs requiring less than 3 months of training.[30] Of all majority males, just 5.3 percent were in such occupations.[31] Table 3.4 gives the occupational distribution and the ratio of female to male salaries of all fully employed men and women in 1980.

Women of all races are concentrated in the clerical and kindred category that, although it provides approximately 18 percent of all full-time jobs, employs 40 percent of white, almost 35 percent of black, and 36 percent of Hispanic women. These jobs include bank tellers, billing clerks, bookkeepers, and cashiers.[32] Median annual earnings for women clerical and kindred workers were $10,909; for men, $18,474.[33]

Another occupational category in which women are overrepresented is service work. Although 8.7 percent of all full-time workers are in this field, more than 24 percent of black, 13 percent of Hispanic, and 10 percent of white women work in such service jobs as cooks, dishwashers, food counter and fountain workers, cleaning service workers, waiters, nurse's aides, child care workers, and dental assistants.[34] Less than 7 percent of men are service workers. Median annual earnings for service workers were $8,043 for women and $13,140 for men.[35]

Hispanic women are particularly underrepresented among professional, technical, and kindred workers (11 percent compared to 18 percent for both sexes and 19.5 percent for white women). The professions they have penetrated are probably those typically associated with women, such as librarians, teachers, nurses, and health technologists. In 1980 women in professional and technical occupations earned $11,140, compared to $18,750 for men.[36]

Hispanic women are especially overrepresented among operatives. Although 10 percent of all fully employed workers are operatives, 22 percent of Hispanic women are in these jobs. This rate compares with 9.7 percent of white and 11.3 percent of black women. The operative jobs in which women are predominantly employed include laundry and dry cleaning operatives, packers and wrappers, sewers and stitchers, shoemaking machine operatives, and textile operatives, such as spinners, twisters, and winders.[37]

[25] Beller, "Occupational Segregation by Sex," p. 372.
[26] Ibid., p. 391.
[27] Carol Boyd Leon, "Occupational Winners and Losers: Who They Were During 1972–80," *Monthly Labor Review,* June 1982, pp. 18–19.
[28] Ibid.
[29] Peter Doeringer and Michael Piore, *Internal Labor Markets and Manpower Analysis* (Lexington, Mass.: Heath Lexington Books, 1971), p. 165, cited in *Unemployment and Underemployment,* pp. 7–8.
[30] *Unemployment and Underemployment,* pp. 7–8.
[31] Ibid., p. 8.
[32] Nancy F. Rytina, "Earnings of Men and Women: A Look at Specific Occupations," in U.S., Department of Labor, Bureau of Labor Statistics, *Analyzing 1981 Earnings Data from the Current Population Survey,* Bulletin 2149 (September 1982), p. 27.
[33] U.S., Department of Labor, Bureau of Labor Statistics, *Linking Employment Problems to Economic Status: Data for 1980,* table 2.
[34] Rytina, "Earnings of Men and Women," p. 29.
[35] U.S., Department of Labor, Bureau of Labor Statistics, *Linking Employment Problems to Economic Status: Data for 1980,* table 2.
[36] Ibid.
[37] Rytina, "Earnings of Men and Women," p. 29.

TABLE 3.4

Occupations of Fully Employed Workers, 1980

	All men	Both sexes	White women	Black women	Hispanic women	Ratio of median earnings of women and men
Total	100%	100%	100%	100%	100%	59.4%
Professional, technical, and kindred	17.6	18.2	19.5	17.6	10.9	65.6
Managers and administrators, except farm	18.2	15.3	11.0	4.3	7.1	55.3
Sales workers	6.1	5.5	4.7	2.6	4.0	48.9
Clerical and kindred workers*	6.2	17.9	40.2	34.8	36.2	59.1
Craftworkers, foremen, and kindred	21.5	14.6	2.2	1.4	3.2	61.5
Operatives, except transport	10.1	10.1	9.7	11.3	22.0	60.4
Transport equipment operatives	5.2	3.5	0.4	0.3	0.1	61.5
Laborers, except farm and mine	4.5	3.3	1.0	1.4	1.4	59.0
Private household workers	(1)	0.3	0.6	2.0	2.3	75.1
Service workers	6.9	8.7	10.1	24.4	13.0	(1)
Farmers and farm managers	2.5	1.7	0.3	(1)	(1)	61.2
Farm laborers and foremen	1.1	0.9	0.4	(1)	0.1	(1)

This item may be read as follows: In 1980, 17.9 percent of all fully employed workers were in clerical and kindred jobs; however, 6.2 percent of all men, compared to 40.2 percent of white women, were in these occupations. The median earnings of all women in these jobs were 59.1 percent of the earnings of men in these jobs.
[1]*Data not shown where base is less than 75,000.*
Source: U.S., Department of Labor, Bureau of Labor Statistics, calculated from unpublished data, 1980.

Median annual earnings of operatives were $9,476 for women and $15,743 for men.[38]

Most of the women earning low wages are in typically female occupations. Among the 2 million fully employed women who earned less than $6,000 in 1980 (less than the minimum wage), 31 percent were service workers, 23 percent were clerical and kindred workers, and 11 percent were operatives.[39] These low earners constituted 8.8 percent of all fully employed women. The proportion of men earning low wages was 4.8 percent.[40]

Women in Nontraditional Occupations

Women in nontraditional employment tend to have children, have usually tried other jobs, and have realized that they could never earn an adequate living at them.[41] In fact, the probability that a working woman is employed in a nontraditional occupation increases as the number of her children increases.[42] However, just 2 percent of all female workers are craft and kindred workers (traditionally male occupations). Nevertheless, recent Bureau of Labor Statistics data show that, as a proportion of all craft workers, they

[38] U.S., Department of Labor, Bureau of Labor Statistics, *Linking Employment Problems to Economic Status: Data for 1980,* table 2.
[39] Ibid.
[40] Ibid.
[41] U.S., Department of Labor, Employment and Training Administration, *Enhanced Work Projects—The Interim Findings from the Ventures in Community Improvement Demonstration,* Youth Knowledge Development Report 7.5, by the Corporation for Public/Private Ventures (May 1980), p. 11.
[42] Beller, "Occupational Segregation by Sex," p. 383.

409-859 O - 83 - 4 : QL 3

TABLE 3.5

Female Craft and Kindred Workers

	1972	1980	Percent gain
Carpenters	5,000	18,000	260
Other construction craftworkers	11,000	50,000	354
Machinists	2,000	18,000	800
Heavy equipment mechanics*	5,000	15,000	200
Telephone installers and repairers	6,000	27,000	350

**This item may be read as follows: Between 1972 and 1980, the number of women employed as heavy equipment mechanics increased from 5,000 to 15,000, a 200 percent increase.*

Source: Carol Boyd Leon, "Occupational Winners and Losers: Who They Were During 1972–80," Monthly Labor Review, *June 1982, p. 28.*

increased from 3.6 percent in 1972 to 6 percent in 1980.[43] This translates into an increase of 365,000 during the period.[44]

Table 3.5 reflects some of the gains women have made in these occupations. In spite of large percentage gains, the absolute numbers are small (generally less than 0.05 percent in each occupation) relative to total women in the work force, and women have much to achieve to gain access to apprenticeships and vocational training in these better paying, nontraditional occupations.

Assuming no barriers to women's entering traditionally male occupations, 60 percent of currently employed women would have to change occupations for women to have the same occupational profile as men, and this figure has changed little since 1900.[45] However, it takes a strenuous, conscious effort for change to take place.

A recent study of sex segregation concluded that, "Neither demographic trends, technological change, nor bureaucratic imperatives are 'natural' forces that lead to balanced sex ratios within jobs or firms," and that, "policy intervention is unlikely to make matters worse—most establishments are about as segregated as they can possibly be."[46]

Severe external pressure and, where possible, a large percentage of women already employed in an organization facilitate desegregation of the work force.[47] Desegregation occurs most easily in large firms that have government contracts and are subject to Federal regulations.[48] However, the outlook is not bright for women employed in smaller and less visible firms that may do nothing or make only token changes, since they are less likely to be subject to enforcement activities.[49]

Changing jobs is not a practical solution to the low-wage problems of many currently employed women. Women already in traditionally female occupations would lose seniority and vested benefits in their current jobs, would have to pay for retraining, and would have no guarantee that they would be hired by employers in their new field. It is important, however, that young women receive adequate counseling on the benefits or possible drawbacks of nontraditional employment. It is also important that equal employment opportunity laws be strictly enforced so that investment in nontraditional training will pay off. The following section reviews other explanations for women's low wages relative to men's.

[43] Leon, "Occupational Winners and Losers," p. 24.
[44] Ibid.
[45] William T. Bielby and James N. Baron, "A Woman's Place is With Other Women: Sex Segregation in the Workplace" (paper prepared for the National Research Council's Workshop on Job Segregation by Sex, May 24–25, 1982, Washington, D.C.), p. 2.
[46] Ibid., pp. 39–40.
[47] Ibid., pp. 40–41.
[48] Ibid., p. 40.
[49] Ibid.

TABLE 3.6

Median Earnings of Fully Employed Persons, 1980

	Women	Men	Ratio of female to male earnings	Ratio of female to white male earnings
White	$11,413	$19,570	58.3%	58.3%
Black*	10,609	13,737	77.2	54.2
Hispanic	9,769	13,717	71.2	49.9

**This item may be read as follows: In 1980 fully employed black women earned 77.2 percent as much as fully employed black men and 54.2 percent as much as fully employed white men.*

Source: U.S., Department of Labor, Bureau of Labor Statistics, unpublished tabulations.

Wages

Women earn less than men: 59 percent as much in 1981, a decrease from 64 percent in 1955.[50] Table 3.6 shows how earnings are distributed by sex, race, and ethnicity for fully employed workers.

All women are at an earnings disadvantage when compared to men, but black and Hispanic women are the most disadvantaged. Hispanic women earn one-half the median income of white men, while black and white women earn 54 and 58 percent, respectively.

Some of the explanations that have been offered on women's occupational distribution and wages include both direct and indirect discrimination. Following are possible reasons for the unexplained disparities in wages between men and women.[51] Not all researchers agree on the importance of different factors, and although no single one will suggest a solution to all of the economic problems of women, an investigation of each highlights issues that concern both female employees and their employers.

Personal Choice or Sex Role Stereotyping. Many women continue in jobs in spite of their low rates of pay. A study done for the Equal Employment Opportunity Council concluded that, "It is difficult to assess the relative importance of the choices women make in the labor market and of the factors affecting their choices."[52]

The first factor is the effect of socialization, in which some women come to believe that only certain jobs are appropriate for women, and they may never even consider other types of jobs.[53] Second, women may have chosen or have been directed into courses of study or training that did not provide qualifications for other jobs.[54] The third explanation says that women lack information about other jobs, their salaries, working conditions, and how to obtain access to them.[55]

A fourth explanation is that women know they have other options, but choose to limit their training and labor force participation because of actual or expected family obligations. If they do work, they take jobs requiring limited overtime and travel or jobs they would not mind leaving if their husbands' career advancement requires transfer.[56]

Fifth, discrimination may cause women to believe that they cannot gain access to certain jobs or that the jobs themselves would be made unpleasant. This belief guides their education and training decisions.[57]

Once employed in a low-wage, low-skill job, a woman may find her employer reluctant to invest in on-the-job training for her because he may not believe she is interested in advancement, or because he thinks that she may soon leave her job.[58] All women suffer as a result of these experiences and decisions, for it is likely that they will spend more years in the labor

[50] See Cynthia B. Lloyd and Beth T. Niemi, *The Economics of Sex Differentials* (New York: Columbia University Press, 1979), p. 152.

[51] Donald J. Trieman and Heidi I. Hartmann, eds., *Women, Work, and Wages: Equal Pay for Jobs of Equal Value* (Washington, D.C.: National Academy Press, 1981), pp. 52–66.

[52] Ibid.

[53] Ibid., p. 53.

[54] Ibid.

[55] Ibid.

[56] Ibid. See Polachek, "Occupational Segregation Among Women."

[57] Ibid.

[58] Steven H. Sandell and David Shapiro, "Work Expectations, Human Capital Accumulation, and the Wages of Young Women," *The Journal of Human Resources,* vol. 15, no. 3 (Summer 1980), p. 337.

force than expected at the time they made choices regarding education and training.[59]

Discrimination. Discrimination against women in the form of low pay is well documented. While men tend to obtain good jobs with rapid advancement, women receive unequal pay for equal work and are assigned to low-level jobs without promotion potential.[60]

Minority women have had to deal with the effects of both racial and sex discrimination. In 1920 black women were largely restricted to agricultural labor, domestic service, and laundry work, which accounted for 75 percent of jobs held by black women in the labor force.[61] During this period black women were able to replace immigrant women in unskilled jobs in candy factories and to replace men in some heavy jobs,[62] but:

> To do so, they had to accept less pay than a white person doing an equivalent job would have received. One observer commented that as soon as Washington, D.C., laundries realized they might have to pay a minimum wage, they "began to ask the employment bureaus about the possibility of obtaining white girls" to replace the Negro women. Married women could be hired to do the heavy unskilled work of men for up to one-third less than employers had to pay the latter. Yet these jobs were attractive to women who had few options.[63]

In 1940 more than half of the 2 million women who earned wages working in someone else's home were black and Hispanic.[64] They were among the poorest paid and hardest working, but were not protected by the Fair Labor Standards Act or other protective legislation.[65] In Lynchburg, Virginia, $6.00 for a 72-hour week was a typical wage for a domestic.[66]

The facts that the median earnings of black women are now 94 percent of those of white women and that the occupational distribution of young black women has improved dramatically in the last 20 years have created concern that policymakers will conclude that black women are no longer disadvantaged (on the basis of race) in the labor market.[67] To compare black and white women is to compare one disadvantaged group to another. And because black men continue to be discriminated against, one author concludes: "Although the elimination of sex discrimination would, by definition, produce economic equality between white men and women, black women would fare no better than black men and continue to earn less than white men (and white women)."[68]

Research on Wage Disparities. Factors such as education, age, and work experience generally explain less than half of the difference in wages between men and women.[69] Statistical studies have tested whether enforcement of equal opportunity provisions has had an effect on reducing discrimination and, thus, wage disparities between men and women. One study found that variables related to work experience, such as years of training and on-the-job training, accounted for 29 percent of the gap. However, formal education (usually defined as years of school) explained just 2 percent of the difference between white men and white women.[70] Education explained 11 percent of the difference between white men and black women.[71] Although poverty rates for both men and women decline as educational levels increase, proportionally more women are poor because they earn less than men at all educational levels (see chapter 4).

The effectiveness of equal employment laws varies depending on the following factors:

> (1) the completeness of the law in specifying every manifestation of discrimination as illegal behavior; (2) the percentage of employment covered by the law; (3) the enforcement of the law; and (4) the extent of the penalties imposed. If the law makes certain forms of discrimination illegal but leaves others unmentioned, then employers are free to adjust their behavior so that discrimination persists and is reflected in new and unanticipated forms of disadvantage. But even illegal forms of discrimination will persist if the benefits of continued discrimination are seen to exceed the costs, in terms of the chances of being caught and the penalty if and when that occurs.[72]

---

[59] Ibid.

[60] Winn Newman, "Pay Equity Emerges as a Top Labor Issue in the 1980's," *Monthly Labor Review*, April 1982, pp. 49–50.

[61] Alice Kessler-Harris, *Out to Work: A History of Wage Earning Women in the United States* (New York: Oxford University Press, 1982), p. 237.

[62] Ibid., p. 238.

[63] Ibid.

[64] Ibid.

[65] Ibid., p. 270.

[66] Ibid., p. 271.

[67] Allan G. King, "Labor Market Racial Discrimination Against Black Women," *The Review of Black Political Economy*, vol. 8, no. 4 (Summer 1978).

[68] Ibid., p. 334.

[69] See Lloyd and Niemi, *The Economics of Sex Differentials*, pp. 232–39 for a list of over 20 such studies.

[70] Mary Corcoran and Greg J. Duncan, "Do Women Deserve to Earn Less than Men?" Institute for Social Research, Univ. of Michigan (undated), p. 8.

[71] Ibid.

[72] Lloyd and Niemi, *The Economics of Sex Differentials*, pp. 301–02.

Andrea Beller has found that enforcement of equal employment opportunity laws increased female earnings by 4.7 percent between 1967 and 1974.[73] Enforcement for race discrimination had a net effect on the earnings of black women of 1.2 percent during the same period.[74] Executive Order 11246, issued in 1965, which requires Federal contractors to establish goals and timetables for achieving reasonable representation of minorities and women in their labor force, and Title VII of the Civil Rights Act of 1964, which established sex as one of several bases for protection against discrimination in employment, were studied. Using Current Population Survey and Equal Employment Opportunity Commission data for the 1968 to 1974 period, Beller reached the following conclusions:

1. Enforcement of Title VII increases female earnings within industries and occupations, while the Federal contract compliance program increases earnings by lessening entry restrictions across industries and occupations.[75]
2. When enforcement activities are visible, they provide a deterrent effect that extends beyond the scope of the original charge.[76]
3. Although black women have benefited from Title VII enforcement against racial discrimination, they seem to have benefited more from enforcement against sex discrimination.[77]
4. The most powerful tool for increasing the earnings of women is probably enforcement against sex discrimination.[78]
5. Worsening economic conditions, as measured by unemployment rates, curtailed, but did not eliminate, the effectiveness of Title VII, for the sex differential in earnings might have increased.[79]

Although an overall effect on wages at the national level may be difficult to measure, there is no doubt that many women are better off as a direct result of litigation on their behalf, and countless others benefit from the deterrent effects of visible enforcement. Had equal employment opportunity legislation not been passed, the gap between men and women in wages earned could have increased more than it did during the last decade.[80]

Comparable Worth. An explanation for wage disparities that has gained considerable momentum in recent years is referred to as "comparable worth." This theory is based on the concept that, "within a given organization, jobs that are equal in their value to the organization ought to be equally compensated, whether or not the work content of these jobs is similar."[81] The literature located for this report on comparable worth was based on sex differentials, not both race and sex. However, a major study conducted for the Equal Employment Opportunity Commission states:

> despite the apparently greater immediate relevance of the comparable worth issue to women than to minorities, our analysis is applicable whenever substantial job segregation between different groups exists and whenever particular jobs are dominated by particular groups.[82]

Proponents of this theory believe that many jobs in which women predominate are compensated at a lower rate because they are held by women, constituting discrimination.[83] Furthermore, employers may separate similar jobs, providing lower wages and less upward mobility for those held by women.

The Congress clearly indicated that it rejected the comparable worth theory and favored a strict equal work requirement when it passed the Equal Pay Act of 1963.[84] To claim equal wages, the burden of proof falls on the plaintiffs suing under the Equal Pay Act of 1963, which is restricted to equal pay for equal work. Equal work is that "which requires equal skill, effort, and responsibility. . .performed under similar working conditions. . . ."[85]

Title VII of the Civil Rights Act of 1964 has thus become central to the comparable worth issue because it affects the full range of employment practices and specifically forbids discrimination in compensation.[86] Title VII affords protection against employment

[73] Andrea H. Beller, "EEO Laws and the Earnings of Women" (paper presented at a joint session of the Industrial Relations Research Association and the American Economics Association, Sept. 16–18, 1976), p. 8.
[74] Ibid., p. 9.
[75] Ibid., p. 11.
[76] Ibid.
[77] Ibid.
[78] Ibid.
[79] Andrea Beller, "The Effect of Economic Conditions on the Success of Equal Employment Opportunity Laws," *The Review of Economics and Statistics*, vol. 62 (August 1980), p. 387.
[80] Lloyd and Niemi, *The Economics of Sex Differentials*, p. 306.
[81] Trieman and Hartmann, *Women, Work, and Wages*, p. i.
[82] Ibid., p. 16.
[83] Ibid., p. 9.
[84] See the Supreme Court's discussion of the legislative history of comparable worth in Corning Glass Works v. Brennan, 417 U.S. 188, 198–205 (1974).
[85] 29 U.S.C. §206(d)(1) (1976).
[86] 42 U.S.C. §§2000e–2000e (17).

practices that, although fair in form and administration, have disparate impact.[87] When neutral policies and practices affect a protected group more harshly than others, there may be a basis for a Title VII complaint.

Although some employers have established job evaluation systems to provide objective standards of job worth to be used in setting wages,[88] studies indicate that they have violated their own standards, "either to implement an explicit decision to pay women or minority workers less than men or whites or to conform to an external standard for establishing pay rates."[89] Many employers survey the local labor market and use the "prevailing rate" as a basis for establishing their own wage schedule. In doing so they may assume they are being nondiscriminatory, but in fact they may be continuing disparities and discriminatory personnel practices of the other firms or those that were established because of discrimination in the past.[90]

Wage disparities for jobs of comparable worth have been found in several cities and States that have performed job evaluations to determine if they underpay predominantly female jobs. For example, in Minnesota, the predominantly female position of typing pool supervisor was rated higher than the predominantly male position of painter, yet the women were paid $334 a month less than the men (see table 3.7). In Washington State, licensed practical nurses received more than $400 a month less than correctional officers even though their jobs were rated as being equal according to standards established by the State.

The Equal Employment Opportunity Commission asked the National Research Council of the National Academy of Sciences to make a judgment as to whether low-paying jobs are low paying because of the sex, race, or ethnicity of the people who tend to hold them or because the jobs themselves are not worth higher pay. The study concluded:

> several types of evidence support our judgment that. . .in many instances jobs held mainly by women and minorities pay less at least in part because they are held mainly by women and minorities. First, the differentials in average pay for jobs held mainly by women and those held mainly by men persist when the characteristics of jobs thought to affect their value and the characteristics of workers thought to affect their productivity are held constant. Second, prior to the legislation of the last two decades, differentials in pay for men and women and for minorities and nonminorities were often acceptable and were, in fact, prevalent. The tradition embodied in such practices was built into wage structures, and its effects continue to influence these structures. Finally, at the level of the specific firm, several studies show that women's jobs are paid less on the average than men's jobs with the same scores derived from job evaluation plans. The evidence is not complete or conclusive, but the consistency of the results in many different job categories and in several different types of studies, the size of the pay differentials (even after worker and job characteristics have been taken into account), and the lack of evidence for alternative explanations strongly suggest that wage discrimination is widespread.[91]

Many women are not made aware of the effect of the undervaluation of traditionally female jobs or of the economics of self-support when they are young enough to make crucial training and employment decisions. The result has meant poverty for a large number.

One alternative to economic independence is public assistance. The next section reviews Federal programs assisting the poor to see how they affect the efforts of poor women trying to become self-sufficient.

Federal Welfare Programs and Work

As a result of the factors discussed above, it is not surprising that many women who rely on earnings to support themselves and their children are poor. Women do have other resources; however, the biggest factor in reducing their poverty rate is welfare programs. One study found that 51 percent of unmarried household heads with children[92] were poor in terms of their earnings in 1975. Private pension plans and annuities reduced the rate to 50.8 percent. Social security payments, unemployment benefits, and worker's compensation payments reduced the rate to 45.2 percent. The women still in poverty were dependent

[87] Griggs v. Duke Power Co., 401 U.S. 424 (1971) cited in John R. Schnebly, "Comparable Worth: A Legal Overview," *Personnel Administrator*, April 1982, p. 44.

[88] In general, standards of job worth are based on job evaluation plans that try to rate numerically the basic features of jobs, such as skills, effort, responsibility, and working conditions. These features may have different weights, depending on the nature of the job. The ratings are totaled to provide an overall measure of job worth. The process can be quite complicated; it can be biased, but it has been done successfully. For a further discussion, see Trieman and Hartmann, *Women, Work, and Wages*, pp. 71–80, and 115–30. Also see table 3.7 in this chapter.

[89] Trieman and Hartmann, *Women, Work, and Wages*, pp. 56–57.

[90] Ibid., p. 61.

[91] Ibid., p. 93.

[92] Richard D. Coe, "Dependency and Poverty in the Short and Long Run," in *Five Thousand American Families*, ed. Greg J. Duncan and James N. Morgan (Ann Arbor: The Institute for Social Research, Univ. of Michigan, 1978), vol. VI, p. 277. The data do not distinguish between male and female unmarried household heads with children; the great majority, however, are female.

TABLE 3.7

Comparable Jobs Inequitably Paid

	Job title	Monthly salary	Number of points
Minnesota			
	Registered nurse (F)*	$1,723	275
	Vocational ed. teacher (M)	2,260	275
	Typing pool supervisor (F)	1,373	199
	Painter (M)	1,707	185
San Jose, California			
	Senior legal secretary (F)	665	226
	Senior carpenter (M)	1,040	226
	Senior librarian (F)	898	493
	Senior chemist (M)	1,119	493
Washington State			
	Licensed practical nurse (F)	1,030	173
	Correctional officer (M)	1,436	173
	Secretary (F)	1,122	197
	Maintenance carpenter (M)	1,707	197

This item may be read as follows: In Minnesota, the traditionally female job of registered nurse was rated equal to the traditionally male job of vocational education teacher according to standards of training and responsibility established by the State; even so, the nurses were paid $537 a month less.

Source: Nancy D. Perlman, chair, National Committee on Pay Equity, testimony before the U.S. House of Representatives, Subcommittees on Civil Service, Human Resources, and Compensation and Employee Benefits, Sept. 16, 1982.

upon outside (and sometimes unreliable) sources of income such as alimony, child support, money from friends and relatives, and welfare payments. These sources reduced the rate by 9.3 percent. After all of these payments, 28.7 percent were still poor.[93]

The effect of welfare payments on reducing poverty for the working poor was very low; it reduced by 0.4 percent the 4.6 percent who were in poverty.[94]

The major Federal welfare program is aid to families with dependent Children (AFDC). The following discussion relates to work incentives in AFDC and two related programs, community work experience programs and the work incentive program.

Aid to Families with Dependent Children

The aid to families with dependent children program is administered by State and local governments under Federal guidelines. As noted in chapter 2, 80 percent of AFDC recipient families in 1979 were headed by women. Forty-three percent of AFDC families were black, 40 percent white, and 14 percent Hispanic.[95] In 1979, 3.4 million families, with 7.2 million children, received AFDC.[96] Forty-nine percent of the children were white and 46 percent were black. Five percent were of other races or ethnicities.[97] Fifty-five percent of AFDC families had a child under 6 years of age, a factor affecting the employabililty of the mother. Mothers of children under 6 were not required to register for work or training in 1979; however, they could volunteer and be given preference in the provision of services. (The Omnibus Budget Reconciliation Act of 1981 requires mothers of children 3 years of age or older to register for community work experience programs (CWEP) in States that have them.)[98] Based on data for 1979, 64 percent of AFDC families would be required to meet job search

[93] Ibid.
[94] Ibid.
[95] U.S., Department of Health and Human Services, Social Security Administration, *1979 Recipient Characteristics Study* (1982), part I, p. I.
[96] Ibid., p. 37.
[97] Ibid.
[98] 42 U.S.C.A. §609(b)(2) (West Supp. 1975–1981).

or work requirements under CWEP unless exempt because of age, disability, or remoteness of residence.[99]

Many recipients of aid to families with dependent children have a commitment to work in spite of personal handicaps such as lack of schooling and the presence of young children. Of 3.1 million mothers receiving AFDC in 1979, the latest year for which data are available, almost 9 percent were employed full time, over 5 percent were employed part time, and 10.5 percent were seeking work or awaiting recall. Among those not employed, 6.6 percent were incapacitated, 2.8 percent were in school, and 39.8 percent were homemakers.[100]

As noted at the beginning of this chapter, 5.4 percent of fully employed women maintaining their own families had incomes below the Federal poverty threshold in 1980, even after including cash welfare payments. The poverty rates for those women who worked part time involuntarily or who were unemployed exceeded 55 percent. Recent changes in AFDC eligibility may have the effect of making their work efforts seem even more futile. The Federal Government establishes general eligibility criteria for AFDC, but individual States determine their own "standards of need" (poverty thresholds) for eligibility purposes and the amount of their welfare payments. States are not required to provide welfare benefits equal to their own standard of need or the Federal poverty threshold.

Federal AFDC eligibility criteria and benefit levels changed considerably with the passage of the Omnibus Budget Reconciliation Act in 1981. Previously, AFDC recipients who worked knew they could increase their disposable income. AFDC regulations permitted administrators to disregard the first $30 of monthly earnings plus one-third of the remaining earnings when recalculating eligibility for AFDC. Reasonable work-related expenses were also disregarded.[101]

A major study by Tom Joe of the Center for the Study of Social Policy reported the effects on the working poor of the changes that became effective in fiscal year 1982 and also projected the effects of the proposed changes for 1983.[102] One of the primary measures used by Joe was the reduction in allowance for work-related expenses, which has the effect of reducing net income available to the working recipient. John Svahn, Commissioner of Social Security, which has administrative responsibility for AFDC, believes that the prior regulation, which allowed for "reasonable" work-related expenses (characterized by Svahn as "unlimited") provided no incentive to the working poor to economize. He states that "expenses such as transportation and clothing are within the control of the individual and, considerable economies can be realized by recipients."[103]

Svahn has testified that Joe's results for 1983 contained some inaccuracies, that the figures cited do not support the conclusions, and that there are unexamined philosophical assumptions that cannot be supported.[104] Svahn's main concern was that "the study presents no direct, empirical evidence for the claim that the AFDC provisions have decreased or will decrease the work effort of AFDC recipients."[105] However, Joe's study was not designed to prove whether working welfare recipients would actually decrease their work efforts. His primary concern was to show that welfare benefits were being decreased extensively and that the working poor were especially hard hit—to the point where it might seem rational to give up trying to hold a job.[106] Joe has stated that, "if anything, all numbers in the report are underestimated."[107] A major reason is because he used 1981 figures in calculating the percentage of poverty income provided by AFDC in each State, since the 1982 poverty threshold had not been established.

Although Svahn disputes the idea that some working recipients might rationally choose welfare over work as Joe's findings indicate (especially when it means retaining valuable medical coverage or increasing one's income), he states that the American people will not accept a welfare system, "which allows an able bodied individual to calculate and choose: 'will I be better off if I work or if I allow myself and my

[99] U.S., Department of Health and Human Services, *1979 Recipient Characteristics Study*, part 1, p. 17.

[100] Duvall and others, "AFDC: Characteristics," p. 3.

[101] U.S., Department of Labor, *WIN Handbook* (3rd ed.), p. XIV–3.

[102] Tom Joe, *Profiles of Families in Poverty: Effects of the FY 1983 Budget Proposals on the Poor* (Washington, D.C.: Center for the Study of Social Policy, February 1982).

[103] John Svahn, Commissioner, Social Security Administration, testimony before the U.S. House of Representatives, Appropriations Committee Hearings, Mar. 9, 1982 (hereafter cited as Svahn Testimony).

[104] Ibid.

[105] Ibid.

[106] Tom Joe, director, Center for the Study of Social Policy, Washington, D.C., interview by telephone, Nov. 17, 1982 (hereafter cited as Joe Interview).

[107] Ibid.

family to become dependent upon the work of other individuals?'"[108] This is probably not the question most recipients ask. It is more likely to be, "Can I keep my family fed and healthy based on my employability and the wages I earn?" However, it is apparent that the Social Security Administration does think there are work disincentives in the AFDC program, for one of its major proposals for fiscal year 1983 was to require all States to establish workfare programs (which are now optional), requiring all able-bodied recipients either to take employment in the private sector or perform useful public service, and to penalize anyone "voluntarily quitting work, reducing earnings, refusing employment, or refusing a workfare assignment."[109] Mandatory workfare at low levels of benefits or pay could cause some of the working poor to become permanently trapped at below poverty levels of income unless major opportunities are made for training for higher income jobs.

The Congress softened some of the more restrictive proposed changes in AFDC, including mandatory workfare, but the other financial disincentives remain, and Joe believes that his conclusions continue to be valid.[110] Before the Omnibus Budget Reconciliation Act, recipients who were able to earn the average amount earned by all employed AFDC recipients in their State were able to increase their disposable income[111] by $100 or more per month in all but five States (see table 3.8). The average increase earned by working AFDC recipients in the U.S. was $146 before the Omnibus Budget Reconciliation Act of 1981. In fiscal year 1982, the U.S. average increase was $26, and working parents in 12 States actually lost income. Recipients with average earnings could increase their income by $100 or more in just four States: Arkansas, $144, Mississippi, $154; South Carolina, $119; and Tennessee, $116. These States have extremely low basic benefits. Table 3.8 shows, for example, that a nonworking parent in a family of three in Mississippi received $287 a month under the Omnibus Budget Reconciliation Act. This benefit was 49 percent of the poverty threshold,[112] and the additional income from working brought recipients up to 75 percent of the poverty threshold.[113] A working parent with average earnings had a disposable income of $442, or $154 more than the nonworking parent.

When welfare benefits for working AFDC recipients are viewed in terms of poverty, as defined by the Bureau of the Census and as used in this report, the hardships imposed by the new regulations become clearer. Before the Omnibus Budget Reconciliation Act, working AFDC families in the U.S. had an average disposable income of 101 percent of the Federal poverty threshold. They were slightly over 100 percent in 29 States (see table 3.9). In fiscal year 1982, there were no States in which average earnings would produce a poverty level income, and the national average income was 81 percent of the Federal poverty level. Figures in table 3.9 for New Hampshire are illustrative. Before the Omnibus Budget Reconciliation Act of 1981, on average, a working parent had a total disposable monthly income of $649, which equaled 110 percent of the poverty threshold. This is because of the allowances for child care and work expenses as well as the $30 plus one-third of earnings that were not counted when benefits were calculated. Under the Omnibus Budget Reconciliation Act, disposable income was $515, or 87 percent of the poverty threshold. The fiscal year 1983 proposals reduce disposable income further, to $444, or 75 percent of the poverty threshold. By referring to table 3.8, it can be seen that, in fiscal year 1983, the New Hampshire parent loses a total of $13 a month by working.

The rate at which a recipient's benefits are reduced as earned income increases is called the marginal benefit reduction rate. Policymakers try to set the rate so as to encourage work. The best rate has not been determined, but some analysts believe 50 percent is as high as the rate can be and still maintain a full work incentive.[114] A rate over 100 percent means the recipient would lose money by working. Marginal benefit reduction rates based on the fiscal year 1983 proposals have been calculated for each State by the Center for the Study of Social Policy.[115] The reduction rates increase as earnings increase until earnings reach the State-established level for termination of benefits. For instance, in California, a family of three with no workers would have income equal to 95 percent of the poverty threshold. If a member of the same family

[108] Svahn Testimony.

[109] U.S., Office of Management and Budget (OMB), *Major Themes and Additional Budget Details, Fiscal Year 1983,* pp. 50–51.

[110] Joe Interview.

[111] Disposable income is the sum of earnings, AFDC, food stamps, earned income tax credits, and energy assistance.

[112] Joe, *Profiles of Families,* table 1.

[113] Ibid., table 4.

[114] Ibid., p. 17.

[115] Ibid., app. B.

409-859 O - 83 - 5 : QL 3

TABLE 3.8

Employment and Monthly Disposable Income[1] of AFDC Families

	FY 1981 Before Bdgt. Rec. Act			FY 1982 Current Law			FY 1983 Budget Proposals		
	Disposable income			Disposable income			Disposable income		
	Nonworking Parent	Working Parent	Dif.[2]	Nonworking Parent	Working Parent	Dif.[2]	Nonworking Parent	Working Parent	Dif.[2]
Alabama	$307	$406	$ 99	$307	$365	$ 59	$301	$347	$ 46
Arizona	370	449	79	370	374	4	363	355	−8
Arkansas	311	464	154	311	454	144	305	420	115
California	584	758	174	584	537	−47	561	497	−82
Colorado	468	601	133	468	477	9	435	424	−11
Connecticut	563	731	168	563	534	−29	509	470	−40
Delaware	438	589	151	438	480	42	405	438	33
Dist. of Col.	450	616	166	450	499	49	427	453	26
Florida	377	491	114	377	402	25	368	377	10
Georgia	362	453	91	362	368	6	351	347	−4
Idaho	466	634	168	466	512	46	436	460	24
Illinois	449	590	141	449	459	10	428	420	−8
Indiana	419	564	144	419	463	44	398	426	29
Iowa	505	664	159	505	501	−4	466	450	−16
Kansas	467	612	145	467	478	10	445	433	−13
Kentucky	376	522	147	376	470	94	354	432	78
Louisiana	366	449	83	366	371	5	356	349	−7
Maine	462	649	187	462	526	64	428	464	37
Maryland	432	590	158	432	485	54	408	443	35
Massachusetts	518	685	167	518	511	−6	478	459	−19
Michigan	513	675	162	513	532	19	489	482	−6
Minnesota	573	742	169	573	537	−36	522	472	−50
Mississippi	287	504	216	287	442	154	279	410	131
Missouri	409	570	161	409	483	74	393	422	49
Montana	472	566	94	472	478	6	431	423	−8
Nebraska	500	656	156	500	498	−2	460	447	−12
New Hampshire	505	649	145	505	515	10	457	444	−13
New Jersey	500	661	162	500	497	−3	466	451	−15
New Mexico	417	546	129	417	439	22	393	406	13
New York*	537	703	166	537	525	−12	508	468	−40
North Carolina	369	504	135	369	441	72	357	410	53
North Dakota	525	684	159	525	521	−4	464	464	0
Ohio	422	543	121	422	430	8	403	393	−10
Oklahoma	434	587	152	434	468	34	415	430	15
Oregon	462	628	166	462	496	33	441	451	10
Pennsylvania	465	631	166	465	501	36	439	455	16
Rhode Island	567	720	152	567	567	0	526	502	−24
South Carolina	334	495	161	334	453	119	316	418	102
South Dakota	478	633	155	478	489	12	441	445	4
Tennessee	322	456	134	322	438	116	305	405	100
Texas	306	409	104	306	372	66	301	353	52
Utah	503	629	126	503	511	9	471	460	−11

TABLE 3.8 (Continued)

Employment and Monthly Disposable Income[1] of AFDC Families

	FY 1981 Before Bdgt. Rec. Act			FY 1982 Current Law			FY 1983 Budget Proposals		
	Disposable income			Disposable income			Disposable income		
	Nonworking Parent	Working Parent	Dif.[2]	Nonworking Parent	Working Parent	Dif.[2]	Nonworking Parent	Working Parent	Dif.[2]
Vermont	$596	$768	$172	$596	$543	$−53	$542	$478	$−64
Virginia	417	549	132	417	439	22	398	407	10
Washington	551	713	161	551	545	−6	518	485	−33
West Virginia	380	493	112	380	404	24	366	378	12
Wisconsin	579	750	171	579	537	−42	539	467	−72
Wyoming	471	593	122	471	479	8	437	426	−10
U.S. AVERAGE	$450	$595	$146	$450	$476	$ 26	$423	$432	$ 9

**This item may be read as follows: Before the Omnibus Budget Reconciliation Act of 1981, a working parent in a family of three living in New York who had earnings equal to the average earnings of AFDC recipients in New York was able to increase her family's disposable income by $166. In 1982, the family lost $12.00 if she worked. If the FY 1983 budget proposals are passed, the same family with a nonworking parent would have $508—or $40 more than a family with a working parent.*

[1]Disposable income figures shown for each State represent the sum of earnings, AFDC, food stamps, earned income tax credits, and energy assistance benefits for either a working or nonworking family in that State. Earnings are calculated based on the average earnings for an AFDC family in that State.

[2]All numbers do not add due to rounding.

Source: Tom Joe, Profiles of Families in Poverty: Effects of the FY 1983 Budget Proposals on the Poor *(Washington, D.C.: Center for the Study of Social Policy, Feb. 25, 1982), table 5. Used with permission.*

TABLE 3.9

Legislative Changes and AFDC Working Families

	Before Budget Reconciliation Act		Current Law		FY 1983 proposals	
	Disposable income[1]	Percent of poverty[2]	Disposable income	Percent of poverty	Disposable income	Percent of poverty
Alabama	$406	69%	$365	62%	$347	59%
Arizona	449	67	374	63	355	60
Arkansas	464	79	454	77	420	71
California	758	129	537	91	479	82
Colorado	601	102	477	81	424	72
Connecticut	731	124	534	91	470	80
Delaware	589	100	480	82	438	74
District of Col.	616	104	499	85	453	77
Florida	491	83	402	68	377	4
Georgia	453	77	368	62	347	59
Idaho	634	108	512	87	460	78
Illinois	590	100	459	78	420	71
Indiana	564	96	463	79	426	72
Iowa	664	113	501	85	450	76
Kansas	612	104	478	81	433	73
Kentucky	522	89	470	80	432	73
Louisiana	449	76	371	63	349	59
Maine	649	110	526	89	464	79

TABLE 3.9 (Continued)

	Before Budget Reconciliation Act		Current Law		FY 1983 proposals	
	Disposable income[1]	Percent of poverty[2]	Disposable income	Percent of poverty	Disposable income	Percent of poverty
Maryland	$590	100%	$485	82%	$443	75%
Massachusetts	685	116	511	87	459	78
Michigan	675	114	532	90	482	82
Minnesota	742	126	537	91	472	80
Mississippi	504	85	442	75	410	70
Missouri	570	97	483	82	442	75
Montana	566	96	478	81	423	72
Nebraska	656	111	498	85	447	76
New Hampshire	649	110	515	87	444	75
New Jersey	661	112	497	84	451	77
New Mexico	546	93	439	75	406	69
New York*	703	119	525	89	468	79
North Carolina	504	86	441	75	410	70
North Dakota	684	116	521	88	464	79
Ohio	543	92	430	73	393	67
Oklahoma	587	100	468	79	430	73
Oregon	628	107	496	84	451	77
Pennsylvania	631	107	501	85	455	77
Rhode Island	720	122	567	96	502	85
South Carolina	495	84	453	77	418	71
South Dakota	633	107	489	83	445	75
Tennessee	456	77	438	74	405	69
Texas	409	69	372	63	353	60
Utah	629	107	511	87	460	78
Vermont	768	130	543	92	478	81
Virginia	549	93	439	75	407	69
Washington	713	121	545	93	485	82
West Virginia	493	84	404	69	378	64
Wisconsin	750	127	537	91	467	79
Wyoming	593	101	479	81	426	72
AVERAGE	595	101	476	81	432	73

**This item may be read as follows: Before the Omnibus Budget Reconciliation Act of 1981, a working parent in a family of three living in New York who had earnings equal to the average earnings of AFDC recipients in New York was able to provide her family a total disposable income equal to 119 percent of poverty. In 1982 the same earnings would provide an income of 89 percent of poverty, and under the 1983 proposals her family's disposable income would be 79 percent of poverty. Note from table 3.8 that under the current law she would gain $12 by not working.*

[1]Disposable income figures for each State represent the sum of monthly earnings plus AFDC, food stamps, and energy assistance benefits for a working AFDC family of three, assuming average earnings for AFDC families in that state. Work expenses and child care are deducted.

[2]Poverty status is expressed in terms of monthly disposable income divided by the federally established 1981 poverty level for a family of three, or $589 per month.

Source: Tom Joe, Profiles of Families in Poverty: Effects of the FY 1983 Budget Proposals on the Poor *(Washington, D.C.: Center for the Study of Social Policy, Feb. 25,1982), table 4.* sed with permission.

became a full-time minimum wage earner, the family would have total disposable income equal to approximately 81 percent of poverty. This is a 15 percent reduction in total income caused by working. The marginal benefit reduction rate is 132 percent.[116] If there is only one worker, and all she can secure is a minimum wage job, then she might consider herself to be better off by not working, especially if her work-related expenses are high, her job is unstable, or if it provides no benefits such as health coverage. In all, in 24 States a family of three with average earnings would receive a higher disposable income in 1983 by not working.[117]

Nonworking AFDC families were not affected by the Omnibus Budget Reconciliation Act of 1981, and the U.S. average disposable income for them is 76 percent of the poverty threshold. The 1983 proposed budget would reduce their average income to 72 percent of poverty.

Community Work Experience Programs

The Omnibus Budget Reconciliation Act of 1981 authorized States to establish community work experience programs (CWEP): "To provide experience and training for individuals not otherwise able to obtain employment, in order to assist them to move into regular employment."[118] Experience to date does not indicate a significant desire on the part of States to institute this type of work program.[119] Although 33 States have instituted some limited form of workfare, just 7 States apply their programs statewide, and of them, only Hawaii, Oklahoma, and South Dakota have mandatory workfare requirements.[120]

Jurisdictions instituting CWEPs are able to require participation of all AFDC recipients unless they are: (1) under age 16; (2) regularly attending school and age 16, but not over 18 or age 19 at the option of the States; (3) too ill for training or employment; (4) mentally or physically incapacitated; (5) age 65 or older; (6) reside in a remote area; (7) required in the home to care for another with a physical or mental impairment; (8) in a home where another adult is participating;[121] or (9) a mother or caretaker relative of a child under 3.[122]

The types of training that would be offered under CWEP are unclear. The work experience is supposed to be in: "projects which serve a useful public purpose in fields such as health, social service, environmental protection, education, urban and rural development and redevelopment, welfare, recreation, public facilities, public safety, and day care."[123] Work under CWEP is to be valued at the minimum wage, and participants only work enough hours to "work off" their welfare payments.[124] No salaries are authorized.[125]

Government officials have stated that workfare programs will provide recipients with a work history and evidence of personal initiative, thus making them more employable.[126] However, States are not required to report participation data or transitions to employment in the private sector for CWEP, and no plans currently exist for a Federal evaluation of the effectiveness of this program. In the absence of data, the primary references available are those related to previous efforts by States to institute workfare and the judgements of organizations currently monitoring CWEP.

The legislation requires that "the program does not result in displacement of persons currently employed, or the filling of established unfilled position vacancies."[127] Unless many new jobs are created, and unemployment drastically reduced, the jobs would most likely fall into the "make work" category. Previous attempts to run workfare programs have been heavily criticized. Some of the concerns that have been raised include:

- Displacement of regular employees.
- Administrative costs that exceed savings.
- Forcing parents of young children to participate when adequate day care is not available.

---

[116] Ibid.

[117] Arizona, California, Colorado, Connecticut, Georgia, Illinois, Iowa, Kansas, Louisiana, Massachusetts, Michigan, Minnesota, Montana, Nebraska, New Hampshire, New Jersey, New York, Ohio, Rhode Island, Utah, Vermont, Washington, Wisconsin, and Wyoming. Source: Joe, *Profiles of Families*, p. 15.

[118] Omnibus Budget Reconciliation Act of 1981, 42 U.S.C.A. 609(a)(i) (West Supp. 1975–1981).

[119] Morton H. Sklar and others, "States Cautious in Adopting Workfare, Advocates Report Abuses," *Jobs Watch* (Center for National Policy Review, Catholic University, September 1982), pp. 1–2.

[120] Ibid. When a welfare recipient is required to perform work to receive welfare benefits such as cash, food stamps, or housing, it is called workfare (as opposed to welfare). The recipient only receives welfare benefits, not a salary.

[121] 42 U.S.C.A. §602(a)(19)(A) (West Supp. 1975–1981).

[122] 42 U.S.C.A. §609(b)(1) and (2) (West Supp. 1975–1981).

[123] *Id.*

[124] *Id.*, §609(a)(1)(E).

[125] *Id.*, §609(a)(2).

[126] 42 U.S.C.A. §609(a)(1)(B) (West Supp. 1975–1981.

[127] Linda S. McMahon, Associate Commissioner for Family Assistance, Social Security Administration, letter to the editor, *Washington Post*, Mar. 25, 1982.

- Harrassment of participants because the only immediate savings would be realized by dropping them from the welfare rolls instead of seeing them through CWEP and into private sector employment.
- Lack of Federal oversight to guard against abuses.[128]

A point raised by another observer is that:

> The programs are ostensibly created to provide productive workfare experience, yet they must not compete with regular labor market employment. By their structure, therefore, they cannot provide the work experience that renders a person competitive in the open job market. For this reason, workfare does not solve the problem of dependence, and in fact can contribute to it.[129]

Workfare appears to offer little hope for AFDC recipients who were once targeted by Congress in the work incentive program legislation to receive incentives, opportunities, supportive services, and training that would enable them to become economically independent and to "acquire a sense of dignity, self-worth, and confidence as wage earning members of society. . . ."[130]

Work Incentive Program

Since 1967 the work incentive program (WIN) has been the major vehicle for training and work opportunities for AFDC recipients. However, the administration's fiscal year 1983 budget proposal has no funds for WIN because "reforms proposed in the 1983 Budget make WIN unnecessary."[131] The proposed reforms included mandatory workfare (designated community work experience programs) to be required in all States. However, community work experience programs were not made mandatory,[132] and WIN is funded under a continuing resolution for fiscal year 1983.

Some States have not chosen to provide community work experience programs and have continued WIN programs. In the latter States, all eligible employable AFDC recipients who do not have jobs are required to register for training or employment.

A new WIN registrant must first conduct an intensive job search (with assistance from WIN or the local employment service). If that fails, and if lack of skills is determined to be the reason, training may be provided. The training is supposed to culminate in employment that will make the recipient economically independent.[133]

A strong desire to obtain work or training is evidenced by voluntary participation of exempt recipients. In 1980 more than 13 percent of AFDC recipients registered for the work incentive program were persons legally exempt from the requirement to register, but who volunteered for work or training anyway. Of WIN registrants who entered employment, more than 17 percent came from this group of volunteers.[134]

WIN has never had funding adequate to serve all those required to register, and the proportion entering employment has always been low. Recent budget cuts, however, which have reduced training opportunities, and the recession, which has reduced availability of private sector employment, have resulted in a 21 percent drop in job entries for the first 6 months of 1982 as compared to the same period in 1981. In fact, the total proportion of WIN registrants receiving work or training dropped 49 percent in the first half of 1982.[135] A concurrent, and serious, problem for women taking training or obtaining employment is that essential supportive services—child care and transportation—have been drastically curtailed from already low levels.[136]

Supported Work

A demonstration and research project, Supported Work, which ended in 1980, included long-term AFDC recipients and proved quite successful. It provided a guaranteed job with standards for work performance starting out at a low level and increasing under close supervision for a period of 12 to 18 months, and it demonstrated that women on welfare will work even if it means giving up important benefits such as medicaid.[137] AFDC recipients were the most successful of four groups targeted in the demonstra-

[128] Sklar and others, "States Cautious in Adopting Workfare," pp. 5–7.

[129] Joe, *Profiles of Families in Poverty,* p. 23.

[130] 42 U.S.C. §630 (1976).

[131] OMB, *Major Themes and Additional Budget Details,* p. 51.

[132] Tax Equity and Fiscal Responsibility Act of 1982, Title I, Part III, Subtitle D, Pub. L. No. 97–248, 1982 U.S. Code Cong. & Ad. News (96 Stat.) 395.

[133] *See* 42 U.S.C. §630 (1976).

[134] Data provided by the Work Incentive Program, Employment and Training Administration, U.S. Department of Labor.

[135] Unpublished data from the Work Incentive Program, Employment and Training Administration, U.S. Department of Labor.

[136] Information provided by the Work Incentive Program, Employment and Training Administration, U.S. Department of Labor.

[137] Manpower Demonstration Research Corporation, *Summary and Findings of the National Supported Work Demonstration* (Cambridge, Mass.: Balinger Publishing Company, 1980), p. 72.

tion, which was jointly funded by the U.S. Departments of Labor, Justice, Housing and Urban Development, Commerce, and Health, Education, and Welfare. (The other targeted groups were ex-addicts, ex-offenders, and youths.) Less than one-third of the AFDC participants were high school graduates, 95 percent were minorities, and 14 percent had never worked; another 61 percent had not had a full-time job during the last 2 years, earnings during the previous year averaged $240, and their stay on welfare averaged 8.5 years. None of the participants had a child under 6.[138]

Long after the job guarantee ended, participants had a 20 percent higher employment rate than the control group; hours worked were 35 percent higher, and earnings were almost 50 percent higher. Benefits exceeded costs by $8,000 per participant.[139]

Results of the supported work demonstration program indicate that well-thought-out, targeted programs are cost effective for the government and beneficial to AFDC recipients in terms of improving their employability and earnings.

Summary

Employment is generally considered the key to economic independence in our society, but it does not unlock the door for many women. A combination of socialization and apparent discrimination has created a situation in which women do not obtain labor market benefits comparable to those earned by men with similar education and training. Although equal employment laws have affected the occupational distribution and wages of some women, a large gap remains between men and women in these two areas that will require major efforts to overcome if women are to achieve economic security comparable to that enjoyed by most men.

As a proportion of white males' income, fully employed white, black, and Hispanic women earned 58.3, 54.2, and 49.9 percent, respectively. Such large disparities are a reflection of both past and present discrimination by race and sex. Studies indicate that women are concentrated in occupations already dominated by women and that these jobs are undervalued relative to men's jobs.

Although many women are poor in spite of their work efforts, other poor women are not able to obtain work because they lack training, experience, or important supportive services, such as child care and transportation. It is not clear whether workfare programs for welfare recipients will provide the type of experience or training necessary for these women to obtain private sector jobs and become economically independent. In addition, changes in eligibility requirements for aid to families with dependent children have created incentives in some States for welfare recipients to quit work because benefits are higher for nonworkers.

Executive orders and laws requiring equal employment opportunity have been most effective in businesses that already employ large numbers of women and are subject to government regulations. Considerable effort is required to reach smaller firms, which have little incentive to provide equal opportunity to women.

Federal support for employment and training programs has decreased dramatically, and therefore, special efforts will be needed to provide alternative sources of skill training for poor women unable to gain access to currently available resources. If not, they may find themselves trapped in poverty in spite of their best efforts to avoid or overcome their dependency.

[138] Ibid.

[139] Ibid.

Chapter 4

Education

In this country, the belief is strong that education is an effective means of social mobility and economic betterment. Since the 1960s, the Federal Government's efforts to conquer poverty have recognized that the impoverishment of women and minorities is related to education.[1]

Education has indirect but long-term effects on a woman's economic well-being. When a woman's education has not adequately prepared her for employment, she and her children may be destined to live in poverty. However, since economic returns are less for women than for men with equivalent education, economic disadvantage cannot be redressed through education alone. If a woman's education only prepares her to enter a low-wage occupation, schools are responsible. When her training is substantial and it is not accorded full weight in arriving at income or occupation, the responsibility must be shared by her employers.

This chapter discusses the relationship between education and poverty and the influence of sex stereotyping and segregation on occupational segregation and resulting earnings disparities. The chapter briefly reviews Federal efforts to combat sex discrimination in education. It concludes with a discussion of the effect of poverty on children's educational progress and the Federal education programs designed for economically disadvantaged children.

Consequences of Educational Attainment

As table 4.1 shows, low educational attainment increases the chances of being in poverty. That is, the poverty rate increases as the level of educational attainment of the head of household decreases. This pattern holds true for whites, blacks, and Hispanics and for families headed by women.[2] Among female-headed households, for example, the poverty rate in 1981 was 48.8 percent for those with less than 8 years of education, 27.8 percent for high school graduates, and 16.6 percent for those with 1 or more years of college. A comparison of all families and female-headed families[3] clearly suggests that low educational attainment leads to a greater risk of being in poverty for female householders than for male householders.[4] Among female householders, minority women suffer especially high risks of poverty. More than half of minority female householders are in poverty when their education is less than 8 years. Even among minority female householders who have attended college, more than one out of four is in poverty.

[1] Henry M. Levin, "A Decade of Policy Developments in Improving Education and Training for Low-income Populations," in *A Decade of Federal Antipoverty Programs: Achievements, Failures, and Lessons,* ed. Robert H. Haveman (New York: Academic Press, 1977), pp. 123–30.

[2] U.S., Department of Commerce, Bureau of the Census, *Money Income and Poverty Status of Families and Persons in the United States: 1981* (Advance Data), series P–60, no. 134 (1982), table 18, pp. 27–28 (hereafter cited as *Money Income: 1981).*

[3] For example, among whites 21.1 percent of all families versus 44.3 percent of female-headed families with less than 8 years of education are in poverty. Comparable figures are 7.5 percent against 21.5 percent for whites with 4 years of high school, and 3.4 percent against 13.9 percent for whites with 1 or more years of college.

[4] Since "all families" include "female-headed families," the actual figures for male-headed families only would be lower than the figures for all families, reflecting the lower risk of being in poverty for male householders.

TABLE 4.1

Educational Level and Poverty, 1981

	All families[1]				Female-headed families[2]			
	All races	White	Black	Spanish[3] origin	All races	White	Black	Spanish origin
Elementary (less than 8 years)	25.0%	21.1%*	39.7%	35.0%	48.8%	44.3%	56.5%	61.9%
High school (4 years)	9.5	7.5	26.0	15.7	27.8	21.5	48.0	34.5
College (1 yr. or more)	4.1	3.4	12.4	7.7	16.6	13.9	26.8	27.6

**The figures in this column can be interpreted as follows: The proportion of white families (both male and female headed) in poverty is 21.1 percent when the head of household has less than 8 years of education, decreasing to 7.5 and 3.4 percent, respectively, for higher levels of education.*
[1]*Includes both male- and female-headed families.*
[2]*Families with no husbands present.*
[3]*Persons of Spanish origin may be of any race.*
Source: U.S., Department of Commerce, Bureau of the Census, Money Income and Poverty of Families and Persons in the United States: 1981 *(Advance Data), series P–60, no. 134, pp. 27–28.*

One reason for the economic disadvantage of women even at higher educational attainment levels is occupational segregation, the employment of women in low-wage occupations or traditionally female jobs, a topic discussed in chapter 3. As table 4.2 demonstrates, the occupational distribution of men and women of similar educational attainment levels differs markedly. Regardless of attainment level, women tend to be concentrated in clerical and service worker jobs and men in managerial, administrative, and craft occupations. Only college-educated women are significantly more likely to be professional or technical workers than men.

Sex Stereotyping and Segregation

The occupational distributions shown in table 4.2 are often not a consequence of personal choice. Many women are led to believe that certain jobs or occupations are the only ones available. Further, their education and training do not always prepare them adequately for other jobs or occupations. Sex stereotyping, the belief that suitability for a given endeavor is determined by gender, is at the root of this phenomenon. In education, sex stereotyping leads to steering boys toward "men's" professions such as medicine, law, business, and engineering and girls toward "women's" professions such as teaching, nursing, clerical jobs, and homemaking. In employment, sex stereotyping leads to recruiting and training men for "men's" jobs and women for "women's" jobs.

Sex Bias in the School

As children grow up, they learn to function in society within its prescribed norms and values. This process of socialization, which takes place at home as well as at school, includes developing preferences for activities and occupations that are viewed as "sex appropriate."[5] The effects of such sex-segregative socialization are evident in school curricular enrollment and occupational aspirations of female and male students.

Historically, America's public schools have taught dominant values of the society.[6] Much research in education has considered the influence of teachers' expectations on the way they react to a student.[7] The evidence suggests that teachers frequently reinforce sex-stereotypical attitudes and behavior leading to different expectations of success for boys and girls.[8]

[5] Patricia Brenner, "Sex Equity in the Schools," in National Commission for Employment Policy, *Increasing the Earnings of Disadvantaged Women* (Report no. 11, 1981), p. 57; John T. Grasso, "The Effects of School Curriculum on Young Women," in National Commission for Employment Policy, *Education, Sex Equity and Occupational Stereotyping* (Special Report no. 38, 1980), p. 96; J. Prediger, J.S. Roth, and R.J. North, "Career Development of Youth: A Nationwide Study," *Personnel and Guidance Journal,* vol. 53, no. 2 (1974), p. 99; Clarice S. Stoll, *Female and Male: Socialization, Social Roles, and Social Structure* (Dubuque, Iowa: Wm. C. Brown Co., 1974), chap. 5, "Becoming Female and Male," pp. 71–104.

[6] Stoll, *Female and Male,* p. 93.

[7] Ibid., p. 4; for references to other research, see also U.S., Commission on Civil Rights, *Characters in Textbooks: A Review of the Literature* (1980), pp. 10–12.

[8] Brenner, "Sex Equity in the Schools," p. 53.

TABLE 4.2

Occupations and Educational Level, 1979

Occupation	Less than 4 years of high school		High school graduate		College graduate	
	Men	Women	Men	Women	Men	Women
Professional and technical	1.5%*	2.0%	5.4%	6.3%	38.5%	56.9%
Managers and administrators	7.8	3.7	14.2	6.9	28.7	9.7
Sales workers	1.9	5.1	5.2	6.9	11.7	5.1
Clerical workers	3.1	13.8	7.1	46.6	6.8	20.7
Craft workers	29.3	3.1	30.6	1.9	6.3	0.8
Operatives, except transport	18.6	30.6	13.5	10.5	1.6	1.4
Transport equipment operatives	11.5	0.9	7.1	0.9	1.1	0.1
Laborers, except farm	9.7	2.3	5.3	1.2	0.6	0.4
Service workers	10.1	36.8	8.0	17.9	3.2	4.4
Farmworkers	6.4	1.6	3.6	1.0	1.7	0.5

**This figure may be interpreted as follows: Among men with less than 4 years of high school, 1.5 percent are in professional or technical occupations.*
Source: U.S., Department of Education, National Center for Education Statistics, The Condition of Education *(1981 ed.),* p. 232.

Studies have found that sexism is prevalent in educational materials[9] and practices[10] and even in teacher education textbooks.[11] Textbooks devote more attention to males than to females and portray females in stereotypes rather than as what they are or could become.[12] Further, teacher education textbooks do not address the issue of sexism in the classroom.[13] Sex-biased values are also communicated through early childhood reading materials and school textbooks.[14] When these materials contain cultural beliefs and societal practices reflecting superiority of one sex (usually the male), the reader may unwittingly accept these beliefs and practices, and become a victim of sexism. By limiting the portrayal of women to financially unrewarding roles such as secretary or teacher, while depicting men as attorneys or corporate executives, children's literature frequently suggests that only boys, not girls, should aspire to highly paid occupations.[15]

Counselors also play a role. They seldom encourage young women to explore nontraditional courses.[16] Some counselors even react negatively to girls who indicate nontraditional career interests[17] and are "virtually ignorant of occupational segregation or sex discrimination."[18] Other factors may strongly influence occupational selection. Parents exert considerable pressure and influence,[19] and girls may lack knowledge about new career opportunities. Results of one study on this subject suggest that: "choices made by high school juniors on the basis of sex stereotypes or lack of knowledge of probability of success (entrance) into a given occupation can be affected by providing

[9] T. Jeana Wirtenberg and Charles Y. Nakamura, "Education: Barrier or Boon to Changing Occupational Roles of Women?" *Journal of Social Issues,* vol. 32, no. 3 (1976), pp. 165–79.
[10] Nancy Frazer and Myra Sadker, *Sexism in School and Society* (New York: Harper and Row, 1973).
[11] Myra P. Sadker and David M. Sadker, "Sexism in Teacher-Education Texts," *Harvard Educational Review,* vol. 50, no. 1 (1980), pp. 36–46.
[12] Ibid.
[13] Ibid.
[14] Janice Pottker, "Psychological and Occupational Sex Stereotypes in Elementary-school Readers," in *Sex Bias in the Schools,* ed. Janice Pottker and Andrew Fishel (Cransbury, N.J.. Associated University Press, 1977), pp. 111–25.
[15] Nancy K. Schlossberg and Jane Goodman, "A Woman's Place: Children's Sex Stereotyping of Occupations," in *Sex Bias in the Schools,* pp. 167–72.
[16] Brenner, "Sex Equity in the Schools," p. 58; A. Medvene and A. Collins, "Occupational Prestige and Its Relationship to Traditional and Nontraditional Views of Women's Roles," *Journal of Counseling Psychology,* vol. 21 (1974), pp. 138–43.
[17] Ibid., pp. 57–58; A.H. Thomas and N.R. Stewart, "Counselor Response to Female Clients with Deviate and Conforming Career Goals," *Journal of Counseling Psychology,* vol. 18 (1971), pp. 252–57.
[18] Patricia Brenner, "Sex Equity in Education," in *Education, Sex Equity and Occupational Stereotyping,* p. 15.
[19] Barbara A. Gutek and Veronica F. Nieva, "Determinants of Career Choice in Women," in *Enhancing Women's Career Development,* ed. Barbara A. Gutek (San Francisco: Jossey-Bass, 1979), pp. 7–20.

vocational information about new opportunities for women."[20]

The effects of early socialization in the home and in elementary school are reflected in enrollment data in selected secondary school courses. For example, in 1979 about 5 times more girls than boys took home economics (20.2 percent versus 4.1 percent), but over 10 times more boys than girls took shop (34.6 percent versus 3.0 percent).[21]

Sex-segregated enrollment is also found in vocational education. A review of 1980 enrollment statistics in vocational education programs showed that more women than men were enrolled, but most women were in sales, office work, and health-support areas, and men were concentrated in agricultural, industrial, technical, and trade programs.[22] Yet another survey covering 5,000 boys and 5,000 girls in high schools with vocational education programs[23] found that 15 percent of boys and 23 percent of girls were enrolled in either a vocational or commercial program of study. Of these enrollees, 85 percent of senior girls were in white-collar clerical, sales, and service training, while 78 percent of senior boys were concentrated in blue-collar specialties such as refrigeration and electronics.[24]

The case of Alice de Rivera, who refused steering into traditionally female training and fought to take subjects deemed "unsuitable" for her sex, illustrates the point. As a high school student, she made a systematic inquiry of 27 vocational high schools in New York City and found that:

> only seven are co-ed. The boys' vocational schools teach trades in electronics, plumbing, carpentry, foods, printing. . .etc. The girls are taught to be beauticians, secretaries, or health aides. This means that if a girl is seeking entrance to a vocational school, she is pressured to feel that certain jobs are masculine and others feminine. . . .At the seven co-ed vocational schools, boys can learn skilled work, food preparation, and beauty care along with the girls. But the courses that would normally be found in a boys' school are not open to girls. There are only two schools where a girl can prepare for a "masculine" job.[25]

Sex-segregated educational tracks affect occupational aspiration. In the National Longitudinal Surveys (NLS), more than two-thirds of the girls in grades 10 to 12 reported occupational goals that could be classified into 9 of 297 categories such as secretary, teacher, nurse, hairdresser, etc.[26] A recent Gallup youth survey also found similar patterns of sex-segregative occupational aspirations. Included in the top 10 career preferences of girls were secretary, teacher, nurse, social worker, and hairdresser. By contrast, among the top 10 choices of boys were skilled worker, engineer, lawyer, architect, musician, athlete, and farmer.[27]

In conclusion, sex stereotyping and segregation in education lead females to low-wage occupations and males to highly paid ones, and as discussed in chapter 3, this is a major source of income disparity between men and women.

Federal Efforts Against Sex Discrimination in Education

Recognizing the relationship between educational inequity and economic disparities between men and women, the Federal Government from the early 1960s has sought to redress this problem to conquer poverty and to foster self-sufficiency among the poor.[28] As one step, the Federal Government has passed legislation requiring an end to sex-discriminatory conditions in public education and training programs. As another, it has provided for special education and training programs for the economically disadvantaged.

Two laws pertain to eliminating sex discrimination in education. Title IX of the 1972 Education Amendments prohibits sex discrimination in federally assisted educational programs. It serves notice that sex dis-

[20] Robin Horowitz and Mary White, "Effect of Sex-Linked Vocational Information on Reported Occupational Choices of High School Juniors," *Psychology of Women Quarterly,* vol. 2 (1977), p. 155.

[21] U.S., Department of Education, National Center for Education Statistics, *The Condition of Education* (1981 ed.), p. 92.

[22] Grasso, "The Effects of School Curriculum," p. 84.

[23] The National Longitudinal Surveys of Labor Market Experiences. For details and a critical comparison with other longitudinal studies, see ArvilflV. Adams, "The Impact of Vocational Education in Secondary Schools on Young Men and Young Women," in *Education, Sex Equity and Occupational Stereotyping,* pp. 163–77.

[24] Based on U.S. Commission on Civil Rights staff computation from data provided in Grasso, "Effects of School Curriculum," table 2, p. 86.

[25] Alice de Rivera, "On Desegregating Stuyvesant High," in *Sisterhood Is Powerful,* ed. Robin Morgan (New York: Random House, 1970), p. 370.

[26] Grasso, "Effects of School Curriculum," p. 95.

[27] *The Kappan,* October 1976, cited in Grasso, "Effects of School Curriculum," p. 95.

[28] Henry M. Levin, "A Decade of Policy Developments," pp. 123–30; Sar A. Levitan, *Programs in Aid of the Poor for the 1980s* (Baltimore: Johns Hopkins University Press, 1980), pp. 1–20 and 106–13; Mark Fossett and Omer R. Galle, "Race, Sex, and Economic Returns to Education," *Child and Youth Services Review,* vol. 4 (1982), pp. 111–13.

crimination as a barrier to equal educational opportunity has to be eliminated.[29] The second law is the Women's Educational Equity Act of 1978,[30] which has the purpose of achieving educational equity for women and providing financial assistance to educational agencies and institutions to meet the Title IX requirements.[31]

Laws providing training for the poor include the Job Training Partnership Act,[32] enacted in 1982 to replace the Comprehensive Employment and Training Act of 1973.[33] Further, the 1976 Vocational Education Amendments[34] constitute a major step in reducing sex segregation in vocational education. In principle, these provisions should be opening up training opportunities for women in nontraditional jobs.

These are some of the major Federal efforts made in the pursuit of equity for women and minorities. Some are an affirmation of the Federal commitment to the pursuit of equity, while others are prescriptive in order to achieve equity goals.

Vocational Education

More than 17 million students are enrolled in federally funded vocational education courses or programs; of those, about 7 million are in occupationally specific vocational programs, learning skills considered necessary for mobility within the labor force.[35]

Spurred by testimony and numerous statistics about inequity in women's employment,[36] Congress enacted the 1976 Vocational Education Amendments.[37] Vocational education was to be one means for overcoming inequity, and the amendments contain a prescriptive provision to combat sex discrimination and stereotyping.[38]

Although still pervasive, there is less sex stereotyping in vocational education today than in the early 1970s.[39] A wider array of training programs is opening for women, including those providing better pay with greater advancement opportunity. In 1971, 65 percent of all female students chose traditional programs of nursing and secretarial and food service work, but in 1980 this figure decreased to 52 percent.[40] In addition, the enrollment of women in vocational education has increased. In 1972, 41 percent of all

---

[29] Title IX was passed by Congress after hearings revealed that inequities based on sex were pervasive throughout the American educational system (see U.S., House, Committee on Education and Labor, *Discrimination Against Women, Hearings Before the Special Subcommittee on Education of the Committee on Education and Labor on Section 805 of H.R. 16098*, parts 1, 2, 91st Cong., 2nd sess. (1970).)

The key provision of Title IX reads:

> No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance. See 20 U.S.C. §1681(a) (1976).

Since all school districts and most colleges and universities receive some financial assistance, Title IX influences institutions at every level of education.

[30] 20 U.S.C. §§3341–3348 (Supp. IV 1980).

[31] See 20 U.S.C. §3341 b(2) (Supp. IV 1980). Its activities include demonstration, developmental, and dissemination activities of national, statewide, or general significance to achieve the purpose of the act at all levels of education—preschool through adult education. The Women's Educational Equity Act established the National Advisory Council on Women's Educational Programs, which advises administrative officials on matters related to equal educational opportunities for women and recommends criteria for the establishment of program priorities and allocation of funds. See 20 U.S.C. §§3346 (Supp. IV 1980). The Council's publications cover a broad range of educational topics related to women. See National Advisory Council on Women's Educational Programs, *Educational Equity: A Continuing Quest* (7th annual report, March 1982).

The budget appropriated for fiscal year 1981 was $8.2 million. The administration proposed no funding in FY 1982 or FY 1983, but $5.7 million was appropriated under a continuing resolution in FY 1982. At this writing, the FY 1983 budget had not yet been resolved.

[32] Pub. L. No. 97–300, 96 Stat. 1322 (1982). Sec. 181 provides for a 1-year transition period.

[33] 29 U.S.C. §801 (1976 Supp. IV 1980).

[34] 20 U.S.C. §2301(3) (1976).

[35] U.S., Department of Education, National Institute of Education (NIE), *The Vocational Education Study: The Final Report* (1981), p. xxi.

[36] The occupational statistics of the time included the following: (1) In 1976 nearly all secretaries were women, as were 86 percent of file clerks and 85 percent of elementary school teachers. (2) Twenty-five percent of all employed women were in only five occupations—elementary school teachers, typists, waitresses, sales clerks, and secretaries. (3) Unless major changes occurred, women would continue to account for 78 percent of clerical workers, 62 percent of service workers, and 97 percent of household workers. National Advisory Council on Vocational Education and National Advisory Council on Women's Educational Programs, *Increasing Sex Equity: The Impact of the 1976 Vocational Education Amendments on Sex Equity in Vocational Education* (1981), p. 3 (hereafter cited as *Increasing Sex Equity).*

[37] Pub. L. No. 94–482, §§201–204, 90 Stat. 2081, 2168 (codified at 20 U.S.C. §§2301–2461 (1976)).

[38] As expressed in the Declaration of Purpose, one purpose of the Vocational Education Act is: "to develop and carry out such programs of vocational education within each State so as to overcome sex discrimination and sex stereotyping in vocational education programs (including programs of homemaking), and thereby furnish equal education opportunities in vocational education to persons of both sexes." 20 U.S.C. 2301 (1976).

[39] NIE, *The Vocational Education Study,* pp. xxx-xxxi.

[40] Ibid., p. 5.

vocational students were women, but in 1980 the percentage rose to about 50 percent.[41]

Although these enrollment statistics are encouraging, the goal of equity is yet to be reached. Despite the overall increase in female enrollment, sex segregation by program areas persists. For example, the proportion of female enrollment in traditionally male program areas rose from 8.9 percent[42] in 1972 to only 17.6 percent in 1979.[43] The proportion of female enrollment in traditionally female programs decreased from 84.8 percent to 78.8 percent, reflecting continuing concentration of female students.[44] This pattern of sex-segregative enrollment applies to both whites and minorities. For white, black, and Hispanic women, the enrollment percentage is consistently high in the traditionally female programs and low in the traditionally male programs.[45] Irrespective of race and ethnicity, then, women are adversely affected by sex segregation in vocational education.

A closer examination of enrollment statistics shows that women are still predominantly in low-wage programs.[46] In secondary school programs, nearly 70 percent of the girls are in programs leading to below-average-wage occupations and less than 10 percent are enrolled in programs leading to the highest paid jobs.[47] In postsecondary school programs, the corresponding figures are 60 and 12 percent, respectively.[48] One reviewer has concluded that: "jobs for which women and minorities are trained in vocational schools are still the lowest paid, the most menial, the least skilled, and the most restrictive of upward employment mobility."[49]

Besides sex segregation, an additional hurdle of inequitable access confronts minorities—the location of vocational education schools. In the 1972–73 school year, 47 percent of the secondary school vocational education classes were located in small cities and only 16 percent in large cities.[50] Of the postsecondary classes, only 12 percent were in large cities.[51] In the 1977–78 school year, central cities and their suburbs with populations over 100,000, where 73 percent of the total population lived, had 38 and 27 percent of secondary and postsecondary vocational education facilities, respectively.[52] To the extent that proportionately more minorities live in urban areas, their access to vocational education is likely to be limited by the availability of instructional facilities.[53]

There has been "virtually no enforcement of [antidiscrimination laws] as applied to vocational education."[54] Compliance reviews were sluggish to begin with, and compliance problems, when identified, were often ignored.[55] A recent review by the National Institute of Education also reveals that some of the key provisions contained in the 1976 act have not been fully implemented.[56] As women are beginning to break out of past vocational education patterns and move into nontraditional, high-wage occupations, Federal assistance is being reduced. Federal appropriations for vocational education programs in fiscal year 1978 were $495 million, up 6 percent from the fiscal 1972 level of $466 million. Adjusted for inflation and enrollments, the 1978 appropriation, however, reflects a 48 percent decrease from the 1972 level. In more recent years, appropriations for vocational education have steadily decreased from the peak figure of $784.0 million in fiscal year 1980 to $681.2 million in fiscal 1981 and $655.7 million in fiscal 1982; the administration's budget request for fiscal year 1983 is $500 million.[57] These decreases are severe, and reduced funding limits the prospect that girls will obtain vocational training necessary to enter high-wage jobs.

[41] National Advisory Council on Women's Educational Programs, *Increasing Sex Equity, 1980 Update: A Study of the 1980 Enrollment of Women in Vocational Education* (1982), p. 3 (hereafter cited as *Increasing Sex Equity, 1980 Update).*

[42] Unweighted average of percentages in program areas of agriculture, technical, and trade and industrial.

[43] U.S., Department of Education, National Center for Education Statistics, *The Condition of Vocational Education* (1981), p. 78.

[44] Unweighted average of percentages in program areas of health, consumer and homemaking, occupational home economics, and office occupations. Ibid.

[45] Ibid., p. 79.

[46] NIE, *The Vocational Education Study,* pp. III–44 to III–47.

[47] Ibid., p. III–44.

[48] Ibid.

[49] Phyllis McClure, "Race and Sex Compliance Issues in Vocational Education," in U.S., Department of Health, Education, and Welfare, National Institute of Education, *The Planning Papers for the Vocational Education Study No. 1 (1979),* p. 284.

[50] Ibid., p. 288.

[51] Ibid.

[52] National Center for Education Statistics, *The Condition of Vocational Education,* p. 101.

[53] For example, Boston Trade High School has a 72.5 percent nonwhite enrollment, while Boston Technical High School is 32.8 percent nonwhite. Philadelphia has three area vocational schools, which have service areas ranging from 33 percent to 65 percent nonwhite. The three schools have, respectively, a 25 percent, 87 percent, and 93 percent black enrollment. McClure, "Race and Sex Compliance," p. 290.

[54] Ibid., p. 286.

[55] Ibid., pp. 286–87.

[56] NIE, *The Vocational Education Study,* pp. VIII–15 to VIII–25.

[57] Alfred F. Marra, budget officer, Office of Vocational and Adult Education, U.S. Department of Education, telephone interview, Oct. 27, 1982.

Federal Programs for Poor Children

Deprivation resulting from low family income can in some situations be detrimental to a child's intellectual and social development.[58] Since single parenthood is often associated with low economic status, female household heads face special hardships in providing a suitable environment for the growth and development of their children.[59] This, in turn, may have an adverse effect on the children's education and future job prospects.

Poverty and Children's Educational Progress

Preschool children are vulnerable to the adverse effects of poverty. Among 3- and 4-year-olds from poor families, about 13 percent of white and 22 percent of black youngsters were enrolled in preschool programs, whereas the enrollment rates were 24 and 30 percent, respectively, for those from nonpoor families.[60]

Among 5- to 13-year-olds in 1976, children from families below the poverty level were twice as likely to be below the modal grade[61] for their age as those from families above the poverty level (9.3 percent of children from poor white families compared to 3.5 percent of children from nonpoor white families).[62]

This negative association between poverty and school progress holds true for black and Hispanic students as well. Among black children, for example, 8.7 percent of children from poor families were below the modal grade, compared to 6.1 percent for nonpoor children. For Hispanic children, corresponding figures were 12.1 percent and 3.5 percent.[63]

The influence of poverty status increases with children's age. Among 14- to 17-year-olds in poor families, about 20 percent of white students, 23 percent of black students, and 27 percent of Hispanic students were enrolled below their modal grade; these figures drop to 8, 13, and 21 percent, respectively, for nonpoor children.[64]

Poverty affects high school graduation also. A recent study of mothers and daughters from the National Longitudinal Surveys found that "low income does significantly increase the risk of dropping out of high school."[65] The dropout rate is highest at low income levels and decreases steadily as income increases.[66] This inverse relationship between family income and dropout rate holds for both whites and blacks.[67]

Thus, children from poor families are deprived of educational opportunities in their preschool years. While attending elementary and secondary schools, children from poor families tend to fall behind in school work as they get older.[68] These facts underscore the continuing need for programs to improve and aid educational attainment of children from poor families.

Currently, the core of the Federal Government's efforts for educating and training children from economically disadvantaged homes consists of Head Start, Follow Through, compensatory education, Job Corps, and bilingual education programs. Such efforts are essential for reducing the negative effects of poverty on children and improving the future prospects for economic well-being of children now in poverty. Although these programs are not designed for children of poor women exclusively, a disproportionate number of program beneficiaries are children from economically disadvantaged female-headed families, many of whom are minority.[69]

Head Start Program

Since its inception in 1965, the Head Start program[70] has served 7.8 million children from low-

[58] Heather L. Ross and Isabel V. Sawhill, *Time of Transition: The Growth of Families Headed By Women* (Washington, D.C.: Urban Institute, 1975), pp. 133–45.

[59] Ibid.

[60] U.S., Department of Commerce, Bureau of the Census, *Relative Progress of Children in School: 1976,* series P–20, no. 337 (1979), p. 19 (hereafter cited as *Relative Progress in School).*

[61] For any specific age, the grade in which the greatest number of students of that age are enrolled is called the modal grade. For a rationale and actual use of modal grade, see U.S., Commission on Civil Rights, *Social Indicators of Equality for Minorities and Women* (1978), pp. 5–8. The modal grade is a commonly used index of educational progress in Bureau of the Census publications.

[62] *Relative Progress in School,* p. 6. Statistics for nonpoor children are based on staff calculation of data provided in this source.

[63] Ibid.

[64] Ibid.

[65] Lois B. Shaw, "Effects of Low Income and Living with a Single Parent on High School Completion for Young Women" (undated), p. 9.

[66] Ibid., pp. 7–8.

[67] Shaw, "Effects of Low Income," did not analyze the data for Hispanics.

[68] *Relative Progress in School,* p. 6.

[69] As shown in chaps. 1 and 2, female-headed families, and particularly families headed by minority females, constitute a disproportionately large percentage of the poor. Racial breakdowns of beneficiaries are provided when data are available.

[70] Head Start Act, Omnibus Budget Reconciliation Act of 1981, Pub. L. No. 97–35.

income families.[71] About 90 percent of the children enrolled in Head Start are from families below the poverty level and 64 percent are minority children: 42 percent black and 17 percent Hispanic.[72] The Head Start program has been instrumental in providing its participants with a solid educational foundation upon which successful future school years are based. In addition, the program has increased parental involvement in their children's education and development. It also has provided social and psychological counseling sevices.[73] One estimate claims that Head Start's benefits outweigh its costs by 235 percent by increasing projected lifetime earnings and reducing the costs of special education services often associated with disadvantaged children who have not been in Head Start.[74]

For fiscal year 1983 the administration proposed that the Head Start program budget remain the same as the fiscal 1982 level of $912 million.[75] Head Start served approximately 18 percent of the target population in fiscal year 1982.[76] Since inflation will have a severe effect on personnel, supplies, and other costs, maintaining the budget authority in fiscal year 1983 at the current levels will effectively cut the quantity and quality of services Head Start can provide.

Follow Through Program

The Follow Through program,[77] by providing special instructional programs, teacher training, and support services, establishes continuity between Head Start preschool training and elementary school. The same population of disadvantaged children served by Head Start is served by Follow Through.[78] Follow Through has proven to be instrumental in increasing the success of children in the early elementary grades and in sustaining these gains in later school years. For example, one study found that disadvantaged children in 12 Follow Through programs attained an average achievement of 3 months above middle-class norms on nationally standardized tests, while comparable children fell farther behind the norm in each succeeding school year.[79]

The Follow Through program has undergone drastic budget reductions in recent years. Its funding level was reduced from $59.0 million in fiscal year 1978 to $19.4 million in fiscal 1982. The fiscal year 1983 budget proposes that the funding level remain constant at $19.4 million.[80]

Chapter 1 Compensatory Education Program

Chapter 1 of the Educational Consolidation and Improvement Act of 1981 provides funds for educationally deprived children.[81] Programs under Chapter 1 are to provide remedial and compensatory instruction in reading and mathematics for educationally disadvantaged children (preschool through 12th grade) living in low-income areas.[82]

Over 87 percent of the approximately 16,000 local school districts, nationwide, participate in the program. Because of insufficient funds, the program concentrates its services on educationally deprived children attending the poorest schools. In general, only those schools in which the concentration of poor children is as large as the district's average are eligible; of these, the poorest schools must be served first.[83] The principal recipients of program services are poor children and educationally needy children.[84]

Minorities have been in Title I compensatory programs (now replaced by Chapter 1 programs) in disproportionate numbers. For example, in the 1975–

[71] U.S., Office of Management and Budget, *1982 Catalog of Federal Domestic Assistance* (1982), p. 206 (hereafter cited as *1982 Catalog).*

[72] Craig Turner, program analyst, Administration for Children, Youth and Families, U.S. Department of Health and Human Services, telephone interview, Washington, D.C., Oct. 22, 1982 (hereafter cited as Turner Interview).

[73] *1982 Catalog,* p. 206.

[74] Children's Defense Fund, *A Children's Defense Budget: An Analysis of the President's Budget and Children* (Washington, D.C.: 1982), p. 104 (hereafter cited as *Children's Defense Budget).*

[75] U.S., Office of Management and Budget, *Budget of the United States Government, Fiscal Year 1983* (1982), pp. 5–125.

[76] Turner Interview.

[77] Pub. L. No. 97–35, 95 Stat. 508 (1981) (to be codified at 42 U.S.C. 9861).

[78] National Association of Follow Through Participants, *Follow Through: An Important National Program Serving the Needs of American Education* (1981), p. 8 (hereafter cited as *Follow Through).* Racial breakdown of program recipients is not available. Louis McGuiness, Director, Follow Through Division, Office of Compensatory Education, U.S. Department of Education, telephone interview, Washington, D.C., Nov. 15, 1982.

[79] *Follow Through,* p. 12.

[80] Louis McGuinness, telephone interview, Washington, D.C., Oct. 1, 1982.

[81] Enacted as part of subtitle D of Title V of the Omnibus Budget Reconciliation Act of 1981, Pub. L. No. 97–35, replacing Title I of the Elementary and Secondary Education Act (first enacted in 1965). 20 U.S.C.A. §§3801–3807 (West Supp. 1981).

[82] According to a 1981 report, 40 percent of the children who are both poor and low achievers, 26 percent of the nonpoor low achievers, and 22 percent of the poor regular achievers received Title I services. U.S., Department of Education, National Advisory Council on the Education of Disadvantaged Children, *Title I Today: A Factbook* (1981), p. 25.

[83] Ibid., p. 23.

[84] Ibid., p. 24.

76 school year, 20 percent of total enrollment in Title I school districts was black, but the proportion of blacks enrolled in compensatory programs was 35 percent. Spanish-surnamed students constituted 5 percent of the total enrollment in Title I school districts, but 10 percent of program students. On the other hand, whites were 74 percent of total enrollment but 54 percent of program enrollment.[85] These figures together show that students in compensatory education programs are disproportionately poor and minority.

The Title I program has been effective but unfortunately has not reached all those in need. The 1981 *Annual Evaluation Report* states:

> Evidence about the effectiveness of Title I services. . .show[s] that, in general, Title I services are *well-targeted* in terms of schools in poor areas and of low achieving youngsters. . .and are *effective* in helping many participating students to progress beyond what would be expected without the program.[86]

At the same time, owing to inadequate funding, Title I compensatory education programs have served only 45 percent of the eligible children.[87]

The fiscal future of the Chapter 1 program appears discouraging. Although the Omnibus Budget Reconciliation Act authorized Chapter 1 programs at $3.48 billion for each of the fiscal years 1983 and 1984,[88] the administration has requested only $1.94 billion for Chapter 1, a 37 percent reduction from the fiscal year 1981 appropriations.[89] The proposed cuts would eliminate about 1 million poor children from the program for school year 1982–83 and some 2.5 million children for school year 1983–84.[90] Based on these proposed reductions, Chapter 1 would be serving about 37 percent of the eligible children from low-income families for the 1982–83 school year and 24 percent for the 1983–84 school year, many of whom are minorities.[91] Further, since Title I funds have accounted for almost one-third of per-pupil expenditures in some of the Nation's poorest school districts,[92] reduced funding would disproportionately affect the quality of services in these poor school districts. Disadvantaged minority children who are likely to be overrepresented in these school districts will be affected accordingly.

Bilingual Education Program

The Bilingual Education Act, first enacted in 1965,[93] has supported programs for the special educational needs of children of limited English proficiency and to help them achieve competence in English.[94] In 1976 as many as 45 percent of the Hispanics in the U.S. spoke either Spanish only or considered Spanish as their dominant language.[95] Among some Hispanic subgroups, the extent of Spanish-language dominance was far greater: 80 percent for Cuban Americans and 58 percent for Puerto Ricans.[96] In 1978, 25.9 percent of Hispanic elementary and secondary students were identified as speaking limited or no English.[97]

The results of a language barrier or limited English proficiency are severe and said to form a subtle but harsh form of discrimination.[98] Children of limited

---

[85] Ibid., p. 26; U.S., Department of Health, Education, and Welfare, National Institute of Education, *Evaluating Compensatory Education* (1976), p. III–26.

[86] U.S., Department of Education, *Annual Evaluation Report: Fiscal Year 1981*, pp. vi-vii.

[87] The Congressional Research Service reports that estimates of the number of children who need compensatory instruction but do not receive it range from 33 to 50 percent. "Compensatory Education: Title I of the Elementary and Secondary Education Act," Archived Brief No. 1B77107, 1980, p. 4.
The figure of 45 percent is cited from *Children's Defense Budget*, p. 117.

[88] Pub. L. No. 97–35, §514(a)(1), 95 Stat. 445 (1981).

[89] *Higher Education Daily*, Oct. 25, 1982, p. 5.

[90] U.S., Office of Management and Budget, *Major Themes and Additional Budget Details: Fiscal Year 1983* (1982), p. 151.

[91] These percentages are computed using 5.4 million students as 45 percent of the eligible children. They do not take into account either the inflationary increase in service costs or the increase in the number of poor children due to population growth.

[92] U.S., Department of Education, National Institute of Education, *The Compensatory Education Study: Executive Summary* (1978), pp. 1 and 4.

[93] Bilingual Education Act, 20 U.S.C. §3221–3261 (1976 and Supp. IV 1980).

[94] *1982 Catalog*, p. 808.

[95] National Commission for Employment Policy, *Hispanics and Jobs: Barriers to Progress* (Report no. 14, 1982), p. 27 (hereafter cited as *Hispanics and Jobs).*

[96] Ibid., p. 29.

[97] U.S., Department of Education, National Center for Education Statistics, *The Condition of Education* (1981 ed.), p. 78 (hereafter cited as *The Condition of Education).*

[98] In introducing the bilingual education legislation in 1968, Sen. Richard W. Yarborough (D–Tex.) noted:

> The time has come when we must do something about the poor schooling, low health standards, job discrimination, and the many other artificial barriers that stand in the way of the advancement of Mexican-American people along the road to economic equality. The most promising area for progress is in the field of education. Here Mexican-Americans have been the victims of the cruelest form of discrimination. Little chidren, many of whom enter school knowing no English and speaking

English proficiency suffer adversely in school.[99] For example, 20 percent of children from non-English-speaking households are enrolled below the modal grade, compared to 7.9 percent for all children. Of those children reporting difficulty with English, 42 percent are enrolled below the modal grade.[100]

As the Senate Committee on Labor and Public Welfare concluded, limited English proficiency is intertwined with poverty:

> There is a. . .correlation between low family income and the inability to speak English. . . .The solution to this problem lies in the ability of our local educational agencies with high concentrations of children of limited English speaking ability to develop and operate bilingual programs of instruction. The close relationship between conditions of poverty, low achievement and non-English speaking ability illustrates the almost impossible burden which is placed on non-English speaking children in our schools.[101]

The effectiveness of bilingual education is the object of considerable controversy.[102] A 1981 report by Keith Baker and Adriana de Kanter,[103] the most recent and comprehensive assessment of bilingual education programs, is quite critical of their effectiveness.[104] However, the methodology used in the study has been criticized.[105] The study combined several different bilingual programs, "[making] it difficult to draw conclusions about the relative effectiveness of the various approaches."[106] Further, it is not clear whether the alleged ineffectiveness of bilingual education is to be attributed to the program itself or to its improper implementation.[107]

The Department of Education has three major studies in progress that, respectively, deal with implementation, evaluation models, and integration of evaluation research evidence.[108] The results of these studies are indispensible for a balanced evaluation of the effectiveness of bilingual education programs, and accordingly, judgment needs to be withheld until those results are assessed.

Appropriations for bilingual education programs[109] have steadily decreased from a peak of $167.9 million in fiscal year 1980 to $157.5 million in fiscal 1981 and $134.4 million in fiscal 1982. The fiscal year 1983 budget request was $92.0 million.[110] Although the number of children in need of bilingual education service is increasing,[111] funding continues to decrease. The fiscal year 1983 budget request reflects a 45 percent cut from the program's fiscal year 1980 level. Inevitably, fewer students will be served and fewer teachers of bilingual education trained.

In 1978, 79 percent of elementary and secondary school students identified as speaking limited or no English were Hispanic, and 63 percent of these Hispanic students were served by bilingual education programs.[112] Drastic budgetary reduction would result in serving fewer Hispanic children who are poor

---

only Spanish, are denied the use of their language. . . .Thus the Mexican-American child is wrongly led to believe from his first day of school that there is something wrong with him because of his language. This misbelief spreads to the image he has of his culture, of the history of his people themselves. This is a subtle and cruel form of discrimination, because it indelibly imprints upon the consciousness of young children an attitude which they will carry with them all the days of their lives. 113 Cong. Rec. 599 (1967).

[99] The House Committee on Education and Labor reported that "children of limited English speaking ability have much lower achievement levels in the basic skills. . . .By the time students reach the secondary level, those achievement lags accumulate to produce a staggering dropout rate." H.R. Rep. No. 95–1137, 95 Cong., 2nd sess., p. 5, reprinted in [1978] U.S. Code Cong. and Ad. News 4971, 5053–5054.

[100] *Relative Progress in School,* pp. 4–5.

[101] S. Rep. No. 726, 90th Cong., 1st sess., p. 2, reprinted in [1967] U.S. Code Cong. and Ad. News 2780.

[102] The question of effectiveness aside, in *Lau v. Nichols,* the Supreme Court stated that under Title VI of the Civil Rights Act of 1964, the States have an obligation to make affirmative efforts to give special attention to linguistically deprived children. 414 U.S. 563, 569 (1974). The Court further noted that "there is no equality of treatment merely by providing students with the same facilities, textbooks, teachers, and curriculum; for students who do not understand English are effectively foreclosed from any meaningful education." *Id.* at 566.

[103] Keith A. Baker and Adriana A. de Kanter, "Effectiveness of Bilingual Education: A Review of The Literature" (staff paper, U.S. Department of Education, Sept. 25, 1981).

[104] The administration is also critical of bilingual education and this is reflected in its bill "Bilingual Education Improvements Act of 1982" (S.2412). In his testimony supporting the administration bill, Education Secretary Terrel H. Bell noted at the Senate Labor and Human Resources Subcommittee on Education, Arts, and Humanities hearings, held on April 23, 1982, that many students remain in bilingual education programs too long without ever learning English. As a result, not only are the limited-English-proficiency students not assisted in attaining English proficiency, but also those truly in need of bilingual assistance are not reached at all.

[105] *Hispanics and Jobs,* p. 61.

[106] Ibid.

[107] Ibid.

[108] U.S., Department of Education, *Annual Evaluation Report: Fiscal Year 81* (1982), vol. II, pp. 200–01.

[109] Excludes bilingual vocational education and refugee assistance programs.

[110] Patricia Mathews, program analyst, Office of Planning, Budget, and Evaluation, U.S. Department of Education, telephone interview, Oct. 4, 1982.

[111] According to one estimate, the number of children of limited English-speaking ability will increase by 17 percent between 1980 and 1990. See Fifth Annual Report of the National Advisory Council for Bilingual Education, *The Prospects for Bilingual Education in the Nation (1980–1981),* table 1, p. 26.

[112] *The Condition of Education,* p. 78.

and of limited English proficiency, thus adversely affecting Hispanic students.

Job Corps

From 1973 to 1982 employment and training programs for all disadvantaged men and women were provided under the provisions of the Comprehensive Employment and Training Act of 1973 (CETA).[113] CETA expired on September 30, 1982, and Congress passed the Job Training Partnership Act the following day. Job Corps, a nationally administered, comprehensive training program for economically disadvantaged youths between the ages of 14 and 22, was continued by the Job Training Partnership Act.[114]

The Job Corps has traditionally served the most disadvantaged youth.[115] The family income of Corpsmembers is $9,016, compared to $14,502 for the U.S. population,[116] and Corpsmembers come from families almost twice as large as the U.S. average (6.32 versus 3.44).[117] Low family income and larger family sizes lead to high incidences of poverty and welfare dependency among Corpsmembers' families. Well over 40 percent of all Corpsmembers' families have incomes below the poverty level and nearly 60 percent either have incomes below the poverty level or are receiving welfare (compared to 9 percent for the total U.S. population).[118]

Job Corps has been successful. In fiscal year 1978, of Job Corps graduates available for placement, 68 percent entered employment, 20 percent entered education or training programs, and 5 percent the Armed Forces.[119] Research on Job Corps also indicates that social and economic benefits generally exceed the costs of the programs.[120]

In fiscal year 1978, 55 percent of Corpsmembers were blacks and 10 percent Hispanics, but only 29 percent were females.[121] Compared to males, female Corpsmembers were more often from racial and ethnic minorities.[122] Sixty-one and 13 percent of female Corpsmembers were blacks and Hispanics, respectively, while 56 and 10 percent of male Corpsmembers were blacks and Hispanics. Because of this preponderance of minorities, particularly minority females, the future success or failure of Job Corps will disproportionately affect black and Hispanic youths who come from poor families. Yet the amount of funding has remained fixed at $585.6 million since fiscal year 1982. For 1983 the administration initially requested $387 million, but the congressional appropriation restored it to the fiscal year 1982 level of $585.6 million. For fiscal 1984 the administration request is the same $585.6 million.[123] Because of inflation, this fixed level of funding in reality means reduced funding. The prospect of reduced funding increases the likelihood that minority youths from poor families, especially female minority youths, will suffer from a disproportionate, adverse effect.

Summary

For poor women, preparing for high-wage occupations is a critical factor that may facilitate their escape from poverty to self-sufficiency. However, women earn less than men with comparable education at all levels of educational attainment. This is partly because even when women have attained the same level of education as men, they tend to be segregated into occupations that are least rewarding financially. Segregative occupational socialization and sex stereotyping, prevalent in our educational system, contribute to the segregation of women into low-wage occupations. Since occupational segregation is a major source of differences in earnings between men and women, efforts should be sustained to counter sex stereotyping and segregation to reduce wage inequity and occupational segregation.

Poverty and the future well-being of children in disadvantaged families headed by women, especially those headed by blacks and Hispanics, are intertwined. Children from poor families are more likely to fall behind in school and to drop out altogether. Not only

[113] 29 U.S.C. §801–999 (1976 & Supp. IV 1980).

[114] Pub. L. No. 97–300, 96 Stat. 1322 (1982). Sec. 421 provides: "[E]nrollees will participate in intensive programs of education, vocational training, work experience, counseling and other activities."

[115] U.S., Department of Labor, Employment and Training Administration, *Assessments of the Job Corps Performance and Impacts* (1980), vol. I, p. 2 (hereafter cited as *Assessments of the Job Corps).*

[116] Ibid., p. 363.

[117] Ibid.

[118] Ibid., p. 366.

[119] Ibid., p. 4.

[120] U.S., Department of Labor, Employment and Training Administration, *Employment and Training Programs for Youth—What Works Best for Whom?* (Youth Knowledge Development Report 2.2, 1980), p. 84; *Assessments of the Job Corps,* pp. 110, 408; Sar A. Levitan and Benjamin H. Johnston, *The Job Corps: A Social Experiment That Works* (Baltimore: Johns Hopkins University Press, 1975), pp. 83–102.

[121] *Assessments of the Job Corps,* p. 3.

[122] Ibid., pp. 340–59.

[123] Charles Atkinson, Acting Director, Office of Job Corps, Employment and Training Administration, U.S. Department of Labor, telephone interview, Feb. 7, 1983; John Shine, Deputy Comptroller, Employment and Training Administration, U.S. Department of Labor, telephone interview, Feb. 7, 1983.

does this foreclose the possibility of finding employment that pays well, but it may also make it difficult to find any employment at all for prolonged periods.

Numerous programs have been created to assist economically disadvantaged children, some of which were discussed in this chapter. These programs have all had some success in improving the school performance of poor children, although the programs have only been able to serve a small number of eligible students due to inadequate funding. The prospects of reduced funding mean that a smaller portion of those in need can be served, making it increasingly difficult for women in poverty and their children to attain economic self-sufficiency. All poor women suffer from barriers to equal educational opportunity, but minority women more so. Since poverty is more extensive among minority female heads of households, proportionately more minority children are served by these Federal programs. Reduced funding, therefore, would have a greater adverse effect on minority children.

Chapter 5

Health

The health of Americans has improved substantially over the past two decades. Today, many life and health promotion methods have proven effective, and insight has been gained into the prevention of health problems caused by environment and behavior. These and other efforts have contributed to a consistent improvement in the health of men, women, and children. Not all groups have shared equally in the progress, however. Disparities continue to persist in health status and in accessibility and usage of health services according to race, sex, and family income. Infant mortality rates, for example, have been greatly reduced over the last 20 years, but studies continue to document that poverty status has a substantial influence on infant mortality.[1]

The complexities in the American health care system make application of civil rights principles to health care and an assessment of equality difficult. A special committee formed by the National Academy of Sciences, Institute of Medicine, to study the health care of racial and ethnic minorities summed up the difficulty:

> Who is to say what is fair or unfair in the receipt of health services in the United States, and on what basis? There is no consensus, at least as yet. What disparities in the receipt of care are to be regarded as just or unjust? What differences are to be legally prohibited under civil rights legislation? Nearly all Americans would claim that at least some health services should be available to all members of the population or even perhaps that, as far as possible, health services should be distributed "equitably." But how does one approach questions of equity? Does equity mean equal numbers of visits for all groups? Equal length of life? Because the structure of the American health care system is not designed to deliver services equally to all members of the population, it makes little sense to assume that, with a little tinkering, it would.[2]

To clarify some of the ambiguities in the health care system that are pertinent to disadvantaged women and children, this chapter reviews the health status of black and white female-headed households relative to their poverty status. Discussion of the health of Hispanic women and their children is also included where information is available. Although the intended focus of this chapter is on disadvantaged female-headed households, data are not always available this way. Sometimes data are for women generally or women of a particular race without regard to poverty or marital status. Nevertheless, where health and health care utilization are problems for women generally, they are even more troublesome for disadvantaged women, given the relationship between poverty and health. Furthermore, where data are reported by race and ethnicity, disproportionately more minority women are poor. In this light, the implications of admittedly less than comprehensive data become more apparent.

[1] See, for example, E.M. Kitagawa, "Socio-economic Differences in Mortality in the U.S. and Some Implications for Public Policy," in C. Westoff and R. Parke, eds., *Demographic and Social Aspects of Population Growth* (Washington, D.C.: Government Printing Office, 1972); and S.L. Gortmaker, "Poverty and Infant Mortality in the U.S.," *American Sociological Review*, vol. 44 (1979), pp. 280–97.

[2] National Academy of Sciences, Institute of Medicine, *Health Care in a Context of Civil Rights* (Washington, D.C.: National Academy Press, 1981), p. vii (hereafter cited as *Health Care in a Context of Civil Rights).*

Disadvantaged Women

Poverty and ill health are related in a cycle generally seen as debilitating: disadvantaged people get sick because they are poor; then, because they are ill, work less or lose their jobs and become still poorer.[3] The causal effect between poverty and health status, however, is not quite so direct. Relatively few people who would otherwise be healthy are sickly simply because they are disadvantaged.[4] Conversely, the effects of ill health on poverty status are quite substantial: Many people who would otherwise not be disadvantaged are so simply because they are sick. Although low income per se may not induce ill health, a life in poverty in tandem with other factors, such as infrequent and inadequate use of preventive health services, poor prenatal and postnatal care, and deficient nutrition, can predispose an individual to poor health. Poor health subsequently contributes to chronic illnesses, physical disability, and sometimes, mental disability (e.g., depression and alcoholism). These conditions, in turn, can interfere with labor force participation, preventing the individual from earning the income and gaining the job experience necessary to become upwardly mobile.[5] These conditions also contribute to greater dependency upon Federal transfer payments.

As noted in chapter 2, female-headed households are disproportionately poor compared to households headed by men. Households headed by Hispanic and black women have particularly high poverty rates.[6] One recent trend among the population of disadvantaged women is the growing proportion of "nouveau poor" women: These women, usually white and middle income by birth and marriage, now raise their children alone on a precarious mixture of welfare, child support payments, and luck.[7]

Any disadvantaged woman may suffer from various health problems associated with poverty and, in some instances, her race or ethnicity. Black women as a group have particularly high incidences of hypertension, obesity, heart disease, kidney disease, diabetes, nutritional deficiencies, arthritis, and digestive problems.[8] For disadvantaged black women, the probability rates for cervical and breast cancer are higher than among other groups.[9] Hispanic women make up a large proportion of the migrant worker population. Among this group, health problems are compounded by exposure to potentially harmful pesticides, severely debilitating living environments, and little or no access to health care.[10] Disadvantaged white women in rural areas have health care needs that are compounded by the extreme deprivations of poverty, poor sanitation, inadequate water supplies, and malnutrition.[11]

The following sections review trends in maternal mortality for black and white women and examine some of the barriers to care, which may account for differentials among groups.

Maternal Mortality

Mortality statistics reflect only a fraction of the morbidity population. However, mortality statistics are the most reliable indicator of health conditions because, unlike other indicators of health that involve judgment, mortality is easy to ascertain.[12]

The national rate for maternal mortality has declined significantly over the past several decades;[13] however, there has been only a slight change in the disparity between rates for white and nonwhite women. In 1965 there were 21 maternal deaths per 100,000 live births for white women and 83.7 for nonwhite women, a ratio of almost 4 to 1.[14] By 1975 the mortality figures had dropped to 9.1 and 29.0 for

[3] Harold S. Luft, *Poverty and Health: Economic Causes and Consequences of Health Problems* (Cambridge, Mass.: Ballinger Publishing Co., 1978), p. 16.

[4] Ibid.

[5] Barbara Wolfe, *Public Policies and Child Health Care Utilization: Do They Achieve Equality* (Institute for Research on Poverty, Univ. of Wisconsin, December 1980), p. 1.

[6] In 1981 an estimated 27.4 percent of households headed by white women were in poverty; black female-headed households had a poverty rate of 52.9 percent, and Hispanic female-headed households had a rate of 53.2 percent. U.S., Department of Commerce, Bureau of the Census, *Money Income and Poverty Status of Families and Persons in the United States: 1981* (Advance Data), series P–60, no. 134 (1982), p. 21.

[7] Barbara Ehrenreich and Karen Stallard, "The Nouveau Poor," *Ms.* Magazine, July/August 1982, p. 212.

[8] Helen I. Marieskind, *Women in the Health System: Patients, Providers and Programs* (St. Louis: The C.V. Mosby Co., 1980), p. 36.

[9] Ibid.

[10] Budd N. Shankin, *Health Care for Migrant Workers: Policies and Politics* (Cambridge, Mass.: Ballinger Publishing Co., 1974), p. 12.

[11] Marieskind, *Women in the Health System*, p. 36.

[12] U.S., Department of Health, Education and Welfare (HEW), *Health Status of Minorities and Low-Income Groups* (1979), p. 33.

[13] Maternal mortality rates are comprised of deaths assigned to complications of pregnancy, childbirth, and the puerperium. (The puerperium is the condition of the woman immediately following child birth.)

[14] U.S., Department of Health, Education, and Welfare, National Center for Health Statistics, *Vital Statistics of the United States, 1965*, vol. II, part A.

white and nonwhite women, respectively—a ratio of 3.2 to 1.[15] However, the ratio increased to 3.5 in 1979, the last year for which data are available.[16] At that time the rate for white women was 6.4 per 100,000 live births and 22.7 for nonwhite women. Data for black women were made available in 1979 and show a mortality rate of 25.1 per 100,000 live births, or 3.9 times the rate for white women.[17] In addition to racial differences in maternal mortality rates, rural women, unmarried women, and women aged 35 and over have higher maternal mortality rates.[18]

Barriers to Health Services

Although good health is not the same as receiving health services, preventive health maintenance can effectively halt the progression of many illnesses. When ill health does occur, treatment should be timely and accessible. If disparities exist in the receipt of medical services between subpopulation groups, it is important to determine whether the differences reflect differences in need.[19] A 1981 study of the extent to which race is associated with the ability to obtain quality health care concluded:

> There is considerable evidence that racial/ethnic factors continue to influence patterns of health care in ways that are not in the interests of the groups that are affected. These patterns are consistent with the belief that minority groups are still exposed to discrimination in this country, although little direct evidence is available.[20]

This conclusion was partly based on the finding that, by a variety of measures and for various reasons, the average need for medical care among blacks exceeded that of whites.[21] Despite the greater health needs of blacks, however, they did not receive medical services in accordance with their needs.[22]

Women have higher rates of medical care utilization than men.[23] This is partly because women have more health care needs during their childbearing years then do men of comparable age. These needs are associated with childbearing responsibilities such as prenatal care and gynecological screening. In the face of these needs, women still confront substantial barriers limiting their access to health services.

An important barrier to health care for the disadvantaged is lack of a regular primary source of care to provide routine health services.[24] The disadvantaged sick tend to utilize the hospital (which is the most expensive institution in the health care system) for routine care and usually do so via the emergency room.[25] Public hospitals, emergency wards, and outpatient clinics are increasingly used for obstetrical and gynecological care. This is partly attributable to a general shortage of primary care providers in low-income urban and rural communities.[26]

Emergency room care is generally episodic and is usually for conditions that require immediate attention. The disadvantaged women who rely upon emergency rooms as a source of health treatment, therefore, cannot receive the consistent or sustained care that is so important to effective, preventive, health care.[27]

As fragmented as emergency room care is, however, hospitals have at least been available to provide some medical relief. But increasing numbers of inner-city hospitals are closing or relocating to suburban areas, further shrinking the availability of primary care for disadvantaged black women and other inner-city residents. One study found that, of hospital closures in 18 central cities in the Northeast, a disproportionate

---

[15] U.S., Department of Health, Education, and Welfare, National Center for Health Statistics, *Vital Statistics of the United States, 1975,* vol. II, part A.

[16] U.S., Department of Health and Human Services, National Center for Health Statistics, "Advance Report, Final Mortality Statistics, 1979," *Monthly Vital Statistics Report,* vol. 31, no. 6, PHS 82–1120 (September 1982), p. 10.

[17] Ibid.

[18] HEW, *Health Status of Minorities and Low-Income Groups,* p. 40.

[19] The distribution of care according to need has been used as a definition of equity in the health care literature. See, for example, LuAnn Aday, Ronald Anderson, and Gretchen Fleming, *Health Care in the U.S.: Equitable for Whom?* (Beverly Hills: Sage, 1980), p. 41.

[20] *Health Care in a Context of Civil Rights,* p. 60.

[21] Ibid., p. 5.

[22] Ibid.

[23] Generally, women make about 22 percent more visits to a physician annually than men. In 1977 black women averaged 5.0 annual visits and white women averaged 5.5 visits.

[24] Robert Davis, *The Relationship of Health Status to Welfare Dependency* (Institute for Research on Poverty, Univ. of Wisconsin, September 1981), p. 8; and Aday and others, *Health Care in the U.S.,* p. 48.

[25] Paul Newacheck and others, "Income and Illness," *Medical Care,* vol. 18, no. 12 (December 1980), p. 1174.

[26] Dorothy Lang, "Poor Women and Health Care," *Clearinghouse Review,* vol. 14, no. 11 (February 1981), p. 1057. Primary care providers are defined here as general practitioners, internists, obstetrician-gynecologists, and pediatricians.

[27] National Black Child Development Institute, *The Status of Black Children in 1980: A Response to the President's Budget for Fiscal Year 1983* (Washington, D.C.: October 1980), p. 16 (hereafter cited as *The Status of Black Children in 1980).*

number were in neighborhoods that were black or had become black.[28] Of the 132 hospitals that were in neighborhoods where the black population was 50 percent or more, 45 percent of the hospitals were closed or relocated out of the neighborhood.[29] Of the 194 hospitals not in minority neighborhoods, only 18 percent were closed or relocated.[30] Relocations or closures of hospitals increase travel time and create other barriers to health care. Because disadvantaged blacks and other minorities are disproportionately found in most inner cities, they are "most profoundly affected by the closure, partial closures, or relocation of health care facilities."[31]

Other consequences are associated with an overdependence upon institutional care. First, the distances to facilities tend to be so great, particularly in rural areas, that a lack of adequate transportation presents a major barrier to access.[32] Transportation is even more difficult for women with young children. Secondly, both black and white disadvantaged women who do not have a regular specific site for sustained medical care are less likely to obtain care when the need arises.[33]

Other barriers prevent optimal access to medical services for women. Cost can be a major barrier:

> In March 1979, a 29-year-old Hispanic woman and her [yet to be born] baby died of a ruptured uterus in a rural part of Texas. Two hospitals turned away this acutely ill, 8-month pregnant woman for inability to pay. . . .An 11-month-old Hispanic baby died in December 1978 after being denied admission to a public hospital in Dimmitt, Texas, despite the fact that the hospital was a Hill-Burton facility and publicly financed. The hospital would not admit the baby without a $450 deposit. Since the parents were without a $450 deposit they left the facility to seek other sources of care but the baby died en route.[34]

Data from the National Center for Health Statistics show that of those women who reported having unmet health care needs, 49.5 percent cited cost as the reason.[35] Language and cultural differences can also present significant barriers.[36]

Health Care for Women

The approach to women's health care by the medical establishment frequently means a less than serious commitment to women's health problems and may constitute a significant barrier to health care.[37] Male physicians have a tendency to diagnose a majority of female complaints as psychosomatic while treating the complaints of their male patients more seriously.[38] For example, in 1971, when a sample of doctors was asked to describe "the typical complaining patient," of those who mentioned the patient's sex, 72 percent referred to a woman and only 4 percent described a man.[39] As perceived by the medical profession, men apparently describe symptoms; women complain.[40] This insensitivity to women's symptons may be why physicians have been reported as having a tendency to overprescribe drugs to women more than to men, particularly mood-modifying drugs such as Valium and Librium.[41]

Data for 1977 from the National Institute on Drug Abuse (NIDA) show that, of prescriptions written for women, 42 percent were for tranquilizers (32 million), 21 percent were for sedatives (16 million), and 17 percent were for stimulants (12 million).[42] For men the prescriptions were, respectively, 26 percent (19 million), 17 percent (12 million), and 8 percent (5 million).[43] These drugs can be addicting or otherwise problematic. NIDA reports that in 1976, of women who reported to federally funded drug abuse centers,

---

[28] Study conducted by Dr. Alan Sager of Brandeis University reported in Sylvia Drew Ivie, "Ending Discrimination in Health Care: A Dream Deferred," in U.S., Commission on Civil Rights, *Civil Rights Issues in Health Care Delivery* (1980), p. 297 (hereafter cited as "A Dream Deferred").

[29] Ibid.

[30] Ibid.

[31] Ibid. p. 297.

[32] *The Status of Black Children in 1980,* p. 16.

[33] Doris P. Slesinger, "Racial and Residential Differences in Preventive Medical Care for Infants in Low-Income Populations," *Rural Sociology,* vol. 45, no. 1 (1980), p. 70.

[34] Ivie, "A Dream Deferred," p. 310.

[35] Unpublished data by T.F. Drury from the 1974 Health Interview Survey, Division of Health Interview Statistics, National Center for Health Statistics, as reported in Marieskind, *Women in the Health System,* p. 53.

[36] Jerry V. Weaver, *National Health Policy and the Underserved: Ethnic Minorities, Women, and the Elderly* (St. Louis: The C.V. Mosby Co., 1976), p. 50.

[37] Lang, "Poor Women and Health Care," p. 1056.

[38] K.L. Armitage and others, "Response of Physicians to Medical Complaints in Men and Women," *Journal of American Medical Association,* vol. 241 (1979), pp. 2186–87; and R. Cooperstock, "Sex Differences with Usage of Mood-Modifying Drugs: An Explanatory Model," *Journal of Health and Social Behavior* vol. 12 (September 1971), p. 240.

[39] Gena Corea, *The Hidden Malpractice* (New York: William Morrow and Co., 1977), p. 77.

[40] Ibid.

[41] Ibid., pp. 74–85; and Cooperstock, "Sex Differences with usage of Mood-Modifying Drugs," p. 240.

[42] Marieskind, *Women in the Health System,* p. 27.

[43] Ibid.

57 percent were white, 33 percent were black, and 9 percent were Hispanic.[44]

The problems caused by a less than sympathetic approach to health care for women are likely to be compounded for disadvantaged women for two reasons. First, because they tend to rely upon institutional care, poor black and white women are less likely to establish rapport with a doctor.[45] The lack of a continuing patient relationship means the doctor is less likely to be familiar with the trend of the patient's symptoms.[46] Secondly, the doctor-patient relationship can be adversely affected by gulfs in social status:

> The greater the social distances between participants, the worse the therapeutic relationships. Mutual respect, trust and cooperation seem to dwindle as the social distance widens. The doctor and patient become so preoccupied with their positions in the social hierarchy that they give less attention to the goal [of] healing.[47]

Disadvantaged women are less likely to have a regular source of care. This may cause them to forego medical examinations that could uncover serious illnesses. Routine examinations such as pap smears and breast examinations, for example, can reduce the incidence of mortality due to cervical and breast cancer.[48] The incidence of cervical cancer, however, varies with socioeconomic status; it is more prevalent among poor women and those who are poorly educated. Although substantial reduction has occurred in the incidence of cervical cancer among both black and white women, a larger decline has been experienced by white women.[49] Much of the reduction can be attributed to effective medical intervention at an earlier state of the disease. Both black and white disadvantaged women, however, are less likely to have the tests performed that would diagnose the disease in its curative stage.[50]

Stress

Stress is an inevitable part of life, arising in family and social relationships, financial dealings, and in many other aspects of everyday living.[51] Poverty, particularly when linked with single parenthood, poor education, and the presence of young children, is a major cause of emotional stress.[52] Most of the stress suffered by poor women has been attributed to the lack of income necessary to meet basic human needs.[53] A 1980 study on women in poverty reports that within the single-parent family, emotional strain is most severe among mothers who never married.[54]

Coping with stress can elicit some very destructive responses, such as alcoholism, drug abuse, depression, violence, and various forms of mental illness.[55] Stress has also been associated with physical ailments like cardiovascular diseases and gastrointestinal disorders.[56] In addition, stress has been linked with increased risk of streptococcal throat infection in children and pregnancy complications.[57]

Disadvantaged women in poverty experience higher levels of stress than other subgroups.[58] Women who are single mothers, even when they have middle-class status, also experience significantly more stress than mothers who have a spouse present.[59] When women are both poor and single mothers, the probability is high that their physical and mental health needs will increase. These women, however, are also in the category of persons who are least likely to receive preventive health care or adequate care during illnesses.

---

[44] Ibid. For the majority of the females admitted to the centers (62 percent), the primary drug problem was opiates; marijuana accounted for 9 percent of admissions, barbiturates 6 percent, amphetamines 6 percent, and other sedatives 5 percent.

[45] Corea, *The Hidden Malpractice*, pp. 74–78.

[46] Ibid.

[47] Ibid., pp. 74–75.

[48] Lang, "Poor Women and Health Care," p. 1057.

[49] HEW, *Health Status of Minorities and Low-Income Groups*, p. 105. In 1947, the racial difference in the incidence of cervical cancer was 1.94, a rate of 74.6 in blacks compared with a rate of 38.4 in whites. In 1969, the differential increased to 2.24, with blacks experiencing an incidence rate of 34.2, compared with a rate of 15.3 among whites.

[50] HEW, *Health Status of Minorities and Low-Income Groups*, p. 104. In 1976, 56 percent of white women above the poverty level had a pap smear and 61 percent had a breast examination, compared to 41 percent of white women below the poverty level who had a pap smear and 46 percent who had a breast exam. For nonwhite women, 66 percent of those above the poverty level had a pap smear in 1976, and 67 percent had a breast examination. For nonwhite women below the poverty level, 51 percent had a pap smear in 1976 and 56 percent had a breast examination. Aday and others, *Health Care in the U.S.*, p. 115.

[51] U.S., Department of Health, Education, and Welfare (HEW), *Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention* (1979), p. 135.

[52] Sara S. McLanahan, "Family Structure and Stress: A Longitudinal Comparison of Male and Female-Headed Families," Institute for Research on Poverty, Univ. of Wisconsin, July 1981, pp. 2–3.

[53] Diana Pearce and Harriette McAdoo, "Women and Children: Alone and in Poverty," National Advisory Council on Economic Opportunity, Washington, D.C. (no date), pp. 11–12.

[54] Ibid., p. 11.

[55] HEW, *Healthy People*, p. 135.

[56] Ibid.

[57] Ibid.

[58] Debora Belle, *Lives in Stress: A Context for Depression* (Cambridge: Harvard School of Education, January 1980).

[59] Harriette P. McAdoo, "Factors Related to Stability in Upwardly Mobile Black Families," *Journal of Marriage and the Family*, November 1978, pp. 761–76.

Stress can be coped with in beneficial ways, such as using social networks as support systems. An example is the extended family, which can be emotionally supportive by providing strength and protection against society's problems.[60]

Disadvantaged Children

Disadvantaged children have a greater susceptibility to serious health complications, and disadvantaged black and other minority children, in particular, are more likely to suffer from ill health than their peers.[61] This section examines trends in infant mortality and disparities in the use of preventive health services for black and white children.

Infant Mortality

Infant mortality is one of the most universally accepted measures for assessing the overall condition of a population because it reflects general social, economic, and health conditions. The survival of the infant through its first month of life (neonatal period) is heavily influenced by biological factors such as the physical condition and nutrition of the mother, the quality of prenatal care, and the delivery environment.[62] Survival of the infant through the remainder of its first year (postneonatal period) depends on the infant's environmental circumstances, such as diet, postneonatal medical care, sanitary conditions of its dwelling, and exposure to dangers such as lead poison and vermin.[63]

Infant mortality has been declining steadily over the past several decades. Between 1935 and 1965 when economic and environmental conditions were improving rapidly, the decline in postneonatal mortality accounted for 53 percent of the reduction in infant mortality.[64]

The postneonatal mortality rate for black infants declined by 50 percent between 1965 and 1977 and by 33 percent for white infants.[65] During the same period, neonatal mortality for white infants decreased by 46 percent and for black infants by 39 percent.[66] By 1979 white infants had an overall mortality rate of 11.4 percent and black infants had a rate of 21.8.[67]

The racial differences in infant mortality have consistently been pronounced. In 1979, as 20 years earlier in 1959, black infants were twice as likely to die as white infants.[68] The magnitude of this disparity cannot be wholly explained by socioeconomic factors. One study, which controlled for income and occupation of father, found that black infants from higher income families had a mortality rate only slightly lower than white infants from low-income families.[69] The author hypothesized that since part of the aggregate death rates stems from fetal and neonatal mortality, perhaps intergenerational factors are responsible: Conditions fostered by six or eight generations of inadequate nutrition would not be remedied in the current generations of mothers.[70] The author found that since traditional food preferences are often continued through generations, in the absence of significant economic advancement, the current generations of higher income mothers would not be immediately affected.[71]

Although infant mortality rates have declined in all the States, there is considerable variation by State and urban-rural location.[72] According to available data, from 1965–67 and 1975–77 black infant mortality rates were highest in Illinois, Mississippi, and South Carolina. For white infants, West Virginia had the highest rates for both of these time periods.[73]

Mortality rates are lowest for both black and white infants in the suburban counties of large metropolitan areas. From 1974 to 1977 the rate for white infants in the suburbs of large metropolitan areas was 12.3 per 1,000 live births. The rate was 23.9 per 1,000 live births for black infants.[74] The highest rates during the 1974–77 period were in rural areas in and around small towns—15.1 for white infants and 28.9 per 1,000 for blacks.[75]

[60] Pearce and McAdoo, "Women and Children," p. 14.
[61] *The Status of Black Children in 1980,* p. 16.
[62] Weaver, *National Health Policy and the Underserved,* p. 74.
[63] Ibid.
[64] U.S., Department of Health and Human Services (HHS), *Health: United States: 1980,* PHS 81–1232 (December 1980), p. 29.
[65] Ibid.
[66] Ibid.
[67] *Monthly Vital Statistics Report,* vol. 31, no. 6 (1979), p. 9.
[68] Although infant mortality data for Hispanics are for very limited geographic regions and are somewhat dated, there is evidence that their rates are also higher than those of white infants. *Health Care in a Context of Civil Rights,* p. 27.
[69] Weaver, *National Health Policy and the Underserved,* p. 77.
[70] Ibid., pp. 76–77.
[71] Ibid.
[72] HHS, *Health: United States 1980,* p. 30. Based on only the 29 States with more than 5,000 black births for 1965–67 and 1973–77. Massachusetts, California, Delaware, Wisconsin, and Kentucky had the lowest rates for 1975–77.
[73] Ibid. Maine and Utah had the lowest white infant mortality rates for 1975–77.
[74] Ibid., p. 30.
[75] Ibid.

In summary, a complex set of interelated social, environmental, and behavioral factors determines mortality among infants.[76] The frequency of most risk factors is higher in black and other minority populations. Although the incidence of infant mortality is declining for all groups, there is still a substantial differential. The variance in the rates among geographical areas within groups suggests that a high rate of infant mortality is not irreversible.

Preventive Health Care Usage

Preventive health care can significantly increase a child's chances for a healthy adulthood. Differences exist, however, in preventive care for children. For example, two of the most important types of preventive medical services that small children require are immunizations against high-risk diseases and routine physical examinations:

> Specialists in communicable diseases and child health generally agree that infants should be immunized against diptheria, pertussis [whooping cough], and tetanus (DPT); poliomyelitis; and rubella. In addition, the American Academy of Pediatrics recommends that a baby be given a routine examination at birth, again within two to three months, and at three-month intervals during the first year, totaling a minimum of four checkups by the age of twelve months. An additional checkup is recommended by the time the child is eighteen months old.[77]

About 9 percent of white and 15 percent of black children, however, have never had a physical examination.[78] Disadvantaged children are less likely to receive immunizations against dangerous childhood diseases or routine checkups than their peers.[79]

A study of child health care utilization found that children under the care of a pediatrician had the best records of immunizations, followed by children under the care of a general practitioner, followed by children who received care from clinics in hospitals, medical centers, or public health facilities.[80] Disadvantaged children, especially those covered by medicaid, are less likely to be under the regular care of a pediatrician.[81]

Federal Programs

Health care was an integral component of the programs for economic opportunity started during the 1960s.[82] During that period, poor health was viewed as one of the major obstacles to economic opportunity.[83] The medicare and medicaid programs were developed to improve the health of the poor. Other health care programs were subsequently initiated, and old programs were expanded. Today, Federal involvement in health care delivery includes: financing health care for specific population groups, delivering services related to specific health problems or to specific target populations, developing human resources, and providing medical research.

The Federal Government's commitment to ensuring access to health care for disadvantaged mothers and children has been carried out through a variety of programs. Major health programs discussed in this chapter are the maternal and child health and crippled children's programs,[84] the community health centers program,[85] and the family planning program.[86] Several other programs can affect the health of the disadvantaged. Those that can affect access to health care and improve the nutrition of women and children fall into two categories: health and nutrition programs, and an income maintenance program. The health and nutrition programs are the special supplemental food program for women, infants, and children (WIC); the child nutrition programs; and medicaid. The income maintenance program is the food stamp program.

The high incidence of poverty among female-headed households has made these women and their children major users of the programs listed above. In 1981, 34.6

---

[76] Biological and genetic fctors also are instrumental in determining mortality, but a discussion of these factors is beyond the scope of this report.

[77] Slesinger, "Racial and Residential Differences in Preventive Medical Care for Infants in Low-Income Populations," p. 70.

[78] *Health Care in a Context of Civil Rights,* p. 36.

[79] Ibid., p. 87.

[80] Ibid., pp. 87–88.

[81] Regular examinations for small children can sometimes be less affected by economic status than by the number of children a mother has. Older women with four or more children are less likely to have the youngest child examined regularly, perhaps because the mother feels experience enables her to evaluate the child's health. Wolfe, *Public Policies and Child Health Care Utilization,* p. 24.

[82] Former President Lyndon B. Johnson declared "War on Poverty" in his 1964 state of the Union address. He later transmitted to Congress the 1964 *Economic Report of the President* that provided the conceptual framework upon which the War on Poverty was based. The economic report was an official analysis of poverty in the U.S. It defined poverty, examined its extent in the U.S., and outlined an antipoverty agenda. Sheldon Danziger, *The War on Income Poverty: Achievements and Failures* (Institute for Research on Poverty, Univ. of Wisconsin, 1981), p. 4.

[83] HEW, *Healthy People,* p. 3.

[84] 42 U.S.C. §§701–731 (1976 & Supp. IV 1980).

[85] Pub. L. No. 97–35, 95 Stat. 554 (1981) (to be codified at 42 U.S.C. §§300y–5 through y–10).

[86] 42 U.S.C. §300a (1976).

percent of female-headed households were existing below the poverty level.[87] Twenty-seven percent of the households headed by white women were in poverty, 52.9 percent of the households headed by black women, and 53.2 percent of households headed by Hispanic women. Among the female-headed households in poverty, 88 percent had children less than 18 years of age.[88] In the following discussion of Federal programs, data are provided by race for female heads of household when available.

The maternal and child health and crippled children's program served about 15 million mothers and children in 1980.[89] The services offered ranged from basic prenatal care and immunizations for children to care for crippling childhood diseases and intensive care for newborns.

In 1981, 872 community health center sites provided primary and supplementary health services to medically underserved populations.[90] These sites offer alternative sources of care and have been instrumental in eliminating some of the access barriers in the areas they serve.[91] The family planning program has provided family planning and other health educational services at about 5,000 family planning centers.[92]

These programs have made significant improvements in the health of disadvantaged women and children. Yet many still have inadequate access to good medical care because of geographic, financial, racial, or cultural barriers. The Children's Defense Fund states:

> For most of these families, poverty is a way of life; many lack even the most fundamental tools for good health—adequate sanitation facilities, clean water supplies, transportation, and communication lines. [Poor] women and babies show far higher maternal and neonatal death rates and a significantly higher rate of low-birth-weight babies, which can lead to severe developmental disabilities and public and private costs later in life.[93]

In fiscal year 1982 maternal and child health and crippled children's services and a variety of other programs directed at children were consolidated into the maternal and child health block grant. As part of this change, funding for children's services was cut by 30 percent from fiscal year 1981 levels.[94] In addition, the block grant eliminated the requirement that States receiving funds maintain a comprehensive program of health service projects.[95]

In fiscal year 1982 the community health centers were placed in a block grant program with a 29 percent cut in funds from fiscal year 1981.[96] Many centers closed as a result, which will affect over 1 million people, almost all of whom are children and women of childbearing age living in underserved areas.[97] In fiscal year 1982, the family planning program experienced a budget cut of 29 percent from fiscal year 1981 levels.[98]

In fiscal year 1983, the administration proposes to combine these programs into a primary care block grant. The rationale for this change is that the "effectiveness of State and local programs will be increased by reducing duplicative Federal requirements in States and allowing them to target resources towards specific health problems."[99] The consolidation is also meant to "reduce the fragmentation of current primary care services programs."[100] Accordingly, the many Federal rules and regulations under which the agencies providing the services operate will be cut.[101] Funds for the new program, however, will remain at fiscal year 1982 levels, which will effectively cut the program, since no adjustments will be made for inflation.[102] The fiscal year 1983 budget estimations discussed above, particularly when viewed in conjunction with the fiscal year 1982 cuts, will result in cutbacks in services carefully tailored to meet the needs of some of the Nation's most disadvantaged citizens.

---

[87] U.S., Department of Commerce, Bureau of the Census, *Money Income and Poverty Status of Families and Persons in the United States: 1981*, table XIV, p. 21.

[88] Ibid.

[89] Children's Defense Fund, *A Children's Defense Budget: An Analysis of the President's Budget and Children* (Washington, D.C.: 1982), p. 86 (hereafter cited as *A Children's Defense Budget).*

[90] U.S., Office of Management and Budget, *1982 Catalog of Federal Domestic Assistance* (1982) (hereafter cited as *1982 Catalog).*

[91] Charles E. Lewis, Rashi Fein, and David Mechanic, *A Right to Health: The Problem of Access to Primary Medical Care* (New York: John Wiley and Sons, 1976), p. 206.

[92] *1982 Catalog.*

[93] *A Children's Defense Budget,* p. 86.

[94] U.S., Office of Management and Budget (OMB), *Budget of the United States Government, Fiscal Year 1983.* The rationale for creating the block grant is that different communities have differing needs for social services. States, according to this view, can diagnose their own problems more efficiently than the Federal Government and operate social programs more effectively.

[95] Ibid.

[96] U.S., Office of Management and Budget (OMB), *Major Themes and Additional Budget Details, Fiscal Year 1983* (1982), p. 26.

[97] *A Children's Defense Budget,* p. 88.

[98] *1982 Catalog.*

[99] OMB, *Major Themes and Additional Budget Details,* p. 27.

[100] Ibid.

[101] Ibid.

[102] Ibid.

Special Supplemental Food Program for Women, Infants, and Children

The objective of the special supplemental food program for women, infants, and children (WIC)[103] is to provide high-protein foods, nutrition education, and access to health services for low-income pregnant women, nursing mothers, infants, and children under 5 years of age. WIC is operated through health clinics where physicians screen the women and children for nutritional risks due to poor eating habits or inadequate health care.

Nutritional deficiencies during pregnancy and the early years of life can lead to miscarriages, stillbirths, low birth-weight babies, retarded physical growth, increased susceptibility to diseases, and mental retardation. A diet supplementation program like WIC can substantially increase the likelihood of a normal delivery and a healthy child.[104] Studies evaluating the effectiveness of WIC have shown that the program does save lives and produce healthier children.[105] Children who receive WIC supplements or whose mothers were in the program during pregnancy survive the first month of life in greater numbers, have higher birth weights, faster growth rates, and less anemia than comparable children outside the program.[106] About 2.2 million disadvantaged women and children were served by WIC in 1982, but the needs of many could not be met because of insufficient funds.[107]

The fiscal year 1983 budget proposals call for putting WIC into the maternal and child health (MCH) block grant.[108] This will permit coordination between WIC and other health services for pregnant or nursing women and their young children.[109] The States would use MCH funds to provide the nutrition services currently offered by WIC. The inclusion of WIC into this block grant will effectively reduce its fiscal year 1983 budget authority by nearly one-fourth.[110] In addition, the States would have to supply matching funds. Currently, WIC has no matching requirement, but if the fiscal year 1983 proposals go into effect, the States would have to provide $3 for every $4 of Federal money.[111] If the States are unable to provide the funds, they will not receive the Federal money. Furthermore, if WIC is combined into a block grant, it will compete with the other health programs under the block grant umbrella for fewer dollars. MCH currently funds such programs as services to mothers and children for preventing infant mortality and handicaps, services for blind and disabled children under 16, and care and treatment for crippled children.[112] The result of combining WIC into the MCH block grant is likely to be a decrease in the focus on nutrition. This has serious implications for disadvantaged children and mothers, since WIC was established to meet their nutritional needs, which were not being met through other medical programs.

Child Nutrition Programs

The child nutrition programs provide for a large part of the nutritional needs of millions of school-age children. Approximately 23 million children receive federally subsidized meals in schools, child care centers, and other institutional settings; about 4 million children depend on the programs to provide one-third to one-half of their nutritional needs.[113]

The *school breakfast program*[114] assists States in providing nutritious breakfasts for school children through grants and food donations. The Congressional Budget Office reported that, except for the WIC program, the school breakfast program is the most nutritionally effective of all the nutrition programs and is highly cost effective.[115] The program was expected to serve about 2.7 million children in 1982, compared with 3.4 million children in fiscal year 1981.[116]

[103] Child Nutrition Act of 1966, 42 U.S.C. §1786–1787 (1976 & Supp. IV 1980).

[104] National Black Child Development Institute, *Budget Cuts and Black Children: A Response to the President's Budget for Fiscal Year 1983* (Washington, D.C.: 1982), p. 35 (hereafter cited as *Budget Cuts and Black Children).*

[105] Julius B. Richmond, professor of health policy, Harvard Medical School, statement, in *Child Nutrition: Hearings on House Concurrent Resolution 384 Before the House Subcommittee on Elementary, Secondary and Vocational Education,* Sept. 21, 1982.

[106] Ibid.

[107] *A Children's Defense Budget,* p. 92.

[108] OMB, *Budget of the United States Government, Fiscal Year 1983.* If the fiscal year 1983 proposals go into effect, about 700,000 disadvantaged women and children could be removed from the program. 127 Cong. Rec. (daily ed. April 2, 1981) (statement of Rep. Patricia Schroeder).

[109] OMB, *Major Themes and Additional Budget Details,* p. 27.

[110] Ibid.

[111] Ibid.

[112] OMB, *Major Themes and Additional Budget Details,* p. 27.

[113] OMB, *Budget of the United States Government, Fiscal Year 1983;* and *Budget Cuts and Black Children,* p. 43.

[114] Child Nutrition Act of 1966, 42 U.S.C. §1773 (1976 & Supp. IV 1980).

[115] *A Children's Defense Budget,* p. 95.

[116] *Budget Cuts and Black Children,* p. 45.

The *national school lunch program*[117] provided free or reduced-price lunches to 2 million poor and near-poor children in 1982.[118] In 1981, 44 percent of the households with children receiving free or reduced-price lunches were headed by women. Forty-eight percent of these households were white, 49 percent were black, and 12 percent were Hispanic.[119] Twenty-one percent of households with school-age children (5 to 18 years) benefited from free or reduced-price lunches in 1980.[120] Of the 3.9 million poverty households in 1980, about 65 percent received free or reduced-price lunches.[121] The fiscal year 1982 budget was cut $1 billion by changing the eligibility guidelines for the lunches and by decreasing the subsidy for students paying full price for their meals.[122] As a result of these cuts, about 900,000 fewer disadvantaged and near-poor children are participating in the program.[123]

The *child care food program*[124] provides assistance to food service operations of nonprofit child care programs. Under the auspices of this program, meals are provided to children of the poor and the working poor while they are cared for in day care centers. The fiscal year 1982 budget was cut by 30 percent or about $130 million.[125] As a result, income eligibility guidelines for this program were lowered, resulting in fewer disadvantaged children being eligible for meals. The number of meals served was also reduced.[126] In addition, many centers raised the fees charged to low-income working parents, thereby further reducing the number of children participating in the programs.[127]

The *summer feeding program*[128] assists States through grants and other means to conduct nonprofit food service programs for poor children during the summer months and at other approved times, when schools are closed for vacation. The fiscal year 1982 budget for the summer program was cut by 50 percent. As a result, the program supported fewer children in 1982 in summer meal programs sponsored by local governments, nonprofit schools, and nonprofit camps than in previous years.[129] Another result of the fiscal year 1982 budget changes is that meal programs operated by community groups such as religious organizations, boys' and girls' clubs, and YMCAs and YWCAs are no longer eligible to participate. This has reduced the number of children participating in the program by about 500,000.[130]

The *special milk program*[131] encourages the consumption of milk by school children through subsidies to eligible schools and institutions. The fiscal year 1982 budget for the milk program was cut by more than 80 percent. As a result of the budget cuts, the milk program was eliminated in schools that participate in other Federal meal subsidy programs.[132]

The administration proposes further reductions for the child nutrition programs in fiscal year 1983. The school breakfast program and the child care feeding program (CCFP) would be converted into a block grant to the States with a reduction in funding from $735 million to $488 million.[133] The rationale for placing these programs into a block grant is twofold: (1) CCFP has become overregulated.[134] Direct grants to the States would allow more effective allocation of resources and would eliminate detailed regulations. (2) Funding individual meal subsidies is considered by the Department of Agriculture to be an inappropriate Federal role.[135] Under the proposed changes, States would be able to allocate nutrition funds to schools or other establishments according to their own priorities.[136] Furthermore, the fiscal year 1983 appropriation requests that the program funds remain frozen over ensuing years without an adjustment for inflation.

[117] National School Lunch Act of 1946, 42 U.S.C. §1776 (1976 & Supp. IV 1980).
[118] *1982 Catalog.*
[119] U.S., Department of Commerce, Bureau of the Census, *Characteristics of Households and Persons Receiving Selected Noncash Benefits: 1980 (with Comparable Data for 1979)*, series P–60, no. 131 (1982), table 6 (hereafter cited as *Characteristics of Households Receiving Noncash Benefits).*
[120] Ibid., p. 2.
[121] Ibid.
[122] Ibid.
[123] *A Children's Defense Budget*, p. 96.
[124] National School Lunch Act of 1946, 42 U.S.C. §1766 (1976 & Supp. IV 1980).
[125] OMB, *Budget of the United States Government, Fiscal Year 1983.*
[126] Ibid.
[127] *A Children's Defense Budget*, p. 96.
[128] National School Lunch Act of 1946, 42 U.S.C. §1761 (1976 & Supp. IV 1980).
[129] *1982 Catalog.*
[130] *Budget Cuts and Black Children*, p. 44.
[131] Child Nutrition Act of 1966, 42 U.S.C. §1772 (1976 & Supp. IV 1980).
[132] OMB, *Major Themes and Additional Budget Details, Fiscal Year 1983*, p. 49.
[133] OMB, *Budget of the United States Government, Fiscal Year 1983.*
[134] OMB, *Major Themes and Additional Budget Details*, p. 47.
[135] Ibid.
[136] Ibid.

The fiscal year 1983 budget also proposes elimination of the summer feeding program and the special milk program.[137] The reason for proposing elimination of the summer meal program is that repeated abuses have been cited by the General Accounting Office and Agriculture's Inspector General.[138] The special milk program is targeted for elimination on the rationale that nearly 90 percent of the 1.6 million children receiving the subsidies are from families that are not needy.[139]

The combined effects of the fiscal year 1983 cuts could have severe consequences for the millions of poor children who depend upon the nutrition programs: Many schools will drop the breakfast program and many children will go without breakfast; the working poor will be faced with increasing child care costs because of cuts in the child care feeding program; and many poor children will go without nutritious meals in the summer months, and many more will not even receive free milk.[140] Minority children, who are generally poorer than other disadvantaged children, will be particularly adversely affected if the proposed changes for the child nutrition programs go into effect. For many of these children, "school meals provide the only hot meals of the day. . . .Monday's school lunch is the first hot nutritious meal they've had since Friday's school lunch."[141]

Medicaid

Medicaid[142] is a joint Federal and State medical financing program for low-income individuals and families. Each State designs and administers its own medicaid program within Federal guidelines. There is, therefore, a substantial difference among the States in terms of eligibility, benefits, and amounts of payments for services.[143]

About 53 percent of households with incomes below the poverty level in 1980 had members covered by medicaid.[144] In 1980, 37 percent of all households covered by medicaid were headed by women. Fifty-two percent of these households were headed by white women, 45 percent by black, and 12 percent by Hispanic women.[145] Among these female-headed households, 83 percent had children under 18 (46 percent of these had children under 6).[146] Persons receiving cash benefits from other Federal-State public assistance programs are automatically eligible for medicaid benefits.[147] Medicaid coverage may also be extended to persons whose income exceeds the eligibility level established by the State, but is still inadequate to meet medical expenses.[148] Children and youths under 21 who are medically indigent are also eligible for medicaid. Disadvantaged children, more than any other group, benefit from medicaid:

> In 1980, 8.3 million households (consisting of some 21.5 million people) were covered by Medicaid. One out of three of these were householders with no husband present; one out of three were headed by an older person, and one out of two Medicaid households included children under age 19. Two-thirds of all older Medicaid recipients are women.[149]

Medicaid pays for an established set of essential services, including prenatal and delivery care, physical checkups, hospitalization, medication, and dental care.[150] The Federal Government reimburses States for 50 to 78 percent of the costs.[151]

Medicaid has had some outstanding successes in improving the poor's access to health services. According to testimony before the Select Committee on Aging:

> [T]he first 10 years of Medicaid have witnessed a 33 percent decline in infant mortality, a 66 percent decline in maternal mortality, a 28 percent decline in deaths from influenza and pneumonia, and a 30 percent decline in deaths from strokes. The proportion of poor women receiving early pregnancy care rose from 17 percent in 1963 to 65 percent in 1976;

[137] Ibid.
[138] Ibid.
[139] Ibid.
[140] *A Children's Defense Budget,* p. 98.
[141] Gene White, director, Office of Child Nutrition Service, State of California, statement, in *Child Nutrition: Hearings on House Concurrent Resolution 384 Before the House Subcommittee on Elementary, Secondary and Vocational Education,* Sept. 21, 1982.
[142] Social Security Amendment Act of 1964, 42 U.S.C. §1396 (1976 & Supp. IV 1980).
[143] U.S., House, Committee on Ways and Means, *Background Material and Data on Major Programs Within the Jurisdiction of the Committee on Ways and Means* (Comm. Print 1982), 97th Cong., 2d sess., p. 359 (hereafter cited as *Background Material and Data on Major Programs).*
[144] *Characteristics of Households and Persons Receiving Noncash Benefits,* p. 3.
[145] Ibid., p 43.
[146] Ibid.
[147] *1982 Catalog.*
[148] Ibid.
[149] Women's Research and Education Institute, *Impact on Women of the Administration's Proposed Budget* (Washington, D.C.: 1982) p. 12.
[150] *1982 Catalog.*
[151] The amount of Federal reimbursement is based upon a variable matching formula that is periodically adjusted. The matching rate is inversely related to a State's per capita income. *Background Material and Data on Major Programs,* p. 362.

physician visits per year by poor children increased by 26 percent over roughly the same period.[152]

By increasing the likelihood that the poor will seek out and obtain more adequate medical attention, medicaid is largely responsible for these improvements.

As part of the Omnibus Budget Reconciliation Act of 1981, reductions in the medicaid budget were authorized over the fiscal year 1982–84 period. These reductions decreased Federal matching payments to the States for their expenditures by 3 percent in 1982, 4 percent in 1983, and 4.5 percent in 1984.[153] The act also provided States with increased flexibility in implementing their programs. In fiscal year 1982 States were also given the option of covering only certain groups designated as "medically needy."[154] States with "medically needy" programs, however, are required to provide all medically indigent children less than 18 years of age with health services and pregnant women with prenatal care and delivery services.[155]

The fiscal year 1983 budget calls for changes in regulations and program guidelines that would result in a $2.1 billion reduction in Federal outlays for medicaid. The proposed changes would affect some of medicaid's poorest recipients. For example, cost sharing would be required of medicaid recipients. Persons who receive welfare assistance would pay $1 for each day of hospitalization and each visit to a medical facility.[156] The working poor would pay $1.50 for each outpatient visit and $2.00 for each day of hospitalization.[157] Cost sharing by medicaid recipients had previously been limited because the income of families who qualify for medicaid is usually so low that even a nominal charge can constitute a significant portion of the family's budget. If the proposal goes into effect, cost sharing could constitute a considerable disincentive to obtain needed medical attention.

The fiscal year 1983 budget for medicaid also calls for a reduction in Federal monies for many State health services. The reductions would apply to optional services for the "categorically needy" and all medical services for the "medically needy."[158]

Services that States are required to provide to categorically needy medicaid recipients include hospital services; early and periodic screening, diagnosis, and treatment for those under age 21; family planning services and supplies; and physicians' services. The optional services include such items as braces, wheelchairs, and other medical equipment for handicapped children; prenatal care for mothers in medically underserved areas; institutions for retarded or mentally ill children; and prescribed drugs.[159] For a pregnant woman in need of prenatal care or a crippled child in need of braces to walk, these services are not "optional"—they are indispensable.[160] Reductions in Federal funds, however, may cause States to drop these essential services.[161]

The fiscal year 1983 reductions in the program for the medically needy will affect thousands of families for whom medicaid benefits are essential to their efforts to be self-sustaining.[162] A reduction or elimination in the benefits of families, particularly where there is a seriously ill child, may mean reentering the welfare system in order to keep medicaid benefits.

Food Stamps

The food stamp program[163] is designed to improve diets of disadvantaged persons by supplementing their food purchasing ability. More than 22 million people, or approximately 6.8 million households, received food stamps during 1980. Two-fifths of the recipients were households headed by single women; one-half of the recipients were children.[164] The median total income for these households was $5,540.[165]

[152] *Budget Cuts and Black Children*, p. 14.

[153] The Omnibus Budget Reconciliation Act of 1981 (Public Law 97–35) created a block grant for social services that consolidated several social services-related activities and gave the States wide discretion in determining types of services and eligibility. OMB, *Budget of the United States Government, Fiscal Year 1983.*

[154] The medically needy are persons with incomes too high to qualify for cash assistance, but nevertheless unable to afford health care services. These persons must be (1) aged, blind, disabled, or members of families with dependent children; and (2) their income, after deduction of incurred medical expenses, must fall below the State standard. *Background Material and Data on Major Programs*, p. 360.

[155] Ibid.

[156] OMB, *Major Themes and Additional Budget Details*, p. 56.

[157] Ibid.

[158] The "categorically needy" are medicaid beneficiaries who also receive cash assistance, as opposed to the "medically needy" who are the working poor and who, although they may not qualify for welfare, are often very poor.

[159] *Background Material and Data on Major Programs*, p. 361.

[160] *A Children's Defense Budget*, p. 52.

[161] The Children's Defense Fund did a State-by-State survey to assess the effects of Federal health budget reductions on maternal and child health services, medicaid, and community health centers. See *Children and Federal Health Care Cuts* (Washington, D.C.: 1983).

[162] Ibid.

[163] 7 U.S.C. §§2011–2027 (1976 & Supp. V 1981).

[164] Women's Research and Education Institute, *Impact on Women of the Administration's Budget*, p. 9.

[165] *Characteristics of Households and Persons Receiving Noncash Benefits*, p. 2.

Although only 8 percent of all households received food stamps in 1980, some subgroups had higher recipiency rates than others. These included black households (27 percent), Hispanic households (19 percent), and households headed by women, no husband present (30 percent).[166] Among the female-headed households, 49 percent of the food stamp recipients were black, 48.7 percent white, and about 11 percent were Hispanic.[167] Ninety percent of these households had children less than 18 years of age, and 55 percent had children less than 6 years of age.[168]

Food stamp benefits are based on the U.S. Department of Agriculture (USDA) "thrifty meal plan." Surveys done by USDA and independent researchers show that five of every six families whose food expenditures are the same as those prescribed by this food plan do not purchase foods that meet the recommended requirement of daily basic nutrients.[169] Despite this, the food stamp program has been instrumental in eliminating malnutrition and hunger.

The administration's proposals for the food stamp program would result in large benefit reductions for poor families by reducing Federal outlays by $2.4 billion in 1982.[170] Furthermore, under the fiscal year 1983 proposals, the food stamp program would continue to be funded fully by the Federal Government, but in fiscal year 1984 the administration proposes "swapping" the Federal cost of food stamps and aid to families with dependent children with the States for the State cost of medicaid.[171] This could present problems for benefit recipients because past efforts of some States to address the nutrition needs of their poorest citizens have been inadequate.[172] For example:

From 1964 to 1973, before federal regulations were promulgated, States ran their own food programs. In 1967, a team of doctors examined Mississippi residents and found many were suffering from malnutrition and, in some cases, starvation. The study became known as the Field Foundation Study. Six years later, the Food Stamp Act was passed creating a national food stamp program. It was implemented with uniform regulations in 1974. In 1977 the Field Foundation Study was repeated. Doctors found the nutritional well-being of Mississippi residents had improved. The food program had made a difference.[173]

The food stamp program, the child nutrition program, and WIC were created because the States failed to solve the malnutrition problems of their citizens. Clearly, elimination of the Federal role in food stamps and the AFDC program could be disastrous for many poor families. In addition, the Federal "swap" of food stamps and the AFDC program for the State cost of medicaid depends upon large fiscal 1983 Federal budget cuts to make the exchange balance in 1984. These cuts, as outlined in the preceding discussions of Federal programs, could seriously damage the States' ability to assume responsibilities for major programs by limiting the amount of revenue they will receive.

Summary

Many factors contribute to the health status of an individual. Access to medical care is not the only ingredient for assuring good health. Good health is also based on biological, behavioral (lifestyle), sociocultural (e.g., income and education), and environmental factors. Poverty and consequences of poverty such as a decaying living environment, poor nutrition and health-related habits, and emotional stress are also important determinants of health status. When illness does occur, it is important that medical attention be both timely and of good quality.

For poor women and their children, however, preventive and other health services are often untimely or beyond reach. This is due, in part, to a shortage of primary care providers serving the rural and urban poor and an overdependence upon health care that is crisis oriented.

The consequences of poor health care are that disadvantaged women tend to receive inadequate preventive care and poor prenatal care and their children tend to receive less than adequate well-baby care. The numerous Federal programs available strive to reduce these barriers to health care for disadvantaged women and children and have been instrumental in providing access to health care and in eliminating malnutrition and hunger. Each of the income maintenance and health and nutrition programs discussed in this chapter is targeted for additional budget cuts. Although the budget reductions may seem small in comparison to other program cuts, the reduction or

[166] Ibid.
[167] Ibid., table 5, p. 22.
[168] Ibid.
[169] Ibid.; and Betty B. Peterkin and Richard Kerr, "Food Stamp Allotment and Diets of U.S. Households," *Family Economics Review*, Winter 1982, p. 25.
[170] OMB, *Budget of the United States Government, Fiscal Year 1983.*
[171] Ibid. Aid to families with dependent children is discussed in chap. 2.
[172] *Budget Cuts and Black Children*, p. 49.
[173] Ibid.

elimination of the programs will pose serious obstacles to healthy, productive lives for the disadvantaged women and children who are partly or totally dependent upon them.

Chapter 6

Conclusion

For millions of black and Hispanic women and their children, poverty is still very much a part of American life. The magnitude of the problem is appalling. In 1981, 27 percent of all black and Hispanic children were poor. The poverty rate for persons in female-headed families with children was 68 percent for blacks and 67 percent for Hispanics. For the mothers of these children, poverty is not an illusion; it is a painful reality fraught with deprivations not only for themselves but also for those whose future is in their hands.

The specter of poverty is no less real for white female heads of household and their children. Minority women and their children, however, are disproportionately subjected to the ravages of poverty, which severely hamper achievement of their fullest potential.

The U.S. Commission on Civil Rights has long been concerned about the plight of women in general and of minority women in particular. *Women and Poverty, Women—Still in Poverty, Child Care and Equal Opportunity for Women,* and *Unemployment and Underemployment Among Blacks, Hispanics, and Women* are several reports the Commission has issued as part of its continuing investigation into factors that influence the status of women. In this report, the Commission presents a more comprehensive review of a problem that has yet to capture the full attention of the Nation. The document is based, in part, on recent research and data that show the declining status of women with children who maintain their own households.

Factors associated with poverty that are examined in this report include marital status, employment, and training and education. Health status is also examined as a variable that can lead a family into poverty and keep it there.

Marital Status

Increasing incidences of unwed motherhood and marital disruption are major contributors to the poverty crisis among black and Hispanic women in America. Some researchers have observed that these factors are responsible for essentially all of the growth in poverty since 1970 (an increase of 53 percent) and that they show no signs of abating as the unwed birth and divorce rates continue to climb rapidly.

When the woman becomes the head of the family because of marital disruption, it usually means a significant loss of income for the household. Although alimony and child support may be awarded, they are often only matters of record, as the former spouse's commitments are frequently broken. This eventuality brings particular hardship to black mothers because they tend not to remarry as readily as white mothers. Black women who sink into poverty when their home is disrupted, therefore, are less likely to be lifted out of poverty through remarriage.

Other major findings are:

- Family economic status has a moderate influence on children's future economic status, but the effect is not strong enough to lock successive generations into poverty. Young people of different characteristics leave poverty at different rates.
- Out-of-wedlock births, when occurring to teenagers, interrupt or deny schooling and the opportunity for young women to acquire marketable skills. Thus the link between illegitimate births to teens and

economic adversity is strong. Furthermore, the consequences are greater for the unwed teenage mother than the father, because it is generally the mother who assumes greater responsibility for the child. Between 1970 and 1981, families headed by never-married women increased by almost 356 percent.

- In 1979, 80 percent of households receiving aid to families with dependent children (AFDC) were headed by women, and 25 States denied AFDC benefits to two-parent families where the principal earner was unemployed or underemployed. Research findings indicate that marital dissolution is a complex phenomenon and cannot be attributed simply to AFDC participation.

For all disadvantaged female householders, finding adequate and affordable child care is a particularly acute problem. For certain subgroups most in need of employment (e.g., blacks, Hispanics, young mothers aged 18–24, and non-high school graduates), the unavailability of adequate child care at reasonable cost interferes with their labor force participation. Educational and employment opportunities that these women cannot pursue because of inadequate child care are economic opportunities effectively denied. In two recent reports, the U.S. Commission on Civil Rights has identified inadequate child care as a major contributor to the low economic status of women in this country. In its 1978 report *Social Indicators of Equality for Minorities and Women,* the Commission called for a reappraisal of programs affecting the provision of adequate child care for working parents as well as other programs designed to overcome the persistently depressed earnings and low-prestige occupational segregation of working women.[1] Three years later, when even more single mothers had entered the labor force, the Commission noted in *Child Care and Equal Opportunity for Women* that "attention to child care has not been central to Federal equal opportunity policy."[2]

Employment

Disparities in income and poverty rates clearly indicate that substantial employment barriers exist for many women. More than half of all fully employed Hispanic women, 43 percent of black women, and 37 percent of white women earned less than $10,000 in 1980, compared to 12 percent of similarly situated males. Female householders who were employed on a part-time basis had a poverty rate of 39.9 percent in 1980, and those who were involuntarily working part time, 56.6 percent. Female heads of household who looked for work but were unable to find jobs that year had a poverty rate of 85.1 percent. In spite of their strong commitment to economic self-sufficiency, many women are unable to pull themselves out of poverty because of significant employment barriers that include occupational segregation, wage disparities between men and women, and discriminatory exclusion from high-wage jobs. For Hispanic and black women, ethnic and racial discrimination present additional barriers.

Major findings on employment are:

- Many fully employed women heading households remain poor in spite of their work efforts. In 1980 fully employed women heading their own families had a poverty rate of 5.4 percent—almost 3 times the rate of husband-wife families and twice that of men maintaining a home with no spouse present.
- The 1980 earnings distribution for full-time workers shows in yet another way the disparities in earnings between men and women. Thirteen percent of fully employed women had earnings of $7,000 or less, compared to 4 percent of fully employed men. Forty-seven percent of fully employed men earned over $20,000 a year, compared to 10 percent of women.
- The occupation in which a woman works has a major effect on earnings. Women are segregated in a few occupations that pay low wages and have little promotion potential.
- Occupational desegregation is less likely to occur in small companies than in large firms because small companies may not be subject to public scrutiny or Federal regulations.
- The theory of comparable worth is based on the idea that, within an organization, jobs that have been objectively rated equal on such criteria as training, education, skill, responsibility, and working conditions should be compensated equally. In cities and States that have performed job evaluations to determine if predominately female jobs are underpaid, wage disparities favoring males have been found.
- New AFDC eligibility requirements that were included in the Omnibus Budget Reconciliation Act of 1981 have had an adverse effect on the working poor. In some States, it may be to a working AFDC

[1] U.S., Commission on Civil Rights, *Social Indicators of Equality for Minorities and Women* (1978), p. 92.

[2] U.S., Commission on Civil Rights, *Child Care and Equal Opportunity for Women* (1981), p. 51.

recipient's advantage to quit work in order to increase income and retain medicaid rights.

- The Omnibus Budget Reconciliation Act of 1981 requires mothers of children 3 years and older to register for workfare programs in States that have them. The workfare programs were ostensibly created to provide productive job experience, but if the jobs are "make work," they may not provide experience that makes a person competitive in the open job market. Some advocacy groups are concerned that welfare recipients will become trapped in workfare or low-wage employment that provides no opportunity to become economically independent.

Over the years, the Commission has called attention to the importance of consistent and coordinated enforcement of Federal laws and Executive orders prohibiting discrimination against women and minorities in employment and pay.[3] Continuing disparities show that enforcement agencies need to strengthen their efforts.

Education

Education alone cannot overcome the bonds of occupational segregation, wage inequities, and sex discrimination, but it can make significant financial and occupational differences. The rewards from education, however, are greater for some groups than others. More than 20 percent of black and Hispanic female heads of household with some college education are in poverty, compared to 3 percent of similarly situated white males.

The educational system can also initiate and perpetuate barriers to women's economic mobility. Sex stereotyping in the classroom and sex-segregative enrollment in educational and training courses may lead young women to believe that certain jobs or occupations are the only ones available to them.

In a 1980 review of Title IX enforcement, the Commission found that sex stereotyping is a continuing problem. The Commission recommended vigorous and immediate attention to the persistent administrative problems in enforcement and the long history of nonenforcement.[4]

Other major findings concerning education are:

- The lower the level of educational attainment of the head of household, the higher the poverty rate. The chances of being in poverty for female household heads are dramatically higher than for men at all levels of educational attainment. In 1981 the poverty rate for female heads with less than 8 years of education was 49 percent, 28 percent for high school graduates, and 17 percent for those with 1 or more years of college.
- Inequitable access to vocational schools is a major barrier for minority women. Proportionately more minorities live in urban areas, but vocational facilities are located predominantly in small cities and suburbs. Enforcement in vocational education of sex equity and civil rights provisions has been minimal, and equal opportunity for disadvantaged women in vocational education remains a goal yet to be achieved.
- Sex-segregative enrollment is also found in vocational education programs. Women tend to be in sales, office work, and health support programs, and men are concentrated in agricultural, industrial, technical, and trade programs.
- Among 3- and 4-year-olds from poor families, about 13 percent of white and 22 percent of black children are enrolled in preschool programs. For children from nonpoor families, 24 percent of white and 30 percent of black children are in preschool programs.
- Elementary and high school students from poor families are more likely to be enrolled below their modal grade than are nonpoor children. (Modal grade is the level normally attained by a child of a given age.)
- Federal programs such as Head Start, Follow Through, Title I compensatory education, and bilingual education have significantly improved the school performance of disadvantaged children.

Health

The deprivations induced by poverty (infrequent and inadequate use of preventive health services, poor prenatal and postnatal care, deficient nutrition, and other health-determining factors) can predispose an individual to poor health. Poor health, in turn, can interfere with labor force participation, preventing the individual from earning the income and gaining the employment experience necessary to overcome poverty. Minority women and children have extraordinarily high rates of morbidity and mortality. For example, in

[3] U.S., Commission on Civil Rights, *The Federal Civil Rights Enforcement Effort—1974*, vol. 5, *To Eliminate Employment Discrimination* (1975), pp. 617–71; *To Eliminate Employment Discrimination: A Sequel* (1977).

[4] U.S., Commission on Civil Rights, *Enforcing Title IX* (1980), p. 35.

1979 black women had a maternal mortality rate about 4 times that of white women and their children were twice as likely to die as white infants. The substantial differences in maternal mortality and infant mortality between groups and differences in utilization of services suggest that significant barriers to good health exist that are not related to differences in need.

In its 1982 report on health insurance coverage and employment for minorities and women, the Commission noted that black, Hispanic, and other minority women were disproportionately without any type of insurance coverage in case of illness. The report found that because of continuing discrimination in employment, many minorities and women are not found in those groups normally insured by private insurance companies. Noting that the insurance industry is not adequately equipped to meet the needs of these minorities and women, the report endorsed passage of national health insurance legislation.[5]

Other findings on health are:

- Disadvantaged women, particularly minority women, suffer from a variety of health problems associated with poverty and, in some instances, their race or ethnicity. Disadvantaged black women have higher rates of breast and cervical cancer than other groups. Among Hispanic women, who make up a large proportion of the migrant worker population, health problems are compounded by exposure to potentially harmful pesticides, debilitating living environments, and little or no access to health care. Poor, rural, white women have health care problems compounded by the extreme deprivations of poverty, poor sanitation, and malnutrition.
- Significant barriers to health care confronting disadvantaged women are (1) lack of a regular primary source of care for routine services; (2) language and cultural differences for Hispanic women; (3) the cost of health care; and (4) inadequate transportation to facilities relocated outside of inner cities.
- Research documents that the medical establishment tends to diagnose a majority of female complaints as psychosomatic while treating the complaints of male patients more seriously. This has led to a tendency to overprescribe drugs to women more than to men, particularly mood-modifying drugs.
- Poverty, particularly when linked with single parenthood, poor education, and the presence of young children, is a major cause of emotional stress. Stress can elicit destructive responses, such as alcoholism, drug abuse, depressive violence, and various forms of mental illness. Disadvantaged women living in poverty experience higher levels of stress than other subgroups.
- Disadvantaged children have a greater susceptibility to serious health complications than other children. Poor children are also less likely to receive immunizations against dangerous childhood diseases or have routine checkups than are their peers.

In sum, for many black, white, and Hispanic women, poverty means inadequate and infrequent use of medical services, reduced employment opportunities, and increased household responsibilities. Children, when their mothers live in poverty, run an increased risk of birth defects and malnutrition and subsist in an environment that could interfere with education and future employability.

Various Federal programs aim to help the poor, and this report examined some of the major ones. Because black and Hispanic women and their children are disproportionately disadvantaged, they are primary beneficiaries of these programs. They, and other impoverished female heads of household, must often rely upon welfare programs, which may actually penalize attempts to increase their income. In many States, a woman working in a low-wage job may lose her eligibility for AFDC and other benefits (such as food stamps and medicaid), yet still have income below the Federal poverty threshold. Now, many fiscal year 1983 proposals would cut or change Federal programs vital to the millions of poor women and their children. The proposed cuts and changes include reduced services for community health centers; family planning programs; the women, infants, and children supplemental feeding program (WIC); child nutrition programs; and swapping AFDC with the States for the State cost of medicaid. These cuts and changes, if adopted, would adversely affect a disproportionate number of black, white, and Hispanic women and their children.

The overview provided by this report presents some of the realities disadvantaged women face as they attempt to move themselves and their families out of poverty. The message is particularly bleak for black and Hispanic women. Few are completely immune from the threat of poverty and the deprivations it means for them and their children. The National

[5] U.S., Commission on Civil Rights, *Health Insurance: Coverage and Employment Opportunities for Minorities and Women* (1982), p. 41.

Advisory Council on Economic Opportunity has warned that the shape of poverty is changing in America. It is increasingly becoming a crisis for minority women. The Council has predicted: "All other things being equal, if the proportion of the poor who are in female-headed families were to increase at the same rate as it did from 1967 to 1977, the poverty population would be composed solely of women and their children by about the year 2000."[6] Furthermore, the underlying implication of this trend is that, all other things being equal, black and Hispanic female-headed households will dominate the poverty population by the year 2000.

The problems are not theirs alone. As more and more women and children enter the ranks of the impoverished, the implications for the future of our society become overwhelming. To ignore these implications is unconscionable negligence. The bodies, minds, and spirits of millions of women and children are being inevitably and ineluctably affected by the dispiriting hand of poverty.

[6] National Advisory Council on Economic Opportunity, *Critical Choices for the 80s* (1980), p. 19.

U.S. GOVERNMENT PRINTING OFFICE : 1983 O - 409-859 : QL 3

U.S. COMMISSION ON CIVIL RIGHTS
WASHINGTON, D.C. 20425

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, $300

BULK RATE
POSTAGE AND FEES PAID
U.S. COMMISSION ON CIVIL RIGHTS
PERMIT NO. G73