As set out in our first paper, studies developed within an ecological framework point
to a complex set of interactions between developing children, and the family, the
school, the peer group, and the neighbourhood contexts that surround them. This
research has many implications for interventions in poverty environments, particularly
in urban contexts. While there is still much to do to refine the models and the
interventions they suggest, the models draw our attention to significant sources of
influence for the development of different psychological capacities at key points in the
lives of children and adolescents.

This paper seeks to provide a more thorough discussion of some of the complexities
of child context interactions in poverty contexts. Cultural practices form a central
component of the child’s context. The second half of the paper will explore the way in
which cultures structure the experience of childhood.

**Risks to child development in poverty contexts**

A recent CCF paper by Feeny and Boyden (2003) provides a conceptual overview of
the several ways in which poverty is conceptualised. As they note, most of the
world’s children experience poverty as a chronic condition that is evident across
generations. In countries effected by HIV/AIDS existing poverty conditions are
compounded by the economic shocks that accompany loss of income as a
consequence of illness and death.

The conditions commonly associated with enduring conditions of deep poverty have
profound effects on a wide range of developmental outcomes (McLoyd, 1998). This is
particularly true of early childhood. In an overview article to mark the beginning of the
new millennium Horowitz (2000), refers to poverty as “a dense concentration of

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1 This paper has been adapted from Dawes & Donald (2000)
disadvantaged circumstances that can swamp development negatively”. Extreme poverty such as one finds in a developing country constitutes a swamping factor, placing children at high risk. Nonetheless, even under severe conditions, children can be protected by special circumstances and measures.

The emerging CCF definition of poverty is:

“A multifaceted, dynamic and contextualized form of adversity in which material lack interacts with and is mediated and compounded by social exclusion inequity and powerlessness, with multiple effects” (Feeny & Boyden, 2003, p. 6).

In Bronfenbrenner’s (1979) framework poverty influences on child development originate in the macrosystem, but make their effects felt at the most proximal levels to the child – in the neighbourhood or village, the household and in the caregiver-child relationship. Also, it is generally true that enduring life conditions and on-going negative or positive relationships and conditions have the most powerful influence on child outcomes.

Feeny and Boyden go on to note that:

“Poverty interventions need to take full account of broad structural trends while also focusing on individual, household and community vulnerabilities, capacities and strategies” (p.5).

Children’s environments, including those characterised by poverty, have both personal and structural characteristics, all of which should be considered as inputs to development when planning interventions. Changing these potentially risky developmental inputs where possible, can have significant positive implications for developmental outcomes. Central personal and structural characteristics of the child’s developmental context include the following elements.

Personal aspects include:

- The personal characteristics of care-givers, peers, teachers, and other significant people who influence children’s development in proximal settings. For example, the quality of care provided by the child’s cargiver.

Structural characteristics on the other hand, include the physical and human structure of communities (demography) and the household. Structural features of communities include:
• The physical characteristics of the child’s context. For instance, the type of housing (shacks or brick houses), access to water, the quality of the recreation facilities, and the number and quality of the schools (Brooks-Gunn, Duncan & Aber, 1997).

The human characteristics of a community could include factors such as:

• Its ethnic make-up, the number of female headed households, the proportion of community members living below certain employment and poverty levels, the age and gender distribution, as well as the nature of adult and child social networks (Barbarin, Richter, de Wet & Wachtel, 1998).

The evidence of a large body of research suggests that during the pre-school and primary school years, the impact of a range of neighbourhood characteristics, is mediated by mainly by family members - particularly primary care-givers and older siblings (Aber, Gephart, Brooks-Gunn, & Connell, 1997). Because of this finding, it is important to understand how community characteristics influence the mental health of those who care for children.

Research on this question has been reviewed by Wandersman and Nation (1998). They observe that negative structural characteristics of the neighbourhood produce stress in care-givers who, in turn, cannot cope or create the conditions needed for positive emotional outcomes for their children. Even in very poor communities, however, if children are exposed to at least some well functioning families, this can protect the child against the deprivations of their situation. For example, these families may have somewhat better resources that can stimulate the cognitive capacities needed for school. They may also include positive role models. Local teenagers who are successful at sports or school could be examples. As noted in Paper 1, adults in the community who are less stressed may offer support to neighbours, thereby reducing the risks of abuse to the children of stressed care-givers.

Poor social cohesion is another structural feature that contributes to negative developmental outcomes due to parental strain through social isolation. For example, poor social cohesion is common in areas of southern Africa that are characterised by high population mobility, such as the outlying areas of cities that have large populations of recent migrants from the countryside. While country villages have been severely disrupted by migrant labour practices for many years, there is nevertheless likely to be a greater sense of history, stability and cohesion in
these areas than in new urban settlements. In either context, however, the civil violence that is characteristic of so many communities in South Africa has been shown to fracture and disrupt social cohesion and mutual family support (Higson-Smith & Killian, 2000).

A general model of the links between poverty conditions, child-care contexts and child development outcomes, that includes some of the features we have discussed above, is depicted in Figure 1 below. It will be evident that neighbourhood and household factors have direct effects on child outcomes. For example, if there are a number of drug-using adolescents in the child’s immediate neighbourhood, and he spends time with these youngsters, it is very probable that his behaviour will be directly influenced by this association.

The figure also shows indirect pathways of influence that are mediated by caregivers. In this case the caregiver is affected by the neighbourhood (or household situation), and this in turn influences her interaction with her child (an indirect neighbourhood effect). Thus if the parents are aware of and concerned about the presence of drug-using peers, they may be very strict with their children in an attempt to keep them off the streets and away from negative influences (Jarrett, 1997).
Figure 1: Influences of poverty on child outcomes

NEIGHBOURHOOD
- Safety
- Mobility
- Facilities for children
- % Families in Poverty
- Social cohesion
- Support Networks
- % Positive/negative peer and adult influences
- School quality

HOUSEHOLD
- Income level
- Emotional climate
- Crowding
- Support to parent
- Adult education
- Religious commitment
- Food resources
- Educational resources

CAREGIVER CHARACTERISTICS
- Active/passive coping
- Depression/well-being
- Temperament

CARE-GIVER BEHAVIOUR TOWARD CHILD

CHILD OUTCOMES
- Health status
- Intellect
- Social skills
- Self concept
- Values
- Social relationships
Figure 1 is based on studies using urban samples or surveys in poverty contexts. However, the story it tells is likely to be just as applicable to other contexts such as rural villages.

Let us examine an example from work on anti-social behaviour in adolescents contained in Figure 2. It will be evident that different sources of influence and factors in the child and her immediate context are associated with the development of antisocial conduct during the various developmental epochs (listed at the bottom of the figure).

The figure is based on research reviews and theoretical models (Loeber & Dishion, 1983; Loeber, Wung, Keenan, Giroux, Stouthamer-Louber, van Kammen & Maughan, 1993). The arrows represent the duration of the influences with which they are associated. Thus as indicated by the arrow at the bottom of the figure, hyperactivity, attention deficits and socio-economic disadvantage are associated with antisocial conduct from early childhood right through adolescence. Family conflict and a range of other family factors emerge as important predictors of antisocial behaviour in middle childhood and remain powerful influences through adolescence. Similarly school associated problems enter the picture at this stage.
Figure 2: Age graded predictors of delinquency and offending*

- Substance use, especially smoking
- Poor child management/disciplinary practices
- Parental attitudes favourable to crime
- Antisocial/criminal parents
- Antisocial peers/gang membership
- Family conflict/violence
- Poor school performance
- Low commitment to schooling
- Low educational aspirations
- History of antisocial behaviour/offending, including using and selling illegal drugs

- Multiple school transitions
- Tendency to take risks/sensation-seeking

- Conduct problems (externalising behaviours)
- Poor self-regulation
- Gender (male)
- Hyperactivity
- Attention deficits
- Socio-economic disadvantage

Early childhood    Middle childhood & pre-adolescence    Adolescence

Child ages

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Figure 3 below teases out the picture further, illustrating the pathways through which neighbourhood and family factors exert their influence on the child’s antisocial behaviour. As will be evident, neighbourhood characteristics and processes influence the probability of children developing anti-social patterns. These influences operate in direct ways on children, as well as in indirect ways through their impact on caregivers and families (Sampson & Groves, 1989; Sampson & Morenoff, 1997). In the case of indirect influences, caregivers and other family members mediate the influences on children.

The degree of disorder in the child’s neighbourhood, including signs of physical deterioration, garbage in the streets and dilapidated buildings, as well as social incivilities such as drinking, drug-dealing and violence on the street, increase the perceived danger and stress for both children and their caregivers. Garbarino (1995) describes such dangerous and decayed neighbourhoods as “socially toxic”.

In addition to the threats they pose to adult and child safety, such conditions also provide opportunities for youth to be socialised into violent and deviant sub-cultures, particularly as they move into adolescence.

On the other hand, and as we have noted previously, dangerous neighbourhoods often encourage stricter parenting as adults strive to protect their children. While this may be well-intentioned behaviour, it can alienate children particularly in adolescence.

Negative neighbourhood conditions offer few supports to troubled families. As shown in the figure, intra-familial problems exert their own powerful influences on the child (Patterson, DeBaryshe & Ramsey, 1997). Coercive and hostile parenting styles, punitive, inconsistent parental discipline and poor monitoring and supervision of child activities is associated with serious child conduct problems. These in turn often result in rejection by normal peers and academic failure during middle childhood. In turn, this may lead to deviant peer group membership and delinquency in adolescence. Family conflict and associated problems impact directly on caregiver behaviour and the well-being of caregivers, thereby affecting transactions with their children.

Finally, children are not just influenced by these external factors. Rather, they have an influence on those around them in ways that also determine the course of their development (see the temperament factors in Figure 2). This is illustrated by the bi-directional arrows between the ‘Individual Child’ and the ‘Caregiver Parenting Behavior’ boxes in Figure 3.
Figure 3: Anti-social behaviour: sources of influence, risk factors and pathways

Neighbourhood
- Violent & ASB peers**
- Poor unsafe school
- Neighbourhood unsafe
- Poor networks & low cohesion
- Low social support
- Low variability in human capital & SES
- Poor youth recreational activities & employment opportunities

Family
- Low SES & unemployment**
- Family & parental conflict**
- Poor social support
- High Household density

Caregiver
- ASB history**
- Substance abuse**
- Poor coping with stress**
- Low education
- Unemployed
- Single female parent

Caregiver Parenting Behavior
- Poor child monitoring**
- Harsh discipline & low warmth**

Individual Child
- Male gender**
- Early childhood ASB**
- Temperament
- Experience of trauma

Key:
** Research evidence indicates that these factors, are the best predictors of violent conduct in later childhood and adolescence.
Arrows indicate the strength of influence between variables.
→ solid arrows indicate strong influences
← dotted arrows indicate less strong influence
Some influences are direct, others are indirect as indicated.
We have chosen to illustrate the sources of influence and pathways leading to anti-social behaviour as a specific example. Nevertheless, it should be evident that mapping the direct and indirect effects of sources of influence on particular areas of development at particular points in the life cycle provides important guidelines for any psychosocial intervention.

A Cultural perspective
In their discussion of child poverty, Feeny and Boyden (2003) make the important point that:

“The literature of child poverty is based on demarcations of children and childhood drawn from Western cultures, and promotes certain conceptualizations of child and family relationships…” (p. 1).

Our discussion thus far has not drawn attention to the fact that children’s developmental contexts are cultural in all senses. They grow up in culturally sculpted worlds, whether these be the urban slums of modern cities or the rural villages of a non-western society. Most important, culture informs the meanings they give to their experience in these various contexts.

We should also not forget that children create their own cultures at different points in development, and in different contexts. Examples include the make-believe worlds of young children, the peer culture of the school playground and that of children living on the streets. Each of these worlds includes child-defined perspectives as well as rules and practices, even private languages that are not easily accessible to adults. Just as we need to understand the macro-cultural forces that Bronfenbrenner calls the marco-system, so we need to understand the cultural worlds of childhood.

But what is culture? There are many definitions. That provided by Helman (1994. p. 2-3) captures the important elements. Culture is:

“A set of guidelines (both explicit and implicit) which individuals inherit as members of a particular society, and which tells them how to view the world, how to experience it emotionally, and how to behave in it in relation to other people, to supernatural forces or gods, and to the natural environment. It also provides them with a way of transmitting these guidelines to the next generation – by the use of symbols, language, art and ritual.”

Culture is what makes us human. It is dynamic and ever-changing. All human communities bear culture - and not just those that are regarded as ‘exotic’, ‘different’ or ‘traditional’. It is worth noting how often we do not see ourselves as living
according to our cultures on a daily basis – rather it is ‘others’ who are seen as having this thing called ‘culture’.

Ultimately, and as Rogoff notes:

“Culture is not an entity that influences individuals. Instead, people contribute to the creation of cultural processes and cultural processes contribute to the creation of people. Thus, individual and cultural processes are mutually constituting rather than defined separately from each other” (Rogoff, 2003, p. 51).

Helman’s definition mentions cultural transmission through symbolic forms. It is equally important to note that we take up culture through the activities in which we participate, or which we observe from birth, as we engage in everyday social interactions in the home, the school and the peer group. Culture is mostly not taught – children (and adults of course) are immersed in it as part of everyday life. We cannot stand outside human culture.

A useful concept that takes us a little further along this road is the notion of a cultural practice (Miller & Goodnow, 1995). According to these authors cultural practices are:

"actions that are repeated, shared with others in a social group, and invested with normative expectations and with meanings or significances which go beyond the immediate goals of the action." (p. 7).

The concept of a practice allows researchers and practitioners to describe development in context in a more holistic, dynamic manner. Practices provide the route through which children come to participate in culture, and practices allow the culture to be continued. Thus, the everyday quality of cultural practices is important. Cultural practices embody activities that people do not even think about. They are the taken for granted activities of everyday life that we do not question.

Through participation in the practices that accompany the process of growing into society, we develop mental scripts for action in the world. Cole (1997) speaks of these scripts as “cultural tool kits”. They contain representations of the social and material world. Representations, together with the practices in which the child is a participant, convey the taken-for-granted social assumptions of the family, local community and wider culture. They would include scripts for ‘being a good child’, dealing with father when he is in a bad mood, or ‘being cool’ as an adolescent. They would also include scripts laid down early in life, such as inner models of the degree to which others are to be trusted.
What is important for present purposes is that a cultural practice orientation helps us to appreciate that ‘the way things are ordinarily done’ in a particular community, is quite deeply embedded. The adults who take them for granted will not easily give them up, and their children come to see them as part and parcel of life.

The acceptance of a set of disciplinary procedures in a school is an example of agreement around a cultural practice. Corporal punishment, as a specific form of discipline, symbolises a set of relationships between adults and children, as well as a being the means to achieving certain cultural goals (e.g. morally upstanding citizens).

There are major efforts around the world, informed by the Convention on the Rights of the Child (CRC), to ban the practice of corporal punishment both in schools and in the home. The Convention is the most widely ratified international instrument, suggesting its wide cross-cultural acceptance. However, it is clear that when policy makers attempt to intervene in the domestic sphere of child-rearing, deeply held cultural values can be a major source of resistance.

For example, beatings were outlawed in South African schools due to the introduction of a new set of cultural practices that flowed from the adoption of the CRC. The adoption of the Convention and changes in education policy, meant that the relationship between adult (teacher) and pupil were radically re-framed. The manner in which adult-child relationships were previously understood, made it legitimate for an adult to physically assault a child. Beyond the physical act was the cultural goal of producing good citizens through teaching obedience to authority. Coupled to this was the cultural belief that beatings served this purpose well. While adults confirmed their power relationship with children, the young learnt a range of scripts about their place in society, as well as notions of power, justice, and the use of violence to solve problems.

The degree to which corporal punishment was a taken for granted component of the cultural practices of schools, was evident in resistance to its abolition. For example, in a letter to a South African journal ‘The Teacher’ the following comment regretting the loss of this form of discipline appeared:

“In the past, when you had the option of giving a hiding, the children were far more likely to behave and listen. I really dread to think of the calibre of adults we are going to be producing in the next ten years. I fear New Age philosophy is slowly eating away at the core of our moral fibre and destroying our children’s lives.” (April 1999, p. 19).
Contemporary South African research on attitudes to corporal punishment in schools shows differences across cultural communities. Thus ninety eight percent of Indian South Africans favoured reasoning with the child rather than physical punishment. In contrast, sixty four percent of African adults and fifty three percent of Whites supported corporal punishment by teachers and school principals (Kivulu & Morrow, in press).

Attention to cultural practices alerts us to the fact that all communities have understandings of childhood and what is 'good' for children. These may or may not reflect ‘mainstream’ approaches to child development that are common to the Western mental health professional model. While the globalisation of many aspects of Western ideas about children and their welfare is occurring, there is more variation than commonality on these matters around the world (Boyden, 1990). What is regarded as optimal child development, a child’s rights, a normal family, or an appropriate psychological intervention, is not uniform.

These differences are often most evident in the everyday practices within which children participate (LeVine et al, 1994; Rogoff, Baker-Sennett, Lacasa & Goldsmith, 1995). They need to be clearly understood – and incorporated centrally in any psychosocial intervention.

Such variations should prompt designers of interventions to take account of local knowledge and practices. As we noted earlier, taken for granted cultural practices are not easily changed. Indeed their disruption can cause distress and resistance. This is because the new practices brought by the intervention (e.g. new forms of discipline), may imply too radical a change to deeply embedded ways of behaving and understanding the world (cultural scripts and forms of cognition). Regardless of their moral appropriateness, these have long been adaptive ways of understanding and addressing local problems (Gilbert, 1997). When the intervention is designed to be in tune with local knowledge and practice, it is not an alien imposition, and this sensitivity is likely to increase programme effectiveness (Wessells & Monteiro, 2000).

**Conclusions: Implications for intervention**

In many parts of the world, millions of children live in poverty environments that are powerful predictors of negative psychological outcomes. As we have illustrated, these environments have both direct and indirect effects on the child’s development, and families, and schools play a major role in their mediation. The body of ecological-transactional research that has been considered here, points to the necessity of interventions being sensitive to the several contexts that influence the child’s
development simultaneously, the child’s developmental period, and of course the psychological domain of concern (social behaviour, emotion).

The role of cultural practices and local knowledge in shaping the developmental settings in which cognitive, social and emotional capacities emerge has been stressed.

Culture, as we have observed, provides the envelope that surrounds and penetrates all developmental contexts. In this sense, all developmental settings are infused with elements of the participants’ culture. Cultures structure the settings within which the child’s activities take place; they determine how children’s needs are seen; they suggest what is or is not acceptable behaviour at different ages and for different genders; and cultures indicate the signs of children’s well-being and distress.

Failure to consider these aspects of the local situation is likely to hinder access to communities (who may resist unfamiliar practices), and reduce programme efficacy. Adult cultural practices toward children are also informed by what they believe to be best. Even when apparently dysfunctional, they may not be seen as such by adults in the target community. They need to be convinced that changing their behaviour will be of benefit to the children. This will be easier if interventions recognise (not necessarily accept) local knowledge, values and practice, and attempt to develop co-operative interventions with those they intend to help. Ultimately, it is easier to introduce new behaviour in supportive contexts. Interventions that employ concepts and embody values that are not too distant from local frameworks of understanding and practices are more likely to be supported by the target community.

Many of the variables that determine risks to child well-being are stable, resist change, and are expensive to change. Indeed, the list of structural environmental risk factors that can easily be altered to improve developmental outcomes is very short. Rather, the evidence suggests that (culturally appropriate) interventions in microsystems such as child caregiver interactions, family processes, peer contexts, and schools are frequently most likely to succeed (particularly during early and middle childhood) (Sameroff, 1991; Shonkoff & Phillips, 2000).

As we stressed in our first paper, interventions need to be clear about the particular area of development that they are designed to change, and at what level in the child’s eco-system, it is probably best to intervene. These decisions must be guided by the best practices available at the time.
References


