

2 Who is chronically poor?

Poverty bites

'Chronic poverty is that poverty that is ever present and never ceases. It is like the rains of the grasshopper season that beat you consistently and for a very long time. You become completely soaked because you have no way out. If the whole of your village is poor, then all its residents will be perpetually poor. Some poverty passes from one generation to another, as if the offspring sucks it from the mother's breast. They in turn pass it on to their children.

If you did not inherit land, and you are not a political leader, and you did not go to school, and your relations do not feel proud of you, then poverty will bite you very hard – forever and ever – amen.

Now remember that a disabled person cannot inherit land. A brother's child may even be preferred in inheritance if he is not disabled. Similarly disabled people do not get to leadership positions, and most are not even educated. Where else can you find this dire poverty?'

– Group of disabled women in Nkokonjeru Providence Home, Mukono, Uganda

Source: Lwanga-Ntale 2003:8.

Discrimination reinforcing disadvantage

People who are chronically poor are not a homogeneous group – they are trapped in poverty for a range of reasons. In this chapter, we focus on the experiences of people whose chronic poverty is based on discrimination and disadvantage due to their position within their households, communities, and countries.

Several different bases for social marginalisation, discrimination and disadvantage have been identified, by both poverty researchers and the poor themselves:^{1,2}

- 'ascribed status' (e.g. ethnicity, race, religion and caste);
- oppressive labour relations (e.g. migrant, stigmatised and bonded labourers);
- position as an 'outsider' (e.g. migrant labourers, refugees and internally displaced people, those without the documents necessary to access citizenship rights);
- disability;
- stigmatised ill-health, especially HIV/AIDS;
- gender;
- age (e.g. children, youth and older people); and

- household composition (e.g. young families; households headed by disabled people, children, older people and widows).

While not everybody in these groups suffers chronic poverty, those who experience several forms of disadvantage and discrimination simultaneously are most likely to be chronically poor.

For example, the poverty of a low-caste, older widow living in a remote village in India, is sustained through the interaction of discrimination and deprivation based on caste, gender, age, marital status and geographical location. Discrimination and deprivation often overlap and reinforce each other. Ethnic minorities are, for example, more likely to live in remote rural areas, less likely to speak the national language, more likely to have distinct religious beliefs and customs, less likely to hold official citizenship documents, more likely to experience economic and political discrimination, and more likely to be the objects of racial abuse and violence than other poor people. These kinds of multiple disadvantage block access to the opportunities and resources necessary to escape poverty, and force many into marginal, exploitative, unsustainable livelihoods³ that permit survival but further undermine well-being in the longer term.

We often speak of chronically poor households in this report. But some individuals in less poor households may also be chronically poor – their poverty is lasting and hard to escape even when other members of the household enjoy a relatively good quality of life. Well-being is unequally distributed *within* households – along lines of gender, age, marital status, fertility, wife order, birth order, health status and disability – as well as *between* households.

Knowledge of the extent of chronic poverty among different groups varies greatly. The number of refugees and



Deprivation re-inforcing disadvantage: This man, from a minority ethnic group in Namibia, is also disabled – the victim of a landmine

internally-displaced people around the world, and the problems they face, are reasonably well-known and monitored. By contrast, the numbers of disabled people in developing countries, and their needs, problems and means of support, remain major omissions in the poverty literature. The exclusion of many chronically poor people from official statistics both reflects and reinforces their position of marginality and vulnerability, often rendering them invisible, even to humanitarian organisations and their own governments. Indeed, in terms of citizenship, many people living in chronic poverty do not even exist (Box 2.1).

Minorities and indigenous people

Being born into a marginalised group can have serious and enduring repercussions on the extent to which someone is able to access resources, build a secure livelihood, or even *imagine* a life without poverty. Indigenous minorities are often also linguistic and religious minorities, and often live in remote regions. Box 2.1 describes how indigenous people in Bolivia are excluded from mainstream Bolivian civic, economic and social life, and highlights the chronic poverty that results. After migration to an urban area, the family's lack of documentation and their status as indigenous people and 'outsiders' continue to limit their opportunities, and undermine their children's future well-being.

In China, rural-to-urban migrants from ethnic minority groups, speaking minority languages, are the most marginalised in labour markets, access to education, and social interactions. *Wai di ren* ('outsiders') are often blamed for social problems, such as crime and disease.⁴ Members of the more than 50 ethnic minority groups in China

Box 2.1 The chronic poverty of the 'non-existent'

In Bolivia, the discrimination and exclusion of indigenous peoples is both cause and effect of chronic poverty. Despite constitutional recognition, mainstream Bolivia does not accept the validity of indigenous languages and cultural systems, with their non-European approaches to names, dates, and inheritance. Combined with the high costs associated with remoteness, this means that only a tiny minority of indigenous people have any documentation, like a birth certificate or identity card. Without documents, a person formally does not exist. She or he cannot access any of the rights available to citizens. The 'undocumented' face difficulties in:

- enrolling their children in school;
- registering and selling property;
- accessing communal natural resources;
- getting work;
- accessing social benefits;
- accessing credit;
- travelling freely;
- initiating legal proceedings or defending themselves if taken to court; and
- participating in political processes, as voters or candidates.

As an example, consider the case of an indigenous Quechua man who does not have legalised documentation. Without an identity document, he cannot show that he is the owner of the plot of land that he works, and he cannot access agricultural microcredit programmes, including those aimed at supporting the poorest farmers. Unable to meet the needs of his family, he is forced to migrate to the peri-urban area of Cochabamba, to sell his labour. Without documentation and marginalised as an *indio* (a term of abuse or disrespect for those who are or appear to be of indigenous origin), he has little chance of getting stable work. He now faces exploitation in the informal sector, as a porter waiting on a housewife who requires his services. His precarious situation forces his children to beg on public transport and his wife to beg in the street.

Source: León et al. 2003:3–5.

disproportionately live in poor, remote and mountainous regions. They are less than 9% of the total population but about 40% of those in absolute poverty.⁵

Research comparing the living standards of 53 ethnic minority groups in Vietnam to that of the Kinh majority also shows significant disparities and extreme discrimination.⁶ Ethnic minorities make up 29% of the poor but only 14% of the total population. Further, most people belonging to ethnic minorities remained trapped in poverty during a period of otherwise pro-poor growth: while the poverty headcount among the majority fell from 54% to 31% over the period

1992–93/1997–98, it only dropped from 86% to 75% among minorities.⁷

In sub-Saharan Africa, research on differential rates of child mortality by ethnic group suggests that, in addition to widespread poverty, many countries are as marked by socio-economic inequality, and severe and chronic poverty, as countries in other regions of the world.⁸ Survey data collected in the 1990s in 11 sub-Saharan African countries⁹ showed particularly striking results for Kenya, where the likelihood of mortality for Kikuyu infants was 65% lower than for children of other ethnic groups and 74% lower for children under five.

Table 2.1 Access to basic infrastructure by race in Ceres, South Africa

	Often gone without adequate shelter	Never gone without adequate shelter	Have access to a flush toilet	Often gone without fuel for heating and cooking	Never gone without fuel for heating and cooking
Proportion of African households	32%	50%	62%	27%	36%
Proportion of coloured households	1%	98%	98%	9%	60%

Source: de Swardt, 2003. N = 543 households.

Racial inequality – and the associated spatial inequality – continues to play a central role in the poverty and well-being of South Africans, despite the end of apartheid. Not only is South Africa one of the most unequal countries in the world (the income inequality ratio between whites and Africans has risen from four times in 1994 to six times in 2000), but research in the fruit-producing area of Ceres in the Western Cape demonstrates the extent to which racial hierarchies remain intact (Table 2.1). There are significant disparities in income and assets, not only between African and white people, but also between African and ‘coloured’ people – a mixed group of ethnicities historically considered as those who are neither white, nor indigenous, nor Asian. However, while many ‘coloured’ people have better access to basic infrastructure than Africans, most remain stigmatised and many experience severe discrimination.

In post-socialist Europe, it is the five to seven million Roma (often known as ‘gypsies’) who are the most vulnerable to poverty, over years, lifetimes and generations. Discriminated against and often isolated, the Roma have far worse living conditions and far less education than non-Roma. In Hungary, ethnicity is the most important factor in chronic poverty: one-third of those that are poor for four or more years are Roma although they make up only 4–5% of the population. 53% of Roma are long-term poor.¹⁰ In Bulgaria, Hungary and Romania combined, rates of poverty among Roma range from two to 13 times that among non-Roma, depending on the measure used.¹¹

Throughout South Asia, the links between chronic poverty and ascribed status are played out through the persistent, severe poverty and exclusion experienced

by both tribal (indigenous) and low-caste peoples, to greater and lesser extents. ‘Caste’ is a complex and dynamic system of social stratification that has evolved from occupational groupings into a socio-economic hierarchy into which individuals are born, and thus is related to ethnicity as well as class. ‘Tribe’ is an ethnic categorisation that also comes at the bottom of the caste hierarchy. In India, scheduled castes (SCs) are a collection of castes formerly known as ‘untouchables’ that have been ‘scheduled’ for positive discrimination in education and employment. Scheduled tribes (STs) are identified on the basis of certain criteria including distinctive culture and pre-agricultural modes of production.

When people’s only social safety net is other wage labourers, low wages, job insecurity, poor working conditions and gruelling work, combine to create a situation of high vulnerability to shocks.

Although the harsh oppression associated with untouchability has been banned in India for more than half a century, both groups continue to face discrimination. Scheduled tribes suffer highly limited and often declining access to the natural resources, especially forests, upon which their livelihoods are based. While some scheduled caste families are marginal small farmers, in rural areas most are functionally landless and work as agricultural labourers. In the urban areas, a large proportion of casual workers in the informal sector, including stigmatised workers such as sweepers, are from the scheduled castes. It is estimated that two thirds of India’s bonded labourers are from the scheduled castes and scheduled tribes.¹² Even in the more ‘progressive’

south Indian states, scheduled castes are relatively deprived: survey data from 1994 showed that per capita incomes among scheduled castes were 24% (in Andhra Pradesh) and 41% (in Kerala) lower than the state averages.¹³

Table 2.2 describes the situation in the eastern state of Orissa, which has a large tribal population inhabiting remote rural areas: more than 24% are classified as scheduled tribes, as compared to less than 9% for India as a whole. 92% of people in rural southern Orissa belonging to a scheduled tribe are poor – twice the state poverty rate and three and a half times the national poverty rate.

Discrimination through oppressive labour relations

Members of marginalised social groups are often also on the losing side of oppressive labour relations, which can range from relatively benign systems of migration for wage labour, to the most extreme forms of forced and bonded labour, and trafficking of children and women.

Wage labour and migration

Households that depend on daily wage labour in the agricultural and urban informal sectors are often chronically poor, or at high risk of becoming so. Low wages, job insecurity, poor working conditions and gruelling work, combine to create a situation of high vulnerability to shocks – when the only social safety net is other wage labourers. An illness or an accident at work, a daughter’s marriage or bad weather, can initiate a downward spiral from which it is difficult to emerge [see Chapter Four]. Women and children tend to be in an even more precarious position – they often receive much lower wages than

Table 2.2 Poverty head count by social group, Orissa and India, 1999-2000 (%)

	Rural			Urban			TOTAL
	Scheduled Tribe	Scheduled Caste	All	Scheduled Tribe	Scheduled Caste	All	
Coastal Orissa	67	42	32	63	76	42	n/a
Southern Orissa	92	89	87	72	85	44	n/a
Northern Orissa	62	57	50	54	63	46	n/a
All-Orissa	73	52	48	59	72	44	47
All-India	44	35	27	38	39	24	26

Source: de Haan and Dubey, 2003. Figures have been rounded.
All = entire population of region

their male counterparts, disproportionate to the amount of work they actually do, and often only receive payment in kind.

As for Nandu (Box 2.2), migration is often part of a broader set of livelihood strategies employed by poor wage labourers. Migration presents a set of paradoxes. For some people and in some forms, migration is an important factor in escaping poverty, if not for the migrant, then perhaps for his or her children. For many, however, moving from one place to another does not make them better off – for some, migration deepens poverty.¹⁴

Much migration for work undertaken by the poor in South Asia and sub-Saharan Africa is rural-rural, temporary and seasonal.¹⁵ Chasing scarce, short-term, insecure, and low-paid wage labour from area to area, migrant labourers often find themselves in a constant battle to repay debt and maintain household consumption levels. Migrants such as the Quechua family described in Box 2.1 are often discriminated against within the labour markets, and lack access to health, education, housing and other services.

Bonded and trafficked labourers are locked into livelihoods that provide no opportunity to move out of poverty.

In China, living without an official residence permit means that migrants to urban areas have no legal status, and must pay high fees for their children to attend school. According to an official 1997 estimate, enrolment rates were only 12% among the more than 100,000 migrant children aged 6–14 years.¹⁶ In Bangladesh, migrants and their families report facing many problems at their destinations, including accommodation difficulties, problems in sending money home, sickness and disease, robbery, and physical harassment.¹⁷

Consequently, staying put may be a more successful livelihood strategy. But those left behind are often already chronically poor, with no assets to draw upon, and unable to find work somewhere else. Women, children, older people, and the sick or disabled left behind when others migrate for work can also find themselves at increased risk of chronic poverty when remittances are

Box 2.2 Wage labour, migration and poverty in rural Bangladesh

Nandu lives with his wife and three daughters in a village in western Bangladesh. He has a small piece of land but it is not enough to support the family, so he has to sell his labour to others. He has no specific occupation, but works as a day labourer on whatever is available. He gets work on paddy land during the monsoon season, for which he earns about Taka 50–60/day (about US\$1). As this is not enough to support his family, he looks for other work such as digging soil or cutting trees. He can earn Taka 40 in a day by doing such work, but it is not common work and he doesn't get the opportunity to earn extra money very often. Nandu, like many others, is unemployed in the lean period so he is forced to migrate to other districts to look for work. He has a lot of problems maintaining his family, and worries about how he will provide dowries for the marriages of his three daughters.

Source: Hossain, Khan and Seeley 2003.

sporadic or low, and when decision-making powers remain with the absent migrant.¹⁸

Forced into labour, forced into poverty

There are millions of people around the world for whom livelihood opportunities are far more than 'limited': they have absolutely no choice about where they live and work, or how they survive. Often working in extremely dangerous conditions, for oppressively long hours, little or no remuneration, and away from their families and communities, bonded and trafficked labourers are locked into livelihoods that provide no opportunity to move out of poverty.

In 1999, the United Nations Working Group on Contemporary Forms of Slavery estimated that despite national laws and international human rights agreements, there were 20 million bonded labourers globally, making it the most

widely used method of forced labour. While bonded labour is practiced around the world, most bonded labourers are found in South Asia, particularly among low status castes and tribes in India, Nepal and Pakistan. In these countries, bondage is most common in agriculture, but it is also found in sectors such as mining, gem polishing, brick-kilns, carpets and textiles, and domestic service.¹⁹ In many areas, social and technological change has led to a decline in tied labour arrangements, but as argued for the case of India, 'the skein of patronage may uncoil only to recoil in the form of debt-bondage and labour attachment'.²⁰

Bonded labour exists in several forms. Chronic, intergenerational poverty is perhaps most clearly exemplified by bondage that encompasses an entire family and is permanent, year-round, and inheritable. Labourers are bonded to their employer through various means – often through indebtedness, but also



Children, many of whom work as stonebreakers, at a rally against bonded labour in Maratana, India

through violence, and through feudal-type systems whereby households are dependent on landlords for their basic needs. In the most extreme cases, indebtedness may actually grow over time despite the complete commitment of all household labour to the employer. ‘Employers’ tend to be less concerned with workers’ well-being and future than with maintaining a cheap (poor, dependent and vulnerable) workforce. Marginalised, dependent and often illiterate, bonded labourers have little recourse if an employer increases an interest rate or charges fees without the worker’s knowledge.

Limiting access to property is a key way to keep people *as property*: ‘it is a cruel irony that in some countries a woman may be subjected to a bonded labour debt but not be able to buy or inherit the land she could use to produce income to cancel it’.²¹ In Mauritania, where slavery has been abolished several times, the inheritance of servitude is facilitated by the norm that members of ‘slave castes’ cannot bequeath property to their children.²²

As ‘outsiders’ and ‘illegals’, and often completely dependent on their captors for survival, people who have been trafficked are especially vulnerable to long-term deprivation. It is estimated that between 700,000 and two million women and children are trafficked across borders each year globally.²³ This figure does not include those workers who migrated by choice but who are susceptible to forced labour on arrival, because they do not have proper documentation or because their employers are able to isolate them, as is often the case with domestic work.

It also does not include people trafficked within countries. For example, in southern Sudan, it has been estimated that between the late 1980s and 2000, in the course of the civil war and longer term intra-communal conflict, 14,000 women and children were abducted.²⁴ Often taken to the North, they are forced to work either for their captors or sold on to other people.

Those who have had to flee their homes due to persecution or violent conflict are often already members of marginalised groups.

Even those who escape bondage, trafficking or enslavement – through, for example, improved law enforcement, a peace treaty, or NGO ‘rescue’ – may not escape poverty. Severe material poverty combined with a denial of basic human rights – especially a lack of access to basic education and health care – continue to limit opportunity. Enduring asymmetries of power, status, information and opportunity mean that former bonded labourers and other poor casual workers remain vulnerable to the kinds of oppressive labour relations that maintain poverty (see Chapter Four).

A lack of alternatives (e.g. sources of credit²⁵), can make workers ‘voluntarily choose’ tied labour contracts. In Nepal for example, after the abolition of bonded labour in 2001, many ‘freed’ bonded labourers who found themselves forced off the land and out of a

livelihood²⁶ entered conditional sharecropping agreements in which women and children continue to have to work for free.²⁷ On the cottonseed farms of Andhra Pradesh, contracted by both national and multinational capital, men’s emancipation from bonded labour has fostered the emergence of a young, female, and unfree labour force.²⁸

Displacement, powerlessness and chronic poverty

The effects of displacement

Violent conflict destroys personal assets as well as social and physical infrastructure, with long-term effects on the health, education and livelihoods status of countries, households and individuals – particularly of children and older people. Those who have had to flee their homes due to persecution or violent conflict – sometimes many times and over many years – are often already members of marginalised groups and as such tend to find themselves in situations of extreme vulnerability. Like migrant communities in general, refugees and Internally Displaced People tend to suffer high levels of discrimination and exclusion (see Box 2.3), have few economic opportunities, and are vulnerable to forced labour, violence and eviction. Personal documentation lost or destroyed during displacement further undermines access to state and relief services. Displaced women, children and older people are especially vulnerable to human rights violations.²⁹

In most cases, the displacement caused by conflict exacerbates conflict’s effects, leaving refugees and IDPs chronically poor, both within camps and outside them. Limited access to land and other livelihoods assets alongside restrictions on work and mobility, and poor camp infrastructure seriously undermine food security. IDP camps in Somalia, for example, are overcrowded and have high levels of disease.³⁰ Rates of acute and severe acute malnutrition for under-5s range from four to 20 times the national average in some Ugandan IDP camps.³¹ This can have negative consequences for the non-displaced as, in a country such as Eritrea, communities that host IDPs have received little assistance and suffer as a result of increased demand on their land, services and resources.

Box 2.3 ‘We ran to the camps to save our lives, but entered into poverty’

In Uganda, most internally displaced people (IDPs), especially those in camp situations, are very unlikely to escape chronic poverty.

- They have no land or other assets, having left everything behind when they fled their homes.
- IDPs and especially refugees are discriminated against and denied access to development activities.
- They are regarded as foreigners or outsiders by the host community.
- They lack social capital, often having lost family and community members in the conflict.
- They are often traumatised, affecting their capability to build new livelihoods.
- Many depend on relief aid or begging.

In a camp in Kitgum District, northern Uganda, IDPs told researchers: ‘We ran to the camps to save our lives, but entered into poverty’. The host community of this camp also reported that they were poorer since the camp was established, because they had given up land for the IDPs.

Source: Lwanga-Ntale and McClean 2003.

The problem of IDPs and other poor people can be similar, camps however draw resources away from refugees settled outside camps and local populations. In the Democratic Republic of Congo (DRC), insecurity as well as remoteness and poor infrastructure has meant that millions of IDPs are effectively beyond the reach of humanitarian organisations.³² The International Rescue Committee estimated that the majority of the 2.5 million war-related deaths in DRC between August 1998 and April 2001 could be attributed to disease and malnutrition, as people fled from violence into the bush, or into communities already exhausted and impoverished by war. The FAO estimates that three-quarters of the population of DRC was undernourished in 1999–2001 – the highest rate of undernourishment in the world – up from 62% in 1995–97 and 31% in 1990–92.³³ Particularly in eastern DRC, chronic conflict and displacement, plus a volcanic eruption, has led to a situation of constant and extreme deprivation.

The scope of the problem

At the beginning of 2003, the United Nations High Commissioner for Refugees identified 20.6 million ‘people of concern’ throughout the world – about one out of every 300 persons.³⁴ This includes about 5.8 million IDPs to whom UNHCR was providing support; the Special U.N. Representative for IDPs estimates that there are in fact as many as 25 million IDPs worldwide. Nearly half of the global IDPs have been displaced through protracted conflict in just three African countries: Angola, Sudan, and the DRC. In Africa, IDPs outnumber refugees by about four to one, totalling approximately 13.5 million people.

About 46% of these ‘people of

concern’ are under the age of 18.³⁵ In 22 countries, 16 of which are in sub-Saharan Africa, at least 55% are under 18. According to Save the Children, 60% of IDPs in Sierra Leone are children.³⁶ While only about 7% of ‘people of concern’ are 60 years of age or over, in nine countries in East-Central Europe, North Africa and Latin America the rate is 15% or more. In some refugee camps, the children, youth and/or older people are the majority. In one Sudanese camp, 94% were children aged four or under; in another, only 14% were aged between 18 and 60. Such ‘communities’ have such high dependency ratios that they are absolutely dependent on external provision.

Disabled people are more likely to be poor and to stay poor. Poor disabled children are more likely to die early, preventable deaths.

In addition to those displaced by armed conflict, many millions of people have been forcibly relocated by state and paramilitary forces attempting to control insurgency movements or resource-rich territory; by states attempting to reconfigure the ethnic make-up of particular regions, such as in Indonesia and Bangladesh; and even by ‘development’ itself, in the form of, for example, large-scale dams or exclusion from forests or national parks. In India, even when there have been attempts to compensate displaced people, it has been argued ‘that very few of the 21–33 million development-induced IDPs ... have had their livelihoods fully restored’.³⁷

Those with sufficient education or skills who are granted refugee or asylum

status in Europe or North America can often rebuild lives and livelihoods. Contrary to the perceptions of citizens in rich countries, the main countries of asylum, however, are those with high poverty levels themselves – Asia and Africa host about three-quarters of all refugees and two-thirds of ‘people of concern’.³⁸

Disability and stigmatised illness

By definition, those living in poverty often have limited access to adequate health care, food, education, shelter, and employment, often enduring hazardous working conditions. All these factors increase the risk of illness, injury and impairment. In Chapter Four, the significance of ill-health, injury and impairments to the lives and livelihoods of chronically poor people is discussed. However, the effects of an impairment cannot be fully understood only by accounting for money spent on treatment, or money lost through days not earning. As expressed by people with disabilities in Uganda (Box page 14) and Pakistan (Box 2.4), the impact of stigma and exclusion on the lives and livelihoods of disabled people and their households can intensify these effects, trapping people in poverty. The social aspect of impairment has a name – disability.

Disabled people are more likely to be poor, and to stay poor. Existing information, though extremely limited in its scope and comparability, points to a disproportionate number of disabled people living in poverty in all countries. In urban Uganda in the early 1990s, poverty among the 5% of households with a disabled head is estimated to be at least 38% higher than among households with a non-disabled head.³⁹ In Sri Lanka, the Department of Social Services

Box 2.4 ‘I am a refugee from the world’

Sixty years ago at the age of five, Muhammad Arif was attacked by the polio virus. Due to a lack of medical facilities, and a lack of money, he did not receive proper treatment and lost both his legs. From that time, Md Arif found himself alone in society – he could not get married and was living with his brother as a burden upon him. The government has not supported him. He applied for *zakat** from the government but it was not provided regularly. When fieldworkers met him, he was sitting in the corner of the house weeping. He told them, ‘I have not been able to enjoy the colours of life. I am a refugee from the world’.

* An Islamic system of charity, formalised into a safety net programme by the Government of Pakistan.

Source: Pakistan Participatory Poverty Assessment – Azad Jammu and Kashmir State Report, 2003.



Roma children in Hungary, where ethnicity is the most important factor in chronic poverty.



If Kaulyne is helped to walk, his impairment may not result in chronic poverty.

has noted that approximately 8% of the population are classified as disabled, 90% of whom are unemployed and dependent on their families.⁴⁰ In China, according to 1997 data, of approximately 60 million disabled people, 17 million were absolutely poor; in the wealthy province of Jiangsu disabled people made up over 60% of the poor.⁴¹

When the numbers don't show that disabled people and their households are more likely to be poor, evidence suggests that this is because of 'excess mortality' (and, in some contexts, excess institutionalisation) of disabled children in poor households.⁴² Disabled children in poor households are more likely to die early preventable deaths than their wealthier counterparts, because poor households are often unable to provide the care and treatment required by a disabled child, particularly when there are other children to feed who seem more likely to survive and contribute, and in the context of non-

existent or inaccessible specialised health services.

Physical impairments are not the only way in which disability interacts with poverty. Cross national surveys have shown that common mental disorders are about twice as frequent among the poor as among the rich in Brazil, Chile, India, and Zimbabwe.⁴³

A vicious cycle: impairment, discrimination, disability and poverty

Disabled people have a higher likelihood of experiencing long-lasting poverty because of the environmental, attitudinal and institutional discrimination faced, from birth or the moment of impairment onwards. A person with an impairment only becomes disabled when physical and social barriers limit her or his opportunities. For example, where eyeglasses are affordable, available and socially acceptable, short-sightedness is rarely disabling. While disability is certainly both

a cause and an effect of poverty, it is not inevitable that impairment, illness and injury lead to stigmatisation, exclusion, discrimination and disability. However, once marginalisation on the basis of an impairment occurs, the likelihood is that a vicious cycle of exclusion, loss of income, and persistent poverty will emerge.

Some extreme natural environments including mountains and areas prone to flooding, can present particular challenges for people with physical impairments. However, it is the human-made physical environment that serves to exclude most disabled people in some way. This 'apartheid by design',⁴⁴ including buildings with steps and narrow entrances, inaccessible 'public' transport, education and health facilities, and a scarcity of accessible information all serve to keep disabled people out, pushed to the margins and without the information they need to participate equally.

Discrimination against disabled people is rooted in widely-shared attitudes, values and beliefs. People rationalise the exclusion and ostracism of disabled people and their families in many different ways. Beliefs that disability is associated with evil, witchcraft, bad omens or infidelity persist in many parts of the world. Disabled people also often experience suffocating overprotection and exclusion from everyday challenges. Low expectations of disabled people are often held by wider society as well as by themselves.

Institutional discrimination is the process by which disabled people are systematically marginalised by established laws, customs or practices, based on these discriminatory attitudes. Many aid agencies, including NGOs, for instance, make no attempt to include disabled people in their work; some implicitly

Table 2.3 HIV-positive people and people living with AIDS, by region

	Adults and children living with HIV/AIDS (2003)	Adults and children newly infected with HIV/AIDS (2003)	Adult and child deaths due to HIV/AIDS (2003)	Adult prevalence rate (%) (2003)*	% of HIV-positive adults who are women (2002)
TOTAL	40 million (34–46 million)	5 million (4.2–5.8 million)	3 million (2.5–3.5 million)	1.1% (0.9–1.3%)	50
Sub-Saharan Africa	25.0–28.2 million	3.0–3.4 million	2.2–2.4 million	7.5–8.5	58
South/South-East Asia	4.6–8.2 million	610 000–1.1million	330 000–590 000	0.4–0.8	37

Child = 0–14 years of age, Adult = 15–49 years of age

* Adult prevalence rate = the proportion of adults living with HIV/AIDS in 2003, using 2003 population numbers.

Source: UNAIDS/WHO 2002, 2003.

exclude them through 'fitness' requirements. In many countries, disabled children are not required to go to school and there is no special provision for their needs if they do enrol. Banks often do not accept disabled customers. Employers often do not consider the needs of disabled applicants.⁴⁵

Illness, stigma and persistent poverty

'Those staff members who know about me talk about it. They point at me and say, 'Look, he is the HIV fellow.' They ... keep their distance from me and remain aloof. I don't share my tiffin box with them any more. I don't feel like coming to work. I remain absent for 10–15 days and then lose wages.' – *Tatya, 38-year-old hospital ward boy, India*

Source: UNAIDS 2000.

Those with illnesses can also face stigma and discrimination normally associated with physical and mental impairments. Stigmatised illnesses include tuberculosis, depression, cancer and sexually transmitted diseases. While there have been large improvements in how people with these conditions are perceived, stigma remains and is very strong in many parts of the world. In the new millennium, it is attitudes towards HIV and AIDS in particular that will stigmatise and exclude millions. In 2003, between 34 and 46 million people were living with HIV/AIDS, about two-thirds of whom lived in sub-Saharan Africa (Table 2.3). The negative relationships between chronic poverty and the health and economic effects of chronic ill-health are discussed in detail in Chapter Four.

In addition to the huge direct and indirect costs of full-blown AIDS to livelihoods and economies, however, there is also widespread social and economic discrimination against people who have AIDS or are HIV-positive. People with AIDS, and often their households as well, continue to be excluded from work, access to services, and family and community life. This exclusion is based on misperceptions about the source and effects of the illness, and amplified by existing social inequalities, especially those of gender, sexuality, race and class.

The impoverishment of widows by asset-grabbing in-laws has worsened due to HIV/AIDS, as women are blamed for their husbands' illness.⁴⁶

Box 2.5 Chronically poor woman – in a wealthy household

A Tanzanian farmer reported ill-treatment by both her wealthy husband and his first wife. Doubts over the paternity of her child make her vulnerable in her marriage, and she has no command over household resources. She sells her labour in order to get extra clothes and food for herself and her child, and depends on neighbours to help her with salt and soap. She would like her father to return the bride price so that she can separate from her husband, but he claims that he no longer has the money. She feels she 'has no language' to report the situation to the hamlet chairman who could intervene, so she just has to stay and tolerate the situation.

Source: Cleaver 2003.

Women and girls in chronic poverty

Throughout their lives, poor women perform a triple role: reproductive work (including frequent childbearing and responsibility for the care of the household); productive work (often irregular, highly physically burdensome, and for extremely low pay); and community work. Gender-based discrimination occurs within each of these roles. Thus some women and girls are chronically poor even though they reside in non-poor households, as Box 2.5 illustrates.

For poor women exposed to domestic, community or state-sponsored violence – psychological and emotional as well as physical and sexual – escape from poverty is especially difficult. Women and girls are most at risk of persistent poverty in contexts where gender-based discrimination is chronic, severe, and overlapping with other forms of marginalisation such as age, marital status or ethnicity.⁴⁷

The cycle of maternal and child malnutrition, morbidity and mortality is one of the most significant means through which poverty persists over generations.

The effects of gender discrimination in the household

Parental investment in children is strongly affected by localised norms of entitlement. In many parts of South Asia, China, the Middle East and North Africa, girls in poor households are less likely than boys to receive adequate general care, education, nutrition and health care.⁴⁸ The impact of women's education and their control over resources on children's (and often especially girls') welfare can be much more significant than that of men.

The cycle of maternal and child malnutrition, morbidity and mortality is one of the most significant means through which poverty persists over generations: a vicious cycle of low investment in women and low investment in girls.⁴⁹ Gender discrimination in access to health, nutrition, education and security exacerbates this process further.

The transmission of poverty via nutrition can begin *in utero*. The child of an inadequately nourished mother is likely to grow less rapidly than that of an adequately nourished mother. Around 30 million children are born each year in developing countries with impaired growth due to poor nutrition during foetal life.⁵⁰ Babies born with a low birth weight are much more likely to die, and to be stunted and underweight in early life, increasing their chances of ill-health and death in childhood and beyond.⁵¹

Although evidence of the extent to which poor foetal growth is related to future disease is contested, it is clear that girls who grow up stunted or anaemic are more likely to be underdeveloped for childbirth, and face higher risks of maternal and child mortality, and of low birthweight and stunting among their own children.⁵² This is often compounded by an earlier start to childbearing among poorer women than their better off counterparts – an estimated 17% of babies in the least developed countries are born to women aged 15 to 19 years, compared to 8% in the more developed regions.⁵³ Their babies are at greater risk of having a low birthweight and being less healthy, leading to a cycle of harmful long-term effects.

Death and the chronically poor: 100 million missing girls and women

Premature and preventable death due to poverty-related factors is the most fundamental evidence of chronic poverty.

From this perspective, females are disproportionately among the chronically poor. While estimates vary, it is indisputable that, based upon gender discrimination from conception to grave, millions of girls and women are simply missing from the world. They die preventable deaths through selective abortion, infanticide, overwork, ill-health, and neglect.

Over a decade ago, Amartya Sen brought the issue of extreme gender bias in mortality to the attention of the world. In the late 1980s and early 1990s, Sen estimated that over 100 million women were ‘missing’ from the global population. Global trends in gender-biased mortality have recently been reviewed.⁵⁴ Depending on the assumptions made regarding the ‘expected’ ratio of women to men in the world, estimates of the total number of missing women vary from 60 to 113 million. The preferred estimate is 101.3 million missing women. 80 million of these are Indian and Chinese women – a staggering 6.7% of the expected female population of China, and 7.9% of the expected female population of India. Due to discrimination against girls and women, from before birth throughout the life-cycle, more women are missing ‘than the combined number of casualties of all famines in the 20th century, [or . . .] the death toll of both World Wars combined, [or . . .] the

number of casualties of major epidemics such as the 1918–20 global influenza epidemic or the currently ongoing AIDS pandemic’.⁵⁵

Globally, the number of missing women increased in absolute terms over the past decade, although it fell as a share of the number of women alive. Regionally, trends vary:

- Sub-Saharan Africa has a relatively good sex ratio, but it is deteriorating, and it is estimated that 5.5 million sub-Saharan African women are missing.
- There have been sizable improvements in the sex ratios of Pakistan, Bangladesh, and most countries of the Middle East and North Africa.
- India has seen only small overall improvements in the sex ratio, although there are significant differences among and within states. Worsening survival rates among infants and young girls has all but cancelled out clear improvements in survival among older women.
- In China the situation is deteriorating. In 1999, between 100 000 and 160 000 orphans and abandoned children were included in *official* figures. 90% were girls; most of the remaining 10% were boys with a disability. Second and subsequent daughters are at high risk of abandonment or abortion,

based on a combination of strong son preference and the ‘one child policy’, which allows rural households to have a second child if the first is a boy.⁵⁶

While in most countries gender bias has been reduced through improved female education and employment opportunities, in China (and also increasingly in India) an increasing recourse to sex-selective abortions has worsened it.⁵⁷

Chronic poverty, age and the life-cycle

The experience of chronic poverty is not only associated with structural factors; individual and household life-cycles have a significant influence. Poverty experienced at a certain point in an individual’s life does not only affect that individual at that particular time, but can have consequences over the entire course of that person’s life, as well as over the lives of other members of the household.

Childhood

At the turn of the 21st century, an estimated 600 million children are growing up in absolute income poverty.⁵⁸ In terms of broader indicators of child rights, more than half the children in developing countries – more than one billion children – suffer from severe

Box 2.6 Childhood poverty in Kyrgyzstan – a snapshot of the future

Over half of Kyrgyzstani children and youth live in households with incomes too low to satisfy their minimum needs, and between one-fifth and one-quarter of rural children live in households with incomes too low to buy enough food. A greater proportion of children live in poverty than people of any other age group.

As both the official and unofficial costs of accessing key social services rose in the early 1990s, households have been making less use of these services, including education and health care. As schooling costs bite, children drop out to save costs and generate an income, particularly in families with many children. For many poor families, children’s clothes, and particularly shoes, are major and sometimes prohibitive expenses. The very cold winters render adequate clothing and footwear a more pressing concern than in other parts of the world. Some families attempt to cope by having children share shoes and attend school in shifts; notebooks and pens are also shared. Others make use of clothing donated as part of humanitarian aid, although this can be considered shameful and stigmatising, and leads to some children dropping out. The depletion of human capital now is undermining the future prospects of both individual children and society.

- In the late 1990s:

- Stunting was identified in 29% of rural children and 16% of urban children.
- Anaemia was identified in 28% of rural children and 19% of urban children.
- 87% of adolescents living in southern Kyrgyzstan, and 52% of adolescents in the north had symptoms of iodine deficiency, associated with mental impairment.
- In 2001:
 - 65% of rural infants below 1 year old and 57% of urban infants were living in poverty.
 - 60% of rural children below 10 years old and 54% of urban children were living in poverty.
 - 21% of rural children and 12% of urban children were living in severe poverty (about 60% of the national poverty line).

Recent data analysis has shown that approximately 40% of young children (birth to four years) in Kyrgyzstan have spent four years in income/expenditure poverty. Given the long-term implications of persistent poverty in the early years, this is an extremely serious situation in terms of the future well-being of the country.

Sources: Yarkova et al. 2004; Eversmann, 1999; Howell, 1996; CC/WB, 1999; Falkingham and Ibragimova, forthcoming.

deprivation of at least one basic human need, and over one third (674 million) suffer from absolute poverty (i.e. two or more severe deprivations).⁵⁹

Intuitively, children who have had a 'good' start in life should be at much less risk of being poor as adults, and of initiating another cycle of poverty with their own children; indeed there is much evidence to support this.⁶⁰ An effective attack on chronic poverty clearly must be grounded in an attack on childhood poverty and the ways poverty is transmitted over lives and generations.

'Childhood poverty' and 'chronic poverty' both emphasise the particular time in the lifecycle when it occurs, and its duration. One rationale for distinguishing chronic and transitory poverty is that long periods in poverty may well have more damaging long-term effects than short periods.⁶¹ Similarly, the urgency of addressing childhood poverty derives partly from the vulnerability of young people to the impacts of poverty, both in childhood and throughout their lives. In particular, the long-term effects of poor health and nutrition in the womb and in early life, compounded by limited educational opportunities, create significant obstacles to escaping poverty.

Many chronically poor children, are members of so-called 'vulnerable groups' – orphans, street children, working children, child sex workers, child heads of households. Many of these children, and many more children not included in these categories, live within chronically poor households. Children living in poor households without any form of social protection or access to basic social services are at high risk of staying poor (see Box 2.6). Discrimination and deprivation based on ethnicity or caste can also condemn marginalised children to a lifetime in poverty or an early death.

Certain children are discriminated against within households, and can be chronically poor within households that are not chronically poor. In some countries, particularly in South Asia, girls are particularly vulnerable; in others, birth order matters. Many child domestic workers live in chronic poverty even within wealthy households. In some cases, fostered and adopted children face a similar situation, although this depends on the reasons for fostering, the resources available, and the bonds formed between children and carers.⁶²



Older people, like this woman in Tigre, Ethiopia, have to rely on hard physical labour to survive.

Older people

'I am an old woman and used to get support from my sons and daughters but they have all died of AIDS leaving me with six orphans to look after. I have found it very difficult to pay school fees, feed them, clothe and pay their medical bills. This has been worsened by my inability to carry on farm activities due to old age. I just pray for the government to offer some support for my grandchildren'. – Poor older woman, southern Uganda

Source: Lwanga-Ntale and McClean 2003.

355 million of the world's older people live in developing countries⁶³ where formal social security is minimal or non-existent. Research suggests that chronic poverty is disproportionately experienced by older people. Poverty in old age is both a cause and effect of intergenerational poverty. It is a condition from

which few if any can be expected to escape; even a relatively short spell of old-age poverty, if it leads to a premature and preventable death, must be considered as chronic poverty.

355 million of the world's older people live in developing countries where formal social security is minimal or non-existent

Conditions of poverty in older age are associated with an absence of income security; inadequate family or social support; and poor health combined with inadequate health care. Discrimination, neglect and abuse of older people occurs throughout the world, contributing to insecure livelihoods as well as to feelings of worthlessness and powerlessness.

Box 2.7 Planning for the future

Surya is a 50-year-old Indian male migrant worker who works at a mining site in hazardous conditions. He has developed ailments that make him feel, at 50, an old person in every respect. With no savings, lack of job security in later life, poor health and no economic support from his children, old age is a phase of life he does not look forward to. . . . He copes with his frail health alone, and only in an emergency visits the government hospital. While he does receive free medical consultation, he cannot afford to take days off work, nor purchase the medicine prescribed for his ailments. He views beggary as an alternative means of living if he is jobless, and thinks he will have to resort to this within couple of years.

'In my old age with frail health who will give me a job? For the present job I had to coerce my employer, he agreed after I offered to work at half the salary he pays to other employees, at least now I have some income to meet my needs.'

Source: Shankardass 2002.

Older people are particularly vulnerable to the ravages of war, unable to flee and not considered priority for relief efforts.

Such a situation is not inevitable. In South Africa, significant and universal non-contributory pensions not only support older women and men, but also play an important part in maintaining families. At the same time, poor, older South Africans face a set of challenges that hinder the possibility of livelihood improvement, including illiteracy, an ever-increasing burden of childcare, and years of apartheid policies that undermined their capacity to save for a secure old age.

Of those South Africans above the age of 50, the chronically poor are more than twice as likely to be illiterate; two-thirds of chronically poor 'frail old' people (84+) are illiterate compared to about 40% of the non-poor.⁶⁴ While those who are chronically poor but not old are as likely to report illness as the same non-poor age group, this situation changes in the older age groups, where chronically poor older persons are more likely to report illness than the not poor. And even many of the very old chronically poor continue to work, even if it is not recognised as such. 'Retirement' is illusory for poor older people:

'Not only are chronically poor people more likely to collect wood and water than the not-poor, they are also more likely to continue to perform this work as they age. Indeed, it is alarming to note that almost 20% of 'frail

*old' people are still collecting water and that chronically poor people in this age group are more than twice as likely to be collecting wood and water than the not-poor. This underscores the economic role that continues to be played by older people into late old age, and shows that chronic poverty implies that the transition from producer to consumer is not an option for many older people.'*⁶⁵

Widespread institutional and social exclusion on the basis of age, gender and disability represent formidable barriers for the poorest older people in their efforts to achieve security.

On the other hand, around the world those older people who can still earn a living suffer early retrenchment due to their age. Financial support to start small business is limited because lending agencies have an age limit for giving credit; even some donor agencies refuse to fund work with older people.⁶⁶ So earning from labour, often the most critical asset of poor people, is reduced in old age, pushing older people such as Surya (Box 2.7) into marginal, low-paying occupations that further undermine their health.

Widespread institutional and social exclusion on the basis of age, gender and disability represent formidable barriers

for the poorest older people in their efforts to achieve security. The differential impacts of age on women and men is only beginning to be understood. Factors indicating high risk of chronic poverty for older women include their greater longevity and likelihood of widowhood, inequitable inheritance laws, and low access to education and health services. Risk factors for men in some communities include abrupt loss of status and low levels of support from children.

Household composition

Poverty based on structural discrimination can be exacerbated and entrenched if it occurs at certain points in the life-cycle of a household, as well as that of an individual. Household size and dependency ratios, as well as headship, are important factors in determining the experience of poverty and chronic poverty. And, as discussed above, changes in household composition – through marriage, divorce, abandonment, birth, death and migration – are also differentiated along lines of gender, age and health status.

Poor households tend to be significantly larger than others, even allowing for economies of scale within households, and to have higher dependency ratios.^{67,68} Where there is high child mortality, limited publicly-provided social safety nets, and a market for child labour, it is a rational decision for poor households to have many children, but one that can undermine the chances that

Box 2.8 'You are given only once, and if you are unfortunate, that is it'

Grace was widowed shortly after she and her husband escaped the violence that took place in Uganda in the mid to late 1980s. They escaped to another district with a little money, but lost almost all their accumulated assets. With the sound of bullets coming closer they had to make stark choices between saving a cooking pot or a child.

Soon after Grace's husband spent the money they had to buy some land, he was murdered by the land's original owners. Grace was driven away, and settled in an internally-displaced people's camp. She has now been there for over ten years, but, twice a refugee, Grace has been able to re-accumulate very little. She lives in a simple one-roomed thatch hut, which is her only asset. She owns no land and 'even the hoes I had have been stolen.'

Grace has limited support from others. Although she had 13 children, only five lived beyond early childhood. Of the surviving children, the youngest daughter died some time ago of AIDS leaving three of her own children. Two of these children died and Grace is now bringing up the third, a

granddaughter. She feels that she has no-one else to go to for help in the village, as there are no clan leaders or members of her tribe in the camp, and although her three surviving daughters and her son are all in the camp they rarely give her any food or other support. When she is ill it is difficult for her to go to the clinic, as 'you have to go with your brother', meaning that you have to take a bribe for the doctor. She does not have anyone who will give her the money.

Nevertheless she is not entirely without a support network. A young man lent her a small patch of land during the last agricultural season, on which her children helped her to cultivate sweet potatoes. An old man built her a granary next to her house, where she planned to store the potatoes. Unfortunately pests destroyed the crop, leaving her no better off than she had been before. She does not expect to be offered land again 'you are given only once, and if you are unfortunate, that is it.'

Source: Bird and Shinyekwa 2003.

the household, and particularly the children, will be able to move out of poverty.⁶⁹

While households headed by children or the highly marginalised, including disabled people, are clearly among the poorest and likely to stay that way, evidence on the relationship between female-household headship and chronic poverty is far more mixed.⁷⁰ This is in part because of the range of household structures that 'female-headed' can imply. Where social inequalities and discrimination reduce single mothers' access to resources, they and their children may be worse off, but this is sometimes mediated by a range of factors, including

mothers' determination to give their children a better future, and, in many cases, support from other family members. Similarly, in polygynous households, where women are essentially responsible for providing for their children as in West Africa, there is no clear evidence that children are necessarily disadvantaged. However, where provision of resources is principally a male responsibility, and in cases where women are truly unsupported or stretched, unequal distribution of resources can result in women and children living in poverty.⁷¹ Widow- and divorced woman-headed households are disproportionately among the poorest (see Box 2.8).

Multiple deprivation, discrimination and disadvantage

While there is no single, dominant characteristic of the chronically poor, such as being older or being a woman, there is a set of identifiable elements of socio-economic structure and life-cycle stage that underpins long-term poverty. Processes of exclusion and exploitation based on ethnicity, religion, caste, class, displacement, old and new forms of slavery, disability, ill-health, gender, age and household headship, keep many millions in poverty by limiting access to assets, services and positive social relationships.

Notes

1. While participatory poverty assessments suggest that such categories often relate closely to those used by poor people, they may not always be part of the mental constructs that individual poor people use to understand their world. The social advantages enjoyed by most poverty analysts – class, wealth, education, race, gender – make it possible to introduce analytical frameworks that enhance our ability to understand and compare experiences across time and space.
2. It is also important to recognise that these 'categories' of chronically poor people are only 'groups' inasmuch as they share common experiences of poverty based on common characteristics. An individual or household that an outsider would place within a specific category may not identify themselves as such. Social identities are multiple and overlapping, and there is often little sense of social solidarity between those who are similar in some ways but not others. A teenage girl with learning disabilities whose father is a bonded labourer from a minority ethnic group, and the matriarch of a family influential in politics and business experiencing impaired mobility based on age, are unlikely to feel a bond based on shared gender or disability status.
3. See Begum and Sen 2003.
4. LeBrun 2003.
5. World Bank 2001.
6. Baulch et al. 2002.
7. Strikingly, even if minority households had the same levels of human and physical capital as majority households, only about one-third of the expenditure gap would be closed (Baulch et al, 2002): social assets are crucial to well-being.
8. Brockerhoff and Hewett 2000.
9. Central African Republic, Côte d'Ivoire, Ghana, Kenya, Mali, Namibia, Niger, Rwanda, Senegal, Uganda, and Zambia.
10. Braithwaite et al. 2002.
11. Revenga et al. 2002.
12. Sankaran 2000.
13. NCAER/Oxford 2001.
14. Kothari 2003.
15. de Haan and Rogaly 2002.
16. Wu 2001.
17. Hossain, Khan and Seeley 2003.
18. Kothari 2003.
19. Daru and Churchill 2003.
20. Harriss-White 2003:24.
21. ILO 2001:74.
22. Anti-Slavery International 2002.
23. US Centre for the Study of Intelligence, in Kaye 2001.
24. Kaye 2001.
25. Genicot 2000.
26. Herzfeld 2002.
27. Daru and Churchill 2003.
28. Venkateshwarlu and daCorta 2001.
29. HAI 2000; SCF 2003.
30. Global IDP Project 2002.
31. UN SCN 2003.
32. Global IDP Project 2002.
33. FAO 2003.
34. UNHCR 2003a.
35. UNHCR 2003b.
36. Global IDP Project 2002.
37. Pettersson in UNHCR 2002.
38. UNHCR 2002.
39. Hoogeveen 2003. This estimate is based on recent innovative work combining 1991 Population and Housing Census data and 1992 Integrated Household Survey data.
40. Tudawe 2001a.
41. World Bank 2001.
42. Erb and Harriss-White 2001; Masset and White 2003.
43. Patel et al. 1999, cited in WHO 2001.
44. Imrie 1996 in Yeo and Moore 2003.
45. Yeo and Moore 2003.
46. Human Rights Watch 2003.
47. Human rights abuses against those accused of being 'witches' are common in many cultures, and women – especially older women – are much more susceptible than men to charges of witchcraft. 'Witches' are often the scapegoat if something goes wrong in a community. Subsequent exclusion of, and even violence towards, an accused woman can undermine her livelihood, her well-being, and her life. At the same time, it must be noted that some women use the possibility of witchcraft to their advantage. In the context of changing gendered agrarian relations in Kenya, witchcraft 'remains a powerful weapon through which women can level intra-household disparities and, more broadly, challenge the legitimacy of social practice' (Dolan 2002:678). In other cases, women – particularly those from tribal communities – have particular marketable skills as soothsayers and healers (Lalita 2003) – in some cases one of the only businesses that expands in a declining economy.
48. In sub-Saharan Africa and the Americas, there is less clear evidence of intrahousehold gender discrimination, and in some cases it is boys who are in the weaker position. .
49. Harper, Marcus and Moore 2003.
50. James Commission 2000.
51. ACC/SCN 2000; James Commission 2000; Kielman and McCord 1988 in Tudawe 2001b.
52. ACC/SCN 2000.
53. UN Population Division 2004.
54. Klasen and Wink 2003.
55. Klasen and Wink 2003:264.
56. Young 2000c in LeBrun 2003.
57. Klasen and Wink 2003.
58. UNICEF 2000.
59. Gordon et al 2003.
60. Harper, Marcus and Moore 2003.
61. Chase-Lansdale & Brooks-Gunn, 1995.
62. Harper, Marcus and Moore 2003.
63. HAI 2001.
64. May 2003.
65. May 2003:22-3.
66. HAI 2001.
67. Children, older people, the ill and disabled are generally considered as dependents, although each often contributes both directly and indirectly to household income.
68. de Haan and Lipton 1998.
69. Kabeer 2000.
70. Chant 2000, Quisumbing et al 2001, Appleton 1996.
71. Harper, Marcus and Moore 2003, Masset and White 2003.