

# Study reveals persistent deprivation for New Zealand children

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A sizeable and "difficult to ignore" proportion of New Zealand children have experienced persistent low income and deprivation in recent years, according to a new University of Otago study using seven years of longitudinal survey data.

The researchers, Dr Fiona Imlach Gunasekara and Dr Kristie Carter from the Department of Public Health at the University of Otago, Wellington, used data from the Survey of Family, Income and Employment (SoFIE) and a sample of 4,930 children aged 0 to 17 years beginning in 2002, followed up until 2009. By 2009, the sample ranged in age from 6 to 23 years.

The results, published today in the *New Zealand Medical Journal*, show that 16%, or 765, of the sample of 4930 children in the survey experienced persistent low income. Persistent low income is defined as where (before tax) household annual income is less than half of the median household income during four or more out of the seven years of the survey. In 2002 low household income was defined as below \$21,530. Seven years later in 2009, a household would need to receive less than \$28,295 to be classified as low income.

Dr Imlach Gunasekara says that Māori and Pacific children were much more likely to experience persistent low income, affecting 23% of Māori children (245 of 1045 Māori children in the survey) and 29% of Pacific children (85 of 295 Pacific children in the survey).

Children of sole parents had the greatest risk, with around one third of these children experiencing persistent low income (310 of 920 children of sole parents).

Researchers also measured the level of persistent deprivation among the [sample group](#), where they or [household members](#) reported two or more items on an eight-item individual deprivation scale for two or three out of three years. On this scale, 13% of the children experienced persistent deprivation (670 of 4930 children).

Deprivation items on this scale included having made use of food grants, food banks or received other help from a community organisation; having to cope with feeling cold to save on heating costs; being forced to buy cheaper food or go without fresh fruit and vegetables so they could pay for other things; having to continue to wear shoes with holes because they could not afford to replace them; and receipt of an [income](#)-tested benefit or unemployment for four or more weeks during the last year.

Twenty-two percent of Māori and Pacific children experienced

persistent deprivation (235 of 1045 Māori and 65 of 295 Pacific children), but children of sole parents again had the greatest risk, with around one-third of these children experiencing persistent deprivation (310 of 920 children).

"We know from other research that exposure to many years of poverty or deprivation in childhood increases the risk of poor child development and health," says Dr Imlach Gunasekara.

"These children are also more likely to grow up to be adults with worse health outcomes and lower socioeconomic status."

This research is from one of the [working papers](#) supporting the *Issues and Options Paper* recently released by the Expert Advisory Group (EAG) on Solutions to Child Poverty (formed by the Children's Commission).

"The EAG recommend setting targets for child poverty reduction and introducing child poverty legislation," says Dr Imlach Gunasekara.

"These measures are necessary if we are to see a reduction in child poverty levels over time. We also need ongoing monitoring of the levels of persistent child poverty, so we can tell if what we are doing is making a difference, which could be done through the establishment of a [Children's Act](#) and targets for reducing poverty, as the EAG have suggested. This level of [child poverty](#) is difficult to ignore."

Provided by University of Otago

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