THE QUALITY OF LIFE OF SINGLE MOTHERS ON WELFARE IN GEORGIA

AND THE 1996 WELFARE REFORM

By

MÓNICA MARÍA ALZATE

(Under the direction of Dr. Larry Nackerud)

ABSTRACT

Some of the ethical principles of the National Association of Social Workers remind professionals to enhance clients' capacity to change, to advocate for social justice, and to expand people's choices. Guided by these basic principles, this research studied the quality of life of single mothers on welfare in Georgia under feminist, human development and social development perspectives. For this purpose, their quality of life was measured using the Human Development Index (HDI) of the United Nations, which enables governments to determine priorities for policy interventions (UNDP, 1994). At the same time, this study measured the quality of life of the population of the state of Georgia, per county and race (black and white), and ranked counties based on their HDI scores and HDI dimensions scores. This permitted a comparison of quality of life in general, and in particular, the counties' Median Household Income, Health, Education, and Standard of Living. It also evidenced the fact that a higher income and standard of living does not necessarily imply an equal position in health, education, or quality of life. And that it is possible to achieve better positions in health, education, and quality of life despite lower positions in income and standard of living.

Independent sample *t* tests and one way ANOVAS demonstrate the gap in the quality of life between the black and white populations of Georgia and women on welfare. Additionally, a regression analysis reflected the negative effect of child poverty on the quality of life of the overall population, particularly of the black population and women on welfare, and the positive effect of the total personal income of the counties on the white population. Results suggest that gender and racial inequity and discrimination must be eliminated from the welfare system to transform it from a work program into a well-being strategy. They also

evidence that despite the fact that most of the TANF recipients are women, the program principles were not designed to meet women's needs.

INDEX WORDS: Single mothers, welfare reform, women on welfare, quality of life, Human Development Index, inequality, discrimination.

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DEDICACION

A Michael, mi amor, mi amigo, y companero de la vida, por darme la felicidad y paz que necesito para alcanzar mis metas y emprender nuevos retos A mi madre Adeyne, y a mi padre Bernardo, por su amor y apoyo incondicionales, y por la libertad que me dieron para ser quien soy

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CHAPTER 1

INTRODUCTION

The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), or welfare reform of 1996, replaced Aid to Families with Dependent Children (AFDC) with Temporary Assistance to Needy Families (TANF), eliminating "...the federally guaranteed national entitlement to public assistance..." (Gilbert, 1998, p. 105). In Eitzen's and Baca Zinn's (2000) words "...a major concern with the 1996 welfare legislation is the abdication of federal responsibility for welfare" (p. 67). Furthermore, under TANF, the federal government allocates an annual fixed block grant to the states of \$15.3 billion a year, plus a \$2 billion contingency fund, which is based on what states spent on AFDC in 1994. Although there are a number of stringent regulations that all states must follow, TANF also gives the states the freedom to establish certain eligibility requirements to receive public assistance and to set maximum lifetime assistance, among other liberties, not greater than the federal mandate of the 60month limit. Thus, welfare reform devolves the responsibility to the states to provide public assistance. This is the rationale to focus the present study on one single state, in this case, the state of Georgia.

For this social program to continue, the United States Congress must reauthorize it before its end on September 30, 2002. On May 14, 2002 representative Deborah Pryce introduced bill H.R. 4735 called the Personal Responsibility, Work and Family Promotion Act, in order "...to reauthorize and improve the program of block grants to States for temporary assistance for needy families, improve access to quality child care, and for other purposes" (<u>www.congress.gov</u>, 2002). Currently, the bill is under examination of the Subcommittee on Health, after a series of recommendations were issued by non-governmental organizations, research institutions, and different interests groups, including feminist organizations. This makes the study of the welfare reform not only an up to date topic in social welfare, but a must in a moment when the time limits of the law coincide with weaker labor markets in the U.S.

Studies on welfare reform tend to deal mainly with concrete economic issues related to the overall situation of being on welfare and their combination with economic and legislative measures, such as tax reform, child care subsidies, child support enforcement, and work incentives (Meyer & Duncan, 2001). A considerable number of studies have focused on specific populations; for example, the impact of governmental subsidies on female-headed households (Meyers, Han, Waldfogel, & Garfinkel, 2001) and the effect of welfare benefits on children's living arrangements (Brandon & Fisher, 2001; Winkler, 2001; Rodgers, 2001). At the same time, other researchers have studied the effect of welfare living requirements on teenage parents (Collins, Stevens, & Lane, 2000), the changes in living arrangements among single mothers (London, 2000), and how poor single mothers move from welfare to work (Harris, 1993).

Additionally, Elliot (1996) studied the impact of welfare receipt, among other variables, on women's self-esteem; Kunz and Kalil (1999) looked at the

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connections between self-esteem, self-efficacy, and welfare use, whereas Brandwein (1998) linked the issues of family violence and sexual abuse to being on welfare. A few scholars have looked at racial differences among women trying to leave welfare and/or poverty (Christopher, 1996; Edin & Harris, 1999), racial differences in terms of women's health care coverage (Wyn, Solís, Ojeda, & Pourat, 2001), and health coverage among poor urban women (Polit, London, & Martínez, 2001). This is, nevertheless, an improvement, since women were rarely included in the early literature on the welfare state (Abramovitz, 2000).

Gender, race and class are then three common denominators across research studies in the-mid and late 90s. First, most of the population studied, directly or indirectly, is female, as 95% of welfare recipients in the U.S. are women (Mink, 1998). Second, in some states, as it is in GA, most of the recipients are black (Risler, Nackerud, Larrison, Rdesinski, Glover, & Lane-Crea, 1999), and in the country as a whole welfare recipients have been for decades disproportionately black (Edin & Harris, 1999). And third, as a group in need of governmental aid, they belong to an under-privileged class, which makes up a part of the population living under, at, or slightly above the poverty line, constituting the poverty paradox. As Peterson (1991) argues, "the poverty rate in this affluent society seems exceptionally high..." (p. 622), and studies of poverty over time have shown that "long-term poverty is more likely for certain social groups, such as...African Americans in the United States" (UNDP, 1997, p. 61). Therefore the concepts of gender, race and class, which are central to this dissertation research, intersect reflecting the inequality of the social system, and

as Reese (2001) has demonstrated, "racial, gender, and class politics influence the ways in which states cut social expenditures" (p. 99).

Welfare, Gender, Race, and Class, or the Network of Coincidences Gender

According to the U.S Department of Health and Human Services (cited in Brandwein, 1998) "(i)n 1997, 10 million women and their children were receiving public assistance in the United States" (p. 4). Although men can also be entitled to Temporary Assistance to Needy Families (TANF), usually women are the caregivers, and this is why women outnumber men in the welfare system (Mink, 1998; Abramovitz, 2000)). Thus, the concept of gender is central in this study, not only because the participants are women, but because of the need to incorporate a gender perspective in social policies (Comisión de las Comunidades Europeas, 1993; Miranne, 1998;) and to consider women "…as active agents of change" (Sen, 1999, p. 189). This is a pressing need in light of recent findings about low –income women in the U.S., where "…10.6 million live in families with incomes below 100% of poverty and 13.4 million are near poor, with family incomes between 100% and 199% of poverty" (Wyn, et al., 2001, p. 5).

<u>Race</u>

Although among social scientists there is consensus that race is a social construct (Marger, 1997), "in American culture at large, the fiction of race continues to operate as fact..." (Zack, 1997, p.183). The race issue is reflected in the statistics of the welfare system. While in 1990, 38 percent of the families

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on welfare were white, 40 percent black, and 17 percent Hispanics, in 1999 these percentages were 31, 38, and 25 percent, respectively (U.S. Department of Health and Human Services, Administration for Children and Families, 2000). Additionally, although the Temporary Assistance to Needy Families (TANF) caseloads have decreased dramatically since welfare reform in 1996, 85 percent of the recipients are non-white (Landhorst, Mancoske, & Kemp, 2000), and the changes of the legislation targeted "...unwed mothers, especially those from oppressed ethnic groups" (Jiménez, 1999, p. 280). Thus "...it is mothers of color who bear the heaviest weight" (Mink, 1998, p.4).

<u>Class</u>

The U.S has the greatest income gap among the major industrialized nations (Duncan et al., cited in Smith, 1993), and poverty rates are much higher in the U.S. than in Europe in the overall population (Rainwater, Smeeding, & Coder, 2001). These findings suggest that either there are more people in need of governmental assistance in the U.S. than in other developed countries, or that the assistance in the U.S. is not sufficient to better the material conditions of the population in need. It is obvious that this part of the population belongs to an economically disadvantaged group, and thus this study touches the sensitive arena of class.

Statement of the problem

Ginsberg's (1999) categorization and ranking of social problems that human services workers encounter include economic disadvantage, inequitable distribution of income, violence, lack of services to special population groups, and lack of resources for programs. All of these problems, among others, are part of the daily lives of women on welfare, as documented in studies by Hagen & Davis (1994), Edin & Lein (1997), Miranne (1998), Sheared (1998), Eitzen & Baca Zinn (2000), and Sidel (2000). Despite this range of problems, the welfare reform of 1996 focused on moving recipients to the job market (Acs, Coe, Watson, & Lerman, 1998; Cancian, 2001), changing the welfare state into a workfare state, and approaching social welfare with a market-oriented perspective (Gilbert, 1998; APA-Online, 2001).

Several studies have demonstrated that among industrialized western nations, the United States presents the highest poverty rates of children (Peterson, 1991), and of women, mothers, and single mothers (Jencks, in Edin & Lein, 1997; Christopher, England, Ross, Smeeding, & McLanahan, 2001), even though the full time employment rates for all women, particularly single mothers, are higher in the U.S. (60%) than among most western European countries, Australia and Canada (Christopher, in press). In other words, although women in the U.S. work more, they are poorer than women in other western developed nations.

Several reasons explain the above situation. First, governmental aid alone, including non cash assistance, has not been sufficient to support a female-headed household in the U.S.; second, poor women who are non-welfare reliant usually earn poverty wages (Edin & Lein, 1997); third, tax benefits in the U.S. have a very small effect in reducing poverty, unlike in other industrialized countries (Christopher, in press); fourth, most poor women in the U.S. who leave the welfare system for a job lack employer-provided health insurance (Wyn, et al., 2001) and employer-provided pensions (Older Women's League, 2000). And finally, "the lack of subsidized child-care and paid leave policies...particularly in the U.S..." adds a burden to low-income single mothers, who must remain active in the labor force (Christopher, in press).

All these factors demonstrate that the 1996 welfare reform approach to poverty reduction and dependency is not in tune with reality, and illustrate the quality of life of poor single mothers in the U.S. and their struggle to survive. However, single motherhood is not the cause of poverty among these women in the U.S., but rather women's poverty wages and lack of work benefits, as well as scarce assistance to the poor (Christopher, in press). Thus, poor single mothers are stranded between an exploitative labor market and an inadequate welfare system, which leaves them with few choices in their lives.

As stated earlier, women make up 95 percent of welfare recipients in the U.S. (Mink 1998). Despite this, the system has historically overlooked women's needs (Reese, 2001), and has used poor women and public assistance as scapegoats (Abramovitz, 2000), even though a family generally benefits from the improvement of women's lives (World Bank, mentioned in Corrie, 1995; Sen, 1999; Ranis, Stewart, & Ramírez, 2000). Considering that "the term welfare refers both to social programs and to the promise of well-being...," the above situation means that there is a "...discrepancy between (the) promise of well-being and the actual quality of life for many people..." (Abramovitz, 2000, p. 14), in this case, for low-income women. Given these facts, it is imperative to

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determine and analyze the quality of life of women on welfare, specifically single mothers, and the role that the Welfare Reform Act of 1996 might play on their quality of life.

According to the National Association of Social Workers (NASW) Code of Ethics (1996), one of social workers' ethical principles is to "...seek to enhance clients' capacity and opportunity to change and to address their own needs" (p. 5, 6). Furthermore, "social workers should advocate for the living conditions conducive to the fulfillment of basic human needs and should promote social, economic, political, and cultural values and institutions that are compatible with the realization of social justice" (NASW, 1996, p. 26, 27). Likewise, the Code of Ethics also affirms that social workers should "act to expand the choices people have, with special attention to vulnerable, oppressed, exploited, and disadvantaged groups" (Ginsberg, 1999, p. 5). Hence, this study is of social work concern.

Purpose of the Study

All the above social work ethical principles guided me to study the quality of life of single mothers on welfare in Georgia under feminist, human and social development perspectives (see chapters 2 & 3). For this purpose, the quality of life of single mothers on welfare was measured using the Human Development Index (HDI) of the United Nations, which enables governments to determine priorities for policy interventions (UNDP, 1994). At the same time, this study measured the quality of life of the population of the state of Georgia, by county and race, and ranked the counties according to their quality of life, as measured through the HDI. Thus, this research permitted not only a comparison of single mothers' quality of life with that of the overall Georgia population, but also an identification of possible patterns in the place of residency of single mothers on welfare. As a result, it was possible to detect priority areas for policy intervention at the county level.

Research Questions

The above-stated purpose of this study was captured in three major research questions regarding the quality of life of single mothers on welfare in Georgia and of the overall Georgia population. The questions were:

- How is the quality of life of single mothers on welfare in Georgia, and how do they fare compared to the rest of the population in Georgia by county and race?
- Are there differences in the quality of life of Georgians by county and by race? If so, what factors contribute to this outcome?
- 3. Do single mothers on welfare (hereafter called women on welfare) tend to cluster in certain counties, and if so, is there a pattern in the components of the Human Development Index of such counties?

What is the Human Development Index (HDI)?

It is important to distinguish between the concept of human development and its measure through the index. "The concept of human development is broader than the measure of human development" (UNDP, 1993, p. 104). Human Development is "...a process of expanding human choices by enabling people to enjoy long, healthy and creative lives" (UNDP, 1998, p. 16). This requires access to a good education, and to have the resources to guarantee a decent standard of living. Human development also requires having the capability of using these choices, and if societies fail to provide for this, "...much human potential will be frustrated" (UNDP, 1990, p. 1). These choices must be available for other opportunities to be accessible; they are the basic components of wellbeing, and locate people at "...the center of all development activity " (UNDP, 1993, p. 107).

The measurement of human development, originally published in the first Human Development Report of the United Nations Development Program (UNDP, 1990) to measure quality of life across nations, consists of the average of three equally weighted basic dimensions of development. They Health, Education, and Standard of Living. There is a particular formula to calculate each dimension sub-index by using fixed maximum and minimum values, and each sub-index is expressed as a value between 0 and 1 (UNDP, 2001). Finally, the human development index is also expressed as a value between 0 and 1. The closer to 1, the higher the level of human development, and thus, the better the quality of life. (See chapter 3 for details on calculation of the HDI).

Countries are ranked based on the Human Development Index, with one indicating the best country in terms of quality of life. Similarly, countries are also classified into low, medium and high development, according to their ranking. In 1999, the U.S. ranked third in human development among 174 countries in the world (UNDP, 1999). However, in 1993, after a desegregated HDI by race in the U.S., the UNDP (1993) found that the white population was in first place, ahead

of Japan, the black population was ranked 31, similar to Trinidad and Tobago, and the Latino population ranked 35, as did Estonia. This finding led the UNDP (1993) to conclude that "...full equality is a distant prospect in the United States" (p. 18).

Background of research interests

I am a feminist Latin American social worker. My interest in feminist issues was confirmed and strengthened while studying in the Women's Studies Department at the University of Alabama. The curriculum in the masters program in Women's Studies gave me the insight and understanding of the major challenges women face in a patriarchal world. I became aware of the great need to address and study social problems related to women, such as violence, health, their rights, the feminization of poverty, the pauperization of motherhood and in general, the oppression women encounter based on their sex, which in many occasions intersects with their race and social class. My studies also encouraged me to uncover unjust social situations that are not acknowledged by the mainstream society. This is why for my M.A. thesis in Women's Studies I researched abortion in Colombia, where it is illegal, and its particular implications in a medium-sized city in that country.

In order to be closer to women's realities and have a more direct impact on their lives, I decided to pursue a master's degree in Social Work, also at the University of Alabama. The MSW program and its internships, as well as the post-master's experience exposed me to the various difficult situations many women and families go through at different times of their life cycle. This knowledge made me realize the importance of the provision of continued and adequate services to families, for they are the spine of society. Furthermore, my life and work experiences in Colombia, a country with a medium level of development (UNDP, 2001), as well as in the U.S, the most powerful nation in the world, revealed to me that human needs and conflicts are in essence the same, but the way in which they are satisfied and resolved makes a great difference in people's quality of life.

My interest in the topic of women and development has its roots in my ethnic background and work experiences in my home country of Colombia. In 1996, I was selected among twenty women throughout Colombia to attend a three-week long/120 hour training seminar on Planning Under a Gender Perspective. This seminar was funded by PROEQUIDAD, a partnership between the GTZ –a German Cooperative Agency, and DINEM, the Colombian National Office for the Equity of Women. Throughout that seminar and a follow-up conference one year later, I was exposed to the different theories, policies and programs related to the development process around the world, and the role of women within them. Since then, I confirmed my concern on the impact that certain social policies have on women's lives.

As a logical consequence, I focused my doctoral research in Social Work at the University of Georgia on poor women in Georgia and the welfare system in the U.S. Thanks to research opportunities through one of my dissertation chair's grants, I began to study the particular situation of this population and to shape the topic that finally became the subject of this dissertation. For me, feminism has been a path of freedom. It has freed me from many ideas, beliefs, attitudes, prejudices, behaviors, and even "truths" that oppressed me and made me oppress others. Although I still hold some of the patriarchal ideology due to the difficulty of uprooting myself from certain aspects of my earlier socialization, I am aware of it and try to change it. Feminism is for me a way of life, and although it has not been an easy path, especially in my home country, every day I am more convinced that my life would be meaningless if I did not try to live up to my principles. At the same time, I have learned that feminism is not for everyone, that I should not try to convince everybody to embrace a feminist ideology, and that I should first recognize when it is worth trying. In this dissertation research, feminism is my lens through which I view, analyze, and understand women's realities and experiences. Therefore, Feminist Theory is the framework of this dissertation research.

CHAPTER 2

THEORETICAL FRAMEWORK

According to a general definition of science, it is "...a system of procedures for gathering, verifying, and systematizing information about reality" (Namenwirth, 1986, p. 19), that possesses a special way to carry out this task called the 'scientific method,' a rigorous core of "techniques for gathering evidence" (Harding, 1987. p. 2). These definitions of science and scientific method suggest both that there is something outside the individual that needs to be studied, understood, and later on explained in order to create knowledge. However, the way to approach that outer reality varies according to the theory through which one views the chosen object of study.

For logical positivists, "...there are eternal, objective, extra-historical, socially neutral, external and universal truths...the assemblage of these truths is what we call...science. Natural laws can be discovered that are universal, invariable, inviolate, genderless, and verifiable. They may be found by men and women..." (Glashow, cited in Thyer, 1993, p. 8). In contrast, followers of social constructionism argue that understanding of the world is "...a function of linguistic conventions as well as cultural, historical contexts...(it) occurs through a process of social interactions..." (Witkin & Gottschalk, 1988, p. 213-214).

Feminist theory assumptions about the understanding of the world and reality are compatible with those of social constructionism, and both share similar

criticism to the traditional way of creating knowledge (positivism). This section offers a general background of the feminist theory and the feminist theory of science, followed by a connection between feminist theory and this study.

Feminism and the Emergence of Feminist Theory Since its very origins, feminism has always been difficult to define. For nineteenth-century feminists, the suffrage movement gave women the same legal rights as men, to experience the true meaning of citizenship and be treated as adults instead of as children who need to be protected and controlled. Feminism grew, evolved, and became more than just a social movement that would guarantee women some rights on paper. Women realized it was necessary to develop a more radical change, a transformation in society, in institutions, in the family, and most importantly, within the woman herself. The personal became political. However, there have been many conflicts within the movement itself that have caused divisions among the women instead of pulling them together. Such has been the case of pornography (MacKinnon, 1990) and, more recently, welfare reform (Jiménez, 1999). These problems have created divergence over several topics that affect not only women, but society as a whole.

Nevertheless, one of the basic concepts shared by all feminists is the fact that women are oppressed in a patriarchal society. How much, how little, and in what way depends on each woman's individual reality. Fuss (1989) acknowledges this difference among women by asking if it is not true that some women are "more empowered than others by virtue of class, race, national, or other criteria" (p. 28). Thus, some women are more oppressed than other women, and with respect to the welfare system in the U.S., poor and uneducated women are more likely to be either on the margin of social and scientific development or to be objects of it.

It is not my intention here to create an absolute definition of feminism. That is to say, I believe that not all feminists have to behave, think, or act the same way. Nor do they have to agree or disagree on the same things, as if all feminists were one single body or mind and had the same experiences within the context. However, a common ground on which feminist ideas can rely is essential in order to improve women's lives, despite the difficulty to do so. As Nye (1988, p. 2) argues, "women, becoming aware of their exclusion from a male culture in which they have little power, in which women's values are not expressed...find no pure feminist theory."

Nye continues and affirms that women have adopted theories invented by men to explain men's activities and hoped that perhaps those theories could be useful for feminist purposes. An example of this is the derivation of the different feminist trends from several philosophical, political and other sort of theories, such as the liberal and democratic theory, Marxism, socialism, existentialism, psychoanalysis and structuralism, among others, which were the inspiration to liberal feminism, Marxist feminism, socialist feminism, psychoanalytic feminism and structuralist feminism (Nye, 1988, p. 3).

Harding (1987) raises several questions about 'pure' feminist categories: "Where are we to find the analytical concepts and categories that are free of the patriarchal flaws? What are the analytical categories for the absent, the invisible, the silenced that do not simply replicate in mirror-image fashion the distorting and mystifying categories and projects of the dominant discourses?" (p. 286). For Harding, the answer is not to look for fixed categories and instead to "find in the instability itself the desired theoretical reflection" in order to approach the political reality in which we are immersed.

Even though the definition of science per se is not masculinist, the fact that it is the product of a patriarchal system makes it contain a "pervasive male bias" (p. 19) especially in fields "...closely related to sex and gender" (p. 25). Therefore, the tradition of discounting women's opinions, values and abilities remains as much in science as in society at large (Namenwirth, 1986).

However, feminist theorists believe that the way in which science has emerged, developed and been practiced, at least in Western societies, hinders all women's abilities and silences the voices of those who are not white, middle class, educated men, and perpetuates an androcentric view of the world (Harding, 1987, p. 291). Therefore, feminism sees the need to reevaluate what science has been in order to let women's lives "...provide the starting point for asking new, critical questions about not only those women's lives but also about men's lives and, most importantly, the causal relations between them" (Harding, 1996, p. 240).

This study is an attempt to bring to the center of social sciences the lives of human beings who have been silenced. This is the case of women, black and white, who are at the bottom of the social stratification system, are economically dependent, have multiple barriers to change their lives, and are the focus of a social policy that does not take into account their lives and experiences (Mink, 1998).

Feminist Theory

Feminism theory offers an appropriate framework for this study because it "...analyzes and explains the causes, dynamics and structures of women's oppression" (Maguire, cited in Juliá, 2001). Furthermore, it brings together "...four distinct but interrelated sources of gender inequality: sexism (including other isms such as racism and classism), patriarchy, the gender division of labor, and social reproduction...(which) have shaped most of our societal institutions, including the welfare state" (Abramovitz, 2000, p. 87). The following four assumptions of the Feminist Theory challenge the first two sources of gender inequality, and chapter three (literature review) considers the division of labor and social reproduction in its analysis. Next, each assumption is explained, followed by its connection to this study.

<u>Assumption 1</u>. "By striving for objectivity, repeatability, and verifiability of every fact and every generalization...the knowledge that results...(although) useful and interesting...is limited to the characteristics things share in common; the individual is excluded" (Namenwirth, 1986, p. 33).

Feminism does not attempt to abandon the use of rationality to understand the world, but to perfect it, by adding the "...process of self-reflection" (Keller, 1996, p. 32) through which the issues of power and domination (central to patriarchy) within science can be detected. Also, feminism tries to integrate the subjects with the objects of a given study, considering that "...they are not fundamentally different" (Harding, 1996, p. 243), as opposed to what positivism states. This effort has been named by Sandra Harding (1996) as standpoint epistemology, which learned "...to use the social situatedness of subjects of knowledge systematically as a resource for maximizing objectivity" (p. 244).

This dissertation integrates poor women's lives, recognizing their differences, with the study of a social policy that has affected entire families, especially female-headed households (Risler, Nackerud, Larrison, Rdesinski, Glover, & Lane-Crea, 1999; Bavier, 2001). By looking at their quality of life, this study highlights poor women's plight to survive, their unique situation within society, and how they fare compared to non-disadvantaged groups. <u>Assumption 2</u>. "Scientists efforts are funneled into research activities that primarily benefit the overprivileged" (Namenwirth, 1986, p. 34).

A recent example that supports this claim is found in the book *The Politics of Excellence: Behind the Nobel Prize in* Science by historian R. M. Friedman. R. L. Sime, a physical chemist, affirms that "this carefully documented book reminds us that science is an inherently social activity that cannot be set apart from other human concerns" (2001, p. 65). In the U.S., there have been several studies conducted with the sole purpose of supporting the beliefs or interests of a dominant group (which perpetuates classism, and often racism and sexism). For instance, some research about welfare reform programs (such as that of Daniel Patric Moynihan, 1965, former Assistant Secretary in the Department of Labor of the U.S.) reached conclusions that favored the efforts of those opposed to welfare (Namenwirth, 1986; Wilson, 1997) and belonged to the privileged class. A similar example is found in a study about quality of life by Dr. Anthony Shaw, in which "the use of economic justification for service decision making reflects what might be called a 'return on investment' measure of the value of a human being" (Ramanathan & Link, 1999, p. 85).

Even though there is nothing unscientific about drawing conclusions from the data collected, the issue is the uneven situation between two groups: one that has ownership and control over resources, and another one that lacks all these. The underprivileged, as Harding (1986) contends, usually have "...no chance to get (their) critical questions voiced or heard" (p. 241). Since science is often done by and/or for the dominant group (the privileged), it is fair to say, as Brazilian educator and author of *Pedagogy of the Oppressed*, Pablo Freire, (1972) would put it, that science has been another tool that oppressors use to control the oppressed and maintain their power and status.

This study focuses on how certain aspects of a welfare policy affect disenfranchised women in the development of their human capabilities. Thus, it provides a space and the opportunity to focus social science studies on the issues that clearly affect disadvantaged populations, and on what needs to be done to consider the needs of the oppressed a priority.

<u>Assumption 3</u>. "Feminist analytical categories *should* be unstable -consistent and coherent theories in an unstable and incoherent world are obstacles to both our understanding and our social practices" (Harding, 1987, p. 287). Feminism refuses to be inscribed within the rigidity of the traditional scientific methods, and instead, encourages feminists to find strength in these instabilities "...as a resource for our thinking and practices" (Harding, 1987, p. 286). The rationale that lies under this statement is simply that feminism's object of study is social life, which is always in transformation. Therefore, feminist research cannot be limited to the premises of a 'normal scientific research,' defined by Kuhn (1996) as "the articulation of those phenomena and theories that the paradigm already supplies" (p. 24). Kuhn (1996) admits, however, that "...paradigm changes do cause scientists to see the world of their research-engagement differently...after a revolution scientists are responding to a different world" (p. 111).

Feminism has definitely revolutionized paradigms in a wide range of disciplines, and therefore, has contributed to a new meaning of what seemed to be fixed, stable, and coherent. One of its task, then, still is to reveal a relationship between the scientific worldview and the world of "...emotions, feelings, political values, of the individual and collective unconscious...and the world within which we all live...under constant threat of its increasing reorganization by scientific rationality" (Harding, 1987, p. 288). An analysis of the current welfare system and of the lives of some of the most vulnerable populations in it, that is, poor single mothers, evidences the clash between these women's pressing needs and the values of the main stream society. Both are subject to change, and thus, a theory that accounts for historical and cultural

interventions, such as Feminist Theory, permits and promotes an understanding of women's lives.

<u>Assumption 4</u>. Science can be practiced under a feminist perspective. (Longino, 1989, p. 47).

According to Helen Longino (1989), science's values are divided into constitutive and contextual. With the former, she means the internal rules that determine whether or not a certain practice is scientific or follows the scientific method. The latter refers to the preferences that belong to the particular "...context in which science is done" (Longino, 1989, p.48). She suggests that feminism should focus on science as practice (contextual) rather than on science as content (constitutive); in other words, there is not a feminist science, but a way to do science as feminists.

Furthermore, feminism contends that conxtextual values should be considered not only adequate, but also necessary for the development of science (Longino, 1989). Politics, as part of the contextual values of science "influence...reasoning and interpretation, shape content" (p. 49). With this, Longino (1989) insinuates that a feminist practice of science implies the integration of political commitment with scientific work, keeping in mind that there are different barriers to accomplish this task, such as the social, economic and political contexts of 1996.

The welfare reform in the U.S. is a good example of social policies that are more the product of the socio-economic and political climate of the country (Cammisa, 1998), as well as the result of the dominant ideology and values
(Link, in Ramanathan & Link, 1999) than the consequence of a scientific study to show the need for such changes (Wilson, 1997). The constitutive and contextual values of the present study are articulated by the use of the traditional scientific method, explained in the methodology chapter, and my own political commitment and feminist values, which are what make a research a feminist research (Mason, 1997). As Mason (1997) explains it, quantitative methods are not inherently sexist and oppressive; these elements only exist in each researcher's bias.

Although the discourse around science and the scientific method elaborated by feminists has contributed to the development of a Feminist Theory of Science, other feminists are concerned about the separation between theory and praxis. Feminism became a social movement when women decided to act as feminists, both in their private and public lives; therefore, action, as much as philosophy, have been essential elements in the advancement of feminism and its contribution to society. This is why Collins (1998) argues that "...when some feminists focus on increasing the numbers of women in science while others examine scientific discourse, texts, and ideas, questions of how praxis and scientific knowledge structure one another are obscured" (p. 266). Furthermore, she believes that feminist critiques of science lose its complexity by dealing mainly with gender bias, leaving on the side race, ethnicity, and class issues.

Feminists like Harding (1987) recognize that "...white, Western, bourgeois feminists should attend to the need for a more active theoretical and political struggle against our own racism, classism, and cultural centrism as forces that

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insure the continued subjugation of women around the world" (p. 299). Despite this recognition, Collins (1998) considers that the lack of diversity in terms of race, class, and ethnicity in the knowledge produced around the Feminist Theory of Science is just as critical as "the absence of women...in the production of scientific knowledge" (p. 267). If the Feminist Theory of Science is being produced by a small, homogeneous group of women, they are concerned only with the dichotomy between male/female, ignoring "...the connectedness of other dichotomies" (Collins, 1998, p. 271). This situation also reflects the inequitable development that women around the world have, which threatens feminism, as well as social work, principles of diversity, inclusiveness, and respect for individual experiences.

Finally, the hegemony of some women over others, not only in the production of knowledge, but in the economic, social and political arenas, might indicate as well the fact that women in developing countries, as well as many women within industrialized nations are still in the action phase, trying to incorporate feminism in their lives, families and communities. One proof of this could be the enormous flow of internet messages exchanged in 1999 through the WomenWatch internet working group. This on-line discussion gave women from all over the world (who had the knowledge of and access to technology) the opportunity to discuss, denounce, ask and analyze issues regarding women's health, human rights, power, and economics. No one seemed concerned about feminism and science, and this cannot be a coincidence; on the contrary, it

shows the lack of intersection between scientific knowledge and scientific practice (Fausto-Sterling cited in Collins, 1998, p. 266).

This study is a conscious effort to bridge the gap between feminist discourse and feminist practice. I use Feminist Theory to concatenate an abstract issue with a practical one. These are a social welfare policy, in this case the welfare reform act of 1996 of the U.S., and the quality of life of single mothers on welfare in Georgia, U.S.

CHAPTER 3

LITERATURE REVIEW

Overview of the U.S. Welfare Legislation and the Birth of PRWORA

What it is known today about the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), or the 1996 Welfare Reform, was not the original idea that the poverty researchers and advisors of the Clinton administration had planned, as will be explained in this chapter. Despite this, "...PRWORA was one of the most important pieces of welfare legislation to emerge since the Social Security Act of 1935" and it responded to a historical trend in the legislation to disentitle the poor from "...long term income maintenance payments" (Karger, 1999, p. 12,13).

From the Social Security Act of 1935 to the Family Support Act (FSA) of 1988, the United States approach to the poor went from a welfare state to a "work state." What began as a child-welfare legislation in the 1930s with the creation of the Aid to Dependent Children (ADC), became in 1965 a family support program for single mothers who were heads of households, better known as AFDC (Aid to Families with Dependent Children). AFDC survived until 1996, but it went through different modifications during three decades, which attempted to transform governmental assistance into a work/training program. One of these attempts was the Work Incentive Program (WIN) created in the late sixties, that was revived in the seventies and later on in 1988 with the Family Support Act, although it was never adequately funded (Karger, 1999).

Contrary to the expected result of reducing the number of recipients, the number of people in the AFDC caseloads went from 3 million in 1960 to 13.6 million in 1992. As Karger (1999) argues, "in all instances, mounting a proper Workfare program that included intensive training proved costlier than simply sending recipients a monthly check" (p. 13). The rise in the number of people on welfare, however, cannot be adjudicated solely to the shortcoming of the welfare programs. The decade of the eighties and the beginning of the nineties during the Reagan and Bush administrations were years characterized by tax cuts that decreased savings and investments, slow income growth for most people, and a greater gap between the rich and the poor. For example, while the top one percent of families in the U.S. in 1976 owned 22 percent of the national wealth, bu 1992 this one percent of families owned to 42 percent (Wills, 2000).

Motivated by the failure of past welfare legislation to reduce poverty and move recipients to the work force, Clinton's presidential campaign promised to reform the welfare system and "end welfare as we know it," but when he took office in 1992, "there was simply no money for the kinds of programs he advocated in his campaign" (Wills, 2000, p. XV). The welfare reform originally proposed by the Clinton administration, called The Work and Responsibility Act, consisted of an agreement between an AFDC recipient and a public assistance agency. The recipient was entitled to cash benefits, child-care, and health care, as well as other services, and had a two-year limit on assistance (although not a life time limit). After this time, the recipient was to find employment, preferably in the private sector; otherwise, the recipient would enter a subsidized employment program that would pay her or him the same amount of the previous welfare check, equivalent to the number of hours worked at minimum wage. Participants who found regular employment, but whose wages were too low, would continue to receive AFDC benefits, including child-care and Medicaid (Karger, 1999).

Despite good intentions, Clinton's proposed welfare reform, introduced in 1994, was submitted to the new conservative Congress, which terminated any chances to pass legislation "...that included liberal components like subsidized employment" (Stoesz, mentioned in Karger, 1999). Furthermore, Republicans were enraged by Clinton's tax increase in 1993 in an attempt to cut the national deficit, and traditional Democrats were offended by the fact that he abandoned some of his campaign's programs (Wills, 2000). With this scenario, Clinton's Work and Responsibility Act died in 1994.

In spite of Clinton's vetoing of the Republican's welfare reform bill on two separate occasions (Cammisa, 1998), the issue resurfaced in 1996 in the advent of the presidential elections. President Clinton, motivated by the presidential election campaign, signed "...the most conservative, far reaching welfare bill in history, giving Republicans their biggest victory in their 'Contract with America'" (Cammisa, 1998, p. 67). The result of this power struggle was the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. Considering that PRWORA was a "...900-page document that confused even seasoned welfare administrators" (El Paso Times, mentioned in Karger, 1999), I will briefly highlight the main changes compared to the previous legislation.

Besides the 60-month lifetime limit, one of the principal changes of the new law (PRWORA) is that it combined what used to be AFDC (Aid to Families with Dependent Children), Emergency Assistance (EA) and the JOBS program, into a single entitlement to states, called TANF (or Temporary Assistance to Needy Families). Furthermore, it separated the entitlement to Medicaid from the entitlement to cash assistance. Under the previous law, someone who was on AFDC was automatically eligible for food stamps and Medicaid, but after the welfare reform of 1996, this is no longer true. Under the current law, a TANF recipient might also be entitled to Medicaid. However, once off TANF, a separate eligibility must be determined to continue with Medicaid. This regulation has caused confusion among welfare recipients, and many families who are eligible for both food stamps and Medicaid do not continue to participate in these programs once TANF is terminated (Anderson, 2002; Haskins, Sawhill, & Weaver, 2001).

A comparative analysis of the welfare legislation before and after 1996 (Gisberg,1999) shows that PRWORA involves other components of public assistance, just like the previous legislation, such as food stamps, SSI and child nutrition, which do not seem to have varied dramatically, except when recipients are immigrants (the current administration of George W. Bush proposed to lift some of the restrictions imposed on immigrants by the 1996 legislation, but bill H.R. 4735 introduced by representative Deborah Pryce in the House of Representatives on May 14, 2002 to reauthorize PROWRA did not include such modifications, <u>www.congress.gov</u>, 2002). The components of PRWORA that underwent most of the changes are those in which women, and particularly single mothers, are targeted or affected directly or indirectly. Exceptions were made for women who are victims of domestic violence, through the Family Violence Option (FVO), which allows waivers in work requirements, child support enforcement, and increases services to victims (Sachs, 1999). Table 1 illustrates this change. This information is based on Ginsberg, (1999, p. 272-300), but has been further summarized and includes the new provision of Sexual and Reproductive Rights, which captures more accurately specific aspects of the previous and current law.

Table 1.	Comparison	of Welfare	Legislation

Provision	Prior Law	PRWORA
Entitlement	Benefits were guaranteed to eligible individuals at all times	No individual guarantee of benefits. States define their own eligibility requirements and provision of services
Work Requirements and Activities	Exemptions were made if recipient had a child under age 3 (or 1 at state option); was under 16 or in school full-time; was in 2 nd or 3 rd trimester of pregnancy; was needed to care for an ill or incapacitated family member; was needed to care for a child under 6 and child care would not be guaranteed, among other exemptions.	After two years on assistance, single parents were required to work 20 hours per week upon implementation of the law, and 30 h/w by the FY 2000. A single parent with a child under 6 is deemed to meet the requirement if she/he works 20h/w, but if child-care is not available, there is no penalty for failure to meet work requirement. States can exempt single parents with children under age 1.

	Prior Law	PRWORA
	States were required to offer at least two of several work activity options, and the provision of postsecondary education was optional	Single parents are required to participate for 20h/w in one of several work activities defined by the law, including vocational training for up to 12 months. However, there is a cap of 20% of the caseload which can count vocational training toward meeting the work requirement
Teen Parents Provisions	Under age mothers could be required by individual states to live with their parents or in an adult supervised environment. Teens over 16 not in school were required to participate in educational activities	Unmarried minor parents must live in an adult-supervised setting and participate in educational and training activities. States should prevent non-marital teen pregnancies and implement teen pregnancy prevention programs in at least 25% of communities, as well as programs to prevent and prosecute statutory rape
Sexual and Reproductive Rights	All families were entitled to additional AFDC benefits after the birth of a new child States were required to provide family planning information and services (to prevent/reduce n0n-marital births) and their funds were reduced 1% in their matching funds if they failed to do so The law did not include abstinence education and reduction in the number of abortions	There is a family cap. No extra cash benefits are allowed if a new child is born while the family receives assistance No family planning provision. States are rewarded with a bonus if they demonstrate that the number of abortions and out-of- wedlock births that occurred in the state in the most recent two- year period decreased compared to the number of such births in the previous period Through the Maternal and Child Health (MCH) Block Grant, states will provide abstinence education with the option of targeting it to high-risk groups (i.e., groups most likely to bear children out of wedlock)

Prior Law	
T HOT Eaw	PRWORA
Guaranteed for working AFDC recipients, JOBS participants, and transitionally up to one year after leaving welfare	No child-care guarantee. Single parents with children under 6 are not penalized for not fulfilling the work requirement if they cannot find child-care
The first \$50 a month collected by the state through child support went to the family. There was no child support enforcement. Paternity establishment was voluntary	Strict child support enforcement is required to meet eligibility criteria. Individuals (mostly single mothers) must cooperate to establish paternity, or face a minimum of a 25% reduction in benefits. The \$50 pass-through to the family is not required
Medicaid was tied to AFDC benefits. Transitional Medical Benefits (TMB) were available for up to one year when family lost welfare benefits due to increased earnings from work, and to 4 months when due to collection of child or spousal support	Medicaid is not tied to TANF benefits. There are fixed income levels that must be followed by states to decide on eligibility, but states can use their own methodologies to determine Medicaid eligibility. Transitional Medical Benefits can be provided up to one year after leaving welfare
	Guaranteed for working AFDC recipients, JOBS participants, and transitionally up to one year after leaving welfare The first \$50 a month collected by the state through child support went to the family. There was no child support enforcement. Paternity establishment was voluntary Medicaid was tied to AFDC benefits. Transitional Medical Benefits (TMB) were available for up to one year when family lost welfare benefits due to increased earnings from work, and to 4 months when due to collection of child or spousal support

Table 1 shows how poor mothers have been targeted by social welfare policies in the U.S. in the last decades. It also shows how the current legislation has more incentives and rewards to the states, whereas recipients have more sanctions and requirements. PRWORA establishes more strict work requirements, a smaller provision for education, a family cap, no family planning services, and no income from child support payments. It also takes away the federally guaranteed child-care and Medicaid benefits (it is up to the state to provide it), and focuses on abstinence as the solution to out-of-wedlock births, especially among at-risk populations. These populations are usually teenage

women, although in 1990 only 7.7 percent of adult recipients were under 20 years of age, and in 1999 only 6 percent of adult recipients were teenagers (U.S. Department of Health and Human Services, Administration for Children and Families, 2000). Furthermore, with PRWORA the government not only invades low-income women's private lives, but also perpetuates women's dependency on a male partner. It gives women an ultimatum about their lifestyles when it affirms that "...dependence of needy parents on government benefits ends by promoting job preparation, work and marriage" (Georgia Department of Human Resources, Division of Family and Children Services, 1999, p.18). Thus, in a weak economy, and/or in a low-wage market, only marriage stands as a safety net.

The General Accounting Office (GAO), a research branch of Congress, found in 1987 that there was no evidence "...to support the prevailing common beliefs that welfare discourages individuals from working, breaks up two-parent families, or affects the childbearing rates of unmarried women, even young unmarried women" (Wilson, 1997, p. 163). Notwithstanding these findings, the commonly held belief was that all the above was true. This led the Republican Congress to sign the 'Contract with America' (Cammisa, 1998).

PROWRA, however, is not a completely new trend in the welfare system in some states, particularly in the South. For example, in 1952, there was a similar backlash against welfare recipients in Georgia that imposed several restrictions on eligibility and were the product of "...patriarchal ideologies, racist interest, and the labor supply interests of agricultural capitalism" (Reese, 2001, p. 92). These restrictions included the termination of benefits during harvest seasons, especially to blacks. They also contained "…requirements that mothers seek financial support from the fathers of their children, stepfathers, or 'substitute fathers' (i.e., live-in boyfriends)" (p. 91), and were predicated on the belief that out-of-wedlock births raised questions about the suitability of a home. The Georgia legislature even tried to deny benefits to women who had more than one child out-of-wedlock, but federal officials intervened and "…claimed it was unconstitutional because it discriminated against children based on their birth status" (p. 89). As Abramovitz (2000) affirms, southern states' restriction of welfare benefits during the forties and fifties was intended to force black women to work. "From the days of slavery, white society had valued African-American women as workers and denied them the protection and rights of womanhood granted to white women" (p. 71).

The role of women in the economic and social systems of the U.S is in part the result of three perspectives in the U.S. economic development models: 1. To ignore poor women in the process of development of the country. 2. To consider all women as mothers. 3. To consider women only as an economic complement. These topics and their connection with the welfare reform are explained in next section under feminist, human development, and social development perspectives.

Women, Development Models, and the 1996 Welfare Reform

The need to integrate women in development was seen and stated during the United Nations' Cairo Conference on Population and Development in 1994. Chapter IV A of this conference's final report established that "...the experience demonstrates that programs of population and development are most efficient when, at the same time, measures to improve women's conditions are adopted" (Conferencia Internacional sobre la Población y el Desarrollo, 1994, p.20). Prior to this conference, the Counsel of Ministries of the European Community (Comisión de la Comunidad Europea, 1993) concluded that due to the relationship between women's conditions and the well-being of their families, it was imperative to better their capacity to obtain income, their active participation, and their capacity to make decisions.

Independently of women's existence as beings in a relational context, the Platform for Action and International Compromises, developed in Bejing, China during the Fourth World Conference on Women (Rodríguez, 1995), exhorted governments to "...make visible women's contribution in the economic structure and pay the debt to female workers" (p. 71). It also encouraged countries to take action on the "...inequalities in economic structures and policies, in all forms of productive activities and in access to resources" (Working Group Moderators Women and Economy, 1999, Welcome to Women-economy). The six strategic objectives for this particular area (women and economy) of the Beijing Conference were the following (Rodríguez, 1995):

- Promote women's economic rights and independence, including access to employment, appropriate working conditions and control over economic resources.
- Facilitate women's equal access to resources, employment, markets and trade.

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- Provide business services, training and access to markets, information and technology, particularly to low-income women.
- Strengthen women's economic capacity and commercial networks.
- Eliminate occupational segregation and all forms of employment discrimination.
- Promote harmonization of work and family responsibilities for women and men.

The topic of women and the economy has been a concern to many governments, private and public agencies, non-governmental organizations and particularly to feminists groups. The latter have criticized some economic models that not only do not help to improve women's conditions, but also perpetuate the feminization of poverty (Riemer, 1997; Elson, 1995; Cevotarev, 1994; DiNito & McNeece, 1997), and the pauperization of motherhood (Folbre, 1987, 1994).

Economic models vary according to how a community, society, and particularly governments define development, and this definition shapes the wellbeing of individuals, families and communities. Next, several definitions of development are provided, as well as an explanation of the importance of focusing on a gender development model.

What is Development?

Leftwich (2000) argues that historically it has been difficult to define development, but the way it is defined and understood "...is crucial in shaping the strategic objectives and goals of development policies and practices, and in judging their results" (p. 16). He also states that most of the notions of development lie in one or more of the following broad approaches (p. 17):

- Development as historical progress
- Development as the exploitation of natural resources
- Development as the planned promotion of economic and (sometimes) social and political advancement
- Development as a condition
- Development as a process
- Development as economic growth
- Development as structural change
- Development as modernization

• Development and Marxism as an increase in the forces of production Whatever the approach, development should not be seen as a "...technical process in which a number of components are assembled, combined and deployed; it is a political process" (Leftwich, 2000, p. 16). The political nature of development is what has led governments to choose certain models over others, shaping policies and programs that have a direct effect in the society at large.

Do the Models Matter?

Diverse development models have been adopted in several capitalist and socialist nations during entire decades, even centuries, before moving from one model to another (McCollough, 1991; Midgley, 1999). Despite having promoted advancements in many technical and social fields, economic models implemented in the U.S. have also augmented the gap between richness and poverty, and between several groups within the society (Braun, 1997; Browne, 1999). These development models that separate economic from social prosperity create what Midgley (1995), Dean and Specht Professor in the School of Social Welfare, University of California-Berkeley) has called 'distorted development.' This situation has taken place due to the intrinsic characteristics of the current development models. According to Tobón & Guzmán (1995), these characteristics are:

- They consider material needs to be more important than the personal and social wellbeing.
- They have inadequately exploited natural resources.
- They have focused on material growth.
- They believe population is a homogeneous group.
- They believe that the more richness is achieved, the more distribution will be offered. In reality, richness have been concentrated in the hands of a few groups, widening the gap.
- They emphasize technology, leaving behind those who do not have access to it.
- They are de-humanizing, for they do not consider human beings as integral entities. They do not involve communities in the decision making process over issues that concern and affect them.

Within the different models of development, women have been a passive population, recipients in some cases, and ignored in others, in the way that they have been excluded from the processes adopted by governments to improve the quality of life of the overall population. This is how within the different development models, women have been located in different categories (Elson, 1995; Tobón & Guzmán, 1995; Polestico, 1992):

- The invisible woman: man is the pattern of society. Differences among the population are not considered.
- The mother woman: all women are mothers, and therefore, programs for mothers will benefit all women. This perpetuates gender roles and places a burden in women's work and responsibilities.
- The woman as an economic complement: programs are focused to promote economic sufficiency and diminish poverty. Despite good intentions, this model has led women into productive roles that are simply an extension of their domestic spheres, increasing their work hours. This model has shown little efficiency and profitability.
- Women integrated into productivity as a resource: with an equity focus, this model arose due to several changes occurred within the society related to the active participation of women in education, in the labor market, their economic independence, their participation in public life and in other non-traditional areas.

Which Development Do We Need?

The above descriptions represent several trends: Women in Development (WID), Women and Development (WAD), and finally Gender and Development (GAD), which contain the focus of empowerment. However, before entering into the gender category, I present some of the non-traditional definitions of

development. According to Midgley (1995), development must be social as well as economic, and in order to integrate these two elements he adopts the term social development which he defines as "...a process of planned social change designed to promote the well-being of the population as a whole in conjunction with a dynamic process of economic development" (p. 25). This kind of development presents the following characteristics (Midgley, 1995, p. 25-28):

- It is linked to economic development.
- It has an interdisciplinary focus (addresses values, beliefs, ideologies).
- It is conceived as a process that is dynamic and looks for growth and positive change.
- It is progressive in nature: progress is necessary and possible.
- It is interventionist in that it brings "...about improvements in social welfare."
- It is possible through strategies that "...link social interventions with economic development efforts."
- It is "...inclusive or universalistic in scope." Its concern for "...those who are neglected by economic growth or excluded from development (such as poor women)...takes place within a wider universalistic context of interventions that promote the welfare of all."
- Its ultimate goal is "...the promotion of social welfare" (well being and quality of life).

Another similar definition of development that is pertinent in this case is the one provided by Izquierdo (1997). He calls it alternative development, which is "...a process of consciousness raising about the organic exchange of energy between humans and non-humans, of which humans might be aware." This model criticizes development models with paternalistic and utilitarian approaches because they are unilateral, and instead, it proposes a pattern in a relational field, which Izquierdo has named omniobjectivity. This idea consists of emphasizing similarities. He presents it in two triads:



According to Izquierdo (1997), conscience fluctuates in space and time, and this is why there are different levels and kinds of conscience, which determine the degree of development of a person, a community and a country. His view of development is a continuum with ups and downs, rather than a fixed goal. A development model similar to Izquierdo's is that promoted by the United Nations -the human development model-, based on productivity, equity, sustainability, and empowerment (Díaz, 1996). The United Nations model, as well as Izquierdo's and Midgley's suggest a state of relationships among individuals, men and women, and the need to impulse their potentialities. These models allow the introduction of the gender category.

Gender and Development: What Difference Does It Make?

The concept of gender is a social construction, independent of biology, and susceptible to change over time, space and historical context, which is born, maintained and perpetuated through language and culture. It was created to understand differences between culture, society, and biology, and to explain that relationships between men and women have been created based on cultural values, rather than biological reasons, although those differences have been "biologized." As Beall (1995) puts it, "...social categories are not explained by themselves. Each one has an identity in virtue of its relation with other social categories, including those of men and women" (p. 4).

The concept of gender was not born out of those who think about development and formulate policies nor was it born unexpectedly. On the contrary, it was a process of maturation that emerged from the feminist thinking, which has studied women's situations, patriarchal power, subordinate relations, and the socialization of female and male children that perpetuate traditional roles, among others. The process went through different kinds of feminisms in different times of history and diverse contexts, until it arrived in a precise historical moment when new minds were offering new analyses of the relations between men and women in society. This originated the gender perspective, or gender focus, which allows an understanding of how, from biological differences, the concepts of masculinity and femininity are constructed, creating inequitable social systems (Tobón & Guzmán, 1995).

This is how the discussion moved from Women and Development to Gender and Development. This model introduces some perspectives that have been absent from the traditional development models, in order to be more equitable and holistic. The Gender and Development model implies a

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questioning of stereotypes, power structures and relations, and the introduction of a humanistic focus, holistic and sustainable. These are characteristics of the social development, the alternative, and the human development models that consider development a process, not a goal, and strive at the same time for the empowerment of men and women, economic growth, and improvement of the quality of life. Obviously, the viability of implementing such a model depends on the context and on the level of consciousness of the different actors.

Elizalde (1995) contends that "... it is necessary to maintain open to the possibilities, so that (the concept of development)...will reflect the infinite realizable alternatives within the historical practice of societies" (p. 19). At the same time, he affirms that this concept of development should have the following characteristics:

- It is different from growth.
- It is multifaceted.
- It contains ethical dimensions (respect for diversity, plurality, care for the cosmos, solidarity).
- It is multidimensional (integral)
- Analyzes the social dimension within a holistic framework.
- Goes beyond the traditional idea of progress, and advocates for a conciliation between planning and market management.
- It is inter-relational (considers notions such as tenderness, cooperation, dialogue, openness to others, solidarity, and transparency).

Regardless of the development model adopted, social conditions can be observed through different means. Midgley (1995) argues that one technique to measure social conditions is to compare key statistics, "...known as indicators because they give some indication of social conditions in different communities and societies" (p. 13, 14). The following statistics illustrate the gap between genders, social classes and races, as well as differences in opportunities between several groups of the U.S. population:

- Among the industrialized world, the U.S. exhibits the highest child poverty rate (Peterson, 1991; Sagan, 1997), and the highest women's poverty rate, regardless of their marital or parenthood status (Christopher, in press).
- "Between July 1972 and 1992, the combined value of AFDC and food stamps for a three-person family with no countable income dropped 26% on average, from \$874 in July in 1972 (measured in 1992 dollars) to \$649 in July 1992" (Wilson, 1997, p. 164).
- With an average of 3 percent inflation, "real welfare benefits would fall by 16 percent from 1996 to 2001" (Albert, 2000, p. 306).
- Adjusting for inflation to 1992 dollars, the average income of black families decreased \$2078, \$,699, and \$769 among the lowest fifth, second fifth, and middle fifth income groups, respectively (Wilson, 1997).
- Twenty-eight percent of blue-collar employers in Chicago reported negative feelings about black women's chances for employment. These

employers were concerned about "...child care and other family responsibilities" (Wilson, 1997, p. 123).

The United States was one of the 189 countries that endorsed the Platform for Action of the Fourth World Conference on Women, and therefore, established a commitment (although not legally binding) to improve women's well-being in the U.S. society. However, the above-mentioned social conditions evidence that the U.S. has not shown commitment to the Beijing implementation process, for the 1996 welfare reform (after the Cairo and Beijing conferences) discriminates on the basis of gender and race, reflecting the linkage between economic policy and women's economic inequality.

Diane Elson & Nilufer Cagatay (United Nations Development Fund for Women, New York, U.S. and university professors in the UK and the U.S., respectively, cited in Working Group Moderators Women and Economy, 1999, Economic Policy and Women's Economic Inequality) suggest that states and governments should work under the premise that "...all macroeconomic policies entail a set of social outcomes even if these are not explicitly stated...(d)esired social outcomes such as distributive justice, equity, provisioning of needs for all, freedom from poverty and discrimination, social inclusion, and development of human capabilities need to become the ultimate goals of policy-making, including macroeconomic policy-making" (on-line).

One way to fight against unjust development models, according to Elson (1995), is for citizens to organize a human development centered strategy, so that "...they (poor women) can begin to assert a counter-valuation of themselves

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as creative individuals whose unique human capabilities should be sustained and enhanced, not degraded and depleted" (p. 273). Solidarity, however, seems unlikely within the U.S., whose citizens feel differently about helping the poor. than helping people on welfare. For example, 62% of Americans in 1992 believed welfare spending should be reduced, but 59% felt more help for the poor was needed (Cammisa, 1998). Also, national surveys in the early nineties showed that Americans strongly embraced "...the idea that individuals are largely responsible for their economic situations" (Wilson, 1997, p. 160). And a 2001 national survey "...found that only one in ten Americans names poverty, welfare, or something similar as one of the two top issues government should address" (National Public Radio, the Kaiser Family Foundation, and Harvard University's Kennedy School of Government, 2001, p. 1). This reflects two facts according to Cammisa (1998). One, that in the U.S. the individualistic approach, rather than the structural approach, has led to explanations about poverty. Second, that the controversy over welfare recipients is based on determining who is a worthy poor, and if the government is entitled to change social behaviors that are viewed as undesirable, such as non-marital births.

Regardless of what causes them, it is well documented that poverty and inequity in the U.S. exist, and that they affect people's quality of life. Also, the way in which both poverty and inequity are examined and measured, affects the evaluation of quality of life (UNDP, 1990). This study uses the Human Development Index (HDI) of the United Nations Development Program (UNDP) to measure the quality of life of single mothers on welfare in Georgia, and of the Georgia population as a whole by race and county. The next chapter explains in detail the HDI.

CHAPTER 4

THE HUMAN DEVELOPMENT INDEX

There are several scales and indexes that measure quality of life (QOL) and have been used in different countries around the world; however, "the indexes vary greatly in their coverage and definitions of domains of QOL" (Hagerty, et al., 2001, p. 86). Hagerty et al., (2001) developed a set of criteria to evaluate 22 of the most-used QOL indexes from around the world and determined their validity and usefulness. Additionally, they selected seven out of the 22 indexes that best fitted in a selection of seven domains that encompass most of the terms utilized to evaluate quality of life, after "prior reviews of research (that)...used meta-analysis to narrow the possibilities considerably" (p. 74).

The seven domains defined by Hagerty and colleagues (2001) are: Relationships with family and friends, emotional well-being, material well-being, health, work and productive activity, feeling part of one's local community, and personal safety. The seven indexes selected from the 22 that were evaluated by Hagerty and his colleagues, (2001) are: Cummins' Comprehensive Quality of Life Scale (COMQOL), the Index of Economic Well-Being (IEWB), American Demographics Index of Well-Being, Johnston's Quality of Life Index, United Nations Human Development Index (HDI), Miringoffs' Index of Social Health Virginia Quality of Life Survey, Estes' Index of Social Progress (ISP), and the Swedish ULF System (ULF).

The United Nations Human Development Index (HDI) encompases at least three of the seven domains identified by Hagerty and colleagues (2001). These domains are: Health, Feeling Part of One's Local Community, and Material Well-Being. The HDI could fulfill at least one more domain: Work and Productive Activity, by adding unemployment rate to one of its dimensions, as has been suggested when measuring quality of life in specific populations (Doraid, 1997). The dimensions that the HDI does not cover according to Hagerty's et al., (2001) evaluation are: Relationships with Family and Friends, Emotional Well-Being and Personal Safety. This leads Hagerty et al., (2001) to criticize the HDI in that it does not include any subjective measures. Nevertheless, this would be an impossible task for the HDI to accomplish, considering that it was created to evaluate guality of life across nations and cultures, and subjective measures are generally not part of any nation's official statistics, and are not comparable cross-culturally. In fact, even basic variables to measure human development are not readily available in many countries (UNDP, 1990).

Besides the facts that it is a valid measure of quality of life and has a clear public policy purpose (Lind, 1992; Streeten, 1993; Ivanova, Arcelus, and Srinivasan,1999; Ranis, Stewart & Ramírez, 2000; Hagerty, et al., 2001), I chose the Human Development Index of the United Nations Development Program (UNDP) to measure the quality of life of single mothers on welfare over other

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indexes for several reasons: 1. Its emphasis is on enhancing human capabilities and choices in life. This is compatible with the primary mission of the social work profession, which is "...to enhance human well-being and help meet the basic human needs of all people, (particularly)...the needs and empowerment of people who are vulnerable, oppressed, and living in poverty" (NASW, 1996, back cover); 2. It permits researchers to detect differences between groups of people within a society. With this, I can keep the focus of the social work profession "...on individual well-being in a social context..." (NASW, 1996, back cover), and locate women at the center of this study, which is a premise of feminist research; and 3. The indicators of the dimensions of the HDI are part of the U.S. and all its states' official statistics. This allows researchers to obtain reliable data in a relatively short period of time, as well as make inferences about all the affected population, in this case, single mothers on welfare in Georgia.

The HDI has received criticism from several scholars and researchers, which has contributed to its refinement and improvement. This criticism can be classified in five areas: 1. The choice of the dimensions or components; 2. The choice of indicators; 3. The HDI potential measurement errors; 4. The choice of minimum and maximum values; and 5. Equal weighting of the three basic dimensions (UNDP, 1993). However, some of its critiques are contradicted by prior and subsequent examinations of the HDI.

Lind (1992) argues that the component life expectancy at age 1 year would seem a better variable than life expectancy at birth; nevertheless, Ivanova, Arcelus, & Srinivasan, (1999), found that there is no statistically significant

difference when using either of these two indicators. They also argue that the HDI has no predictive validity, although in an earlier study, Lee, Park, Khoshnood, Hsieh, and Mitteendorf, (1997) state that "HDI is a powerful predictor of both infant and maternal mortality rates" (p. 433). Similarly, Ivanova, Arcelus, and Srinivasan, (1999) argue as well that the HDI does not differentiate itself from the Real Gross Domestic Product (RGDP) variable, whereas Islam (1995) concludes that the HDI "... is most sensitive to per capita GDP in low human development countries" (p. 167). Finally, Lüchters and Menkhoff, (2000) contend that "...the transformation of GDP changes into the index of human development is completely misleading" (p. 267), although Ranis, Stewart, & Ramírez, (2000) found through cross-country regressions that human development and economic growth reinforce each other in both directions, creating vicious or virtuous cycles, and that the connection between economic growth and human development is not automatic. They affirm that "(t)he strength of the links...varies according to a large range of factors, including the structure of the economy, the distribution of assets, and the policy choices made" (p. 201).

Despite this, Ivanova, Arcelus, and Srinivasan, (1999) affirm that the HDI "...is the most widely used yardstick of human development" (p. 157); Lind (1992) contends that it "...sets a standard of achievement for the nations of the world, (that)... is different from and more than merely the production of goods and services" (p. 98); its indicators are less misleading than income per head, and any increase in any human indicator benefits the whole community, unlike increases on income alone (Streeten, 1993). As Streeten (1993) affirms, "...there is considerable political appeal in a simple indicator that identifies important objectives and contrasts them with other indicators. It draws the attention of policy-makers to the social sectors" (p. 31).

The Human Development Index (HDI) can be desegregated by gender, race, and other specific groups. It can also be adjusted according to income distribution and according to gender. It allows for the determination of a Gender Empowerment Measure (GEM) that "...examines whether women and men are able to actively participate in economic and political life and take part in decisionmaking" (Doraid, 1997, p. 7).

In addition to cross-national comparisons, some researchers have used the HDI methodology to measure the quality of life of subgroups within countries (Kumar, 1991; Corrie, 1995; Indrayan, Wysocki, Chawla, Kumar, & Singh, 1999), and of populations in certain U.S. cities (Agostini, & Richardson, 1997). Others have focused on the Gender Related Development Index, suggesting new ways to measure it (Dijkstra, & Hanmer, 2000), and to assess women's status and gender inequality through cross-national and longitudinal data (Forsythe, Korzeniewicz, & Durrant, 2000). Lastly, Ranis, Stewart, & Ramírez, (2000) have studied how human development impacts economic growth and vice versa.

Calculation of the Index

Details on the latest methodology to calculate the HDI can be found in the technical notes of the 1993 and 1999 Human Development Reports (text version) or online at www.undp.org/hdro. The following explanation relies heavily on the 2001 Human Development Report, (UNDP, 2001, p. 240). The HDI is a summary

measure of human development. It measures the average achievements in a country in three basic dimensions of human development:

- A long and healthy life, as measured by life expectancy at birth.
- Knowledge, as measured by the adult literacy rate (with two-thirds weight) and the combined primary, secondary and tertiary gross enrolment ratio (with one-third weight).
- A decent standard of living, as measured by GDP per capita, PPP (Purchasing Power Parity in US \$). PPP allows to make cross-country comparisons.

Before the HDI itself is calculated, an index needs to be created for each of these dimensions, and to do this each indicator needs minimum and maximum values called goalposts. These values "…need to be fixed if the HDI is to be comparable over time" (Anand and Send, cited in UNDP, 1993, p. 109). The goalposts for each dimension have changed since the first human development report in 1990 due to refinements in its calculation (UNDP, 1993, 1999). The UNDP has identified the following variables and goalposts to calculate the

HDI.

Indicator	Maximum Value	Minimum Value	
Life expectancy at birth			
(years)	85	25	
Adult literacy rate (%)			
	100	0	
Combined gross			
Enrollment ratio (%)	100	0	
GDP per capita (PPP			
US\$)	40,000	100	

Table 2. Goalposts (minimum and maximum values) for calculating the HDI

(United Nations Development Program [UNDP], 2001).

Until 1993, the GDP per capita (PPP) was "...truncated at the average official poverty line income in nine developed countries...because of the particular relevance of poverty removal in human development (Desai, cited in UNDP, 1993, p. 109). However, for the 1994 -1995 Human Development Reports (HDR) it was modified to be "...the current [1992] average global value of real GDP per capita in PPP\$ (UNDP, 1994, p. 91). For the 1997 HDR, the income component of the HDI used an adjusted real GDP per capita (PPP\$), according to the fixed threshold level of income, and a discounted value of the maximum income value set at 40,000 (UNDP, 1997). Considering that "...achieving a respectable level of human development does not require unlimited income" (UNDP, 2001, p. 240), the Human Development Reports since 1999 have been using an adjusted GDP per capita (PPP US\$), through the logarithm of income (UNDP, 1999). Anand & Sen (2000) conclude that the "...income component can be even more effectively used, particularly through corrections for inequalities...(it) is needed and it can be consistently and effectively used to serve the purpose for which it is needed" (p. 102). Performance in each dimension of the HDI is expressed as a value between 0 and 1 by applying the following general formula

where minimum and maximum values come from the fixed goalposts stated in Table 2. The HDI is then calculated as a simple average of the dimension indices. Finally, the calculation of the HDI is:

1/3 (life expectancy index) + 1/3 (education index) + 1/3 (GDP index).

The equal weight of the variables was confirmed after a principal component analysis (PCA, in factor analysis) was carried out, which explored "...the pattern of correlation among variables" (Tatlidil, mentioned in UNDP, 1993, p. 109). The PCA analysis showed that 88% of the total variance in the data was explained by the principal eigenvalue (An eigenvalue is "...the variance on the new factors that are successively extracted...the sum of the eigenvalues is equal to the number of variables," www.statsoft.com/textbook/stathome.html). This represents a high measure of commonality in the data, but since "...there is no presumption about causality in the PCA, ...it does not advocate omitting or downgrading a variable" (UNDP, 1993, p. 110).

Despite the above explanation, "...the equal weights are partly misleading. Because each variable is relative to its range and the ranges (minimum and maximum values) are very different, the actual effective weights are also very different" (UNDP, 1993, p. 110). The UNDP (1993) explains that significant increases in each dimension in a given country, region or sub-population are unlikely in the short run, and that the dimensions are not independent of each other "...in the real world," despite the findings of the principal component analysis (PCA). Therefore, "...it would be wrong to interpret the coefficients (of each dimension) as reflecting a 'menu of choices'. " Furthermore, the HDI is an ordinal measure of relative performance, rather than "...a cardinal index to be maximized" (UNDP, 1993, p. 110). Because the level of development varies greatly across countries, there

have been recommendations to complement the dimensions of the human

development index for countries with medium and high levels of development

(UNDP,1993). Anand and Sen (cited in UNDP, 1993, p. 112) have formulated

the suggestions laid in Table 3.

 Table 3. Suggestions for special human development indices for specific groups

 of countries

HDI Level	Low	Medium	High
Human	1.1 Life	1.1 Life	1.1 Life
Development	expectancy	expectancy	expectancy
Indicators		1.2 Under-five	1.2 Under-five
		mortality	mortality
			1.3 Maternal
			Mortality
	2.1 Adult literacy	2.1 Adult literacy	2.1 Adult literacy
		2.2 Secondary	2.2 Secondary
		school enrollment	school enrollment
	GDP up to	CDP up to	GDP up to
	international	international	international
	poverty line	poverty line	poverty line
	(Modified in 1999	(Modified in 1999	(Modified in 1999
	to log GDP per	to log GDP per	to log GDP per
	capita. PPP. US	capita. PPP. US	capita. PPP. US
	\$).	\$).	\$).
	.,	3.2Incidence of	3.2 Incidence of
		poverty	poverty
			3.3 Gini-corrected
			mean national
			income (Abolished
			after refinements
			in 1999).

By selecting components that reflect a given country's priorities and

problems that are sensitive to their development levels, instead of limiting the

analysis to the three initial components of the global HDI, "...the usefulness and versatility of the HDI as an analytical tool is enhanced..." when examining national and sub-national levels or groups (Doraid, 1997, p. 4).

This research studies a population within the U.S., a country with a high level of development (UNDP, 2001), but with great differences between subgroups within the society (UNDP, 1993; Wyn, et al, 2001). Therefore, the HDIs for both single mothers on welfare in Georgia and for the population of Georgia by county and by race include most of the recommended indicators for countries that have a high level of development, as shown in Table 3. These indicators are more sensitive to policy changes than simply life expectancy or adult literacy. One indicator was not included and two were modified (see details in next chapter), following the adaptation that Agostini and Richardson (1997) made of the HDI methodology when measuring quality of life in 25 U.S. cities. The final calculation follows the same formula, as explained above, and each indicator within each dimension has the same weight. Each indicator, within each dimension, is explained in detail in the next chapter.

CHAPTER 5

METHODOLOGY

This study focuses on the quality of life of single mothers on welfare in Georgia. It describes and analyzes a cross-section of this population at a particular point in time, and compares their situation with that of the rest of the Georgia population by county and by race. Likewise, it attempts to generate insights about the factors that affect their quality of life. Thus, this is a descriptive, cross-sectional study with an exploratory purpose. (Rubin & Babbie, 1997). As mentioned in the previous chapter, each indicator of each one of the three dimensions of the Human Development Index (HDI) is defined and explained in this section, and summarized in Table 4. The sources of the data gathered, and the exclusion of some counties for the black population, are also described in this chapter.

The Data

The data to calculate the human development index comes from many sources, as it is composed of several aggregate variables (see Calculation of Index in chapter 4 and Table 4 in this chapter). The information on the variables that pertain directly to single mothers on welfare in Georgia, such as education and income, was obtained from existing data from the Division of Family and Children Services of the State of Georgia (DFCS), for the year 2000. It included women on welfare in all 159 counties who were 18 years of age and over, had at
least one minor child living with them, and were receiving cash assistance (TANF) for themselves and their children. This is also known as a family case (at least one child and one adult are both TANF recipients in the same household), as opposed to a child only case (when only a child/children are beneficiaries) (Risler, et al., 1999). Precisely, these data were for 53,323 women, 79.32% were non-Hispanic black, 19.43% were non-Hispanic white recipients, had on average two children, were on average 28 years of age, and their median monthly income was \$287.61. The remaining 1.25% of the women on welfare was Hispanic, Asian or Native American (Hispanic is the word used by DFCS and by the U.S. Census Bureau, although some researchers use the word Latino/a).

Information on the indicators of the HDI dimensions (see Table 4) that relate to the population in Georgia as a whole was obtained from the following sources:

State of Georgia Sources: the Regional Economic Information System, the Bureau of Economic Analysis-State level, Georgia Department of Human Resources, Georgia Health Department, The Georgia County Guides, Georgia Data Center, databases like <u>www.georgiastats.uga.edu</u> and wonder.cdc.gov U.S. and International Sources: National and state reports from the 1990 U.S. Census Bureau, the National Center for Health Statistics (NCHS), Statistical Guide of the U.S. unpublished data from the Burden of Disease Unit of the Harvard Center for Population and Development Studies: School of Public Health, Harvard University, web pages of the World Health Organization (WHO), the United Nations Population Fund (UNFPA), and the Population Reference Bureau (PRB). as well as from e-mail communications with Centers For Disease Control (CDC) and NCHS experts.

Exceptions

Due to small black population counts (less than 1% from the mid-eighties to 1990), quality of life for the black population was not measured in nine of the 159 Georgia counties. These counties are: Dade, Dawson, Fannin, Forsyth, Gilmer, Murray, Rabun, Towns and Union. Several obstacles influenced this decision: 1) life expectancy and median household income were not available; 2) nine counties presented no variation in median household income and/or educational attainment. For example, in 1990 in Dawson county there were only 4 black persons in the county (The Georgia County Guide, 2001), but their median household income was over \$77,000. At the same time, the information is contradictory, for according to The Georgia County Guide (2001) there were 17 black people in Dawson, 25 years or older, for whom educational attainment was calculated. 3) in some counties there was no population at all in some of the educational levels needed to calculate mean years of schooling.

Dimensions and Indicators of the HDI

The Human Development Index is composed of three basic dimensions (see Table 4 below): Health, Education, and Standard of Living. In this study, both the Health and Education Dimensions have three indicators, and the Standard of Living Dimension includes two indicators. Additionally, each indicator has minimum and maximum values called goalposts (as explained in chapter 4 under Calculation of the HDI). Table 4 summarizes the dimensions,

indicators, and goalposts of the HDI.

Dimension	Indicator	Maximum Value	Minimum Value
Health	Life expectancy at birth (years) (for women only)	85 87.5	25 27.5
	Child Mortality Rate	0	Latest Global Average 1999 (56)
	Maternal Mortality Rate	0	Latest Global Average 1998(430)
Education	Mean Years of Schooling	15	0
	H.S. Graduation Rate	100	0
	College and Post College Graduates	100	0
Standard of Living	Log Personal Income	Log 40,000	Log 100
	Incidence of Poverty	0	100

Table 4. HDI Dimensions, Indicators, and Goalposts.

Next, each dimension of the HDI and its indicators are described and their relevancy to this study is explained.

Health Dimension

A study conducted by Wyn, Solís, Ojeda, & Pourrat (2001) found that after the welfare reform in 1996, around half of the women who left welfare did not have health insurance one year later, which suggests that they did not find "...jobs with coverage options" (p. 60). Additionally, Medicaid coverage decreased from 66% to 52% in 1998 for poor single mothers, and even though the most affected groups were both African American women and Latinas, the former did not see an increase in job-based coverage, "...making (them) the only group that did not have even a modest increase from this source coverage" (p. 33).

Furthermore, in the U.S., the majority of the 43 million people who do not have access to a primary care physician "...are poor, female, young, and uninsured," 65% of the population served by the Bureau of Primary Health Care (BPHC) are people of color, and 57% of the people served in local health center programs are low income women of color (BPHC, cited in Gaston, Barett, Johnson, & Epstein,1998, p. 87). Additionally, Gaston et al., (1998) contend that women of color "...are underrepresented in all aspects of biomedical research" (p. 92) and there is not enough data "...on the health status of underserved women and women of color" (p. 92).

Women who are on welfare are eligible for Medicaid, and thus, are eligible to receive medical care; nevertheless, the above studies show who is more likely not to have adequate health care in the U.S., and they also suggest that living longer does not translate into living healthier. This is why one of the dimensions of the HDI addresses the need (and right) to live a long and healthy life, and one universally accepted indicator of the health of a nation or community has been infant mortality. This indicator has "...a close association with a variety of medical and socioeconomic conditions...(such as) maternal health, the utilization and quality of prenatal care, economic development, educational attainment, and public health practices..." (Georgia Department of Human Resources, Perinatal Epidemiology Unit, 1997, p. 39).

Although life expectancy for women has increased globally, mainly due to dramatic reductions in infant mortality, there are indications that "...they (women) may be suffering more" (Jacobson, 1993, p. 9). One variable that might capture this situation is maternal mortality, for it is a sensitive indicator of inequity between countries and regions, and "...a litmus test of the status of women, their access to health care and the adequacy of the health care system in responding to their needs" (World Health Organization, 1996, p. 97).

Consequently, the indicators within the health dimension used in this study are:

Life Expectancy at Birth. It is defined as the average number of years that a hypothetical group of infants would live if the infants were to experience throughout their life the age-specific death rates prevailing in the year when they were born (National Vital Statistics Reports, 2001). In this study, life expectancy estimates for the population in Georgia by county and race are for the year 1990, and come from un-published calculations of a study conducted by the Harvard Center for Population and Development Studies: Burden of Disease Unit (1999). The Burden of Disease Unit calculated life expectancy for 55 individual counties, and the rest of the counties (104) were clustered in groups of two or more counties, due to small population counts (less than 10,000 people). In this case, the life expectancy to calculate the HDI of each county was the clustered value.

The goalposts (minimum and maximum values) of this indicator for the Georgia population as a whole are 25 and 85 years of age (UNDP, 2001).

The life expectancy value for women on welfare by county was the average life expectancy for all black women in Georgia for 1989-1990 (U.S. Department of Health and Human Services [DHHS], 1998). In the few counties were black women were not at least 49% of the women on welfare, the average life expectancy for all women in Georgia (all races) was used. The average life expectancy for white women was not used because this population has the highest life expectancy of all race/groups, and since socioeconomic conditions impact health and life expectancy, as noted earlier, it is unlikely that white women on welfare will have the same life expectancy as all white women not on welfare. However, women around the world do have a higher life expectancy than men (UNDP, 2001), and in order to account for this advantage, the goalposts of this indicator, for women, are different. The maximum value is 87. 5 and the minimum value is 27.5 (UNDP, 2001).

Infant Mortality Rate (IMR). The recommendation given by the UNDP (1993) when measuring quality of life within countries, regions and sub-populations included under-five mortality. However, this study uses infant mortality instead of under-five mortality because 1) it is not possible to calculate an under-five mortality rate by county and by race, due to the fact that available death statistics do not report statistics by age and by race, which is necessary in the formula. And most importantly, 2) most of the deaths of children under five years of age in Georgia occur among children who are under one year old (wonder.cdc.gov,

2002), thus, infant mortality, rather than under-five mortality, seemed more relevant.

Infant mortality is defined as a death occurring to a child during the period from birth to the 364th day of life. The infant mortality rate is the number of infant deaths occurring during a specified time period (usually one-year) per 1,000 live births during the same period (Georgia Department of Human Resources, Center for Health Information, 1997). This study includes a fifteen-year total Infant Mortality Rate of Georgia by county and race, from 1985 to 1999 (The Georgia County Guide, 2001), considering that a one-year count would not be an accurate mirror of the situation, and that in many counties IMR is not calculated yearly due to few deaths.

Based on The Georgia County Guide (2001), seventeen of the 159 counties had a total county IMR (black and white combined), and an IMR for one of the two races (either black or white). The race with no IMR did not have a value of zero, but a symbol indicating that the number of events was greater than zero and less than five. In such cases, a value of zero was entered for the race/county with no IMR calculated. Two other counties, Lincoln and Montgomery, presented a similar situation to those seventeen counties. They had the total county IMR and the black IMR, but no white IMR. However, considering that white infant deaths were more than 1/3 of the total deaths within each county, the total county IMR value was adopted as the white IMR for those counties, instead of ignoring the deaths and entering a white IMR value of zero. Finally, three counties had only a total county IMR and no IMR by race. In the case of Echols county, with a total county IMR of 15.5, the total value was assigned to the black population and zero to the white population. Despite the small and steadily decreasing black population in this county (11.3% in 1990 and 6.9% in 2000, The Georgia County Guide, 2001), black infants represented half of the infant deaths from 1985 to 1999. A similar situation occurred in Schley county. In Glascock county, the total county IMR was assigned to the white population and zero to the black population, for white infant deaths accounted for 80% of the deaths, and the total white population of this county was 87.2 in 1990 and 90.6 in 2000 (The Georgia County Guide, 2001). The maximum value for this indicator is the latest (1999) global average of infant mortality rate: 56 (Population Reference Bureau, 2001) and a minimum value of zero (adopting the goalposts set for under-five mortality rate from UNDP, 2001).

<u>Maternal mortality Ratio. (MMR)</u> Maternal mortality has been defined in different ways by different institutions and researchers, and thus, its measurement has been affected by it. Furthermore, the method and sources to collect maternal deaths greatly influence their final count. According to the Tenth International Classification of Diseases, Maternal mortality is defined as "...the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes" (United Nations Population Fund, 2002). The greatest discrepancy in the measurement of MMR seems to lie on the length of time after completion/termination of pregnancy. For example, Georgia counts maternal deaths up to 90 days after completion of pregnancy, but nationally, deaths are usually collected up to a year after pregnancy ends (Georgia Department of Human Resources, Perinatal Epidemiology Unit, 1997). Based on multi-state studies in the last 15 years in the U.S., it has been estimated "...that the true maternal mortality rate could be as much as two to three times higher" (Hoyert, Danel, & Tully, 2000, p. 10). This poses another difficulty: What is generally measured is maternal mortality ratio, rather than the rate. The difference lies on the denominator used in the formula. However, researchers have used both terms indiscriminately (World Health Organization, 1999). This study uses the term ratio.

Maternal mortality ratio (MMR) is defined as "the number of maternal deaths per 100,000 live births...a more precise measurement would be the number of maternal deaths per 100,000 pregnancies, to account for those who die from unsafe abortions. However, data on number of pregnancies are difficult to obtain" (United Nations Population Fund, 2002, p. 8). Due to the stated obstacles in the calculation of the maternal mortality ratio, it was not possible to obtain this information for each county in Georgia; thus, this study includes maternal mortality ratios for the whole state of Georgia from 1987 to 1996 by race. The MMR for the black population in Georgia during this time period was 20.3 and for the white population 5.5. The total MMR for the state of Georgia

was 10.7. At the 95% confidence interval, the lower bound was 8.8 and the upper bound was 12.7 (Centers for Disease Control [CDC], 1999).

There were three possibilities in terms of which MMR to use in each county. One option was to simply use the white MMR for all counties for the white population, and the black MMR for all counties for the black population. This might have overestimated the MMR in many counties with a very small black population, and perhaps underestimated the MMR for the white population in counties with low socioeconomic indicators. The second option was to use the total MMR for Georgia (10.7) for all counties and for both races. However, this would have meant to double the white MMR and cut half the black MMR, and would have given no variability between races. The last option, which was adopted, was to assign the lower bound of the 95% CI (8.8) to the white population, and the upper bound (12.7) to the black population. Aware of the limitations that this decision would bring, it seemed to be a conservative, but a more accurate value of MMR by race. The actual value might be a lot higher, considering the under-reporting problems already addressed. Nevertheless, the adopted values are different for each race, and the black MMR is higher than the white MMR, as it is all over Georgia and all over the U.S.

Given the fact that most single mothers on welfare in the state of Georgia are black (Risler, et al., 1999), the values of both the maternal mortality ratio and the infant mortality rate of the black population were used to calculate the HDI of women on welfare. However, the values of the maternal mortality ratio and the infant mortality rate for the white population were used to calculate the HDI for

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women on welfare in the nine counties that were omitted from this study within the black population, as explained at the beginning of this chapter. The maximum and minimum values (goalposts) for this indicator are respectively the latest (1998) global average maternal mortality ratio: 430 (United Nations Population Fund, 2001), and zero (UNDP, 2001).

Education Dimension

Even though researchers have demonstrated the importance of postsecondary education as a measure to be out of poverty, the 1996 welfare reform provides for only up to 12 months of vocational training. Only a few states such as Illinois, Maine, Hawaii and Vermont have obtained waivers that allow women to earn 4-year post-secondary degrees. Georgia is one of the states that do not have waivers, thus TANF recipients cannot enroll in either two-or four-year degree programs. Furthermore, only eleven states allow TANF recipients to save money in Individual Development Accounts (IDA) for educational purposes ("IDAs are matched savings accounts set up in the name of an individual or family, and in the name of a sponsoring organization...(they are) similar to Individual Retirement Accounts (IRAs) but can serve a broad range of purposes" (Pandey, Zhan, Neely-Barnes, & Menon, 2000, p 130).

Women's likelihood of obtaining and maintaining a job and their probabilities to move from no job to a bad job and to a good job (\$ 8/hour for at least 35 hours/week), are largely determined by the their level of education (Pavetti & Acs, 1997). This is a distressing reality, given that most low-income women in the U.S (67%) have no more than a high school diploma and 33% have a college degree (Wyn, et al., 2001). Among women on welfare in the U.S., only half of the recipients have a high school diploma or a GED (Pandey, et al., 2000). In this study, 42% of women on welfare in Georgia finished high school or obtained a GED.

One of the indicators within the education dimension of the HDI is adult literacy, which is defined as the ability of people who are 15 years of age or older to "...read and write a short, simple statement about their everyday life" and understand it (UNDP, 1994, p. 221). For the 2001 Human Development Report, the literacy rate for nations with high levels of development, such as the U.S., was set at 99%. Therefore, this indicator was not included in the calculation of the HDI either for single mothers on welfare or for the white/black population.

The other recommended indicators are secondary and tertiary school enrollment. However, as Agostini & Richardson, (1997) have explained it, "...the compulsory attendance laws in most states (of the U.S.) eliminate a measurable variation..." in this indicator of the HDI (p. 27). Besides, graduation rate seemed more appropriate than enrollment alone, considering research findings that support the fact that there is more labor demand and wage increments for people with college or advance degrees than for those without them (Agostini & Richardson, 1997).

For this reason, this study adopted and adapted the indicators that the above-mentioned authors used in the education dimension of their research to calculate a city HDI for 25 cities in the U.S. These variables are:

<u>Mean years of schooling.</u> This indicator is used as an alternative measure of literacy and is defined as an estimate of the average educational attainment of the Georgia population 25 years and older. This value was not readily available by county and race (The Georgia County Guide, 2001). It was calculated using the total number of years of education for each level of schooling, for each race within each county, and multiplying it by the total percentage of the population, within each race and county, to arrive at each level of education. Finally, the sum of these values, divided by the total sum of the percentages of the population within each level of schooling, by race and county, resulted in an estimated mean years of schooling for each race and county. The goalposts for this indicator are: a maximum value of 15 and a minimum of zero (Agostini & Richardson,1997).

<u>High School Graduation Rate</u>. This includes the equivalency diploma, GED, among all 25 year-olds or older (instead of 16-19 year-olds, as in Agostini & Richardson's study). This indicator has a maximum value of 100%, meaning all 25 year-olds should have graduated from high school, and a minimum value of zero (adapting the goalposts set by the UNDP, 2001, for school enrollment). <u>College and Post-College Graduates</u>. The percentage of the "…population aged 25 and older who have either graduated from college, graduate or professional school" (Agostini & Richardson, 1997, p.27). The maximum value was set at 100% for all residents over 25, and a minimum value of zero (adapting the goalposts set by the UNDP, 2001, for school enrollment). Mean years of schooling and high school graduation rate of women on welfare were provided by the Georgia Division of Family and Children Services (DFCS). None of the women on welfare had a college degree, which is consistent with national (Pavetti & Acs, 1997) and regional studies (Risler, et al., 1999).

Standard of Living

This dimension refers to the material wellbeing of a population, that is, the extent to which a population has access to resources to guarantee a decent standard of living (UNDP, 1990). It is composed of the income of that population and its level of poverty. To measure the income indicator of this dimension across nations, the UNDP (2001) uses the logarithm of Gross Domestic Product. At the state level, the equivalent of this variable would be Gross State Product. At the county level, its parallel would be Total Personal Income, defined "...as the income that is received by, or on behalf of, all the individuals who live in the area..."(The Georgia County Guide, 2001, p. 185). Due to the nature of this indicator (See detailed definition in chapter 6, p. 97), it was not suitable for the calculation of the HDI by race. Therefore, a surrogate indicator was used, that is Median Household Income.

<u>Median Household Income (MHHI).</u> According to the 1990 U.S. Census, the MHHI "...is based on the distribution of the total number of units including those with no income..." Household income "...includes the income of the householder and all other persons 15 years old and over in the household, whether related to the householder or not" (U.S. Department of Commerce, 1993). The data for this

indicator at the county level are 1989 estimates from the 1990 U.S. Census (The Georgia County Guide, 2001), which is the latest available information by county and race. The minimum and maximum values for this indicator are the same as the goalposts set for Gross Domestic Product by the UNDP (2001). They are respectively the logarithm of \$100 and the logarithm of \$40,000. When the MHH for a given county surpassed the maximum value, it was capped at \$40,000, as the UNDP has done it with certain countries to calculate their HDI (David Stewart, UNDP staff. E-mail correspondence, April 2001). This was true for nine of the 159 counties within the white population (Cobb, Columbia, Dekalb, Fayette, Fulton, Gwinnett, and Rockdale, whose MHHI ranged from \$40,605 to \$50,078). Within the Black population, only one of the 150 counties included exceeded the maximum value (Lumpkin: \$41,917). It is relevant to note that this county is an outlier within the Black population, and it is one of the two counties whose black population was just between 1 and 2% of the total county population in 1990. Finally, as stated earlier, the data for single mothers on welfare, per county, was available from DFCS for the year 2000.

Incidence of poverty. This indicator measures "...the percentage of total households living below the poverty level established for the U.S. The index utilizes a maximum value of zero (no households living below the poverty level) and 100% (all households living below the poverty level)" (Agostini & Richardson, 1997, p. 31). The most recent available information for this indicator by county and race is from 1989 and also comes from the 1990 U.S. Census (The Georgia County Guide, 2001). The HDI for women included the percentage of female

headed households below the poverty line in 1989, as revealed by the 1990 Census. This is the most recent available data at the county level.

A sub-index for each one of the above-mentioned indicators of the three dimensions was calculated using the formula explained in chapter 4 and expressed in a value between 0 and 1. The average of these values resulted in the HDI of single mothers on welfare in Georgia, by county, and in the HDI of the Georgia population by county and by race. According to the UNDP, (1993) the HDI is an ordinal measure of relative performance, and although the statistical analysis presented in Chapter 6 generally requires interval or ratio levels of measurements, ordinal data at multiple levels is also sufficient for this analysis. This chapter described in detail each indicator and the Dimensions of the Human Development Index (HDI), as well as their relevancy in this study and how the values of each indicator were assigned. Table 4 (on page 60) presented a summary of the dimensions of the HDI with its indicators and goalposts (minimum and maximum values). The following chapter presents the results of the study.

CHAPTER 6

RESULTS

To begin to answer the first research question, that is, how the quality of life of women on welfare fare compared to the rest of the Georgia population, all counties were ranked separately for the three groups (black, white, and women on welfare). Organized in alphabetical order, counties were ranked from 1 to 159 for the white population and women on welfare, and from 1 to 150 for the black population. As explained in the previous chapter, nine counties were not included for the black population. This ranking used 1 as the best score, and it was based on the counties' Human Development Index and on each one of the dimensions of the HDI (Health, Education, and Standard of Living), per county, as well as on their Median Household Income (MHHI) sub-index.

Ranking of Counties

In order to describe the position of the counties, a good ranking is considered from 1 to 53 (or to 50 for the black population), a fair ranking from 54 to 106 (or from 51 to 100 for the black population), and a bad ranking from 107 to 159 (or from 101 to 150 for the black population).

Tables A, B, C, D, E and F in the Appendix present the values and ranking of the HDI, the Median Household Income (MHHI) sub-index, and the dimensions of the HDI for each group (black, white, and women on welfare) in each county. This ranking allows researchers and readers in general to visualize how each county, within each group, fares compared to the totality of the Georgia counties in terms of quality of life in general, and in particular, in terms of Median Household Income, Health, Education, and Standard of Living. It also evidences the fact that higher levels of income and standard of living do not necessarily imply an equal position in health, education, or quality of life. It is possible to achieve better positions in health, education, and quality of life despite lower positions in income and standard of living.

Appendix A ranks the quality of life (as measured through the HDI) of the black population by county, as well as their median household income and health status. Madison, Taliaferro, and Wilcox are examples of counties with a good ranking in health (24, 6, and 48 respectively), and a bad ranking in income (106, 119, and 140 respectively). Fayette has a good ranking in income (1), and a fair ranking in health (62), while Gordon presents a good ranking in income (42) and a bad ranking in both health (149) and quality of life (100).

Appendix B ranks the education dimension of the black population by county, as well as their standard of living. Despite a fair ranking in income (78), Pickens county has a good ranking in all the dimensions of quality of life (Health:10, Education: 12, and Standard of Living: 29). In the case of Glascock county, education has a bad ranking (150) despite a good ranking in standard of living (46), and Peach county presents the opposite scenario: a good ranking in education (37) and a bad one in standard of living (104).

Appendix C ranks the quality of life (as measured through the HDI) of the white population by county, as well as their median household income and health

status. This table shows that Clayton and Glynn counties have bad health rankings (104 and 121, respectively), even though their rankings in quality of life (26 and 21) and income (15 and 22) are good. Conversely, Long and Wheeler counties have good health rankings (37 and 16, respectively), and bad rankings in both quality of life (101 and 114) and income (146 and 154).

Appendix D ranks the education dimension of the white population by county, as well as their standard of living. Schley county in table 8 is an example of the fact that despite a good ranking in standard of living, education has a bad ranking. Nevertheless, Schley ranks first in health (see table 7). Additionally, Baker, Dooly, and Long counties have bad rankings in standard of living (112, 124, and 147, respectively), and only fair rankings in education (64, 70, and 52, respectively).

Appendix E ranks the quality of life (as measured through the HDI) of women on welfare by county, as well as their median household income and health status. In this table it is clear that despite good rankings in income, Dodge, Jefferson, Laurens, and Warren counties have bad rankings in health (130, 119, 152, and 148, respectively), and a high percentage of African Americans. According to the 1990 Census, Dodge county had the same percentage of black population as the state average (27%), and the three other counties had more than the average. For example, Warren county had more than double the sate average (60.2%) (The Georgia County Guide, 2001). In contrast, the counties that ranked within the best 10 positions in health among women on welfare (Banks, Brantley, Catoosa, Glascock, Habersham, Lumpkin, Pickens, White, Dade and Forsyth) were those with a small black population in 1990 (less than 6%, except Glascock with 12.6%). Additionally, the black population of these 10 best counties in health decreased from 1990 to 2000 (The Georgia County Guide, 2001), but the overall county population increased, and six out of these ten counties gained positions in their ranking according to the total population of all 159 counties (The Georgia County Guide, 2001). It is interesting to note that the counties not included in the measurement of quality of life for the black population (Dade, Dawson, Fannin, Forsyth, Gilmer, Murray, Rabun, Towns and Union), as explained in the methodology chapter, ranked between the 8th and 20th best positions in the health dimension for women on welfare.

Appendix F ranks the education dimension of women on welfare by county, as well as their standard of living. Despite good rankings in education, Candler, Liberty, McIntosh, Screven, and Stwart have close to low and low rankings in standard of living (92, 115, 111, 136, 139, respectively). Therefore, the human capital theory (Becker, 1993) does not seem to work here.

Independent Sample *t* Tests

To test if quality of life, and its different components, were significantly different across groups (black population, white population, and women on welfare), the mean HDI and the mean of the HDI dimensions were tested using independent sample *t* tests, with a .95 Confidence Interval. The group/population variable was coded 1=black, 2=white, and 3=women. Descriptive statistics of the HDI of each group are presented in table 5.

Populations and Women on Welfare. Group / Ν Mean HDI Std. Deviation **Population** 150 .6313 .040 Black White 159 .7350 .022

.6041

Table 5. Mean and Standard Deviations of the HDI of the Black and White

(Maximum possible score in the HDI is 1).

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Women on Welfare

An independent *t* test comparing the quality of life of blacks and whites through the HDI found a significant difference between the means of the two groups, equal variances not assumed (t (234.068)= -27.747, p < .001). The mean of the white population is significantly higher (m = .7350, sd = .022) than the mean of the black population (m = .6313, sd = 040). However, the quality of life of the black population is significantly better than that of women on welfare (m =.6041, sd = .031), equal variances not assumed (t (281.474) = 6.617, p < .001). Not surprisingly, similar results were found when comparing the quality of life of the white population and women on welfare. The mean of the white population is significantly higher (m = .7350, sd = .022) than the mean of women on welfare (m = .6041, sd = .031), equal variances not assumed (t (289.902)= 42.653, p < .001). Graphic 1 illustrates the values of the HDI of each group.

.031





The above analysis demonstrates that the quality of life of women on welfare is significantly worse than the rest of the Georgia population (research question # 1), and that the quality of life does differ according to race (part one of research question # 2). Table 6 presents descriptive statistics of the HDI dimensions of the black and white populations and women on welfare. Table 6. Mean and Standard Deviations of the Dimensions of the HDI of the black and white populations and women on welfare

Group / Population	Ν	Mean Health Dimen- sion	Std. Dev Health Dimension	Mean Education Dimension	Std. Dev Education Dimension	Mean Standard Of Living Dimension	Std. Dev Standard Of Living Dimension
Dist	450	0050	0.44	0.400	004	7440	070
Black	150	.8056	.041	.3468	.031	.7413	.078
White	159	.8901	.021	.4110	.031	.9038	.034
Women on							
Welfare	159	.8274	.046	.3902	.032	.5947	.061
/N /			the second allows a				

(Maximum possible score in each dimension is 1).

Independent *t* tests found significant differences in Health and Standard of Living Dimensions of the HDI across groups, but not in the Education Dimension. The health situation of whites (m = .8901, sd = .021) is significantly better than that of blacks (m = .8056, sd = .041), equal variances not assumed (*t* (224.379) = -22.351, p < .001). And is it also significantly better than the health situation of women on welfare (m = .8274, sd = .046), equal variances not assumed (*t* (225.573) = 15.434, p < .001). When comparing the black population with women on welfare in terms on health, the latter fared significantly better (*t* (305.941) = -4.396, p < .001). In other words, women on welfare appear to enjoy a better health status than the black population as a whole. It is important to remember that the indicator Life Expectancy had higher goalposts (minimum and maximum values) for women, thus, it is unlikely that this advantage is due to a longer life expectancy. Other factors seem to play an important role, possibly, the health care coverage of women on welfare.

In the Standard of Living Dimension, the white population (m = .9038, sd = .034) scored significantly higher than both the black population (m = .7413, sd = .078), equal variances not assumed (t (202.206) = -23.275, p < .001), and women on welfare (m = .5947, sd = .061), also equal variances not assumed (t (250.450) = 55.605, p < .001). No significant differences were found in the Education Dimension when comparing blacks with whites, blacks with women on welfare, and whites with women on welfare. Graphic 2 illustrates the values of the HDI Dimensions of each group.





In order to find some patterns and differences in quality of life (to address part two of research question *#*2), counties were classified in one of four categories developed by Bachtel, editor of *The Georgia County Guide*. This classification is based on income, employment, education, population migration, and housing characteristics. According to this classification, there are seven Urban counties, 35 Suburban, 77 Rural Growth, and 40 Rural Decline (Risler, et al., 1999). Graphic 3 illustrates the HDI value of each group (black, white, women on welfare) in each county classification.



Graphic 3. HDI of Women on Welfare, Black Population and White Population According to County Classification in Georgia

One-Way Anova and Post-Hoc tests looked for differences according to county classification within each group. Table 7 contains descriptive statistics of the HDI of each group according to county classification.

Table 7. Mean and Standard Deviations of the HDI of the Black and White

HDI	County Classification	Ν	Mean	Std. Deviation
Block	Urban	7	6400	012
DIACK	Suburbon	1 22	.0422	.013
		33 74	.0000	.040
	Rural Growth	71	.6293	.034
	Rural Decline	39	.6017	.025
	Total	150	.6313	.040
White	Urban	7	.7616	.016
	Suburban	35	.7542	.023
	Rural Growth	78	.7269	.017
	Rural Decline	39	.7289	.020
	Total	159	.7350	.022
Women	Urban	7	.5943	.012
on	Suburban	35	.6292	.030
Welfare	Rural Growth	78	.6037	.027
	Rural Decline	39	.5842	.025
	Total	159	.6041	.031

Populations, and of Women on Welfare, According to County Classification

One Way ANOVAS

Using a one-way ANOVA I found a significant difference in the quality of life of the population, according to county classification. For the black population (F(3, 146) = 24.330, p < .001), for the white population (F(3, 155) = 21.648, p < .001), and for women on welfare (F(3, 155) = 17.168, p < .001). Results from the Games-Howell (equal variances not assumed) post-hoc analysis show that the quality of life of the black population in Rural Decline counties (m = .6017, sd = .025) is significantly worse than in the three other county classifications (p < .001). Life in Suburban counties (m = .6680, sd = .040) is significantly better than in both rural areas (p < .001), and than in Urban counties (m = .6422, sd = .013, p < .05). Graphic 4 contains the values of the HDI Dimensions of the black population within each county classification.





Classification in Georgia

For the white population, there is no difference in quality of life between Urban (m = .7617, sd = .016) and Suburban (m = .7542, sd = .023) counties (p > .05). However, significant differences exist between Suburban counties and both rural counties (p < .001) (Rural Growth m = .7269, sd = .017. Rural Decline m = .7289, sd = .020), and between Urban counties and both rural counties (p < .01). Graphic 5 presents the values of the HDI Dimensions of the white population within each county classification.



Graphic 5. HDI Dimensions of the White Population According to County

Classification in Georgia

The quality of life of women on welfare seems to follow the same pattern observed in the black population. That is, their quality of life is significantly better in Suburban counties (m = .6292, sd = .030) than in the rest of the counties (p < .001), and significantly worse in Rural Decline counties (m = .5842, sd = .025)

than in both Rural Growth (m = .6037, sd = .027, p < .01) and Suburban counties (p < .001). However, life in Rural Decline counties is not significantly worse than in Urban counties (m = .5943, sd = .012, p > .05), and there is no significant difference either in quality of life between Rural Growth and Urban Counties (p > .05) for women on welfare. Graphic 6 illustrates the values of the HDI Dimensions of women on welfare within each county classification.





To finish answering research question # 2, the best and worst ten counties for each group (black, white, and women on welfare) were examined in terms of quality of life, according to their score/rank in the HDI. The black population and women on welfare shared six of the ten best counties for them (Cherokee, Douglas, Fayette, Gwinett, Lumpin, and Oconee). The most salient characteristic among these counties, besides the fact that they are all Suburban

counties, except Lumpkin (Rural Growth), is that the black population was less than eight percent (8%) of the whole county population (as of 1990). The other four best counties for women on welfare Forsyth, Catoosa, Habersham, and Towns presented the same pattern. Towns was one of the nine counties not included in the study for the black population, due to a small (less than 1% and 100 people or less) black population count. The other four best counties for the black population were Banks, Cobb, Clayton and Dekalb. Banks and Cobb also had a black population of less than eight percent, although in Clayton it was 23.8% and in Dekalb it was 42.2%. So overall, eight of the ten best counties for blacks had less than an 8% black population (See Tables 8 and 9 on next page). Within the white population, four of the ten best counties were the same as for blacks and women on welfare, with a black population of less than eight percent (Dekalb, Fayette, Gwinett, and Oconee). In the other six counties (Chattahoochee, Cobb, Columbia, Fulton, Houston, and Rockdale) there was no clear pattern in the percentage of the black population. Three had 11% or less, two had between 20-31%, and one had over 40%. However, of the best ten counties for whites, seven had a black population of 11% or less (See Table 10 on page 90).

Tables 8, 9, and 10 present the best 10 counties in terms of quality of life for each group, as well as their ranking in Median Household Income and in each one of the three HDI dimensions, as well as the percentage of the counties' population that was black as of 1990. Table 8. Ten Best Counties on HDI, Their Corresponding Rank in HDI

Dimensions and Median Household Income for the Black Population, and

Black Popu- lation/ County	HDI Rank	Health Dimension Rank	Education Dimension Rank	Standard of Living Dimension Rank	Median Household Income Rank	% Black Population In County In 1990
Lumpkin	1	2	6	1	2	1.6
Gwinett	2	22	2	3	3	5.2
Fayette	3	62	4	2	1	5.4
Clayton	4	16	3	5	6	23.8
Cobb	5	31	1	6	7	9.9
Dekalb	6	38	5	7	5	42.2
Banks Chero-	7	4	31	8	10	3.5
kee	8	12	44	4	14	1.9
Douglas	9	14	9	12	4	7.9
Oconee	10	1	27	20	19	7.5

Percentage of Black Population in each County as of 1990.

Table 9. Ten Best Counties on HDI, Their Corresponding Rank in HDI

Dimensions and Median Household Income for Women on Welfare, and

Percentage of Black Population in each County as of 1990.

Women on Welfare/ County	HDI Rank	Health Dimension Rank	Education Dimension Rank	Standard of Living Dimension Rank	Median Household Income Rank	% Black Population In County In 1990
Towns	1	20	11	8	2	0.0
Fayette	2	67	2	2	133	5.4
Lumpkin	3	6	62	16	1	1.6
Forsyth	4	10	131	1	33	0.0
Douglas Chero-	5	26	20	7	72	7.9
kee	6	18	73	5	131	1.9
Oconee	7	12	57	19	25	7.5
Gwinett Haber-	8	51	46	3	89	5.2
sham	9	5	104	24	126	5.6
Catoosa	10	3	145	17	86	0.8

Table 10. Ten Best Counties on HDI, Their Corresponding Rank in HDI

Dimensions and Median Household Income for the White Population, and

White Popu-	HDI Rank	Health Dimension	Education Dimension	Standard of Living	Median Household	% Black
lation/		Rank	Rank	Dimension	Income	Population
County				Rank	Rank	In County
						In 1990
Dekalb	1	29	3	7	3	42.2
Fulton	2	43	2	10	5	49.9
Fayette	3	19	7	1	4	5.4
Cobb	4	25	5	3	1	9.9
Gwinett	5	22	6	2	6	5.2
Columbia	6	54	9	5	2	11.0
Oconee	7	45	8	13	14	7.5
Rockdale	8	44	19	6	7	8.1
Houston	9	41	11	16	18	21.7
Chatta-						
Hoochee	10	56	4	39	45	30.9

Percentage of Black Population in each County as of 1990.

When examining the worst ten counties for the three groups, the percentage of the black population within the counties also appears as a common characteristic for women on welfare and blacks, who also share five of the worst ten counties (Colquitt, Quitman, Randolph, Turner, and Worth). The other five counties for women on welfare are Atkinson, Burke, Coffee, Johnson, and Lanier. The rest of the counties for the black population are Bacon, Clay, Crisp, Early, and Webster. In all these counties, except Bacon, the percentage of the black population was 24% or higher of the total county population, which is near and above the total average of black population in the whole state of Georgia in 1990 (27%). Consequently, the quality of life of both the black population and women on welfare tends to be worse the greater the percentage of the black population in a given county (See Tables 11 and 12 on next page). This is congruent with Agostini and Richardson's (1997) study of quality of life in 25 U.S. cities, which found that "the percentage of the city population that (was) African-American and the percentage of the population that (was) engaged in blue collar occupations appear(ed) to negatively influence the city HDI" (p. 37).

The percentage of county population that is black does not seem to have the same effect among the worst ten counties for the white population (See Table 13 on page 93).

Tables 11, 12, and 13 present the worst 10 counties in terms of quality of life for each group, as well as their ranking in Median Household Income and in each one of the three HDI dimensions, as well as the percentage of the counties' population that was black as of 1990.

Table 11. Ten Worst Counties on HDI, Their Corresponding Rank in HDI Dimensions and Median Household Income for the Black Population, and Percentage of Black Population in each County as of 1990.

Black Popu- lation/ County	HDI Rank	Health Dimension Rank	Education Dimension Rank	Standard of Living Dimension Rank	Median Household Income Rank	% Black Population In County In 1990
Early	141	106	119	143	145	44.1
Worth	142	107	111	144	131	30.6
Crisp	143	101	121	145	146	40.7
Bacon	144	69	88	150	150	15.5
Clay	145	116	139	138	141	60.8
Webster	146	150	117	73	86	50.0
Colquitt	147	133	122	142	139	24.2
Randolph	148	127	133	147	147	57.9
Turner	149	131	100	149	134	40.6
Quitman	150	145	147	140	133	50.1

Table 12. Ten Worst Counties on HDI, Their Corresponding Rank in HDI Dimensions and Median Household Income for Women on Welfare, and Percentage of Black Population in each County as of 1990.

Women on Welfare/ County	HDI Rank	Health Dimension Rank	Education Dimension Rank	Standard of Living Dimension Rank	Median Household Income Rank	% Black Population In County In 1990
Coffee	150	131	146	121	134	25.4
Randolph	151	143	78	151	147	57.9
Atkinson	152	140	136	131	99	26.7
Jonhson	153	146	159	82	52	34.1
Colquitt	154	137	137	141	64	24.2
Lanier	155	151	112	146	78	26.6
Worth	156	116	134	153	107	30.6
Burke	157	124	143	150	42	52.3
Turner	158	145	123	157	122	40.6
Quitman	159	158	58	159	141	50.1

Table 13. Ten Worst Counties on HDI, Their Corresponding Rank in HDI Dimensions and Median Household Income for the White Population, and Percentage of Black Population in each County as of 1990.

White Popu- lation/ County	HDI Rank	Health Dimension Rank	Education Dimension Rank	Standard of Living Dimension Rank	Median Household Income Rank	% Black Population In County In 1990
Emanuel Meri-	150	147	126	141	142	32.5
Wether	151	157	115	119	125	44.6
Glascock	152	141	152	123	119	12.6
Fannin	153	110	150	150	158	0.0
Chattooga	154	152	158	122	145	8.7
Heard	155	156	151	138	131	13.5
Atkinson	156	150	148	159	159	26.7
Treutlen	157	159	147	149	155	33.1
Lanier	158	146	154	158	149	26.6
Clinch	159	153	155	157	156	27.3

All of the counties included in the worst 10 for each group (black, white, and women on welfare) are Rural Decline or Rural Growth areas. In short, the quality of life of the black population and women on welfare is better in Suburban counties than in the rest of the counties, and for the white population, there is no difference between living in Suburban or Urban counties.





Although Suburban counties seem to offer a better quality of life for women on welfare, only 19% (10,187) of all women on welfare in Georgia (53,323) in the year 2000 lived in this kind of counties, while roughly 43% lived in Urban counties, and the remaining 38% lived in Rural Growth and Rural Decline counties. This means that 81% of women on welfare tend to cluster in areas that present the worst quality of life. This answers the first part of research question # 3. To address the rest of this question, if there is a pattern in the components of the HDI of women on welfare based on area of residence, another One-Way
Anova was run with the dimensions of the HDI of women on welfare according to

county classification. Table 14 presents descriptive statistics of the HDI

dimensions of women on welfare according to county classification.

Table 14. Mean and Standard Deviations of the HDI Dimensions of Women on Welfare According to County Classification

HDI Dimensions Women on Welfare	County Classification	Ν	Mean	Std. Deviation
Health	Urban	7	.8060	.013
	Suburban	35	.8498	.041
	Rural Growth	78	.8284	.046
	Rural Decline	39	.8093	.045
	Total	159	.5947	.046
Education	Urban	7	.3881	.020
	Suburban	35	.3881	.033
	Rural Growth	78	.3880	.032
	Rural Decline	39	.3971	.033
	Total	159	.3902	.032
Standard of	Urban	7	.5887	.022
Living	Suburban	35	.6499	.060
	Rural Growth	78	.5949	.049
	Rural Decline	39	.5461	.043
	Total	159	.5947	.061

One Way ANOVAS with the HDI Dimensions of Women on Welfare

Significant differences were found in both the Health (F(3, 155) = 5.701, p = .001) and Standard of Living Dimensions (F(3, 155) = 26.552, p < .001) according to county classification, but there were no significant differences in the Education dimension (F(3, 155) = .766, p > .05). Results from the Games-Howell (equal variances not assumed) post-hoc analysis show that the Health and Standard of Living Dimensions have a similar pattern to the HDI of women on welfare based on county classification, with three exceptions. One, women's health appears to be significantly better in Rural Growth counties (m = .8284, sd = .046, p < .05) than in Urban counties (m = .8060, sd = .013). Two, there is no significant difference in women's health between Suburban counties (m = .8498, sd = .041, p > .05) and Rural Growth counties. And three, the Standard of Living of women on welfare in Urban counties (m = .5887, sd = .022, p < .05) is significantly better than that in Rural Decline counties (m= .5461, sd = .043).

In order to explore other factors (besides the HDI dimensions and indicators used to calculate the HDI) that might influence the quality of life of the Georgia population, as measured by the HDI, bivariate and multiple linear regressions on the HDI of each group were run. The variables below were regressed separately on the HDI of the black population, the HDI of the white population, and the HDI of women on welfare. Regression models for the HDI of women on welfare used the values of the black population. The independent variables in the regression model were:

-Teenage (between 10-19 years-old) pregnancy rate from 1988 to 1992 of each race in each county in Georgia (The Georgia County Guide, 1994) -Marriage rate of each race and county in 1990 in Georgia (The Georgia County Guide, 1992)

-Divorce rate of each race and county in 1990 in Georgia (The Georgia County Guide, 1992)

-Total (all races) percentage of related children under 17 years of age below the poverty line (\$10,419 for a family unit of three persons. U. S. Census, 1990) in 1989 in each county in Georgia (The Georgia County Guide, 1998)

-Total personal income (See definition below) per county in Georgia in 1990 (The Georgia County Guide, 1995)

Results of these regression models are shown in tables 15, 16, and 17.

Teenage pregnancy, marriage/divorce rate were included taking into consideration the language and rhetoric of the welfare reform, as explained in Chapter 3. The percentage of children in poverty was selected given two facts: First, that in Georgia there are on average 2.3 children in each TANF recipient's home, whether the sole recipient in a household is a child/children, or the whole family is the beneficiary (Risler, et al., 1999). And second, that even after a decline in child poverty rates, around 1 in 5 children is still poor in the U.S. (Lamison-White, mentioned in Keegan Eamon, 2001) and Georgia's child poverty rate is above the U.S. average (Georgia Department of Human Resources, Perinatal Epidemiology Unit, 1997).

Total Personal Income"...consists of the income that is received by persons from participation in production, from government and business transfer payments, and from government interests (which is treated like a transfer payment). It is calculated as the sum of wage and salary disbursements, other labor income, proprietor's' income with inventory valuation and capital consumption adjustments, rental income of persons with capital consumption adjustments, personal dividend income, personal interest income, and transfer payments to persons, less personal contributions for social insurance (p. 185)" Total personal income is different from money income and per capita income (The Georgia County Guide, 2001). It works as the equivalent to Gross Domestic Product at the county level (Jeffrey Humphreys, Director Selig Center for Economic Growth, University of Georgia. Email correspondence, March 2001).

Total personal income was included in the regression model, considering arguments by traditional economic theories that aggregate economic indicators are sufficient to reflect quality of life, and counter arguments by the UNDP (1990-2001) and other researchers (Streeten, 1995; Ranis, Stewart & Ramirez, 2000), who affirm that although those indicators are vital factors, they are not the only determinants of quality of life.

Bivariate and Multiple Regression: Black Population

In the bivariate analysis of the black population, total personal income was significant (F(1, 148) = 24.028, p < .001) and explained 14% of the variation in their quality of life. Divorce rate also explained 22% of the variation and had a significant but unexpected positive effect on quality of life (F(1, 148) = 41.602, p < .001). The higher the divorce rate within the black population, the better their quality of life. The third significant predictor was the total percentage of children below the poverty line, which had a negative effect and explained 41% of the variation in blacks' quality of life. Marriage rate and teenage pregnancy did not predict the quality of life of blacks (p > .05). When the three significant predictors were examined together (multiple analysis) in one model (Model 1), this one was significant (F(3, 146) = 54.921, p < .001) and explained 53% of the variation in quality of life. Although the independent effects of the variables were reduced in magnitude (B Coefficient), their significance was not. Based on their Beta

Coefficients, it is clear that total percentage of children below the poverty line has the greatest and negative impact on the quality of life of the black population. (See table 15 on page 101). These results are further analyzed in the discussion chapter.

Bivariate and Multiple Regression: White Population

The regression equation of personal income on the quality of life of the white population was significant (F(1, 157) = 53.001 p < .001), and explained 25% of the variation. Total percentage of children below the poverty line was again significant (F(1, 157) = 17.601, p < .001) and explained 10% of the variation. The third significant predictor was teenage pregnancy rate (F(1, 157) = 5.548), p < .05), which was responsible for 34% of the variation of white's quality of life. Marriage rate and divorce rate were not significant predictors (p > .05). When the three significant predictors were examined together (multiple analysis) in one model (Model 1), this one was significant (F(3, 155) = 27.679, p < .001) and explained 34.9% of the variation in quality of life. The independent effects of the variables were reduced in magnitude (B Coefficient), but not in significance. The *Beta* Coefficients reflect that total personal income is the best predictor of the quality of life of the white population. (See table 16 on page 102). These results are further analyzed in the discussion chapter.

Bivariate and Multiple Regression: Women on Welfare

In the bivariate regression analysis, total personal income appeared to be a significantly strong positive predictor of the quality of life of women on welfare (F(1, 157) = 6.237, p < .05), and explained 38% of the variance. Marriage rate and divorce rate also had a positive significant effect on women's quality of life (*F* (1, 148) = 3. 998, p < .05) and (*F* (1, 148) = 42.305) respectively, and explained 26% and 22.2% of the variation. The percentage of children below the poverty line alone was significant and explained 43.4% of the variation (*F* (1, 157) = 120.301, P <.001). The only variable that was not significant in the bivariate analysis was teenage pregnancy (p > .05). The multiple regression analysis with the significant predictors, on the other hand, presented different results. What looked like a real effect of total personal income is in fact the product of the three other factors (Model 2) (*F* (4, 145) = 38.937, p <. 001), which were responsible for 51.8% of the variation (See Table 17 on page 103). These results are further analyzed in the discussion chapter.

Independent Variables	Bivariate Regression <i>B</i> Coefficient	Multiple Regression Model 1 <i>B</i> Coefficient	Multiple Regression Model 1 <i>Beta</i> Coefficient	
Total % of Children below the poverty line	020*** [.000] (.412)	015*** [.000]	493	
Divorce rate	.004*** [3.548E-02] (.001)	.002*** [.001]	.265	
Total personal income	.000**** [.000] (.140)	.000*** [.000]	.240	
Marriage rate	.000 [.000] (.016)			
Teen pregnancy	000 [.000] (.018)			
R square of Model		.530		
Standard Error of Model		.027		
N	150	150		
R square of bivariate regression in parenthesis. Standard error of <i>B</i> Coefficients in brackets * $p < .05$, ** $p < .01$, *** $p < .001$				

Table 15. Bivariate and Multiple Regressions on HDI of the Black Population

Independent Variables	Bivariate Regression <i>B</i> Coefficient	Multiple Regression Model 1 <i>B</i> Coefficient	Multiple Regression Model 1 <i>Beta</i> Coefficient	
Total % of Children under 17 below the poverty line	000*** [.000] (.101)	000*** [.000]	255	
Divorce rate	000 [.001] (.001)			
Total personal income	.000*** [.000] (.252)	.000*** [.000]	.451	
Marriage rate	000 [.000] (.018)			
Teen pregnancy	000* [.000] (.034)	000*** [.000]	222	
R square of Models		.349		
Standard Error of Model		.018		
N	159	159		
R square of bivariate regression in parenthesis. Standard error of <i>B</i> Coefficients in brackets * p < .05, ** p < .01, *** p < or = .001				

Table 16. Bivariate and Multiple Regressions on HDI of the White Population

Variables	Bivariate Regression <i>B</i> Coefficient	Multiple Regression Model 1 B Coefficient	Multiple Regression Model 1 <i>Beta</i> Coefficient	
Total % of				
Children below the	001***	001***	539	
poverty line	[.000]	[.000]		
	(.434)			
Ν	159			
Divorce rate	.003***	.001***	.264	
	[.000]	[.000]	-	
	(.222)			
Ν	150			
Total personal	000*	.000	.082	
income	[.000]	[.000]		
	(.380)			
Ν	159			
Marriage rate	.000*	.000*	.122	
	[.000]	[.000]		
NI	(.026)			
Ν	150			
Teen pregnancy	000			
	[.000]			
NI	(.006)			
Ν	150			
R square		.518		
of Models				
Standard Error		.021		
of Model				
N of Model		150		
R square of bivariate regression in parenthesis.				

Table 17. Bivariate and Multiple Regressions on HDI of Women on Welfare

Standard error of *B* Coefficients in brackets p < .05, ** p < .01, *** p < or = .001N varies because some independent variables regressed on the HDI of women on welfare come from the black population.

CHAPTER 7

DISCUSSION

Through the use of the Human Development Index (HDI) of the United Nations, this study demonstrated the gap in the quality of life between the black and white populations in Georgia and women on welfare. Significant differences in the quality of life, and in the three dimensions of the HDI (Health, Education, and Standard of Living) were found not only across the three groups (blacks, whites, and women on welfare), but also within each group by county classification (Urban, Suburban, Rural Growth, and Rural Decline). The quality of life of the black population and women on welfare is better in Suburban counties than in the rest of the counties, and for the white population, there is no difference between living in Suburban or Urban counties.

Rankings of the counties based on their HDI scores and HDI dimensions scores permitted to compare quality of life in general, and in particular, the counties Median Household Income, Health, Education, and Standard of Living. It also evidenced two facts. First, that higher levels of income and standard of living do not necessarily imply an equal position in health, education, or quality of life. And that it is possible to achieve better positions in health, education, and quality of life despite lower positions in income and standard of living. Second, that the percentage of black population within a county seems to negatively impact the quality of life of the black population and women on welfare, and the health status of the latter.

Finally, regression results on the quality of life (as measured by the HDI) of each group evidenced the negative effect of the percentage of children in poverty on the overall population, but in particular on the black population and on women on welfare, and the positive effect of total personal income (a major economic indicator of each county) on the white population.

The different dimensions of the index (Health, Education, and Standard of Living) revealed the perverse effect on the quality of life of women on welfare, and on the black population, of factors that have never been considered by the welfare reform, or have simply never been a priority concern. These are infant and maternal mortality rates, educational attainment, homes in poverty, and children in poverty. The indicators of each dimension of the HDI reflected the situation of each population group in Georgia (blacks, whites, and women on welfare), and proved that the 1996 welfare reform is not a legislation about welfare, well-being, or quality of life. In Cammisa's (1998) words, it is just "...social programs to help the poor...and those programs are widely viewed to be a failure" (p. 3). Each dimension of the index offered support to this claim. This chapter discusses first the impact of the Health Dimension of the HDI in the quality of life of blacks, whites, and women on welfare. Second, it analyses the regression results of teen pregnancy, marriage and divorce rates, child poverty, and personal income on the quality of life of blacks, whites, and women on welfare. Third, it challenges the human capital approach to the economy, based

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on the differences found between the Education and Standard of Living Dimensions of the HDI between blacks, whites, and women on welfare. It finalizes with a general analysis of the welfare reform using the gender and development framework.

It is no coincidence that within the Health Dimension of the HDI, Infant Mortality Rate among the black population is higher than among the white population in Georgia. Studies have shown that this value decreases as mother's level of education increases, that the lowest percentage of ever breastfed babies, or breastfed three months or more, are those whose mothers are black-non Hispanic, and whose mothers have no high school diploma or GED, and live in the southern states of the U.S. (Eberhardt, et al., 2001). Furthermore, women at risk of not starting prenatal care in the first trimester of pregnancy are those who have an income below the poverty level, are under 25 years of age, have less than high school education, have never been married, and had their delivery paid for by Medicaid (Georgia Department of Human Resources, Division of Public Health, 1997).

Another issue in the health domain makes poor women's lives in the U.S., and thus in Georgia, even more complex. As Albelda (2001) affirms, "...the U.S. is one of the few countries without mandatory vacation or paid maternity leave" (p. 121). Despite the passage of the Family and Medical Leave Act of 1993, "which allows eligible employees a 12-week, job-protected unpaid leave from work for family or medical reasons" (Albelda, 2001, p. 121), poor women and women on welfare would probably not qualify for this benefit, given the type of jobs they are likely to hold. Besides, a low-income woman who has exhausted her time limit in the welfare system would not be eligible to stay at home with her new born, which, among other consequences, would keep her from breastfeeding her child. This in turn would contribute to negative outcomes for black infants, who had the highest infant mortality rate in the U.S. in 1997 (14 deaths per 1,000). 13% of black infants in the U.S. are born at low birth-weight, and low-birth weight babies account for one-half of all infant deaths in the country (Sondik, 1999).

In this study, women on welfare are heads of households, have on average less than 12 years of education, 79% are black, are on average 28 years old, and have an income below the poverty level. Clearly, children born to these women are either susceptible to die as infants or suffer from greater morbidity due to less or less-quality prenatal care, and less breast-feeding exposure, among other variables related to their socioeconomic status. These circumstances might have played a determinant role in the failure of Georgia to meet the Year 2000 objectives for infant health. The 2000 objective in Infant Mortality Rate for Georgia, set at 7/1,000, was not met. Despite their relevance, the above-mentioned issues were not taken into account during the 1996 welfare reform, and are not considered either in the new reauthorization bill.

The cycle of ill health for women and negative outcomes for children are imminent. In Georgia, welfare recipients will face this situation sooner than in other states since they are limited to 48 months of assistance, as opposed to the 60-month limit imposed by the federal government (Georgia Department of

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Human Resources, 2000). Besides, a pregnant woman with no other children is not eligible for assistance under the current Georgia legislation (State Policy Documentation Project, 1999). Additionally, the current life-time restriction of the welfare law, the family cap (as explained in chapter 3, table 1), and a mandatory "full-family sanction" (all family members are sanctioned if an adult TANF recipient fails to meet program requirements for two months) proposed by the reauthorization bill would violate the Maternity Protection Convention of the International Labor Organization (# 103, 1952). This convention states that "...while absent from work on maternity leave...the woman shall be entitled to receive cash and medical benefits" (Center for the Study of Human Rights, 1996, p. 134).

In spite of the difficulties to measure maternal mortality ratio around the world, and also in the U.S. and in Georgia, it is clear that it is a lot higher among black women than among white women in the country and in the state. Hoyert, Danel, and Tully (2000) found that among all possible causes of maternal mortality in the U.S., it was always higher for black women (4 times higher) than for white women. In Georgia, the black : white ratio in Maternal Mortality was 3.7 in 1997, and it was found that "…pregnancy-related mortality ratio in Georgia (was) higher than previously estimated…" (Centers for Disease Control, 1999). Also, the national health objective for the year 2000 "… to reduce the maternal mortality ratio to no more than 3.3 deaths per 100,000 live births…" (Centers for Disease Control, 1995), was not achieved. Although black women's tendency to receive less prenatal care does not explain the gap in maternal mortality between

black and white women, "...differences in the quality of prenatal or obstetric care received...may be an important factor" (Hoyert, Danel, & Tully, 2000, p. 9).

When looking at differences per county classification, there were no significant differences in women's health between Suburban and Rural growth counties, but the health of women on welfare in Rural Growth areas was significantly better than in Urban and Rural Decline counties. The health status of women in Rural Growth counties might be better than in Urban areas due to two combined factors. First, there are simply many more women on welfare in Urban counties than in Rural Growth counties (and than in any other area). Second, because this number is greater in Urban counties, the effect of Infant Mortality Rate and Maternal Mortality Ratio (which used the values of the black population in 150 of the 159 counties, as explained in the methodology chapter) is greater in Urban counties. However, this explanation does not hold for the difference in health status of women on welfare in Rural Growth and Rural Decline counties. The Standard of Living Dimension offers some light. Despite the fact that less women live in Rural Decline counties than in Urban counties, the standard of living is worse in Rural Decline areas probably due to the pervasive effect of incidence of poverty, as measured through the number of homes under the poverty line.

This study found that the health of women on welfare is significantly better than that of the whole black population in Georgia (although not better than the white population), and that the Health Dimension of the HDI of women on welfare has a higher score than the two other dimensions (Education and Standard of

Living). This might be the result of the eligibility for medical services under Medicaid. Therefore, without this coverage, the quality of life of these women would be worse. Nevertheless, Georgia ranks 27 among all 50 states of the U.S. and seven (one being the best) among the nine states of the South Atlantic region in terms of reproductive rights. The state does not provide public funding for abortions under any circumstances if a woman is eligible, and only 14% of the 159 counties have at least one abortion provider (Institute for Women's Policy Research, 1996). These circumstances make poor and low-income women in Georgia, and welfare recipients (who are usually non-white) more vulnerable financially and emotionally, and put them at greater risk of morbidity. Hence, the Health Dimension of the HDI offers support for the following claim. Resources destined during the 1996 welfare reform to the provision of sexual and reproductive rights to sanction behaviors and to impose abstinence, as well as the funds provided for the reauthorization bill to promote marriage, are not focusing on the situation of welfare recipients and low income women, especially black women.

It is imperative to continue to research the causes of the gap in both infant and maternal mortality between the black and white populations in Georgia, and to initiate programs to reduce the gap and the absolute ratios. Particular attention should be given to the situation of rural inhabitants in Georgia, who have the worst quality of life across the three population groups (blacks, whites, and women on welfare). Furthermore, rural areas have high rates of poverty, poor availability of health care, and "...144 Georgia counties are designated in whole or in part as medically underserved areas" (Georgia Department of Human Resources, Perinatal Epidemiology Unit, 1997, p. 7).

Before moving to the Education and Standard of Living Dimensions, results from the regression analysis are discussed. Clear patterns emerged from this analysis. First, for the black population, total percentage of children in poverty, and divorce rate, are the strongest predictors of its quality of life. The higher the percentage of children in poverty and the lower the divorce rate, the worse the quality of life. For women on welfare, these two predictors, including their negative and positive relationships (respectively), along with the positive effect of marriage, were also the most important proxies of their quality of life. Second, unlike for blacks and women on welfare, total personal income has the greatest positive effect on the quality of life of the white population, and total percentage of children below the poverty line also has a negative (although less strong than on the black population and women on welfare) significant impact. Third, teen pregnancy does not affect the quality of life of the black population and women on welfare, but it does have an effect on the white population. Considering the definition of total personal income (see page 97), it is possible to affirm that the white population has greatly benefited from the counties' economic growth, while the black population has seen only marginal positive effects, and women on welfare have only been spectators of this economic growth.

Marriage rate appears to be a predictor of women's quality of life; nevertheless, it would be simplistic to use this finding in favor of the U.S. government's welfare reform rhetoric that endorses marriage as a way to 111

economic self-sufficiency. A study by Cattan (1998) demonstrated that despite the fact that "...families in which the husband and wife both work are much less likely to be poor than those in which the husband is sole earner..." (p. 28), the poverty rate for black working couples, based on the husband's earnings only (18.6), doubles that of non-Hispanic white couples, based on the husband's earnings only (9.4), and is even higher than for white couples where the husband is the sole-earner (17.2).

Additionally, although it is not clear why divorce rate has a positive effect on the quality of life of both blacks and women on welfare, previous studies on women on welfare and African American families might shed some light. Cancian and Meyer (2000) found that the economic situation of divorced and separated women on welfare was no different from women who had no partner, "...which indicates that partnering and earnings can be insecure paths to success" (p. 85). Furthermore, according to Green (2000), some societal myths internalized by many African Americans have contributed to problems in couples relationships and family dynamics. She contends "African American males are encouraged to believe that strong women, rather than the practices of racist institutions, are responsible for their oppression. Racism, sexism, and heterosexism converge to cast the onus on African American women for the failure of their men to live up to the Western ideal of the male role, and consequently for the 'failure' of African American families" (p. 93).

Another important factor to consider is the male-female imbalance in the African American community, in terms of available partners to establish

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committed relationships (Davis, Williams, Emerson, & Hourd-Bryant, 2000). This is what Allen-Meares and Burman, (1996) have called "the endangerment of African American men" (p. 268), due to many socioeconomic factors in the U.S society. Thus, considering the demographics and socioeconomic reasons, African American female-headed households "…have always been a predictable and accepted form of household organization" (Sudarkasa, 1999, p. 192).

Finally, issues such as domestic violence, partners' wages, women's trust in their partners, and women's control over their household decisions are important factors in women's reasons to be single (Edin, 2000). Therefore, the goals of PRWORA to promote marriage and to end women's dependence on welfare through marriage are rhetoric, and far from women's realities, expectations, and needs, especially black women's.

In terms of education, the index of this dimension scored low compared to the two other dimensions and no significant differences were found between the three groups. Regardless of questions about its quality, this could be the result of three factors. One, there is a free primary and secondary education system to which all citizens have access (which is an entitlement, just like health care should be). Two, the feasibility to obtain a high school diploma through the GED evens out possible differences due to not having finished high school. Three, up until 1990, only 12.9% of the whole population in Georgia had a bachelor's degree, 4.2% had a master's degree, and 2.2% a professional or doctorate degree (The Georgia County Guide, 2001). In short, roughly 80% of the Georgia population in 1990 had around the same level of education.

This raises an important question. As stated earlier, studies have demonstrated that education has a positive impact on income (Becker, 1993). However, how is it that despite this apparent "equality" in education, differences in the Standard of Living Dimension of the HDI between women on welfare and the black and white populations are so great? If the overall population, including welfare recipients, have a similar number of years of education, why is it that the total percentage of related children under 17 years of age below the poverty line affects more the quality of life of the black population and women on welfare than that of whites? Why is it that white's quality of life is more positively influenced by the growth of the economy (as analyzed through the regression of total personal income on HDI of whites), than black's? And why did women on welfare not benefit at all from it? This findings are not isolated, as a recent report from the Center on Budget and Policy Priorities confirmed that poverty was not reduced between 1995 and 1999 among female headed families, despite an expanding economy (Porter & Dupree, 2001). Professor Schram's (2001) written testimony before the U.S. House of Representatives offers an answer to these questions. He affirmed: "Welfare reform has not been shown to have played a major role in reducing welfare dependency, it is being shown to be increasing poverty. It is imposing new hardships and introducing new forms of discrimination."

Though other factors might play an important role, this study has evidenced the way in which gender and racial inequity and discrimination are present in the welfare system and in the society as a whole. Despite the fact that most of the TANF recipients are women (Mink, 1998), the program principles (Georgia Department of Human Resources, Division of Family and Children Services, 1999) were not designed to meet women's needs. As Crooms affirms, "...these policy initiatives desperately cling to cultural and social practices that violate international human rights and norms" (2000, p. 297).

A report by the American Psychological Association in 2001 illustrates the above statement: "...most post-welfare jobs pay poverty wages, are unstable, lack health benefits and are concentrated in low-paying service industries such as restaurants, bars and home child care" (DeAngelis, 2001, p. 71). And regarding welfare leavers (recipients who have left the welfare rolls), Landhorst, Mancoske, & Kemp, (2000) affirm in their study that many of those who are off welfare due to sanctions imposed by the new legislation will go without food, fail to meet their medical needs, and be unable to pay their utility bills. Therefore, the welfare reform has been, at its best, a legislation that views women in the development process (WID), but is far from implementing the model of gender and development discussed in chapter 3. Diane Elson (1995), from the United Nations Development Fund for Women in New York, U.S., and from the University of Manchester, UK, explains that

"...the WID approach understands 'development' mainly in terms of enhancing women's participation in paid labour. A rise in female participation rates is seen as evidence that women are 'in development' and improvements in their status are expected to follow automatically...But a rise in female participation rates may represent enforced 'distress sales' brought about by extreme poverty and represent a crushing intensification of women's workload, leaving them little time or energy to enjoy any improvement in status" (p. 265).

Available and affordable child care, as well as education and training that do not perpetuate gender roles and allow women to go into non-traditional occupations that might increase their chances of better jobs (Negrey, Golin, Lee, Mead, & Gault, 2002), are crucial components of a family friendly and a more gender sensitive welfare legislation. Notwithstanding, the human capital approach (increasing resources in people to obtain economic returns, Becker, 1993) has proved to be insufficient and unable to address issues such as racism, gender and class discrimination, and an exploiting market economy. Hence, in order for women to be heard and achieve real transformations in the socioeconomic system, it seems necessary to take into account Elson's (1995, p. 253-279) strategy for gender equity and human development, which is consistent with the concept of human development adopted in this study:

- "Not 'investment in human capital' but investment in the services which sustain and develop people's capabilities to lead satisfying lives, including unpaid as well as paid services.
- Not just 'an employment-intensive pattern of development' but also a pattern that respects and enhances workers' rights as human beings rather than treating them as mere 'factors of production'.
- Not 'sustained rapid growth of per capita income' [as conventionally measured by GNP] but sustained improvements in the quality of people's lives.
- The re-shaping of the international economy through international agreements, regulations and norms, which support rather than undermine strategies for gender equity and human development."

As this study has demonstrated, the welfare reform in the U.S. left aside two important aspects of any social legislation. Amartya Sen (1987), an advisor to the Human Development Report Office of the United Nations, and recipient of the Nobel Prize in Economics in 1998, explains the first aspect as rights and consequences. He affirms that these topics have not been considered sufficiently in economics, and that rights (such as employment benefits, provision of child care, universal health care, paid maternity leave) have been seen more as constraints than as responsibilities, and as norms to be obeyed. Sen (1987) argues as well that in order to assess the ethical standing of a given activity (in this case, the welfare reform and its reauthorization bill), it is necessary to consider its intrinsic value (well-being vs. lowering welfare rolls), as much as its main role and its consequences over other aspects. He contends that " to ignore consequences is to leave an ethical story half told" (p. 75). The other part of the story is the negative implications on the quality of life of women on welfare and their families, mainly children, as well as on the disenfranchised population that does not, or just marginally, benefits from the improvements of the economic system.

The second aspect that Sen (1987) addresses is the concept of equity. Aid to the poor has definitely been an issue of conflict during the last half of the century in the U.S., for different opinions about who to help, what to give, and how to give it, have varied in every welfare legislation (Cammisa, 1998). However, the welfare reform of 1996 seems to have ignored, as Stone (1997) puts it, that "(e)quality may in fact mean inequality; (and) equal treatment may require unequal treatment..." (p. 41). It is obvious that the situation of women on welfare cannot be compared to that of the rest of the U.S. population in terms of race (in proportion to their racial group, Cammisa, 1998), class, education, social support, resources, opportunities, and their environments. As researchers Edin and Harris (1999) have pointed out, "...the process by which African American mothers work their way off welfare for good differs from the process among white women" (p. 286). Despite this, "TANF legislation requires that these mothers (on welfare) adopt a 'norm' more easily embraced by women with higher earning potential, more education, and older children" (Cancian, 2001, p. 310). It is imposing on them the same standards as if they were 'equal' to the rest of the population. This situation has direct implications in the practice and research of social work.

The social work literature emphasizes to 'start where the client is' or to 'consider the uniqueness of the client.' On this line, this study constitutes as well an attempt to incorporate the human and social development approaches, and their connection with feminist theory, to social work practice, by presenting a macro perspective of women on welfare. Social workers need to be aware of and understand the intricacies of the system, and keep in mind that the barriers that their clients face are often not inherent to them, but the result of economic, political and social forces (Mayadas & Elliott, 2001). This realization will pave the way to a "...paradigm shift (that) offers an expanded progressive framework for micro practice in social work" (Mayadas & Elliott, 2001, p. 5).

The findings of this study are pertinent to direct social work practice in several ways. Social workers could tailor their interventions with low income women and their children based on the real possibilities and limitations of the places where women and their families reside. In the case of Georgia, rural

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counties will present greater challenges in terms of women's reproductive health, women's participation in the labor force, and poverty as a social condition for them and their families. In urban counties, more and better health services can be found, but low wages, no benefits, and limited child-care will maintain these women and their families in poverty.

Health and community social workers could initiate programs to promote breast-feeding among black mothers in order to reduce the risk of morbidity of black infants, keeping in mind that there is no paid maternity leave in the U.S. They could also ensure quality health social work services to low-income and poor women, based on their particular needs, as presented in this study. School social workers could design and/or implement programs for teenagers to motivate them to stay in school and receive a High School diploma. They could show teenagers not only the importance of a High School education and the advantages over a GED, but also the consequences of dropping-out of school on their future quality of life.

Social workers who work in policy-related issues could lobby to move the welfare reform from a job-oriented perspective into a well-being strategy. They could present the different dimensions of the HDI as prime areas of intervention that need to be addressed by a welfare legislation concerned about people's well-being, especially women's and children's.

Finally, all social workers should actively engage in the fulfillment of the social work ethical principles of advocacy for social justice and the expansion of peoples' choices. This is where a social and human development program would

aim at, and with the gender and development perspective, women would be direct participants of it.

As expressed in the theoretical framework chapter, research activities may primarily benefit the overprivileged (Namenwirth, 1986), or at the very least, may not address real social problems and "...answer irrelevant questions" (Applied Research Center, 2002, p 1). The same can be said about the policy-making activity. For example, a welfare reform study by Gais and Weaver (2002) from the Brookings Institution found that "...policy decisions among the states were generally not statistically related to the severity of social problems in the states once other factors (were) controlled for (p. 5). Thus, the underlying ideology of the welfare legislation might lead scholars and researchers to focus their studies only on the effectiveness of the program principles. This deviates them from social problems (that are the result of the legislation and/or that are not addressed by it), and from those circumstances that the most affected population by the legislation faces.

As stated in the introduction and literature review chapters, studies on welfare reform are generally not focused on women's lives; that is, they might be related to women, but not analyzed under a feminist perspective, although women are the target of the welfare reform. Lourdes Beneria, director of the International Development and Women Project at Cornell University, U.S. affirms that a feminist perspective in economics is needed "…so that the use of gender as a category of analysis could transform the discipline itself by altering some of its basic and often androcentric assumptions, as has happened…" in other fields of knowledge (1995, p. 1839). For this reason, this research brought women on welfare at the center of the analysis, and through the use of the Human Development Index (HDI), it visualized factors that affect the quality of life of women on welfare and the overall Georgia population. The expansion of human choices (goal of human development) for women on welfare and disenfranchised populations in Georgia and in the U.S. is not an option. This was not the concern of the welfare legislation in 1996, and does not seem to be a part of the reauthorization bill that will be signed in the Fall of 2002.

Finally, it is important to remember that the concept of human development goes beyond the indicators and dimensions of the Human Development Index (HDI), but they are an invaluable tool to make public racial and gender inequalities of a given society. In this study, the HDI allowed to dig out inequalities across and within the black and white populations and women on welfare in Georgia, and to show the plight of the latter who are the "…most directly afected by the welfare reform" (Bavier, 2001, p. 13)

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APPENDIX

A. Ranking of counties for the black population according to HDI, MHHI, and

Health (1 - 150)

Black Population/ County	HDI	HDI Rank	Sub-Index MHHI	Sub- Index MHHI Bonk	Index Health	Index Health Rank
Appling	0.62104	83	0 803702	103	0 705355	Q/
Atkinson	0.02104	70	0.843621	53	0.730305	122
Racon	0.023700	10	0.043021	150	0.771331	60
Bakor	0.575552	62	0.729990	61	0.007040	09 56
Baldwin	0.032904	61	0.030177	12	0.015	111
Daluwin	0.033009	7	0.003242	40	0.761577	111
Dalliks	0.717521	7	0.921554	10	0.904099	4 50
Barrow	0.626399	74	0.881517	24	0.816639	53
Bartow	0.671783	23	0.90336	18	0.809678	00
Ben Hill Berrien	0.619077	87	0.822958	65	0.767956	129
Bernen	0.630605	68	0.814352	96	0.806495	12
BIDD	0.630154	69 100	0.845485	50	0.768335	128
Bleckley	0.610298	106	0.814922	95	0.815513	ວວ
Brantiey	0.668747	25	0.846419	49	0.902433	C C
Brooks	0.610956	104	0.790681	123	0.818736	51
Bryan	0.629873	70	0.841467	57	0.828594	37
Bulloch	0.621183	82	0.815717	93	0.823068	49
Burke	0.592593	127	0.782975	130	0.776748	117
Butts	0.656541	32	0.882625	23	0.802149	80
Calhoun	0.609316	107	0.773101	135	0.828941	35
Camden	0.678526	21	0.884778	22	0.838992	23
Candler	0.600547	116	0.823055	84	0.778894	114
Carroll	0.645767	46	0.854374	40	0.832434	32
Catoosa	0.682993	16	0.914741	11	0.889599	9
Charlton	0.635251	58	0.83654	68	0.846729	17
Chatham	0.640732	52	0.849048	46	0.791783	99
Chattahoochee	0.692321	11	0.899534	20	0.79569	93
Chattooga	0.6508	37	0.837559	65	0.826864	41
Cherokee	0.7134	8	0.909442	14	0.867216	12
Clarke	0.648553	43	0.835425	70	0.816959	52
Clay	0.573133	145	0.764755	141	0.777473	116
Clayton	0.735075	4	0.945195	6	0.84877	16
Clinch	0.618477	89	0.79176	120	0.834372	29
Cobb	0.733222	5	0.943072	7	0.832483	31
Coffee	0.604882	110	0.806066	101	0.776148	118
Colquitt	0.570107	147	0.768622	139	0.763286	133
Columbia	0.68593	13	0.928645	9	0.834713	28

Black Population/ County	HDI	HDI Rank	Sub-Index MHHI	Sub- Index	Index Health	Index Health
				MHHI Bonk		Rank
Cook	0 625581	77	0 832173	Ralik 71	0 800593	83
Coweta	0.657799	31	0.855121	39	0.828669	36
Crawford	0.625631	76	0.864354	37	0 748457	141
Crisp	0.575819	143	0.004004	146	0.791126	101
Dade	N/A	140	0.700411	140	0.701120	101
Dawson	N/A					
Decatur	0.612945	99	0 815805	92	0 801403	82
DeKalh	0 717838	6	0.947742	5	0.827879	38
Dodge	0.598085	121	0 791454	121	0 774323	119
Dooly	0 58441	136	0 763744	143	0 791266	100
Dougherty	0.625683	75	0.827758	75	0.805214	74
Douglas	0.706472	9	0.021700	4	0.849876	14
Farly	0.578271	141	0.761513	145	0.787153	106
Echols	0.684721	14	0.870331	34	0.807726	70
Effinaham	0.642697	51	0.827735	76	0.837564	26
Elhert	0.616308	95	0.824243	81	0.200.004	103
Emanuel	0.599919	118	0.024240	110	0.750505	61
Emanuel	0.533313	8/	0.816808	Q1	0.824964	44
Evans	0.020000 NI/A	04	0.010000	31	0.024304	
Favotto	0 737285	з	1	1	0 810/50	62
Floyd	0.617049	03	0.842145	56	0.725374	1/7
Forevth	0.017043 N/Δ	35	0.042145	50	0.720074	147
Franklin	0.6024	113	0 803282	105	0 705874	02
Fulton	0.662141	30	0.881194	25	0.792936	96
Gilmer	0.002141 N/Δ	50	0.001104	20	0.752550	50
Glascock	0.644843	18	0 852203	11	0 808377	7
Glupp	0.651/3	40 36	0.854264	44 11	0.030377	16
Gordon	0.03143	100	0.853714	41	0.024330	1/0
Grady	0.617310	02	0.8102/1	42	0.783668	149
Greene	0.615310	92	0.83006	50 50	0.703000	112
Gwinnott	0.720670	30	0.053633	29	0.779730	22
Gwinnett	0.739079	ے 10	0.955025	ა იი	0.039795	22
	0.002920	10	0.00027	30 20	0.092022	0 70
Hanaaak	0.004000	55	0.073904	29	0.002443	79
Haroloon	0.033193	102	0.037410	51	0.797119	91
Harria	0.650125	20	0.040400	01 72	0.737901	144
Hams	0.030125	30 42	0.030400	13	0.040132	50
Hand	0.04941	42	0.040042	47	0.01074	115
Hearu	0.599969	20	0.0000097	102	0.770493	20
Heuston	0.079977	20	0.912127	13	0.027703	39
HOUSION	0.003242	29	0.00/420	Z I 140	0.803361	11
	0.581256	139	0.764721	142	0.765747	132
Jackson	0.649937	39	0.903791	70	0.722271	148
Jaspei Joff Dovic	0.040105	04 100	0.020031	19	0.014123	00 140
	0.509150	129	0.701900	144	0.743017	142
Jenerson	0.592614	120	0.802071	107	0.782309	109
Jenkins	0.586569	134	0.770134	13/	0.803755	/b
Jonnson	0.614/64	97	0.830511	72	0.772541	121

Black Population/	HDI	HDI Pank	Sub-Index	Sub-	Index Health	Index Health
County		Nalik		MHHI	Health	Rank
				Rank		
Jones	0.665631	27	0.90541	16	0.771892	122
Lamar	0.6496	40	0.865619	36	0.799437	86
Lanier	0.599492	120	0.823247	83	0.758265	138
Laurens	0.599568	119	0.800644	111	0.752659	140
Lee	0.597413	122	0.800202	112	0.754601	139
Liberty	0.68348	15	0.871524	32	0.830706	34
Lincoln	0.64819	44	0.837714	64	0.834168	30
Long	0.603064	112	0.798062	117	0.789108	105
Lowndes	0.623409	81	0.82097	88	0.799717	85
Lumpkin	0.774208	1	1	2	0.908155	2
Macon	0.623746	80	0.821189	87	0.814479	57
Madison	0.645	47	0.802534	106	0.838625	24
Marion	0.592891	124	0.81089	97	0.742851	143
McDuffie	0.620035	85	0.872243	30	0.801469	81
McIntosh	0.627431	71	0.77109	136	0.812083	60
Meriwether	0.63183	63	0.839371	60	0.807406	71
Miller	0.604024	111	0.801537	108	0.769889	124
Mitchell	0.60119	115	0.803282	104	0.808876	68
Monroe	0.651999	35	0.867217	35	0.80916	67
Montgomerv	0.61762	91	0.787059	128	0.835116	27
Morgan	0.666224	26	0.876932	27	0.848967	15
Murrav	N/A	-				-
Muscogee	0.635921	57	0.850024	45	0.779421	113
Newton	0.643238	50	0.880581	26	0.810349	63
Oconee	0.699088	10	0.900847	19	0.912655	1
Oglethorpe	0.646688	45	0.846524	48	0.845149	18
Paulding	0 671114	24	0.908542	15	0.851882	13
Peach	0.605545	109	0 824792	80	0 761448	134
Pickens	0 690424	12	0.82553	78	0 880377	10
Pierce	0.601724	114	0 779007	132	0 769567	125
Piko	0.6407	53	0.872181	31	0 704015	95
Polk	0.0407	102	0.843951	52	0.726887	146
Pulaski	0.588814	130	0.7/1701	1/0	0.720007	64
Putnam	0.500014	100	0.843589	54	0.010000	102
Quitmon	0.55/1/1	150	0.778127	122	0.734805	145
Pahun	0.334141 N/A	150	0.770127	155	0.754035	140
Rapuli	0 565082	1/18	0 752054	1/7	0 76880	107
Rahuoipii Dichmond	0.505902	24	0.732934	22	0.708546	97
Richinonu Rockdalo	0.002204	34 17	0.071299	33 0	0.790340	07
Cobley	0.00294	50	0.92070	0	0.796014	00
Schley	0.030111	00 70	0.791003	122	0.867901	11
Screven	0.627192	12	0.815111	94	0.806281	73
Seminole	0.592943	123	0.78828	126	0.815904	54
Spalaing	0.020580	73	0.842435	55	0.792515	97
Stephens	0.616995	94	0.806305	100	0.767791	130
Stewart	0.588379	131	0.789713	125	0.759897	137
Sumter	0.610422	105	0.798481	115	0.804156	/5
Talbot	0.631586	65	0.827524	77	0.810006	65

Black Population/ County	HDI	HDI Rank	Sub-Index MHHI	Sub- Index MHHI Rank	Index Health	Index Health Rank
Taliaferro	0.635014	60	0.792528	119	0.898377	6
Tattnall	0.618782	88	0.793307	118	0.827615	40
Taylor	0.583795	137	0.751241	148	0.813899	59
Telfair	0.592345	128	0.787179	127	0.769434	126
Terrell	0.587354	133	0.800754	109	0.760015	136
Thomas	0.613456	98	0.806744	99	0.803068	78
Tift	0.582651	138	0.79908	113	0.772682	120
Toombs	0.592762	125	0.785799	129	0.789828	104
Towns	N/A					
Treutlen	0.617692	90	0.809367	98	0.837589	25
Troup	0.63173	64	0.841305	58	0.792263	98
Turner	0.565879	149	0.774299	134	0.766217	131
Twiggs	0.612631	101	0.823728	82	0.800563	84
Union	N/A					
Upson	0.649418	41	0.837879	63	0.843712	19
Walker	0.639322	55	0.838077	62	0.831462	33
Walton	0.631555	66	0.83736	67	0.823795	47
Ware	0.606746	108	0.789978	124	0.781726	110
Warren	0.585112	135	0.798509	114	0.76141	135
Washington	0.630664	67	0.820872	89	0.797254	90
Wayne	0.619951	86	0.828156	74	0.825243	42
Webster	0.571544	146	0.821773	86	0.647642	150
Wheeler	0.587408	132	0.770101	138	0.797428	89
White	0.663701	28	0.836296	69	0.908155	3
Whitfield	0.680323	19	0.913709	12	0.825096	43
Wilcox	0.579264	140	0.767113	140	0.823105	48
Wilkes	0.624105	78	0.798173	116	0.824569	45
Wilkinson	0.672984	22	0.874374	28	0.843089	20
Worth	0.577698	142	0.782438	131	0.787114	107

B. Ranking of counties for the black population according to Education and

Standard of Living (1 – 150)

Black Population/ County	Index Education	Index Education Rank	Index Standard Of Living	Index Standard Of Living Rank
Appling	0.378914	17	0.688851	109
Atkinson	0.349636	59	0.75031	67
Bacon	0.338712	88	0.573498	150
Baker	0.339805	85	0.744088	72
Baldwin	0.350869	57	0.768621	52
Banks	0.364186	31	0.884277	8
Barrow	0.3028	145	0.759759	56

Black Population/ County	Index Education	Index Education Rank	Index Standard Of Living	Index Standard Of Living Rank
Bartow	0.364992	30	0.84068	18
Ben Hill	0.357796	42	0.731479	80
Berrien	0.360643	39	0.724676	84
Bibb	0.370383	23	0 751742	66
Bleckley	0.317919	129	0 697461	103
Brantley	0 291098	148	0 81271	21
Brooks	0.343292	76	0 670841	124
Brvan	0 344291	75	0 716733	90
Bulloch	0.340622	84	0.699858	101
Burke	0.338545	89	0.662487	129
Butts	0 346163	69	0.821313	19
Calhoun	0.342457	80	0.65655	132
Camden	0.384198	14	0.00000	22
Candler	0.307710	132	0.012000	08
Carroll	0.328170	112	0.705027	30 47
Catoosa	0.35351	51	0.805871	-1/
Charlton	0.330351	124	0.000071	20 77
Chatham	0.320733	20	0.750027	58
Chattaboochee	0.371309	20	0.739024	30
Chattooga	0.402000	58	0.077578	18
Charokoo	0.349730	30	0.11570	40
Clarko	0.3330202	44	0.910721	4 71
Clay	0.303500	120	0.744713	120
Clayton	0.312340	139	0.029378	130
Clinch	0.452559	109	0.904097	106
Cobb	0.32900	100	0.09130	100
Cottoo	0.403040	1	0.903530	105
Colquitt	0.344900	122	0.093033	105
Columbia	0.322223	122	0.024011	142
Columbia	0.300733	30	0.002323	13
COUK	0.336065	40	0.720066	00
Coweta	0.364167	32	0.780561	44
Crawlord	0.339759	80	0.788677	39
Crisp	0.323127	121	0.613206	145
Dade	IN/A			
Dawson	IN/A	100	0 700 400	05
Decatur	0.32903	109	0.708402	95
Denalo	0.427764	5	0.897871	1
Dodge	0.342706	78	0.677227	118
Dooly	0.334591	96	0.62/3/2	141
Dougnerty	0.363956	33	0.707879	97
Douglas	0.401279	9	0.868261	12
Early	0.324404	119	0.623256	143
	0.399771	11	0.846665	16
	0.370159	24	0.720367	87
Elbert	0.31/813	130	0.740122	/5
Emanuel	0.318413	128	0.669849	125
Evans	0.339131	87	0.697904	102

Black Population/ County	Index Education	Index Education Rank	Index Standard Of Living	Index Standard Of Living Rank
Fannin	N/A			Nalik
Favette	0.443897	4	0.9575	2
Floyd	0.362702	34	0.763072	53
Forsvth	N/A			
Franklin	0.284684	149	0.726641	83
Fulton	0.40089	10	0.792597	35
Gilmer	N/A			
Glascock	0.25805	150	0.778102	46
Glynn	0.369819	25	0.760132	55
Gordon	0.331396	103	0.796357	33
Grady	0.340668	83	0.727621	82
Greene	0.334221	98	0.73198	79
Gwinnett	0.45493	2	0.924312	3
Habersham	0.348828	62	0.807135	27
Hall	0.361174	36	0.799992	30
Hancock	0 358751	40	0 749708	68
Haralson	0.312845	138	0 782727	43
Harris	0.326999	116	0 783244	41
Hart	0.337569	90	0 791921	36
Heard	0.306276	143	0 715199	91
Henry	0.352086	52	0.860063	14
Houston	0.374652	19	0.811714	23
Irwin	0 33516	95	0.642861	136
Jackson	0.358143	41	0.869396	11
Jasper	0 353858	49	0.752515	64
Jeff Davis	0.35117	56	0.672482	122
Jefferson	0 320498	125	0.675035	121
Jenkins	0.304886	144	0.651067	133
Johnson	0 347994	65	0 723755	85
Jones	0 381795	16	0.843205	17
Lamar	0.357554	43	0.791809	37
Lanier	0.300588	146	0.739624	76
	0.300300	77	0.702822	100
	0.345221	97	0.702022	00
Liberty	0.004007	7	0.703101	26
	0.411972	94	0.007702	20 /Q
	0.333544	94 63	0.774037	122
Long	0.340534	60	0.071001	123
Lumpkin	0.349524	6	0.720905	1
Lumpkin	0.414400	71	I 0 711505	04
Madiaan	0.343103	7 I 5 4	0.711595	94 70
Marian	0.331000	04 72	0.744707	107
Manuffia	0.344070	110	0.090943	107
Molptoch	0.324313	1 I Ŏ 04	0.734122	/ð
Noriusthar	0.342104	01	0.728045	01 50
	0.329899	107	0.70100	59
Mitchell	0.327410	115	0.714/00	9Z
willChell	0.319992	121	0.0/5141	120

Black Population/ County	Index Education	Index Education Rank	Index Standard Of Living	Index Standard Of Living Rank
Monroe	0.347727	66	0.799108	31
Montgomerv	0.353714	50	0.66403	128
Morgan	0.341739	82	0.807966	25
Murray	N/A			
Muscogee	0.371329	21	0.757012	60
Newton	0.327575	114	0.79179	38
Oconee	0.367684	27	0.816924	20
Oglethorpe	0.333152	101	0.761762	54
Paulding	0.368188	26	0.793271	34
Peach	0.360791	37	0.694396	104
Pickens	0.388128	12	0.802765	29
Pierce	0.385602	13	0.650004	134
Pike	0.330093	106	0.79709	32
Polk	0.336374	93	0.770975	50
Pulaski	0.32798	113	0.628395	139
Putnam	0.362112	35	0.778294	45
Quitman	0.299966	147	0.627563	140
Rabun	N/A			
Randolph	0.31758	133	0.611477	147
Richmond	0.371156	22	0.787149	40
Rockdale	0.374917	18	0.87589	10
Schley	0.35593	47	0.684501	114
Screven	0.355738	48	0.719556	89
Seminole	0.306284	142	0.65664	131
Spalding	0.333026	102	0.754217	62
Stephens	0.331041	104	0.752153	65
Stewart	0.336382	92	0.668857	126
Sumter	0.33687	91	0.69024	108
Talbot	0.344491	74	0.740262	74
Taliaferro	0.3309	105	0.675764	119
Tattnall	0.345577	70	0.683154	115
Taylor	0.306865	141	0.63062	137
Telfair	0.320012	126	0.687589	112
Terrell	0.31367	137	0.688377	110
Thomas	0.351429	55	0.685872	113
Tift	0.317732	131	0.65754	130
Toombs	0.342559	79	0.6459	135
Towns	N/A			
Treutlen	0.347304	67	0.668183	127
Troup	0.348273	64	0.754652	61
Turner	0.333272	100	0.59815	149
Twiggs	0.328967	110	0.708364	96
Union	N/A			
Upson	0.321604	123	0.78294	42
Walker	0.315966	135	0.770539	51
Walton	0.316689	134	0.75418	63
Ware	0.356023	46	0.682489	116

Black Population/ County	Index Education	Index Education Rank	Index Standard Of Living	Index Standard Of Living Rank
Warren	0.314672	136	0.679254	117
Washington	0.349303	61	0.745436	69
Wayne	0.346533	68	0.688078	111
Webster	0.324604	117	0.742387	73
Wheeler	0.351747	53	0.61305	146
White	0.323799	120	0.759148	57
Whitfield	0.367019	29	0.848854	15
Wilcox	0.31213	140	0.602556	148
Wilkes	0.334158	99	0.713587	93
Wilkinson	0.367676	28	0.808187	24
Worth	0.32876	111	0.617219	144

C. Ranking of counties for the white population according to HDI, MHHI, and

Health (1 – 159)

White Population/ County	HDI	HDI Rank	Sub-Index MHHI	Sub- Index MHHI	Index Health	Index Health Rank
Appling	0 712547	133	0 911518	105	0 866093	140
Atkinson	0.686901	156	0.875363	159	0.857214	150
Bacon	0 71556	126	0 89145	144	0.888899	80
Baker	0 74359	55	0.906019	123	0.935345	6
Baldwin	0 754562	28	0.95642	28	0.875348	124
Banks	0 717373	122	0.914762	100	0.887316	85
Barrow	0.73341	80	0.943704	46	0.897974	47
Bartow	0.735256	76	0.940648	51	0.893702	65
Ben Hill	0.710707	140	0.895635	139	0.868613	138
Berrien	0.711917	135	0.901579	134	0.888616	82
Bibb	0.753355	34	0.966343	20	0.869211	136
Bleckley	0.734834	77	0.925226	77	0.898068	46
Brantley	0.718441	119	0.905843	124	0.872145	128
Brooks	0.737116	66	0.917253	95	0.891799	71
Bryan	0.75188	37	0.959619	25	0.890845	72
Bulloch	0.732639	83	0.907369	120	0.893978	64
Burke	0.736392	69	0.927663	72	0.883583	102
Butts	0.733358	81	0.93194	63	0.879846	113
Calhoun	0.751659	39	0.922937	84	0.934234	8
Camden	0.756781	25	0.956182	29	0.890289	73
Candler	0.718703	117	0.910323	109	0.895565	55
Carroll	0.735804	73	0.934257	59	0.894241	59
Catoosa	0.728372	90	0.925075	78	0.896215	51
Charlton	0.71928	113	0.920979	87	0.857551	149
Chatham	0.765673	14	0.961883	23	0.894692	58

White Population/ County	HDI	HDI Rank	Sub-Index MHHI	Sub- Index MHHI Rank	Index Health	Index Health Rank
Chattahoochee	0.772161	10	0.944078	45	0.895267	56
Chattooga	0.697584	154	0.891074	145	0.854618	152
Cherokee	0.767972	12	0.996926	8	0.905793	31
Clarke	0.75923	23	0.908701	116	0.911197	21
Clay	0.744458	53	0.910037	111	0.934234	10
Clayton	0.75624	26	0.979511	15	0.882828	104
Clinch	0.684715	159	0.879588	156	0.853572	153
Cobb	0.79172	4	1	1	0.908146	25
Coffee	0.711023	138	0.911149	106	0.865056	143
Colquitt	0.72264	107	0.913499	102	0.877095	120
Columbia	0.78097	6	1	2	0.895572	54
Cook	0 709319	143	0 900522	135	0.872052	129
Coweta	0 763702	15	0.980616	13	0 899949	40
Crawford	0 742597	57	0.953265	35	0.870421	133
Crisp	0 721875	108	0 924591	80	0.851512	154
Dade	0.712283	134	0.886574	147	0.001012	38
Dauc	0.71882	116	0.000074	/8	0.868146	130
Decatur	0.71002	07	0.941130	40 88	0.869945	135
Detail	0.720107	1	0.320070	3	0.009940	20
Dodge	0.730370	1/1	0 8037/5	1/3	0.900413	23 1 <i>1</i> /
Dooly	0.74068	60	0.030740	108	0.001717	144
Dougherty	0.74000	10	0.910431	24	0.955401	61
Douglas	0.762084	13	0.900794	10	0.895574	53
Early	0.702904	120	0.9095	120	0.850574	125
Echole	0.715700	62	0.903472	120	0.074323	120
Effinabom	0.750000	02	0.901909	132	0.923123	77
Ellingham	0.730909	44	0.900000	20 100	0.009741	101
Elbert	0.723043	100	0.900421	140	0.003003	101
Emanuel	0.704931	100	0.094312	142	0.009020	147
Evans	0.714304	120	0.904562	127	0.859562	140
Famm	0.701607	153	0.070215	001	0.860944	10
Fayette	0.794748	3	0.02504	4	0.920207	19
Floya	0.735597	74	0.93501	57 44	0.885387	94
Forsyth	0.759382	400	0.985187	11	0.909282	23
Franklin	0.711687	130	0.903293	130	0.881444	108
	0.796374	۲ ۱۸٦		C 1 4 0	0.899015	43
Glimer	0.707469	147	0.895588	140	0.89003	75
Glascock	0.704248	152	0.907681	119	0.865781	141
Glynn	0.759817	21	0.963303	22	0.877093	121
Gordon	0.727609	94	0.935834	56	0.882443	107
Grady	0.706078	149	0.89942	137	0.854765	151
Greene	0.72425	105	0.924013	82	0.880566	111
Gwinnett	0.790898	5	1	6	0.909779	22
Habersham	0.725285	102	0.918849	92	0.88588	91
Hall	0.750763	45	0.956534	27	0.902292	35
Hancock	0.742177	59	0.932653	61	0.936178	3
Haralson	0.719071	115	0.912028	104	0.889675	78
Harris	0.748953	47	0.955981	31	0.88381	100

White Population/ County	HDI	HDI Rank	Sub-Index MHHI	Sub- Index MHHI Bank	Index Health	Index Health Rank
Hart	0 728146	91	0 926001	73	0 885008	97
Heard	0.695355	155	0.90286	131	0.846165	156
Henry	0 770353	11	0 995847	9	0.90835	24
Houston	0 772631	9	0.971262	18	0.899413	41
Irwin	0 726032	98	0.909406	115	0 924456	17
Jackson	0 71797	121	0.925578	75	0.882964	103
Jasper	0 749356	46	0.950206	39	0.890281	74
Jeff Davis	0 713408	131	0.910144	110	0.88035	112
Jefferson	0.716061	125	0.970144	86	0.00000	132
lenkins	0.73693	67	0.920543	80	0.927512	15
Johnson	0.73093	137	0.920545	150	0.827512	106
Jonnoo	0.711377	24	0.004019	100	0.002404	67
Jones	0.759055	24 00	0.974455	70	0.093090	126
Lamar	0.720720	00	0.924746	19	0.674047	120
Lanier	0.685816	158	0.884902	149	0.860685	140
Laurens	0.734425	78	0.931934	64	0.870272	134
Lee	0.76139	18	0.973898	1/	0.90332	33
Liberty	0.75428	32	0.913709	101	0.892999	68
Lincoln	0.73633	70	0.922586	85	0.891956	70
Long	0.725317	101	0.887313	146	0.901079	37
Lowndes	0.751357	40	0.940267	52	0.887002	88
Lumpkin	0.725687	99	0.928062	71	0.907846	26
Macon	0.733417	79	0.930244	67	0.884566	98
Madison	0.727771	93	0.916216	97	0.892039	69
Marion	0.715239	127	0.928588	70	0.87761	117
McDuffie	0.736312	71	0.925402	76	0.893982	63
McIntosh	0.707622	146	0.903509	128	0.842709	158
Meriwether	0.704862	151	0.904894	125	0.843162	157
Miller	0.736636	68	0.911121	107	0.935345	5
Mitchell	0.737265	65	0.915974	98	0.90602	30
Monroe	0.752406	36	0.965226	21	0.877239	119
Montgomerv	0.726618	95	0.925858	74	0.894154	62
Morgan	0.755465	27	0.953596	34	0.917356	20
Murrav	0.716612	124	0.931877	65	0.882751	105
Muscogee	0.748085	51	0.945704	44	0.877289	118
Newton	0.739839	61	0.955208	33	0.889082	79
Oconee	0 776977	7	0.980151	14	0.89815	45
Oglethorpe	0 753475	33	0 934443	58	0 907212	28
Paulding	0.751002	42	0.969057	19	0.904648	32
Peach	0.763625	16	0.000007	12	0.304040	81
Dickons	0.700/60	1/2	0.001	91	0.848104	155
Pickens	0.709409	142	0.924033	122	0.040104	121
Diko	0.700310	24	0.901009	20	0.070701	27
FIKE	0.734290	400	0.955961	30	0.907542	21
r UIK Dulaaki	0.713373	132	0.909030	113	0.009094	10
Pulaski	0.728069	92	0.948164	40	0.861092	145
Putnam	0.743928	54	0.946464	43	0.885626	93
Quitman	0.732577	84	0.881509	153	0.934234	13
Rabun	0.726439	96	0.894782	141	0.899237	42

White Population/ County	HDI	HDI Rank	Sub-Index MHHI	Sub- Index MHHI Rank	Index Health	Index Health Rank
Randolph	0.735853	72	0.881661	152	0.934234	7
Richmond	0.747561	52	0.950554	37	0.868618	137
Rockdale	0.77392	8	1	7	0.89848	44
Schley	0.754375	29	0.933296	60	0.940456	1
Screven	0.737713	63	0.930838	66	0.879085	115
Seminole	0.706083	148	0.89977	136	0.888394	83
Spalding	0.742758	56	0.951673	36	0.885749	92
Stephens	0.724279	104	0.909715	112	0.894179	60
Stewart	0.761243	20	0.937274	55	0.934234	9
Sumter	0.754351	30	0.940874	50	0.887102	86
Talbot	0.767129	13	0.950296	38	0.935678	4
Taliaferro	0.751193	41	0.898127	138	0.934234	11
Tattnall	0.724299	103	0.906611	121	0.884399	99
Taylor	0.719763	112	0.919242	91	0.873095	127
Telfair	0.708631	144	0.881822	151	0.886489	89
Terrell	0.748747	48	0.937462	54	0.896495	49
Thomas	0.750995	43	0.932578	62	0.900269	39
Tift	0.729381	87	0.929806	68	0.878826	116
Toombs	0.720126	111	0.912663	103	0.876325	122
Towns	0.713426	130	0.878347	157	0.885154	96
Treutlen	0.686562	157	0.88006	155	0.830894	159
Troup	0.742544	58	0.943494	47	0.879771	114
Turner	0.731471	85	0.907783	118	0.901857	36
Twiggs	0.721638	110	0.908217	117	0.902414	34
Union	0.710947	139	0.886335	148	0.896398	50
Upson	0.733195	82	0.920147	90	0.893307	66
Walker	0.717066	123	0.918114	93	0.870822	130
Walton	0.737468	64	0.955486	32	0.887093	87
Ware	0.721763	109	0.909435	114	0.876116	123
Warren	0.730561	86	0.915961	99	0.934234	12
Washington	0.751779	38	0.946562	42	0.885272	95
Wayne	0.718561	118	0.923664	83	0.865552	142
Webster	0.748539	49	0.916766	96	0.940456	2
Wheeler	0.719178	114	0.880717	154	0.927178	16
White	0.725346	100	0.917431	94	0.881248	109
Whitfield	0.728706	89	0.9411	49	0.887442	84
Wilcox	0.718329	120	0.904717	126	0.885935	90
Wilkes	0.748107	50	0.928869	69	0.895938	52
Wilkinson	0.753248	35	0.946815	41	0.897831	48
Worth	0.735547	75	0.938225	53	0.894865	57

D. Ranking of counties for the white population according to Education and

Standard of Living (1 – 159)

White	Index	Index	Index	Index
Population/	Education	Education	Standard	Standard
Ċounty		Rank	Of Living	Of Living
				Rank
Appling	0.384288	131	0.887259	101
Atkinson	0.374307	148	0.829181	159
Bacon	0.403057	83	0.854725	148
Baker	0.412417	64	0.883009	112
Baldwin	0.450627	17	0.93771	28
Banks	0.381422	136	0.883381	110
Barrow	0.390402	116	0.911852	60
Bartow	0.388742	120	0.923324	49
Ben Hill	0.39419	105	0.869317	139
Berrien	0.381344	137	0.865789	142
Bibb	0.450181	18	0.940671	24
Bleckley	0.400821	92	0.905613	71
Brantley	0.417757	54	0.865421	143
Brooks	0.421422	49	0.898127	86
Bryan	0.427487	39	0.937309	29
Bulloch	0.462254	12	0.841685	153
Burke	0.425762	44	0.899832	81
Butts	0.411259	66	0.90897	65
Calhoun	0.413276	60	0.907469	69
Camden	0.440964	24	0.939091	26
Candler	0.388382	121	0.872161	132
Carroll	0.404544	79	0.908629	66
Catoosa	0.385362	128	0.903538	74
Charlton	0.399801	96	0.90049	80
Chatham	0.458886	14	0.943442	21
Chattahoochee	0.492175	4	0.929039	39
Chattooga	0.359096	158	0.879037	122
Cherokee	0.42966	38	0.968463	8
Clarke	0.531143	1	0.835351	156
Clay	0.408622	72	0.890518	92
Clayton	0.430135	36	0.955755	15
Clinch	0.36628	155	0.834294	157
Cobb	0.490514	5	0.9765	3
Coffee	0.391939	112	0.876075	126
Colquitt	0.401575	88	0.889249	96
Columbia	0.472339	9	0.975	5
Cook	0.381645	135	0.874261	128
Coweta	0.431351	33	0.959808	11
Crawford	0.417737	56	0.939632	25
Crisp	0.414318	57	0.899796	82
Dade	0.364639	157	0.871287	134
Dawson	0.382747	132	0.905568	72

White Population/ County	Index Education	Index Education Rank	Index Standard Of Living	Index Standard Of Living Rank
Decatur	0.412037	65	0.896339	88
DeKalb	0.517016	3	0.9735	7
Dodae	0.392363	110	0.876372	125
Dooly	0.409913	70	0.878726	124
Dougherty	0.447391	20	0.942397	23
Douglas	0.425127	46	0.96825	9
Early	0.393306	108	0.873736	130
Echols	0.410375	68	0.881985	114
Effingham	0.425143	45	0.937843	27
Elbert	0.401013	91	0.886711	103
Emanuel	0.386374	126	0.868656	141
Evans	0.412807	62	0.870781	137
Fannin	0.37237	150	0.852107	150
Fayette	0.475538	7	0.9885	1
Floyd	0.407897	75	0.913505	57
Forsyth	0.410269	69	0.958594	12
Franklin	0.372471	149	0.881146	118
Fulton	0.522107	2	0.968	10
Gilmer	0.368084	153	0.864294	144
Glascock	0.368122	152	0.878841	123
Glynn	0.459707	13	0.942652	22
Gordon	0.384468	130	0.915917	53
Grady	0.392259	111	0.87121	135
Greene	0.393677	106	0.898507	85
Gwinnett	0.479916	6	0.983	2
Habersham	0.387051	123	0.902924	76
Hall	0.41323	61	0.936767	30
Hancock	0.400027	95	0.890327	93
Haralson	0.379024	142	0.888514	98
Harris	0.432057	31	0.930991	37
Hart	0.39193	113	0.907501	68
Heard	0.369471	151	0.87043	138
Henry	0.427285	40	0.975424	4
Houston	0.46285	11	0.955631	16
Irwin	0.389937	118	0.863703	145
Jackson	0.377658	144	0.893289	89
Jasper	0.430683	35	0.927103	43
Jeff Davis	0.378301	143	0.881572	116
Jefferson	0.386905	124	0.890547	91
Jenkins	0.393508	107	0.889772	95
Johnson	0.380366	139	0.87191	133
Jones	0.431775	32	0.952227	17
Lamar	0.400264	93	0.911874	59
Lanier	0.366312	154	0.830451	158
Laurens	0.422536	47	0.910467	63
Lee	0.429901	37	0.950949	18
Liberty	0.468486	10	0.901354	78

White Population/ County	Index Education	Index Education Rank	Index Standard Of Living	Index Standard Of Living Rank
Lincoln	0.410741	67	0.906293	70
Long	0.419215	52	0.855657	147
Lowndes	0.452937	15	0.914133	55
Lumpkin	0.382184	134	0.887031	102
Macon	0.412563	63	0.903122	75
Madison	0.403165	82	0.888108	99
Marion	0.386314	127	0.881794	115
McDuffie	0.407253	76	0.907701	67
McIntosh	0.404903	78	0.875254	127
Meriwether	0.390478	115	0.880947	119
Miller	0.401504	89	0.87306	131
Mitchell	0.414288	58	0.891487	90
Monroe	0.435367	27	0.944613	20
Montgomery	0.396769	102	0.888929	97
Morgan	0 41774	55	0.931298	36
Murray	0 355647	159	0.911439	61
Muscogee	0 440115	25	0.926852	44
Newton	0 401331	90	0.929104	38
Oconee	0 474706	8	0.958076	13
Oalethorne	0 439492	26	0.913721	56
Paulding	0.40283	84	0.945528	19
Peach	0 444756	22	0.9575	13
Pickens	0.381287	138	0.899016	84
Pierce	0.307207	100	0.861334	146
Piko	0.426362	/3	0.001004	40
Polk	0.420302	156	0.88/318	109
Pulaski	0.413534	59	0.004510	64
Putnam	0.413334	18 18	0.909302	47
Quitman	0.421420	110	0.924752	47
Pabun	0.300688	07	0.880301	129
Rabun Bandalah	0.399000	100	0.000391	120
Ranuoipri Biohmond	0.307994	122	0.0000001	100
Richmonu	0.447207	2 I 10	0.920777	45
Soblov	0.440779	19	0.9743	0
Scrilley	0.397022	50	0.923040	40 50
Screven	0.421133	50	0.912919	00 150
Seminole	0.379471	141	0.850385	152
Spaining	0.406666	71	0.933636	33
Stephens	0.3988	98	0.879857	121
Stewart	0.417857	53	0.931637	35
Sumter	0.452515	16	0.923437	48
	0.434062	29	0.931648	34
	0.431283	34	0.888063	100
Tatthall	0.403692	81	0.884806	107
i aylor	0.400072	94	0.886121	105
i eitair	0.398492	99	0.840911	154
	0.427014	41	0.922731	50
Ihomas	0.434927	28	0.917789	52

White Population/ County	Index Education	Index Education Rank	Index Standard Of Living	Index Standard Of Living Rank
Tift	0.408414	73	0.900903	79
Toombs	0.402721	86	0.881331	117
Towns	0.38645	125	0.868674	140
Treutlen	0.374763	147	0.85403	149
Troup	0.420614	51	0.927247	42
Turner	0.402665	87	0.889891	94
Twiggs	0.37589	145	0.886609	104
Union	0.384776	129	0.851667	151
Upson	0.395204	104	0.911073	62
Walker	0.382319	133	0.898057	87
Walton	0.39057	114	0.934743	32
Ware	0.404456	80	0.884717	108
Warren	0.374968	146	0.88248	113
Washington	0.442783	23	0.927281	41
Wayne	0.406798	77	0.883332	111
Webster	0.402777	85	0.902383	77
Wheeler	0.389996	117	0.840359	155
White	0.395576	103	0.899216	83
Whitfield	0.380126	140	0.91855	51
Wilcox	0.398192	100	0.870858	136
Wilkes	0.433449	30	0.914935	54
Wilkinson	0.426505	42	0.935407	31
Worth	0.408164	74	0.903613	73

E. Ranking of counties for women on welfare according to HDI, MHHI, and

Health (1 - 159)

Women on Welfare / County	HDI	HDI Rank	Sub-Index MHHI	Sub-Index MHHI Rank	Index Health	Index Health Rank
Appling	0.597335	95	0.596909	51	0.8113	98
Atkinson	0.557628	152	0.586589	99	0.782851	140
Bacon	0.579844	123	0.612053	15	0.823792	75
Baker	0.622271	40	0.601136	41	0.825222	72
Baldwin	0.602588	74	0.606681	30	0.780299	141
Banks	0.654463	14	0.569149	146	0.942599	1
Barrow	0.610255	56	0.570586	145	0.856416	34
Bartow	0.634142	28	0.586589	101	0.8504	37
Ben Hill	0.570908	136	0.591001	61	0.790011	126
Berrien	0.608376	60	0.587978	65	0.849107	40
Bibb	0.589797	108	0.586589	76	0.787613	136
Bleckley	0.634967	27	0.622559	3	0.831346	60
Brantley	0.608399	59	0.586613	71	0.942599	2
Brooks	0.598047	92	0.614012	11	0.827736	68

Women on Welfare / County	HDI	HDI Rank	Sub-Index MHHI	Sub-Index MHHI Rank	Index Health	Index Health Rank
Bryan	0.621995	41	0.586589	77	0.867094	28
Bulloch	0.601084	80	0.586589	91	0.823179	78
Burke	0.54784	157	0.600863	42	0.790526	124
Butts	0.63032	29	0.608876	23	0.809927	102
Calhoun	0.617653	51	0.62254	4	0.839163	50
Camden	0.604633	70	0.598104	48	0.832048	59
Candler	0.607728	61	0.576204	136	0.788505	132
Carroll	0.623626	38	0.574034	138	0.868989	27
Catoosa	0.656719	10	0.586589	86	0.942599	3
Charlton	0.600725	81	0.585512	110	0.886895	19
Chatham	0.60987	57	0.603485	35	0.803283	111
Chattahoochee	0.586209	115	0.586589	96	0.834078	57
Chattooga	0.61292	54	0.557347	157	0.877475	22
Cherokee	0.668412	6	0.579228	131	0.887383	18
Clarke	0.593905	100	0.596033	53	0.821237	79
Clav	0.577907	127	0.60216	38	0.787695	135
Clavton	0.645376	21	0.598432	47	0.829936	64
Clinch	0.578826	125	0.582669	120	0.845872	44
Cobb	0.656343	11	0.582118	122	0.824428	73
Coffee	0.560314	150	0.577971	134	0.788648	131
Colauitt	0.555715	154	0.588108	64	0.787397	137
Columbia	0.655071	13	0.586589	82	0.860936	32
Cook	0.590242	107	0.601256	40	0.809593	105
Coweta	0.620387	45	0.581677	125	0.837669	53
Crawford	0.586949	114	0.586589	88	0.762679	155
Crisp	0.571355	135	0.614012	12	0.808459	108
Dade	0.646878	19	0.557347	156	0.91467	9
Dawson	0.602356	75	0.572653	139	0.884908	21
Decatur	0.589623	109	0.610867	18	0.814847	93
DeKalb	0.636203	26	0.588721	63	0.827712	69
Dodae	0.587102	113	0.613155	13	0.788712	130
Dooly	0.560942	147	0.584743	113	0.800377	114
Dougherty	0.572654	130	0.586589	105	0.809103	106
Douglas	0.669437	5	0.586589	72	0.869487	26
Early	0.562667	144	0.608353	28	0.797375	117
Echols	0.620003	48	0.5619	153	0.850338	38
Effingham	0.627711	33	0.586934	69	0.876064	23
Elbert	0.600432	83	0.583235	116	0.806489	109
Emanuel	0.601361	79	0.582973	119	0.821105	80
Evans	0 599611	89	0.574117	137	0.830631	62
Fannin	0.62606	37	0 572497	142	0 88967	17
Favette	0.680001	2	0.578028	133	0.828015	67
Flovd	0.600161	85	0.586589	80	0 776374	147
Forsyth	0 672372	4	0.60465	33	0.911694	10
Franklin	0 614867	52	0.579676	128	0 834374	56
Fulton	0.602835	73	0.586589	84	0.814825	9 <u>4</u>
Gilmer	0.627103	36	0.560429	154	0 898599	14
0	3.527 100	00	0.000720	104	5.5555555	

Women on Welfare / County	HDI	HDI Rank	Sub-Index MHHI	Sub-Index MHHI Rank	Index Health	Index Health Rank
Glascock	0.655079	12	0.572607	140	0.942599	4
Glynn	0.62011	47	0.586589	85	0.831116	61
Gordon	0.590923	106	0.568287	150	0.746698	157
Grady	0.603581	71	0.587581	67	0.79539	120
Greene	0.582884	120	0.587065	68	0.797145	118
Gwinnett	0.66315	8	0.586589	89	0.838906	51
Habersham	0.660851	9	0.581136	126	0.942599	5
Hall	0.62729	35	0.57929	129	0.847721	42
Hancock	0.595701	99	0.599644	43	0.810063	101
Haralson	0.600144	86	0.586589	93	0.784572	138
Harris	0.627573	34	0.586589	94	0.85041	36
Hart	0.620726	44	0.585392	111	0.826129	70
Heard	0.606545	66	0.599544	44	0.815048	92
Henry	0.654216	15	0.579278	130	0.861283	31
Houston	0.606553	65	0.587676	66	0.802306	112
Irwin	0.582808	121	0.5798	127	0.787803	134
Jackson	0.592824	104	0.571828	144	0.766494	154
Jasper	0.618639	49	0.598437	46	0.813289	96
Jeff Davis	0.57615	128	0.583769	114	0.790872	123
Jefferson	0.567825	140	0.608411	27	0.79542	119
Jenkins	0.572106	132	0.608526	26	0.817532	86
Johnson	0.557046	153	0.596561	52	0.776764	146
Jones	0.605238	68	0.592641	57	0.793503	122
Lamar	0.621373	43	0.581953	123	0.812715	97
Lanier	0.55381	155	0.586589	78	0.769765	151
Laurens	0.57242	131	0.609745	20	0.768493	152
Lee	0.605037	69	0.597072	50	0.789601	129
Libertv	0.606583	63	0.605184	32	0.81915	84
Lincoln	0.63018	31	0.585284	112	0.849668	39
Long	0.561177	146	0.611505	17	0.794775	121
Lowndes	0.583664	119	0.614012	10	0.810662	99
Lumpkin	0.675801	3	0.636607	1	0.942599	6
Macon	0.584902	117	0.604179	34	0.82359	76
Madison	0.640846	22	0.6091	21	0.836458	54
Marion	0.568841	138	0.594163	54	0.750129	156
McDuffie	0.601988	77	0.607829	29	0.846635	43
McIntosh	0.618515	50	0.586589	95	0.81775	85
Meriwether	0.607075	62	0.586887	70	0.815517	91
Miller	0.595785	98	0.612017	16	0.780112	142
Mitchell	0.560423	149	0.586589	100	0.820598	81
Monroe	0.630251	30	0.614517	7	0.816938	87
Montgomery	0.606573	64	0.614012	8	0.839338	48
Morgan	0.638766	25	0.581904	124	0.8478	41
Murrav	0.639008	24	0.57212	143	0.892647	16
Muscogee	0.589063	111	0.586589	106	0.789699	128
Newton	0.602345	76	0.578785	132	0.823238	77
Oconee	0.664837	7	0.608615	25	0.911488	12
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Women on Welfare / County	HDI	HDI Rank	Sub-Index MHHI	Sub-Index MHHI Rank	Index Health	Index Health Rank
Oglethorpe	0.59701	96	0.582608	121	0.862538	30
Paulding	0.613648	53	0.586589	73	0.873271	25
Peach	0.561275	145	0.586589	74	0.778226	144
Pickens	0.639928	23	0.560373	155	0.942599	7
Pierce	0.593632	102	0.586589	75	0.809734	103
Pike	0.620301	46	0.583405	115	0.839304	49
Polk	0.593521	103	0.576977	135	0.773276	149
Pulaski	0.599247	90	0.606014	31	0.825899	71
Putnam	0.599698	88	0.614012	9	0.790286	125
Quitman	0.528024	159	0.572607	141	0.745117	158
Rabun	0.629115	32	0.557347	158	0.899194	13
Randolph	0.559527	151	0.56903	147	0.779112	143
Richmond	0.601651	78	0.597731	49	0.81638	88
Rockdale	0.647312	18	0.586589	79	0.80968	104
Schlev	0.595889	97	0.591678	59	0.875179	24
Screven	0.599701	87	0.586589	81	0.820059	83
Seminole	0.598501	91	0.593381	55	0.829349	65
Spalding	0.600357	84	0.586589	83	0.806126	110
Stephens	0.600686	82	0.589297	62	0.820458	82
Stewart	0.578399	126	0.62082	5	0.770119	150
Sumter	0.584548	118	0.591482	60	0.815989	90
Talbot	0.597913	93	0.564159	152	0.824228	74
Taliaferro	0.593738	101	0.586541	108	0.911488	11
Tattnall	0.587268	112	0.569004	149	0.833282	58
Tavlor	0.567357	141	0.586589	87	0.828122	66
Telfair	0.560551	148	0.602767	37	0.783823	139
Terrell	0.574356	129	0.608876	24	0.767293	153
Thomas	0.586028	116	0.586589	90	0.81629	89
Tift	0.567273	142	0.6129	14	0.787848	133
Toombs	0.579455	124	0.586589	92	0.800828	113
Towns	0.680272	1	0.632882	2	0.885504	20
Treutlen	0.605331	67	0.598892	45	0.841812	45
Troup	0.603507	72	0.583205	117	0.809096	107
Turner	0.541267	158	0.608876	22	0.77705	145
Twiaas	0.562829	143	0.585542	109	0.799285	115
Union	0.646158	20	0.591713	58	0.896813	15
Upson	0.621684	42	0.586589	97	0.855157	35
Walker	0.622678	39	0.583107	118	0.86074	33
Walton	0.592494	105	0.586589	98	0.830572	63
Ware	0.597736	94	0.603307	36	0.789781	127
Warren	0.571882	133	0.615271	6	0.774521	148
Washington	0.589382	110	0.593272	56	0.810199	100
Wavne	0.571652	134	0.586589	102	0.835577	55
Webster	0.568326	139	0.569004	148	0.65492	159
Wheeler	0.569095	137	0.586589	103	0.813372	95
White	0.652348	17	0.565963	151	0.942599	8
Whitfield	0.652677	16	0.553095	159	0.863818	29
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Women on Welfare / County	HDI	HDI Rank	Sub-Index MHHI	Sub-Index MHHI Rank	Index Health	Index Health Rank
Wilcox	0.580763	122	0.586589	104	0.840439	47
Wilkes	0.609721	58	0.601431	39	0.838625	52
Wilkinson	0.611589	55	0.610506	19	0.841812	46
Worth	0.551828	156	0.586589	107	0.797947	116

F. Ranking of counties for women on welfare according to Education and

Standard of Living (1 – 159)

Women on Welfare / County	Index Education	Index Education Rank	Index Standard Of Living	Index Standard Of Living Rank
Appling	0.42375	22	0.556955	109
Atkinson	0.354737	136	0.535294	131
Bacon	0.395714	68	0.520027	147
Baker	0.446523	9	0.595068	74
Baldwin	0.402625	59	0.624841	47
Banks	0.365714	124	0.655075	25
Barrow	0.335556	154	0.638793	37
Bartow	0.366232	122	0.685794	14
Ben Hill	0.369213	113	0.5535	114
Berrien	0.361032	128	0.614989	55
Bibb	0.393983	77	0.587794	86
Bleckley	0.447277	7	0.62628	45
Brantley	0.32029	158	0.562306	104
Brooks	0.3859	93	0.580506	93
Bryan	0.405597	56	0.593294	77
Bulloch	0.408778	45	0.571294	100
Burke	0.345564	143	0.507431	150
Butts	0.401596	61	0.679438	18
Calhoun	0.444527	10	0.56927	101
Camden	0.392799	80	0.589052	83
Candler	0.452576	3	0.582102	92
Carroll	0.365373	125	0.636517	39
Catoosa	0.344263	145	0.683294	17
Charlton	0.389524	86	0.525756	142
Chatham	0.420084	27	0.606243	66
Chattahoochee	0.395255	72	0.529294	138
Chattooga	0.351111	139	0.610173	60
Cherokee	0.395238	73	0.722614	5
Clarke	0.359962	130	0.600516	70
Clay	0.406446	55	0.53958	127
Clayton	0.414976	36	0.691216	11
Clinch	0.367273	118	0.523334	145
Cobb	0.418042	32	0.726559	4

Women on Welfare / County	Index Education	Index Education Rank	Index Standard Of Living	Index Standard Of Living Rank
Coffee	0 34381	146	0 548486	121
Colquitt	0 352694	137	0 527054	141
Columbia	0.419482	28	0.684794	15
Cook	0.374005	107	0.587128	88
Coweta	0.395654	69	0.627839	42
Crawford	0.435873	14	0.562294	105
Crisp	0.373099	108	0.532506	135
Dade	0 418291	31	0.607673	64
Dawson	0.3333333	155	0.588826	84
Decatur	0.369588	111	0 584433	91
DeKalb	0.384538	94	0.696361	10
Dodge	0.388017	89	0.584577	90
Dooly	0.368079	115	0.514371	149
Dougherty	0.365065	126	0.543794	123
Douglas	0 42453	20	0.714294	7
Farly	0.42400	74	0.495677	, 154
Echols	0.334343	147	0.66745	21
Effinabam	0.042222	33	0.00740	21 81
Elhort	0.414688	37	0.580118	01 Q/
Emanuel	0.414000	/3	0.573087	94
Emanuel	0.400331	40 51	0.561059	107
Evans	0.407143	1/8	0.648249	20
	0.340201	2	0.040249	29
Fayelle	0.400973	2 76	0.745014	2 /1
Floyu	0.394615	121	0.029294	41
Forsylin	0.339390	131	0.740020	60
Fulton	0.400009	44	0.001338	09 67
Cilmor	0.307003	90	0.605794	67 52
Glassock	0.300490	121	0.010214	36
Glascock	0.303333	90 67	0.039304	30
Giyilli Cordon	0.397419	125	0.031794	40
Gordon	0.300920	135	0.670143	20
Grady	0.424063	Z I 50	0.591291	0U 100
Greene	0.406973	52	0.544533	122
Gwinnett	0.408749	40	0.741794	3
Habersham	0.377386	104	0.002008	24
Hall	0.367005	119	0.667145	22
Hancock	0.425218	19	0.551822	118
Haraison	0.407565	48	0.608294	63
Harris	0.408513	47	0.623794	49
Hart	0.390852	85	0.645196	32
Heard	0.394815	75	0.609772	61
Henry	0.400226	63	0.701139	9
Houston	0.391516	83	0.625838	46
Irwin	0.422222	23	0.5384	129
Jackson	0.366566	120	0.645414	31
Jasper	0.43341	16	0.609219	62
Jeff Davis	0.349192	141	0.588385	85

Welfare / County Education Education Standard Stan Rank Of Living Of L R	ndard .iving ank
Jefferson 0.374849 106 0.533205 1	33
Jenkins 0.359522 132 0.539263 1	28
Johnson 0.304094 159 0.590281	82
lones 0.428889 18 0.593321	76
Lamar 0.447426 6 0.603977	68 68
Lanier 0.369371 112 0.522294 1	46
Laurens 0.383305 05 0.565372 1	-0 02
	30
Lee 0.378974 105 0.040550	30 15
Lipcolp 0.421728 25 0.610142	52
Lincolli 0.421720 25 0.019142 5	52
Long 0.396004 65 0.490752 1	30 DE
Lowindes 0.300624 129 0.579506	90
Lumpkin 0.400499 62 0.684303	10
Macon 0.375528 105 0.555589 1	10
Madison 0.422029 24 0.66405	23
Marion 0.413314 40 0.543082 1	25
McDuffie 0.381914 98 0.577415	98
McIntosh 0.4825 1 0.555294 1	11
Meriwether 0.391765 82 0.613943	57
Miller 0.407235 50 0.600009	71
Mitchell 0.336378 151 0.524294 1	44
Monroe 0.429057 17 0.644758	33
Montgomery 0.395375 71 0.585006	89
Morgan 0.441046 12 0.627452	43
Murray 0.335817 152 0.68856	12
Muscogee 0.398196 64 0.579294	96
Newton 0.359403 133 0.624393	48
Oconee 0.405215 57 0.677807	19
Oglethorpe 0.33719 150 0.591304	79
Paulding 0.326878 156 0.640794	35
Peach 0.367304 117 0.538294 1	30
Pickens 0.325497 157 0.651686	27
Pierce 0.407368 49 0.563794 1	03
Pike 0.401897 60 0.619703	51
Polk 0.380799 99 0.626488	44
Pulaski 0.419335 30 0.552507 1	16
Putnam 0.387302 91 0.621506	50
Quitman 0.403651 58 0.435304 1	59
Rabun 0.350476 140 0.637673	38
Randolph 0.393953 78 0.505515 1	51
Richmond 0.391207 84 0.597365	73
Rockdale 0.41346 39 0.718794	6
Schlev 0.388148 88 0.524339 1	43
Screven 0.448251 4 0.530794 1	36
Seminole 0.411962 41 0.554191 1	13
Snalding 0.379649 101 0.615294	54
Stephens 0.393953 79 0.587648	87

Women on Welfare / County	Index Education	Index Education Rank	Index Standard Of Living	Index Standard Of Living Rank
Stewart	0.436667	13	0.52841	139
Sumter	0.397913	66	0.539741	126
Talbot	0.419432	29	0.550079	119
Taliaferro	0.338954	149	0.530771	137
Tattnall	0.39552	70	0.533002	134
Taylor	0.368655	114	0.505294	152
Telfair	0.345946	142	0.551884	117
Terrell	0.406838	53	0.548938	120
Thomas	0.380499	100	0.561294	106
Tift	0.37052	109	0.54345	124
Toombs	0.382742	97	0.554794	112
Towns	0.441871	11	0.713441	8
Treutlen	0.415736	34	0.558446	108
Troup	0.388323	87	0.613102	58
Turner	0.365813	123	0.480938	157
Twiggs	0.370431	110	0.518771	148
Union	0.446806	8	0.594857	75
Upson	0.367602	116	0.642294	34
Walker	0.352242	138	0.655054	26
Walton	0.335616	153	0.611294	59
Ware	0.410272	42	0.593154	78
Warren	0.413488	38	0.527636	140
Washington	0.379311	102	0.578636	97
Wayne	0.345084	144	0.534294	132
Webster	0.435556	15	0.614502	56
Wheeler	0.42162	26	0.472294	158
White	0.363463	127	0.650981	28
Whitfield	0.406667	54	0.687548	13
Wilcox	0.415556	35	0.486294	156
Wilkes	0.392323	81	0.598215	72
Wilkinson	0.386202	92	0.606753	65
Worth	0.359241	134	0.498294	153