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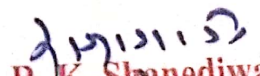
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& Urban Poverty at its consequences.....in One Day Interdisciplinary National Seminar on 'Sustainable  
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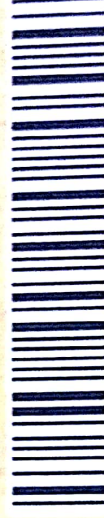
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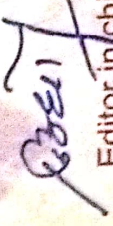
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## A Brief Comparison of Rural Poverty and Urban Poverty at its Consequences

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### Abstract :

Poverty has significant effects on children, especially those with special needs. Poverty is a well-known and well-documented risk factor for being served under special education. There are many factors that work against a child living in poverty that can exacerbate or cause a disability. However, not well documented in the research literature are the differences in rural and urban poverty, whether there is a difference between these two different types of poverty and their differing effects on children with special needs. This article will provide a summary of the research regarding poverty as a risk factor for special education. A summary of rural poverty will follow, and finally a comparative brief examination of rural and urban special education was carried out.

**Key Words** – At-risk, Education, Rural Poverty, Special Education, Urban Poverty

### 1. Introduction :

Income poverty is defined as not having enough money to provide basic food, shelter or clothing. The cumulative harmful effects of poverty include greater exposure to environmental toxins such as, alcohol, tobacco and lead, less nutrition, excessively crowded and noisy living arrangements, less parental

involvement in school, less cognitive stimulation, residential instability, negative, harsh and unresponsive parenting, exposure to aggressive peers, family instability and divorce, lack of parental monitoring, lack of maternal emotional support and weaker social ties.

The effects of poverty also include being more likely to be reported in poor health, be low birth weight, have lead poisoning, die in infancy, be sick, have short stay hospital visits, be diagnosed with developmental delay, be diagnosed with a learning disability, repeat grades, be expelled or suspended, be a high school dropout, have an emotional or behavioral problem but they are less likely to be treated for it, experience child abuse or neglect, experience violent crimes, live in a dangerous neighborhood, experience hunger, be jobless or not in school by age 24 and the girls are more likely to be un-wed teenaged mothers. Regardless of alcohol use, mothers living in poverty are far more likely to birth children with hyperactivity, malformation of some kind, mental retardation and failure to thrive. Learning disabilities, lower levels of intelligence, lower levels of achievement in math and reading, severe physical disabilities and grade repetition are common among children who had a low birth weight. Even a slight elevation in lead levels in the blood is associated with decreased intelligence. This lead is found primarily in deteriorating lead-based house paint, commonly found in low-income housing.

The negative cognitive effects of poverty occur early. Long-term poverty has a greater negative impact on children's cognitive ability than short-term poverty. The long-term cognitive effect (teen years) still lacks a solid research base to make any accurate conclusions. The most significant effects of poverty may be during the early childhood years (birth to 5). Children in persistent poverty (4 years or more) have more externalizing and internalizing behaviors than children in non-persistent poverty

(1 out of 4 years) although persistent poverty is more likely to produce internalizers while non-persistent poverty is more likely to produce externalizers. These are not as significant as the effects on cognitive functioning.

IQs of children living in poverty decreased as the number of risk factors increased. These risk factors include low maternal education, poor maternal mental health, high maternal anxiety, head of household unemployed or unskilled, father absent, being a member of a minority, high incidence of stressful events and more than four children in a household. "The list of adverse outcomes associated with poverty by age 5 includes externalizing and internalizing behavior problems, academic incompetence, police contacts." "Mild mental retardation is primarily environmentally generated." Poor parenting skills exacerbate this condition, especially if there is a dual disability. Impoverished parents are less likely to have the skills or resources to cope with their child's disability, creating an ongoing destructive cycle. The effects of poverty on impoverished children from a very early age include mild intellectual disabilities and impair brain growth and development. Poverty also puts extra stress upon the parent, especially when they have a child with special needs, reducing their effectiveness and causing greater negative impact on the child.

Early poverty creates lasting learning, behavioral and health problems. Children in these environments do not have access to adequate intellectual stimulation or healthcare. Children with mild mental retardation are more likely to have issues with their adaptive skills, especially social skills. These children are more likely to be rejected by their peers, due to socially inappropriate behavior. Abuse and neglect are also linked to in children and the impoverished environment (i.e. lack of parental supports) serves to exacerbate symptoms. Neglected or maltreated children are at risk of

a diagnosis of learning disability.

## 2. Rural Poverty

There is much research regarding the effects of poverty and the incidence of special needs. However, poverty is not isolated to only the urban areas. Rural poverty has many of the same negative outcomes as urban poverty, but it also has its unique challenges. In impoverished rural areas, there is less sophisticated medical care, the towns are spread out, further away from intervention services and often there is little to no public transportation. People living in these areas are less likely to have strong academic backgrounds they may not have graduated from high school. According to the government definition, all areas that are not urban, suburban or metropolitan are by default classified as rural. Traditionally, rural areas were agricultural, but this is not always the case. The poverty rate for rural children is slightly elevated compared to that of urban children, and this number is even worse for rural minority children. Those employed in rural areas make about 4/5 of what those in the urban work force make.

It has been suggested that the prevalence of disability may be slightly higher in rural areas. Roughly 25% of the population of rural areas is thought to have a disability, which is about 1.1 million children. Children with disabilities living in rural areas are isolated and have few role models or services available to them. There is little transportation for these children and they have very few peers of similar disability, age and economic status. The main social services for these youth are schools and hospitals, but more and more rural hospitals are closing down. Oftentimes these doctors don't have as much training and are busy serving the rest of the community and cannot give as much attention to those with disabilities.

## 3 Urban Vs. Rural Poverty

A study conducted there were differences between impoverished families living in rural areas as opposed to urban areas.

Children age's three to five in rural areas were more likely to have a disability than the students living in an urban area. There are fewer special educators in rural areas than in urban areas. Rural parents relied much more heavily on information from doctors and teachers than did urban parents as found by the study conducted and colleagues comparing parental concerns for young children in rural and urban counties. Also, rural parents have far less information about their child's educational needs than do urban parents. Urban settings may have a greater array of special education services because they can interact with other social service agencies, such as Universities, to provide a better and more comprehensive service model. These positive examples lead to higher expectations as to the quality of special education services. Rural school districts are often far removed from these kinds of settings and therefore have fewer positive, lending to a poorer quality service.

Rural special education teachers have to perform multiple roles in the community in a relatively small environment, whereas urban educators, though they may serve multiple roles in a community, are operating in a much bigger environment and will have an easier time keeping all of those roles separate. Rural special educators will also find much more resistance to change and remediation in their children in rural settings compared to urban communities due to pre-determinism, fatalism and religious reasons that are far more ingrained in rural cultures than urban ones. There also seem to be significant differences in the education of the parents. The education of the parents in rural areas is lower than that of urban parents. For example, 18% percent of rural parents had a college education compared with 25% of urban parents living in poverty. High school graduation rates have indicated that only 13% of the urban parents did not graduate high school where as 19% of the rural parents living in poverty failed to graduate high school.

Children with disabilities in urban areas are far more likely than children living in poverty to have adults with disabilities as positive role models. Children with disabilities in urban areas have access to support models and groups that allow for a great number of personal growth opportunities. Rural areas lack transportation and do not have a large enough population to support such groups. One study compared the transition of special need high school graduates in rural and urban. This study found, when looking at employment status, benefits, expenses and living arrangements, urban and rural youth performed about the same. At year one over all, the urban students had more health insurance than rural students, although the rural students had a higher employment rate. This held true for three years out of high school, and more rural students were employed full time, receiving vacation and pursuing post-secondary education. For job status, more rural students were laborers for both one and three years out of high school, and by three years out of high school more rural students had higher status jobs. More urban students were service workers across both data collection times, and one year out of high school the urban students held higher status jobs. However, the overall level of successful adjustment for both groups.

#### 4. Conclusions and Recommendations

The research reviewed here suggests that there is a difference in rural poverty and urban poverty. Rural children living in poverty are more likely to have a disability than their urban counterparts. Rural areas also have fewer services and fewer role models for their students with disabilities than those children living in urban poverty. There is also less transportation in rural areas and services are far more spread out than those in urban settings. Impoverished rural school districts also have a more difficult time retaining highly qualified educators and complying with federal special education laws. These issues make it more difficult for parents

to develop the necessary educational or social capital to assist their children. Although the research conducted and colleagues suggests that there may not be a large difference between the post-school outcomes of students with special needs in rural and urban areas, this paper calls for large-scale educational reforms in the rural areas. These reforms could include incentive programs to bring highly qualified teachers and other professionals to these parts of the country with the greatest need. Such reforms could include an expansion existing programs eliminating student debt for a certain contractual period of time. The more urgent need however, is what the research on poverty in general has found., seems to suggest that intellectual disabilities are often a product of an impoverished environment. This has negative consequences for the interventions of these children in an academic environment. The cause of these children's problems lies in their environment, something that the teacher has no control over. This then calls for a broader intervention piece, or wrap around services, and it needs to happen when these children are very young. Nutritional services should be provided for these children to help remediate the negative effects of poor nutrition. Interventions should be conducted in the home involving the parent to create a richer learning environment for the child. However, the problem lies much deeper than that. Those interventions suggested above are only surface interventions. They will not eliminate of the real cause of their mild to moderate intellectual disability, which are the parents.

However, in our view this bespeaks of a deeper and much more serious educational issue. A proper general education is not being provided to the population of students that is at highest risk for living in these kinds of environments. These students are allowed to pass by reading at only a third grade level and they drop out early because there is such a huge emphasis now on college bound education and

on skilled trade training. There needs to be a serious look at the kind of young adults that our public schools are producing. Not only does the present research call for social reform, it calls far more strongly for the type educational reform where the outcomes of poverty can be widely and clearly diminished. A very strong effort at all levels of government appears warranted. The federal government and state governments need to create these educational reform programs. It is up to the local governments to implement these programs, and create incentive programs of their own, such as debt forgiveness, to better the outcomes of their students.

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