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ARTICLE

Pathologizing Poverty: Structural Forces versus Personal Deficit Theories in the Feminization of Poverty

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Introduction: Poverty as ‘Pathologies of Power’, Beyond the Personal Pathology Framework

Public understandings of the causes and roots of poverty as stemming from a personal deficit are still with us, as evident in the views put forward by popular writers such as Ruby Payne (1998), echoing and lingering in the ideological orientations and practical approaches of key professions that interface with the poor, such as Social Work and Human Services. Critiques of these frameworks are concerned with the *blame-the-poor*, personal-pathology paradigm embedded in such perspectives, including Payne’s arguments located in *culture of poverty* theories that date back to the 1960s work of Oscar Lewis (1961), Daniel Moynihan (1965), and Ben Seligman (1968). While they may resonate with commonsense understandings of the poor (e.g., generational poverty), their intimation to inherent flaws in the personal psychology and socialization practices of the poor--personal pathologies, so to speak--portend a dangerous form of social engineering. Alternately, deeper analysis of the confluence of structural forces that shape and determine poverty offered by leading scholars such as Charles Valentine (1968) and more recently Ida Susser (1996), Judith Goode and Jeff Maskovsky (2001), and Paul Farmer (2005) help us probe beneath the superficial determinants of and presumptions about poverty.

Emerging evidence about a range of structural forces, including many unearthed in today’s crisis-stricken America, contradicts the attributions of poverty to individual pathology or hidden cultural cues (Payne, 1998). Farmer’s concept *pathologies of power* provides a cogent paradigm for unraveling the structural and institutional forces in society that shape and influence poverty, captured by such variables as the denial of economic opportunity, decent housing, or access to health care and education as they culminate in a form of structural violence. This paper draws upon Farmer’s postulates about the correlates of poverty to examine the much contested issue of the feminization of poverty in the United States, exploring the structural and institutional forces that shape poverty, beyond the individual pathology argument.

The term *feminization of poverty* originated in the late 1970s when the number of female-headed households in the United States was rapidly increasing, particularly among low-income women and in the African American community (Moghadam, 1997). While female headship cannot be construed as automatically conferring poverty, as Chant (2003) cautions, a wealth of data from around the world has shown that widespread economic (i.e., earnings disparities) and social (status and power constraints) inequalities between men and women, and particularly women of color, doubly marginalized by their gender and race, are implicated in their greater poverty. As such, in addition to Farmer’s concept of structural violence, I draw upon the theoretical framework of intersectional discrimination to illustrate the confluence of gender, race/ethnicity, and socio-economic discrimination as an explanatory device for understanding the concentration of poverty among women of color. I provide evidence of the ways in which neoliberal policy frameworks operate in recent welfare restructuring, labor market arrangements, and in key social institutions, such as health and the housing market, effectively collude in structuring women’s poverty.

Farmer uses the term *structural violence* to refer to the injustices produced and sustained through institutions, social structures and systems of power. In his view, structural violence refers to the historically and socially constructed social and economic conditions evident in extreme poverty. Accordingly, in the foregoing, I refer to the structural forces embodied in the historically determined practices of discrimination (both on the individual level as well as those embedded in institutional

practices), policy frameworks, and social hierarchies (along class, race, ethnicity, gender and other categories and identities) in U.S. society that serve as impediments to socio-economic mobility.

A wealth of recent research provides increasing support to the structural forces argument. Goode and Maskovsky (2001), for example, discuss the disparaging outcomes of economic restructuring and neoliberal policy "reforms," such as widening social inequality and economic polarization as the determining contours of poverty today. Susser (1996) cites the rise of neoliberal policies in the U.S. as an important factor in producing new forms of inequality, economic polarization and new forms of impoverishment, illustrating how they are an outgrowth of a new labor regime embedded in the global economy. She provides examples of the new forms of vulnerability, exploitation, violence and the conflict it has created. Goode's (2002) historical research on poverty provides insights into the structural uncertainties in the 1930s economy and the accompanying massive lay-offs (not individual failures) that led to massive poverty. She elaborates on the emergence of the blame-the-poor argument after the end of the WWII and the start of the Cold War era, which obfuscated the larger economic structures and policies that generated inequities. She also demonstrates the ways in which the labor market came to be structured occupationally along race, and other institutional practices that evidenced racism and discrimination. Preferential hiring practices and lay-offs, wage discrimination, and occupational segregation effectively excluded people of color from family-wage jobs. Certainly a recipe for growing poverty – not stemming from the maladaptive work ethics or dysfunctional behaviors of the poor as Ruby Payne argues – but rather as a result of systemic and institutional factors operational at the time. Countering the body of deficit assertions, Goode also cites ethnographic examples of the industriousness and strong work habits of the urban poor: working hard to make ends meet by orchestrating work in different spheres or types of jobs; working in jobs that entail complete self-exploitation, such as a five-hour commute; working in the uncertain, informal sector; children's work in the summer; savings behavior, such as informal credit pools and layaway plans; and thrift practices in consumption behavior, such as purchasing second-hand items, living in make-shift housing, and preparing home-based cooked food.

The role of institutions in shaping poverty is best understood by examining how barriers to education and employment embedded in the practices of major institutions in the society serve as a hindrance to exiting poverty. Granted, such institutional practices may often correspond to, or perhaps even be responsive to, individual preferences. Residential segregation, for example, is documented as being reinforced by real estate practices and mortgage lending institutions that coincide with personal preferences, which ultimately shape residential demarcations in a manner that leads to or reinforces clustered poverty and neighborhood disinvestment. While the possibility that these forces work in concert to prevent an exit from poverty might appear self-evident, the continued adherence to a deficit perspective even among human service agencies calls for an elucidation of how structural forces operate in pragmatic and concrete ways. Taking the analysis beyond the individual deficit paradigm, Farmer demonstrates how social injustices are embedded in the practice of institutions (often carried out by individuals within those institutions, no doubt), but most importantly, that such institutional practices pose formidable barriers to people's struggles to achieve a decent quality of life.

The Germination of a National Pathology: Poverty Across Axes of Differentiation

To begin with, a note is in order about the current poverty levels in the U.S. as they evidence the complex interplay of power encoded in various axes of social differentiation (gender, race, ethnicity), and the resulting social and economic disempowerment. During the period this paper was being compiled, the nation has become engulfed in a financial crisis that has pushed scores of individuals deeper into poverty. According to Bishaw and Semega (2008), the nation's official poverty rate (both in terms of the number of people in poverty and the poverty rate) rose from 12.5 percent in 2003 to 12.7 percent in 2004, but has fallen from 12.6 per cent in 2005 (37.4 million people) to 12.5 per cent in 2007 (37.3 million) (U. S. Census Bureau, 2008). The differences in the poverty levels by race and gender, however, are less encouraging. In 2005, 12.7 percent of women 16 years and older fell below the federal poverty levels, as

compared to 9.2 percent of men (Institute for Women's Policy Research, 2006). Moreover, 24.7 percent of Blacks, 21.9 percent of Hispanics, 9.8 percent of Asians, as compared to 8.6 percent of non-Hispanic Whites, fell below the federal poverty level in 2004. The most recent U.S. Census Bureau data (cited by Bishaw and Semega, 2008) show slight differences in the poverty levels for 2007 – 24.5 percent for Blacks, 21.5 percent for Hispanics, 10.2 percent for Asians and 8.2 percent for non-Hispanic Whites. Black households had the lowest median income in the nation -- \$30,134, nearly two thirds (62 percent) of the median for non-Hispanic White households (\$48,977) (2004:5). The 2008 Census Bureau report shows that while median household incomes have risen, the disparities by race remain. According to the 2006 (online) data reported by the Office of Minority Health,

. . . the average African-American family median income was \$30,858 in comparison to \$50,784 for non-Hispanic Caucasian families. In 2005, the U.S. Census bureau reported that 25 percent of African-Americans in comparison to 11 percent of non-Hispanic Caucasians were living at the poverty level. In 2006, the unemployment rate for Blacks was twice that for non-Hispanic Whites (8 percent and 4 percent, respectively). This finding was consistent for both men (8 percent compared with 4 percent) and women (7 percent compared with 4 percent). (Office of Minority Health)

By 2007, the median income for Black households had increased to \$33,916, as compared to \$38,679 for Hispanic households and \$54,920 for non-Hispanic white households (DeNavas-Walt Proctor & Smith, 2008). The gap in median income between female and male householders (without a spouse) was still quite wide in 2007-- \$33,370 for the former, as compared to \$49,839 for the latter. The earnings levels of full-time, year-round workers showed a similar gender gap -- \$45,113 median income in 2007 for male earners, and \$35,102 median income for female earners. Per capita income data for 2007 show even more stark disparities in median income between these racial/ethnic groups -- \$31,051 median income for non-Hispanic Whites, \$18,428 for Blacks, and \$15,603 for Hispanics (2008, p.17).

According to a 2000 report produced by the Women's Environment and Development Organization (WEDO), the majority of the poor in the U.S. are women and children, mostly from communities of color. U.S. Census Bureau statistics reveal a disproportionate concentration of poverty among children. Although children comprised 25.2 percent of the population, they represented 35.2 percent of those who fell below the federal poverty level, with 17.6 percent of children under 18 falling below the poverty line in 2006. No doubt, the current financial and housing crisis has added to the number of children in poverty. According to First Focus (2008), a bipartisan child advocacy organization, the number of children living in poverty grew by nearly a half million between 2006 and 2007, resulting in a child poverty rate of 18 percent by August 2008. First Focus (see Lovell & Isaacs 2008) argues that the recent housing foreclosures will directly impact 2 million children this year and next -- either as they experience the disruptions and deprivations associated with homelessness or the anxieties related to the prospect of homelessness.

That in the U.S., the world's most affluent nation, poverty is concentrated among women, particularly women of color, begs the question of individual responsibility. Yet, the meta-narrative of neoliberal economic policies, including those that shape welfare restructuring, appears to be that women are to blame for their concentration among the poor. In the next section, I examine the structural evidence that counters this personal deficit perspective. In a 2002 paper I wrote on the feminization of poverty globally, I cited evidence from the Daly Report (1989), informing us that two out of three poor adults are women, that 75 percent of those in poverty in the U.S. are women & children, and that 45 percent of female heads-of-household are living in poverty, the bulk of them being women of color (Gunewardena, 2002). According to the 2004 census data, 28.4 percent of female-headed households were in poverty (based on a measure of incomes that fell below the federal poverty level), as compared to 13.5 percent of male-only headed households, and 5.5 percent of married-couple households. While the drop from 45 percent of female households in poverty in 1989 to 28.4 percent in 2004 is indeed an encouraging trend, there may

be differences in the presentation and calculation of these data that obscure the reality. The intersection of race/ethnicity and gender appears to further complicate the picture as women of color show higher poverty rates than white women (Glenn, 1985).

A study by Snyder and McLaughlin (2004) revealed that black and Latina female-headed households with children are 2.4 and 1.7 times more likely to be poor, respectively, than their white counterparts. Comparative data reported by the Institute for Women's Policy Research (IWPR) (2006) reveals that in 1999, 25.0 percent of Native American women, 24.1 percent of African American women, and 22.5 percent of Hispanic women aged 16 and older were living below the poverty line in 1999, as compared to 9.0 percent of white women and 12.4 percent of Asian American women. IWPR also reports that although the proportion of women nationwide living below the federal poverty level fell from 13.7 percent to 12.7 percent in the decade between 1995 and 2005, women of color of all races and ethnicities are more likely to live in poverty than white women.

Structural Determinants of Poverty: Quality of Life, Material and Social Wellbeing

While the above cited data provide a useful snapshot of poverty, their reliance on income alone as the indicator for poverty levels obfuscates other hidden aspects of poverty^[1]. The determinants of poverty are multi-dimensional, and need to be understood beyond simplistic and reductionist arguments that point to individual failure. In addition to the various and related dimensions of material well-being (i.e., home ownership, housing quality, housing affordability, neighborhood quality, consumption patterns, health, and nutrition levels [Citro & Michael, 1995; de Vos & Gerner, 1991; Gunewardena, 2002; Mayer & Jenks, 1993; Rector, 1992; Slesnick, 1993]), the social aspects (e.g., relative deprivation, social exclusion, lack of access to social networks that permit vertical mobility, low political participation and representation), and other subjective dimensions of poverty (i.e., low-self esteem, depression, high stress) – which contribute toward perpetuating and exacerbating the condition of poverty would provide a more complicated and broader understanding of poverty.

A wealth of information now available on the concept of social capital (Boushey et al., 2007; Gans, 1995) informs us that social exclusion alone (collective social practices that cannot be attributed to individual failures), imposes a heavy constraint on exiting poverty, while exacerbating the material aspects of well-being. Several nations have officially adopted the social inclusion definition to determine poverty levels (Ireland [Office of Social Inclusion, n.d.], Canada, the United Kingdom). Drawing upon this idea, Boushey et al. argue for the use of social inclusion as the basis for designing poverty policies that would be able to rally far more support for meaningful poverty reduction strategies by providing a much more nuanced understanding of poverty:

Indicators based on social inclusion would assess the extent to which low-paid workers fall behind the rest of the workforce, not only in terms of wages and income, but in a variety of dimensions, including health, education, housing, skills, advancement, and opportunity. (Boushey, et al., p. 2)

In the next few sections of this paper, I discuss three dimensions of poverty experienced by women who are beyond the income-only measure, but do influence income levels, reflecting the connections between income and poverty. These are employment (including labor force participation, wage disparities, and occupational placement), access to health care, and home ownership.

Exploring the Structuring of the Labor Market: “Pathologies” in income and employment

Whether it is related to the internalization of gender norms (i.e., the pervasive influence of gender role socialization that prompts many women to opt out of the labor market to assume full-time the role of motherhood), or whether it is due to *pathological* institutional barriers that limit women's access to and levels of participation in the labor market, significant gender differences persist in labor force

participation rates in the U.S. A little more than half (59 percent) the civilian female population over 16 years was in the labor force in 2004, as compared to over two-thirds (71.8 percent) of the male population. Yet, women earn only 77 percent (a little over three-fourths) of what men earn in median income. As Hartmann, Sorokin and Williams (2006) comment about this trend, “At the present rate of progress it will take 50 years for women to achieve earnings parity with men nationwide” (p. 1). Wage disparities based on the average or median income data are even greater for women of color. In 2005, for example, Latinas earned only 52.4 percent of what white men earned, Native American women earned 59.8 percent, African American women earned only 63.2 percent, white women earned 73.1 percent, and Asian American women earned 80.8 percent of what white men earned (2006, p.3). Women’s representation in managerial and professional jobs^[2] is yet another indicator of the absence of parity of status in the occupational hierarchy. Data cited by Hartmann, et al., (p.4) show that a mere 35.5 percent of women on average were in managerial and professional occupations in 2002, illustrating how the occupational hierarchy is gender stratified.

These disparities in labor force participation, in wage levels, and in the occupational hierarchy are not isolated phenomena reflecting individual failures. They provide tell-tale evidence about poverty as the result of structured inequities, and help us understand the quality of life implications that in effect generate the cycle of poverty. For example, insufficient income often translates into lack of health insurance, inadequate living conditions, food insecurity, little or no leisure, and overwork -- among other constraints – all of which have a cumulative effect on women’s health and well being.

Pitts (2007) provides recent data on the job opportunity structure in the U.S. labor market, pointing to factors beyond individual behavior to explain employment and wage levels. He argues, for example, that

Currently, most questions of workers ask what skills they have or don’t have; which of their behaviors are positive or dysfunctional; and how to move them away from their current job. Little effort is made to understand why certain jobs are created; what determined the level of pay in these jobs beyond individual characteristics; and what choices do low-wage workers face in the labor market. In a context where an extremely large number of jobs are projected in occupations that currently offer low wages, it is important to expand our knowledge beyond the traits of individual workers and examine the structure of the economy. (Pitts, 2007, p.15)

How Pathologies of Power Generate Health Care Disparities

The links between good health and productivity, and conversely poor health and poverty have long been established (Clark, Fong, & Romans, 2002). Access to health insurance is one of the primary determinants of good health, and good health is key to high productivity, given the morbidity and mortality toll of poor health. Recent years have seen an increasing number of individuals without health insurance, primarily women of color.

The available data on women’s access to insurance is patchy because of inconsistent reporting by the various sources that traditionally undertake documenting these figures. The U.S. Census Bureau fails consistently to report data disaggregated by gender on incomes, poverty levels, or access to health insurance. Such calculations are typically made by non-profit organizations such as IWPR or WEDO. Yet the gender-disaggregated data on access to health insurance mask some race-based disparities. As reported by the Kaiser Family Foundation (2007), in the working population, 80% of women workers, as compared to 89% of male workers, were enrolled in health insurance in 2006. However, as the National Council of Women’s Organizations (NCOW) (2006) reports, some 19.4 million women lacked health insurance in 2001. Based on data available for 1999, 37 percent of Latinas, and 23 percent of African American women were uninsured in, compared to 13 percent of white women. By comparison, a 2000 WEDO report notes that a substantial portion (20 percent or 21 million) of the uninsured in 1994 were women, and that nearly half of Hispanic women and a third of African American women reported being

uninsured over 1993, compared to 21 percent of white women (2000 p.19). Reconciling these figures will be difficult until more consistently comparative data are available.

According to WEDO, 16 percent of the population, or 38 million individuals in the U.S., did not have health insurance in 1993. Thirteen years later, in 2006, this number had grown to 47 million. The U.S. Census Bureau (2006) reports that while 10.8 percent (21.2 million) of non-Hispanic Whites were uninsured, 34.1 percent (15.3 million) of Hispanics, 20.5 percent (7.6 million) of Blacks, and 15.5 percent of Asians nationally were uninsured. The uninsured rates for American Indians and Alaska Natives (AIAN) were calculated on a 3-year-average (2004–2006) due to the fact that their smaller numbers may cause single-year estimates to be less than accurate. These estimates show that the AIAN population had an uninsured rate of 31.4 percent, and Native Hawaiians and Other Pacific Islanders had an uninsured rate of 21.7 percent.

Conservative opinions about the lack of health insurance tend to attribute individual failure to secure health insurance as the root of the problem. This attribution is also associated with unemployment as the primary reason for lack of health insurance. In a 2007 report focusing on the labor force issues related to the Black population, Pitts notes that low-wage^[3] employment is just as much a concern as joblessness in the Black community. Where access to health care is concerned, this takes us into the realm of conceptualizing the problem in terms of a living wage^[4]. For example, we know from the grocery workers' strikes in 2002 and 2005 and the continuing struggles of WalMart employees that the prohibitive costs of purchasing unsubsidized health insurance by low-wageworkers is really the root cause^[5]. As labor reporter Bacon (2004) notes, Southern California grocery workers decided to strike in 2003 because they were facing wage ceilings and an impending \$95 per week health insurance premium payment, on a part-time income of \$312 per week. A study of health care benefits available to grocery workers by the UC Berkeley Center for Labor Research and Education revealed several problems – an extremely low proportion of new workers covered by health insurance (7 percent), long waiting periods to secure coverage (one year for individual coverage and 30 months for family coverage), and a stipulation that 20 percent of the premium cost to be borne by the employee – largely unaffordable to most grocery workers. As a result, 50 percent of Southern California's UFCW workers are uninsured, while 43 percent are covered by health insurance through a parent, spouse or government aid.

Women's disproportionate representation among low-wage workers and/or work in industries that do not offer benefits is another example of the structural forces that shape poverty – in this case, the gender-hierarchical and gender-segmented occupational structure. As DeLorey (2007) reports, women are typically concentrated in jobs that are 15 percent less likely to offer health care, and in industries that do not provide health insurance, despite the fact that “women have greater annual health care expenses than men (\$2,453 vs. \$2,316) and pay a greater proportion of their health care expenses out-of-pocket (19% compared to 16%)”. Moreover, linguistic and cultural barriers compound access to health care by immigrant women, while undocumented women experience further obstacles in accessing health care from state and federal restrictions on their use of public health services. Nonetheless, these data provide sufficient information about the limited levels of access to insurance by populations of color as a group, and women of color across the board. The fact that a disproportionate number of women and women of color have lower access to health care than their counterparts provides convincing evidence of yet another structural barrier (rather than a personal failure) that perpetuates the cycle of poverty.

Housing Pathologies: Structured Inequities in Residence, Home Ownership and Financial Security

A large body of research has illustrated the correlations among poverty, displacement, housing quality, and homelessness as directly linked to systemic (structured) inequalities, rather than to personal deficiencies. This research documents structural changes in the housing and labor markets, including gentrification, and shifting federal policies as primarily responsible for the recent increases in poverty and homelessness (Burt, 1992; Lyon-Callo, 1998; National Coalition for the Homeless, 1996; O'Flaherty,

1996; Waxman & Hinderletter, 1995). The structuring of the real estate market merits particular attention in this regard, since home ownership is a highly prized American goal, although unattainable by many. Home ownership is also perceived as a sign of economic stability in the U.S. – that is the achievement of individual financial success based on disciplined management of one’s personal finances. The attachment of this kind of significance to home ownership as an individual achievement obscures many of the realities surrounding homeownership eligibility and access to the real estate market. In the midst of the current housing foreclosure crisis, emerging evidence has revealed the unscrupulous practices of the home mortgage industry in steering women, African American and Latino populations toward sub-prime loans:

The proliferation of discriminatory lending practices in communities of color are, ironically, the cornerstone of the current foreclosure and credit market crisis. More than a decade ago, the subprime market discovered African-American and Latino communities and targeted them for unfair and deceptive loan products and lending practices. Black and Latino borrowers were steered disproportionately to predatory loans containing abusive and deceptive high interest rates, exploitive and unearned broker and other fees, deceptive terms, bloated appraisals, and other reckless lending characteristics. Because more than half of home loans to African Americans and more than 40 percent to Latinos over the past decade were high cost, and often predatory products, blacks and Latinos are experiencing the greatest loss of wealth from the current housing market distress. (National Community Reinvestment Coalition, 2008, p.7)

A 2006 study by the Consumer Federation of America (CFA) cited by Fishbein & Woodall (2006) revealed that women were disproportionately represented among sub-prime market holders: Even though they formed 30 percent of mortgage borrowers, they were 38.8 percent of the sub-prime mortgage holders, even when they had similar or higher credit scores as men. CFA notes that “[t]he gap is especially pronounced for women of color. African American and Latino women have the highest rates of subprime lending. Moreover, African American and Latino women with the highest incomes have much higher rates of subprime lending than white men with similar incomes,” (Fishbein & Woodall, p.1).

Given the high costs of sub-prime mortgages, and their dampening effect on wealth-building as CFA confirms, it is clear that structural features and practices of the mortgage industry rather than personal discipline are pivotal in long-term financial stability. In addition, when we consider the constraints on income imposed by labor market discrimination against women, and women of color in particular, the systemic pressures that work in concert to determine poverty become clearer.

Ultimately, as Sommer (2001) argues,

we must continue to grapple with the question of whether homeless policies should do more to address the structural determinants of homelessness—housing affordability and supply, employment and income opportunities for vulnerable segments of the population, and institutional release policies to name a few—which many claim lead to both new and repeated episodes of homelessness. (p. 2)

Conclusion

The pathologizing impact of the personal deficit arguments about poverty mask the multiple axes of marginality and vulnerability by which women and women of color in particular are encumbered. The stigma attached to poverty is doubly virulent when it is associated with the presumed failures of individual women, and only results in punitive policies (e.g. welfare restructuring), and contemptuous treatment of the poor. The crux of the personal deficit argument is that it fails to account for the deeply embedded structural forces that bring about poverty, and interpret many of the coping strategies and creative responses adopted by low-income women as the root of their poverty. A deeper examination of the structural and systemic forces that collude in constructing their poverty can unearth the pathologies of power embedded in the social structures and institutional practices they confront. Despite the volume of

scholarly research on the structural forces that shape poverty, including the impact of neoliberal prescriptions such as privatization on privations, public policy continues to frame poverty as an individual pathology. Focusing on individual failings provides a convenient “escape clause” for conservative policy makers, beleaguered by the limited results of “trickle-down” economics on poverty alleviation, and aligned moreover, with profit-driven sections of the society.

Thus the concerted effort to “fix” ‘errant’ poor folks, perceived as somehow unable to compete in the labor market, or thought to be located in faulty cultural loci. As Lyon-Callo (1998) argues, public policy over the past decade or more has invested far more in counseling efforts intended to *normalize* the poor and homeless, rather than in serious systemic reform. This resort to a normalization prescription is located in a set of middle-class norms and expectations that the poor are expected to conform to. The appeal of the individual orientation reflects the popular convictions around one cornerstone of American culture – rugged individualism – and the associated tenets of rational choice, free will and the myth of *bootstrap* mobility. The high value placed on self-reliance and the belief in the impartiality of the market leads to the common assumption that poverty must have something to do with individual incompetence, unwillingness, deviance, or pathology. This perspective makes it difficult to identify the structural and institutional forces that impinge on and constrain choices. As Chant (2003) suggests, interventions to redress gender and racial/ethnic inequalities in the labor market and in other key institutions, such as health care, education and housing, would prove far more fruitful in reducing poverty than attempts to “fix” the personal deficits of the poor. In order to do so, Paul Farmer’s ideas about the structural violence inherent in poverty and deprivation as indicative of the *pathologies of power*, rather than individual pathology (as argued by conservative policy makers) offers a more insightful avenue for tracing and arresting the trajectories in the feminization of poverty locally and globally.

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Notes

^[1] Federal poverty levels, in other words, are set on the basis of current before-tax cash income, and the inadequacies of the income-only measure for capturing all the dimensions of poverty have been previously critiqued.

^[2] Hartmann et al. cite 2002 statistics from the U. S. Department of Labor (2004) to define this category as the “[p]ercent of civilian noninstitutionalized women workers aged 16 and older who were employed in executive, administrative, managerial, or professional specialty occupations.”

^[3] The criteria for determining what constitutes a low wage require clarification. For the purposes of this discussion, I am using the wage thresholds determined by the University of California, Berkeley Labor Research Center, as reported in Pitts (2007) as \$12.87 per hour nationally for the year 2000.

^[4] For the purpose of this discussion, I use the commonly understood definition of a living wage, since the 1994 national campaign for living wage ordinances, which is a wage that sustains a family above the poverty levels, based on a location-specific calculation of the cost of living.

^[5] See, for example, documentation of the struggles of the United Food and Commercial Workers union for wage increases and health benefits (Bacon, 2004; Jacobs, 2007).