Despite decades of research, little is known about the contours of material hardship and how the social processes underlying specific domains of hardship are similar and different. We use qualitative interview data to examine five different domains of material hardship: housing, bill-paying, food, medical, and clothing hardships. While mothers use social program participation, reliance on social networks, and individual strategies to mitigate hardships, the dominance of these strategies and their specific applications differ across hardship domains. These results complement recent research that identifies each domain of hardship as unique and suggest that domain-specific hardship mitigation approaches are necessary.

Introduction

Researchers and policy makers often define a target population as “vulnerable” or “disadvantaged” based on a measure of household income, with the federal poverty measure frequently used to define those with inadequate financial resources to cover basic needs. However, there is growing concern that the poverty measure is ineffective at identifying the population that is most at risk of not meeting their basic needs (Boushey and Gundersen 2001; Iceland and Bauman 2007; Mayer and Jencks 1989; Short 2005; Sullivan, Turner, and Danziger 2008). As a result, analysts increasingly suggest that social stratification research must look beyond income-based measures and incorporate measures of material hardship to identify individuals who do not consume minimal levels of basic goods and services, such as food, housing, clothing, and medical care (Beverly 2001; Blank 2008; Cancian and Meyer 2004; Ouellette et al. 2004).

While the roots of material hardship research go back to Mayer and Jencks (1989), interest blossomed in the mid-1990s. Motivated by the need to track the well-being of welfare recipients transitioning from welfare to work after the implementation of the Personal Responsibility and Work Opportunity
Reconciliation Act (PRWORA) in 1996, survey researchers began to collect data on material hardship to supplement the existing poverty measure and assess the well-being of low-income women and their families (Acs and Loprest 2001; Danziger et al. 2000; Lindhorst and Mancoske 2006; Polit, London, and Martinez 2001). Heflin (2006: Table 1) provides a summary of quantitative studies that focus on material hardship, which suggests that different measurement tools, sampling schemes, and time period references have resulted in a wide range of reported prevalence rates and that the term “material hardship” is operationalized differently depending on the researcher, discipline, dataset used, and research context.

Despite decades of research on the prevalence and correlates of various domains of material hardship, very little is known about the social processes by which households try to mitigate hardship when finances are tight or how those processes vary across different domains of material hardship. Although some qualitative studies have sought to understand the experience of material hardship (Edin and Lein 1997; Hill and Kauff 2001), rich descriptions of coping strategies are largely missing from the literature because such processes cannot be easily measured with survey data. Analyses using survey data generally indicate if a household experienced an inability to meet a basic need during some time frame (i.e., whether hardship is present or not), but remain silent with respect to the coping strategies that were employed to try to prevent the measured hardship or that succeeded in doing so.

The core focus of our article, how households experience and respond to potential and actual hardships, is best analyzed using qualitative data. Our focus on the survival strategies that low-income women use to avoid material hardships builds upon prior important work in this area, most of which draws on qualitative data as we do. One of the most widely cited studies that has examined the coping strategies of welfare recipients compared to low-wage workers is Edin and Lein’s (1997) Making Ends Meet. With data collected through in-depth interviews, Edin and Lein explore the trade-offs of paid work and welfare receipt. In addition to participating in formal social service programs, Edin and Lein describe how low-income women combined work-based strategies, network-based strategies, and agency-based strategies to survive. Network-based strategies, which include receiving help from friends, family, boyfriends, and non-resident biological fathers of children, were the preferred source of assistance among the three types, reported by 77 percent of the welfare-reliant and 82 percent of the work-reliant mothers in the study. Work-based strategies, including reported work (i.e., working extra hours or extra jobs), unreported work, and underground work were reported by 46 percent of welfare-reliant mothers and 39 percent of work-reliant mothers. Agency-based strategies, which include obtaining help from churches and private charities,
were the least preferred method of assistance; 31 percent of welfare-reliant and 22 percent of work-reliant mothers reported using agency-based strategies. Similar observations are echoed in a more-recent qualitative study of 16 women in Iowa by Hill and Kauff (2001).

There are several gaps and limitations in the existing literature on coping with material hardship. One limitation is that the discussion of material hardship is often separate from that of coping strategies, so it is difficult to understand the work families do to make certain that specific domains of hardship are mitigated or the trade-offs that families make between necessities (Jones and Flores 2009). Additionally, descriptions of the ways in which women cope with scarce resources to provide the necessities for their families often do not address how the strategies are different or similar across material hardship types or the ways that women both work to prevent the occurrence of hardship and cope with it once it has emerged in their lives. Finally, some of the best research on this topic, such as Making Ends Meet (Edin and Lein 1997), was conducted prior to the passage of the PRWORA in 1996 and thus reflects different policy conditions than women face today.

By describing the complex social processes and strategies that low-income households use to avoid or mitigate specific hardships, as well as similarities and differences in the use of main strategies across domains of hardship, this article makes a significant contribution to the literature. Additionally, the findings reported in this article complement and supplement the findings reported by Heflin, Sandberg, and Rafail (2009). Those authors use confirmatory factor analysis of nationally representative data to test different conceptual models of hardship and conclude that “material hardship” does not represent a unitary construct. Rather, they find, each domain identifies a distinct latent construct. Given the distinctiveness of material hardship domains, we contend that domain-specific analyses of women’s strategies for mitigating material hardships in their families, as well as cross-domain comparisons, are needed. Such analyses are important to inform the development of appropriate public policies to address and remediate each of these hardships and their consequences for disadvantaged and vulnerable women and children.

In this article, we draw upon extensive qualitative interview data to describe the labor that working-poor and welfare-reliant mothers living in urban neighborhoods of concentrated poverty do to mitigate hardship and meet the basic needs of their dependent children and families. We examine five different domains of material hardship in detail: housing, utility, food, medical, and clothing hardships. We find that these mothers employ three main strategies to try to prevent hardships in their own and especially their children’s lives—(1) social program participation, (2) reliance on personal networks of family and friends, and (3) individual strategies—but that their use of these
strategies varies by domain of hardship. Our data reveal mothers’ intricate calculations regarding allocation trade-offs, timing of expenditures, and deprivation, and document some of the ways mothers combine and prioritize strategies within and across domains of hardship in a complex juggling act that aims to prevent or mitigate material hardships.

Data and Methods

Data come from lengthy qualitative interviews that were conducted at multiple points in time between 1997 and 2001 with women in Cleveland, Ohio. We conducted these interviews under the auspices of MDRC’s Project on Devolution and Urban Change (Brock et al. 2002). We recruited women living in three highly disadvantaged neighborhoods (one predominantly white and two predominantly African American) to study welfare reform and how the transition to low-wage employment affects women, children, and families. Of the initial sample of 50 women, 38 were interviewed in the first (1997/98) and final (2001) year of the study. Most of these women completed four annual interviews, although a few only completed three. The annual interviews were generally conducted in the summer and lasted between 2 and 12 hours; usually, they were conducted over the course of several meetings. Additional, shorter interviews were conducted with the women on the phone and in-person during the periods between the annual interviews. The number of such interim interviews that were completed with each woman varied considerably. These 38 women constitute the sample for this analysis; the data for this study were drawn from verbatim transcripts of all annual and interim interviews conducted with these women.

Approximately 55 percent of the 38 women are non-Hispanic African Americans and the remainder are non-Hispanic whites. At the time of the first interview, the women ranged in age from 19 to 50 years, with a mean age of 31.6 years. Almost two-thirds had a high school diploma or GED, and less than 20 percent were married and living with their spouse; three other women were separated and did not live with their spouse. These women had between 1 and 5 children under the age of 18 years living with them, with an average of 2.2 children. All of the women received welfare when they entered the study and about one in four also did some work for pay (Scott and London 2008; Scott, London, and Hurst 2005; Scott et al. 2001).

All interviews were both semistructured and open-ended. For the annual interviews, we asked a set of consistent questions over time. However, in the tradition of grounded theory, as new themes emerged during the fieldwork and from our preliminary analysis of the data, we added new questions in subsequent waves of data collection. Sometimes, we added new modules of questions to address specific topics in-depth. Interviewers were trained to cover the
lengthy interview guide in its entirety, but also to conduct the interview in a conversational manner. Thus, they partially followed the lead of the respondent and allowed her to direct the conversation, while also inserting questions and probes to assure the interview protocol was covered. We trained interviewers to try to assess whether there had been change since the last interview and to question and probe most deeply when women reported substantial change in some aspect of their or their children’s lives. Additionally, interviewers often worked with the same women over the entire course of the study and knew a lot about their circumstances. Thus, when a woman indicated that things were pretty much the same as they were before and the interviewer knew that topic had been covered in-depth previously, the interviewers probed to see if they could gain some new information and then moved on to the next topic without systematically asking every question if their assessment was that they could not.

The interview guide included a specific module of questions about material hardships and housing conditions, which provided data about each of the five domains of material hardship that we analyze in this article.\(^1\) Questions relevant to material hardship were also placed in other sections of the interview guide, for example, in discussions about income and expenses, network support, neighborhood and community, and services and institutional support. The interview guide also included entire sections on health and well-being, as well as food security. Thus, we had many opportunities to ask questions about material hardship generally and by specific domain, while the women with whom we spoke also spontaneously volunteered stories of hardship and efforts to mitigate it. However, the interview guide did not specifically and systematically investigate strategies for mitigating material hardship or instruct interviewers to probe why women pursued specific strategies to mitigate specific hardships or how they made decisions about trade-offs between strategies or domains of potential hardship. This theme emerged from women’s discussions of their lives, the hardships they experienced, and the ways they coped, but after we had completed all data collection and left the field.

To conduct the analysis for this study, we initially coded the verbatim transcripts using the primary code “material hardship” and subcodes based on the main domains of material hardship described in the literature: housing, utility, food, medical, and clothing. We collected all references to these categories from all interviews with each woman as the starting point for our analysis. We then analyzed the combined data within each subcode to identify all of the strategies that were used by the women to address that particular hardship. We wrote memos summarizing those within-domain approaches to preventing and mitigating hardship and then read the memos together to identify key themes that became the basis for a set of emergent codes to categorize the
different strategies. After identifying and categorizing the various strategies in emergent codes, we re-read the data to code again for these strategies in order to analyze differences and similarities across the domains of hardship. This approach, in which codes are derived both from the literature and from the data, is quite standard in the analysis of qualitative data (Berg 2007; Creswell 2007; Rubin and Rubin 2005); it allowed us to identify patterns related to women’s strategies for mitigating material hardships in their own and their children’s lives and the circumstances under which material hardships of various types emerged despite those efforts. While we are confident that our approach allowed us to identify a relatively comprehensive range of coping strategies used by women to mitigate each domain of hardship and to identify the predominant, broad approach within each domain, we caution that our data were not collected in a manner that would allow us to quantify the prevalence of specific approaches to mitigating material hardship or estimate change over time in the use of specific approaches. In reporting the results of these analyses, we use pseudonyms for all respondents to protect the confidentiality of study participants.

Results

Consistent with the work of Edin and Lein (1997), the mothers in our sample, all of whom were on welfare when they joined the study, used welfare- and work-based strategies to try to make ends meet. In the first year of the study, approximately 60 percent of the women were working in the low-wage labor market, although some were combining Temporary Assistance for Needy Families (TANF) and work and many were in highly unstable employment situations (Scott et al. 2004). While work sometimes provided increased income that allowed women to meet the basic material needs of their families slightly better than they could when they were not working and reliant on welfare (London et al. 2004), the transition to work rarely lifted women beyond the poverty threshold and sometimes entailed the loss of benefits that compromised their ability to meet their children’s or their own basic needs (Clampet-Lundquist et al. 2004). Over the course of the study, 16 women remained on welfare continuously and hit the 36-month time limit that was implemented in Cleveland. Loss of benefits, coupled with the inability to sustain work for various reasons, often led to extreme hardship (Scott and London 2008).

Beyond TANF receipt and/or low-wage work as general strategies to make ends meet, in our further analysis of the in-depth interview data for this article, we found three broad categories that encompass the strategies that low-income families pursued specifically to try to mitigate hardship in their families: (1) social program participation, such as Food Stamps, Women, Infants, and Children (WIC), Medicaid, Section 8, and the Low-Income Heat
Assistance Emergency Program (LIHEAP), which aimed to help low-income families meet specific basic needs; (2) reliance on personal networks of family and friends for occasional or regular financial or material assistance, such as free or reduced-rent housing, groceries, or clothing; and (3) individual strategies that encompass the activities that mothers employed on their own to try to mitigate hardship, such as making repairs themselves, clipping coupons, or juggling bill payments to try to keep their utilities from being cut off. Some strategies were easily implemented, while others required a great deal of creativity and time; some strategies are not uniquely employed by low-income households, while others reflect desperate circumstances that higher-income households would be unlikely to experience. Across the domains of hardship, respondents often employed aspects of all three approaches to mitigating hardship. However, within each domain, one approach tended to be preferred and the others were employed as secondary responses or even a last resort in response to the threat or existence of hardship. In this article, we organize the presentation of results by hardship type. We examine the intricate juggling and concerted effort required to mitigate hardship, thereby providing direct evidence of women’s engaged mothering and persistent personal responsibility in taking care of their dependents.2

**Housing Hardship**

Poor housing conditions constituted the norm for many of the women we interviewed in Cleveland between 1997 and 2001. Most of the women described housing problems at some point during the time we interviewed them; twelve women lived with particularly severe housing problems for some or all of the study. The housing problems they cited included broken windows, doors, and screens; electrical and plumbing problems; leaky rooftops or leaky pipes and attendant problems with stained and rotting drywall and ceilings; infestations of mold, insects, and/or rodents; malfunctioning furnaces and lack of heat; incomplete renovations to bathrooms and kitchens; exposed electrical sockets; no working stove or refrigerator; and broken locks.

Many women engaged multiple strategies to mitigate this kind of housing hardship, although they were often unable to avoid poor-quality housing completely or improve their housing conditions at all. The primary strategy they used was reliance on network members by renting from them, often at reduced rates, or moving in with them. Many women also obtained housing subsidies (primarily Section 8), which provided substantial protection from the worst housing conditions. Finally, the individual strategies they employed reveal the effort they were willing to make to try to alleviate housing hardship. These strategies included moves to new housing, trying to convince landlords to fix problems, and/or fixing problems themselves.
Many women in our sample mentioned either renting from network members like uncles, parents, in-laws, or in a few cases doubling up (primarily with parents), at some point during the study. Reliance on network members gave some respondents access to housing with few problems and sometimes offered them the greatest housing stability. With one exception, women who rented from family or network members described their housing as adequate, having few or no problems. Rochelle rented the upstairs apartment of her mother’s house at the time of the first and second interviews. Her mother lived downstairs and Rochelle joked when she said she was satisfied with the quality of her housing: “I’ve got an excellent landlady.” Susan reported that her housing quality was high. She rented a house from her father-in-law and her rent was quite reasonable: it increased from $200 to $300 per month over the course of the study. Susan initially described a number of housing problems, including roaches, a leaky roof, a faulty furnace, a malfunctioning stove, and a broken window. But, revealing the combination of network-based and individual strategies, she indicated that she, her brother, or her father-in-law had fixed or were fixing all of the problems.

A few respondents moved in with network members to avoid housing with serious problems. Hallie moved numerous times from one relative’s household to another over the course of the study. Prior to the initial move in with her parents, Hallie had lived on her own in an apartment infested with rats, mice, and roaches, with leaky plumbing, and a landlord who fixed nothing but broken windows. She could not afford to live on her own in a better apartment, so she decided to move in with her parents. When her sister moved into the household with her new baby, the overcrowding prompted conflict and Hallie found it too stressful. She then moved in with her brother and his family. Despite the fact that there were eight children in the duplex, four of whom lived in her brother’s apartment, Hallie found it less stressful there than at her parents. It was, nonetheless, difficult, but she still could not afford a place of her own: “If I was going to rent a place of my own with [her son], I would have to give up my whole check plus more in order to just make the rent. And that’s not counting utilities or anything like that. So it’s better to live with a family member.”

Although family networks were a critical source of higher-quality housing for some of the women in our sample, subsidized housing was also crucial for accessing better housing. Eight of twenty women who reported living in housing with no or few problems at some point in the study received housing subsidies, typically Section 8. When there were problems, most of the women with housing subsidies reported their landlords were responsive, or they were able to move. For example, Wanda described problems with mice and roaches, which the landlord addressed. However, he did not address other problems:
the windows were painted shut, a furnace was old and inefficient, water damage from a flood in her upstairs neighbor’s apartment had not been repaired, and one of the doors did not have a lock for a period of time. Additionally, after her keys were stolen, the landlord did not replace them for 2 weeks. She had to threaten him with legal action to get him to let her back into the house. With assistance from a Section 8 subsidy, Wanda was able to move into another apartment with no significant problems. She found her landlord to be highly responsive to any problems she encountered. In general, Section 8 provided respondents with an important buffer against homelessness because of the inability to pay the rent and against the more severe housing conditions that many of the women who did not have family support or housing subsidies faced.

Finally, in addition to reliance on family and subsidy program participation, the women with whom we spoke employed a range of individual strategies to improve their housing quality: many worked hard at advocating for themselves, trying to convince landlords to do repairs on the property they were renting, or fixing the problems themselves. Additionally, in response to housing problems, and often coupled with the opportunity to take advantage of network resources or a housing subsidy, all but three respondents moved at least once during the course of the study, typically in search of better housing. For example, when we first met Gloria, she lived in an apartment that she reported was a major improvement over her previous residence. It only had electrical problems, “switches, wires, hanging out the wall.” Later, Gloria moved her children to a single family home and she reported no problems in her new house.

Janice lived in a house infested by both mice and roaches. She tried to tackle this problem herself by spraying, but had little success. In fact, our interviewer recorded in her fieldnotes that during the interview a roach crawled between the pages of the interview guide on the kitchen table and several roaches were seen crawling on the walls and floor. Asked why her landlady had not addressed the problem, Janice replied “She’s a slum landlady…She doesn’t want to spend money or she doesn’t have the time to deal with it.” Janice also said there were several broken windows, electrical problems, holes in the walls, and that the bathroom was in terrible condition. She had fixed one of the windows herself and planned to fix the others even though she would not be reimbursed for the expense of these repairs. But, she couldn’t fix the bathroom herself: “The floor is ready to fall in. The toilet blocks up and you have to keep plunging it. The bathtub is up on cinder blocks. This place is a mess. The landlady keeps saying: ‘I’m gonna get to it, I’m gonna get to it,’ you know. She’s gonna bring us a bathtub and she still hasn’t made it, since I moved here [two years prior].” Challenging the landlord to address these housing problems got Janice nowhere.
Utility Hardship

Almost all of the women reported difficulty in paying essential bills, such as rent or mortgage, gas or electric utilities, and telephone service. However, with careful juggling of finances, assistance from social service programs, and the intervention of friends and family, evictions and utility terminations were rare. When utility terminations did occur, however, they had devastating effects on the home environment. Additionally, utility shutoffs affect the entire family. They could interfere with children’s ability to complete homework, and extended non-payment can mean legal consequences, involvement of a collection agency, and damage to an individual’s credit rating. Telephone terminations, in contrast, occurred more frequently. For some women, telephone disconnection caused emotional distress because they were unable to maintain contact with their children while they were at work and they worried about being unable to telephone for help in the case of an emergency. Several of the women were single mothers caring for children with special health care needs, which exacerbated this concern (see London, Scott, and Hunter 2002 for additional details).

In our interviews, we found that the most common strategy engaged to alleviate utility hardship was an individual strategy unique to this domain of hardship: bill juggling and partial payment. Nineteen women mentioned not paying the full amount of the utility bill until a shut-off notice was received. For example, Gayle regularly paid just enough on her utility bills to keep them from being shut-off. To be successful at this strategy, a high level of attentiveness to financial management is necessary. The payments have to be high enough to induce the utility to continue service and must convey the impression that full payment is forthcoming if not imminent. Often, time-consuming, in-person payment is required because the mail is not fast enough. If the service is terminated, there is often a hefty reconnection fee, as well as possible legal action.

In addition to partial payment and bill juggling, women employed other individual strategies related to utility hardship. For example, several women who had medical problems that required regular asthma treatment from an electric-powered device or had children who required such treatment were able to petition the utility company for a continuation of service despite their history of non-payment. Georgia explained: “They can’t cut my electric off, because I got a medical document. I got asthma and the light company can’t cut my lights off ‘cause I need my machine.”

The second most commonly mentioned approach to mitigating utility hardship was reliance on public programs to cover heat and other utility costs. Eight women reported reliance on the LIHEAP, which provides direct assis-
tance with winter heating or summer cooling bills for the low-income and elderly. Seven women participated in the percent of Income Payment Plan (PIPP) directly through the utility company. Some combined both LIHEAP and PIPP to keep their utilities turned on. For example, Tanya’s electric service was nearly shutoff, but emergency HEAP paid her overdue balance and she was able to get on PIPP for subsequent months. However, reflecting in part the absence of programs to support phone access, she allowed her phone service to be shutoff twice because of bill non-payment. Each time it was reconnected she had to pay a reconnection fee.

The Earned Income Tax Credit (EITC) is another formal social program that acted as an important buffer against utility disconnection. Margie is the mother of three children, the youngest of whom is an 11-year-old with extreme asthma. After not being able to pay her electric bill for several months and receiving a shut-off notice from the utility company, she used her income tax refund, which included the EITC, to pay off the bill and avoid termination. She had not allowed her phone bill to go unpaid during this time because she felt that it was vital that her asthmatic daughter have a way to call for help in the event of an attack.

The least frequently mentioned strategy for mitigating bill paying hardship was reliance on network support, primarily family members or occasionally ex-boyfriends/husbands, but never friends, for assistance. When families did offer support, it was not always immediately upon termination. For example, Janice, who spent her own money fixing broken windows and addressing other housing problems that her landlady would not fix, had her phone disconnected for 4–5 months. Because of the high unpaid balance on her account, she could not have phone service re-established in her own name. Janice’s mother helped her out by putting the phone in her name. Sometimes, network support was necessary on a regular basis. For example, early in the study, Susan, who lived in housing owned by her father-in-law, was enrolled in school to get a nursing degree and had two teenage sons to support. Her mother paid her telephone bill each month while Susan was finishing school; that arrangement ended once Susan became employed. As discussed previously in the section on housing hardship, other women reported living with family members to share daily living expenses, including rent and utility costs, but that did not always eliminate utility and phone bill-related hardships. Rochelle, for example, rented at low cost from her mother and thought her housing quality was excellent, but she did mention that she had difficulty paying her utility bills and had her electricity shut off on more than one occasion. Thus, relying on networks for assistance in one domain of hardship did not necessarily alleviate material hardship in other domains.
Food Hardship

A central focus of research on material hardship has been on the measurement of and, to a lesser extent, the consequences associated with food hardship (Carlson, Andrews, and Bickel 1999; Frongillo 1999; Nord, Andrews, and Carlson 2007; Wilde and Ranney 2000). One question we had at the outset of our analysis was whether the strategies women used to mitigate food hardship in their families were similar to or different than the strategies they used to mitigate other forms of hardship. As discussed earlier, network-based strategies were the dominant means by which these women tried to prevent or mitigate housing hardship, while an individual strategy was the dominant strategy for mitigating bill paying hardship. As we document in this section of the article, reliance on social programs—especially Food Stamps—is the dominant strategy the women used to mitigate food hardship. Although all three strategies are used within each domain of hardship, our analysis suggests that the predominance of the strategies varies across domains.

Food hardship as an indicator of material well-being has several features that distinguish it in some ways from other hardship types. First, food consumption is very sensitive to income fluctuations, in that small amounts of money may be all that is required to improve or worsen the experience of food hardship. In contrast, some other hardships require much higher income thresholds to change. Second, perhaps as a result of the low threshold for remediation, food hardship is often experienced over a very short time span, such as a day or two a month. Many households report experiencing food shortages only at the end of the month after their Food Stamp allotment is consumed (for additional information see Wilde and Ranney 2000). Third, food needs are recurrent and food stores are not durable as are things like clothing, which means that there is continual pressure on household budgets to provide for food. Fourth, demand for food fluctuates, as households expand to include short-term visitors, friends, and family members, as well as persons who might place more long-term and continuous demands on food resources. Finally, unlike housing and utility hardships, food hardships may not be spread equally over the family unit. Adults will often cut back on food for themselves to allow their children to eat.

The strategies the women employed to mitigate food hardship were reliance on social programs, especially Food Stamps, state-subsidized or church-based food banks and meal programs, personal networks of family and friends, and individual strategies. Formal participation in social programs provided the greatest buffer against food hardship. Food Stamps comprised the foundation of the household food supply with other sources used to fill in when Food Stamps ran out, typically in the last week of the month. Instability in Food
Stamps, either from administrative error, a failure to meet recertification requirements, or a TANF sanction (Reichman, Tietler, and Curtis 2005; Teitler, Reichman, and Nepomnyaschy 2004) often resulted in dire circumstances. For example, Katie described a time when she was cut off from TANF and Food Stamp benefits; her caseworker terminated the benefits because Katie had not complied with paternity establishment for her two children. At the time, Katie was pregnant with her third child, being physically abused by the father, and had no means of support. After receiving assistance from a domestic violence shelter, Katie applied for and received Food Stamp benefits again.

Use of food banks varied considerably in the sample. Some women who were experiencing hardships of one type or another refused to use food banks, and the reasons they cited were various. Several women explicitly said that they would not use food banks because they were for people who really needed them. Other women reported using food banks regularly and included food banks as part of their monthly food supply. However, each food bank had its own set of eligibility and benefit guidelines, which some women were more effective at negotiating than others. For example, in one case, Linda supplemented her Food Stamp benefits with food from the bank where she volunteered. While customers were allowed one bag per month, volunteers received two bags per month. She waited to take her bags of food until the end of the month when her Food Stamps were gone and food was scarce. Others reported relying upon food banks so that they could trade Food Stamps for transportation or clothing; these trade-offs were part of their sustained efforts to mitigate hardships across multiple domains.

While social programs are universally available to all who meet eligibility requirements, one difference between those who experienced material hardship and those who did not is the extent of the social support network they could draw upon. Having family members with financial resources provided an important source of help. When Alice and her children had their Medicaid and Food Stamps terminated because she failed to provide sufficient documentation to her caseworker, she had a difficult time securing an adequate food supply for her family. She credited her ability to make it through to scrimping on food and accepting help from others: “We probably could of ate more once or twice…but my mother and them, spontaneously showed up at my house with a whole bunch of bags from the grocery store.”

The women in our sample reported using some individual strategies that are commonly employed by many American families, such as cutting coupons, looking for sales, being choosy about the grocery store where they shop, and not eating the types of foods they desired. However, even these typical cost-cutting strategies were more difficult to implement for these low-income women. Geraldine, who lived within walking distance of a grocery store that
she described as “nasty” and “disgusting,” tried to do her grocery shopping in other neighborhoods. However, because she didn’t have a car, she often had to shop at the store that was close by. While many middle-class families cannot afford to eat the types of food that would like all the time, this takes on different meaning in low-income households. At a time when public health officials are encouraging the public to eat more fresh fruits and vegetables (see Guthrie et al. 2007), low-income mothers report that they can only afford to purchase canned vegetables. One strategy employed to increase variety and freshness of foods was to pool resources with friends.

Another strategy used by low-income mothers, which is likely not regularly employed in middle-class households, is to cut back on the size of the meals served or even to go without three meals a day to ensure that some food was available. Most often, mothers reported that they or other adults in the household did not eat to make certain that there was enough food for the children in the household. Kathy explained: “Sometimes we just might not make lunch, but there was always something for breakfast and something for dinner… Sometimes I would skimp or cut back a bit. I would eat, but not as, not a very large portion of food for myself. But, I wouldn’t skimp with the child…not for her, unless we absolutely—I might give her, I might give her a little less, but we weren’t starving…I would never allow her to go an entire day with no food. We wouldn’t allow that!”

Less frequently used strategies included stealing food from work, sending children to stay with family members, earning money for food from donating plasma and recycling cans, and smoking more to curb appetite. These strategies would seem alien to most middle-class mothers and indicate the dire straits in which these mothers found themselves. They also underline these mothers’ commitment to shield their children from experiencing this form of hardship.

**Medical Hardship**

Most of the women we interviewed reported either no or relatively minor medical hardship, and small out-of-pocket expenses related to health care, although almost none had access to private health insurance through their work or that of a spouse. This was a consequence of their access to public insurance, because they were on TANF when we began interviewing them and they were also covered by Medicaid. They worked hard throughout the study to continue their access to Medicaid for themselves and their children. Mothers used the maintenance of Medicaid through continued TANF receipt, activation of the 1-year transitional benefit that was available to those who left welfare for work, or linkage to SCHIP for their children as their primary strategy for mitigating medical hardships. Some of the women reported that a spouse or child
received SSI Disability, which provided some additional, health-related state support to the household. Most indicated that they also needed to employ various network-based and individual strategies to try to cope with the difficulties brought about by gaps in coverage or periods of work- or sanction-related loss of insurance. When their network-based and individual strategies were unavailable or inadequate, medical hardships emerged.

The mothers with whom we spoke were well aware of the importance of maintaining Medicaid benefits. As Kathy noted: “The one good part about welfare is the medical coverage...I think sometimes that’s why most poor people are afraid to get off of welfare and want to remain on it—not because they’re really lazy, they don’t want a job, but [because] when they take a job, a lot of places, when they pay a low salary, you don’t get medical benefits.” Gayle was concerned that she would not have adequate health insurance for her daughter after her 1-year transitional Medicaid benefit ran out. She said: “They give me 12 months of medical. It’s not gonna be [enough]. My daughter’s at the age right now, she just wiped out her bike. She messed up her shoulder and her back, her leg, her head. You know, if she would’ve had to get stitches and I didn’t have medical coverage...My job doesn’t offer any hospitalization or nothing. What am I supposed to do?” Our interviews make clear that these mothers worried a lot about maintaining insurance, usually Medicaid, even if that meant staying on welfare. Such concerns are echoed in other studies of health and health care among welfare-reliant and working-poor families (Angel, Lein, and Henrici 2006; Seccombe and Hoffman 2007).

Although the maintenance of Medicaid, and to a lesser extent SSI Disability, was fundamental to women’s largely successful efforts to mitigate major medical hardship in their families, sometimes there were gaps in coverage and women had to rely on their social networks and individual actions to prevent medical hardship from emerging. They described borrowing money from a relative, friend, or employer to purchase a needed prescription or over-the-counter medication. For example, Rochelle explained that there was a time when she needed over-the-counter medicine and could not afford it: “That was a trip, boy. I had to go out there in the snow and rain, just to dig some money to get it [from] the people that I knew.” Gloria indicated that she and her children were all covered by Medicaid and had not experienced health-related hardship; however, when she could not afford needed over-the-counter medications, she would borrow from her grandmother or friends to purchase them. Sometimes, the network extended beyond friends and family. Alice borrowed money from her employer to get a needed over-the-counter medication: “I had to spend $50 [on lice medication for her family], didn’t have no money. I had to put it on my tab at work, you know, cause I work at a bar, so we get a tab.” Finally, to manage her pain, Jackie resorted to taking
medication prescribed for her daughter, a desperate measure employed when she lost her health insurance while sanctioned by the welfare office. Potentially unsafe and ineffective, this strategy indicates the hardship that can result from a lack of access to health insurance, network-based financial support, and individual resources.

Beyond state support and network-based strategies to fill gaps in coverage and mitigate medical hardships, women also made a variety of individual decisions about resource allocation and took various actions to try to meet the health care needs of their families. These individual strategies included using earned income to pay for needed medicines or treatments, even if that meant not paying other bills temporarily, and waiting for a period of insurance to begin to stock up on medications that would be covered, but would otherwise have to be paid out-of-pocket. Finally, they sometimes felt forced to resort to strategies such as not paying hospital bills or shoplifting. Georgia reported: “I needed children’s Tylenol and I couldn’t go buy none, so I went and stole some. Five finger discount. Yeah. Open it up, take it out the box, and put the box back on the shelf.” Tamara reported that she owed over $700 for a hospital bill from when she was working and did not have health insurance. She said that she could not afford to pay it, and if she or her son needed health treatment that she could not afford, then she would simply continue to accumulate medical debt she could not and would not pay.

Although the patchwork of state, network-based, and individual strategies often prevented or reduced substantially medical hardships in the lives of these women and their families, many women spoke of unmet needs for care in their families. Women noted that certain over-the-counter or prescription medications were not covered at all or completely and that they went without out them because they could not afford them. These included such items as the nicotine patch, contraceptives, lice shampoo, asthma medication, pain relievers, and dental and mental health care.

**Clothing Hardship**

Unlike the other domains of hardship in which state supports figure significantly if not centrally in the prevention or mitigation of hardship in the family, in the case of clothing hardship, network-based and individual strategies predominated. Mothers reported limited access to state-subsidized support for clothing, which generally came in the form of a voucher from the welfare office. More commonly, they reported that family and friends provided gifts of clothing. Such gifts were often given in the context of Christmas or birthday presents from grandmothers directly to their grandchildren, although some friends and other relatives also provided hand-me-downs for newborns or clothes for older children. Sometimes, women also said they borrowed money
to buy clothing or indicated that they had received clothes from churches and charitable organizations that provide free clothing to needy families. As was the case with other hardships, mothers also employed a variety of individual strategies to prevent clothing hardships. Often, these strategies were employed to try to mitigate clothing hardships for children; women tended to avoid purchases for themselves. Sometimes, the strategies they utilized were like those used in families with more economic resources, while other strategies were less normatively acceptable and would likely not be used except by persons in relatively desperate circumstances.

A few mothers reported that they received vouchers from the welfare office for clothing. Karen and Debbie reported that they got clothing vouchers from welfare to buy school clothes for their kids. When women needed clothing for work, a few lucky ones, like Tasha, got a Prevention, Retention, and Contingency (PRC) grant from welfare. Others were not so lucky. Hallie was told that she had to wait until the fall when school started, and Debbie was explicitly told that she could not use the voucher for herself, despite her need for dress clothes for work. Although she was turned down the first time, she remained hopeful that she might be able to get clothing assistance for herself from the state: “I’m gonna try it again…if they see I really need it, maybe they’ll help me.”

However, because the government clothing vouchers were not entitlements to which they could get relatively easy access, it was much more common for women to use a variety of network-based strategies to mitigate clothing hardships in their households. For example, their children received gifts of clothing, which eased mothers’ burden. Kathy said: “Well my sister, sometimes, she just come over and just give me clothes, you know, for nothin’.” Melissa said that her friend gave her several outfits for her youngest son; she estimates this saved her about $200 dollars. Sarah told us that she had been unable to pay for clothing for her children because she was trying to get her bills paid off, but that her children did not go without clothes because their great-grandmother bought them for them. Women also reported that when family members covered other expenses for them, it allowed them to purchase clothing. Glenda shared a duplex with her parents, who were “lenient” with her about how much rent she paid. Thus, Glenda could afford shoes for her children (“[which are] the only thing I buy new”) by cutting back on how much rent she paid to her parents.

Beyond direct transfers of money for clothes or gifts of clothes from relatives and friends, several women reported other kinds of network-based strategies for mitigating clothing hardships in their families. Rochelle, who scrambled to pay bills and obtain needed medication for her family, employed a strategy that many would deem fraudulent and objectionable: “I can go to these
little churches and get food from them, right? So, when I have enough stocked up, I give my aunt my stamps and she goes and buys clothing for me.” In this way, and with the assistance of a food bank and her aunt, she was able to meet her family’s needs for both food and clothing. Other women relied on clothing donated through a church, school, or community-based organizations. Kathy said: “Well, sometimes when we go to church, if we needed help real bad, the church would give us clothes.” Georgia and Sarah said they visited the Salvation Army to get some free clothes, including winter coats for their children.

Beyond the efforts described thus far, women employed other individual strategies and did considerable amounts of work to help reduce clothing hardship. Their strategies included waiting to get tax returns to purchase clothing, delaying purchases for some period of time to save up enough money to pay for them, buying clothing at second-hand and thrift stores, not paying other bills to be able to afford needed clothing, and bouncing checks to buy needed clothing. Sometimes women defended these strategies because they provided needed clothing for children. Glenda told her mother when she confronted her about bouncing checks to pay for her children’s school clothes: “Well, you know, if I have to go to jail ‘cause I done bounced a few checks, I said, it will be well worth it, cause I did it for my kids.”

Consistent with this notion of putting children’s needs ahead of their own, many mothers reported that they went without new or needed clothes so that their children would not have to do so. Gayle said that she often had to go without clothing she felt she needed to be able to buy the clothing that her daughter needed and wanted. Linda reported that she and her husband went without clothing all the time, but that their daughters rarely did; she utilized thrift stores and church rummages to get discounted and free clothing for her family. Wendy went without a winter coat to make sure there was enough money to buy food for her family, but she said that her children have not gone without clothing. Georgia said that she did without basic necessities, but that her child would not do without: “Can’t nobody walk in my house and say I don’t take care of my kids, they can say I’m dunky, I’m a packrat, I don’t clean...But I will cook and I will wash their clothes ‘cause they’re going to be fed and look clean and neat when they go somewhere with me. I could look like a bum, my shoes can be ran over, but you would never see my baby looking like that.” Jannelle said her younger children had received hand-me-downs from older siblings and that she used other intrahousehold strategies to mitigate hardship for her children. She explained: “a lot of stuff is hand-me-down from [my oldest daughter] to them. You know things like that. And me, this winter, I went without a winter coat up until maybe January....You know, I make myself last on the list of things, you know, because that’s my mission, is to be the best mom that I can be.” By utilizing intrahousehold
resource allocation strategies, these mothers were able to reduce clothing hardship for their children, while they increased it for themselves and sometimes their husbands.

**Discussion**

In this article, we describe the strategies welfare-reliant and working-poor women living in urban neighborhoods of concentrated poverty employ as they try to ensure that their families’ basic needs are met with respect to housing, utility, food, medical care, and clothing. While we identify three main strategies families use to cope with scarce financial resources (social program participation, reliance on social networks, and individual strategies), the dominance of these strategies and their specific applications shift for each domain of hardship. Social programs are the dominant strategies for securing food and medical care, while clothing and housing hardships were most often prevented or remedied by turning to a network of family and friends. In contrast to the other domains of hardship, utility hardships were most often addressed by what we term an individual strategy—”bill juggling.” Our data provide substantial evidence that women use multiple strategies to prevent or mitigate the consequences of hardship in specific domains, while at the same time making calculated trade-offs across strategies and domains. Despite their substantial efforts, hardship often persisted in the lives of the poor women in our sample and in their children’s lives.

Our evidence makes several contributions to the literature. First, in a quantitative analysis of survey data, Lee, Slack, and Lewis (2004) report that higher levels of perceived social support are associated with significantly reduced food hardship and the perception of hardship overall, while being associated marginally with reduced rent hardship. Prior qualitative research (Edin and Lein 1997; Hill and Kauff 2001) identified the importance of network support in low-income families, but did not make distinctions about how it was utilized across different domains of material hardship. Using extensive qualitative data collected at multiple points in time over a 4-year period, we show that received network support is critical to the mitigation of food hardship; however, we also show that it plays a variable but important role in mitigating each type of hardship. Second, using data that are more recent than those used in other qualitative studies and thus reflect the TANF policy period, we find that the anchoring or predominant strategy to avoid hardship varies by the type of hardship, and consistent with Heffin, Sandberg, and Rafail (2009), that the domains of hardship are distinct and require distinctive mitigation strategies. Finally, our findings extend the quantitative literature in which there has been speculation that competing priorities, stark choices, and trade-offs might be taking place (Lee, Slack, and Lewis 2004). Our data confirm that
indeed families make such strategic trade-offs to manage hardship in different domains. Sometimes, it appears, allowing hardship in one domain of family life is a strategy for mitigating it in another. This research highlights the importance of considering multiple domains of hardship simultaneously.

In addition to making trade-offs across distinct domains of hardship, our data also indicate that families sometimes make strategic trade-offs to redistribute the experience of the hardship, typically to protect their children from the worst of it. In our sample, women engaged in intrahousehold transfers of resources in the domains of food, medical, and clothing hardship, to reduce the impact of the hardship on their children (of course, it is not possible to redistribute the housing or utility hardships in the same manner). Such transfers indicate, again, the strategic choices mothers make to minimize the suffering of their children and thereby mitigate some of the hardship they might otherwise experience.

There are several limitations of this study that should be acknowledged. First, as the data are qualitative and discussion of the coping strategies women used to mitigate material hardship mostly emerged organically during the interviews, we are unable to provide systematic evidence regarding the number of times specific strategies were employed or change over time. Second, while it would be very helpful to understand which strategies are part of the overall toolkit women draw upon and how they chose between specific strategies at particular times, this type of analysis is also not possible with these data. We do not know why women made the trade-offs that they did or how they made those decisions. Third, our study findings are limited in their generalizability as our sample is non-random and only includes women with children, who lived in highly disadvantaged neighborhoods in Cleveland and received welfare in the late-1990s. Finally, we are not able to evaluate the efficacy of mitigating techniques in allowing women to avoid hardship. We occasionally discuss the apparent relative effectiveness of strategies (for example, reliance on networks and social programs seemed to be a better strategy for alleviating housing hardship than individual solutions), but we again do not have the appropriate data to systematically analyze effectiveness of strategies across domain types. These are all important directions for future investigations using both qualitative and quantitative data collected specifically to address these and related questions. Such studies that systematically investigate the use and effectiveness of mitigation strategies within each domain of hardship, how and why those change over time, and the trade-offs made across hardship domains, will contribute substantially to our understanding of coping strategies within and across domains of material hardship.

The current economic downturn gives increased salience to the need to understand how families cope with scarce financial resources and what
they may need to ensure that their families’ basic needs are met. While soaring unemployment rates and Food Stamp caseloads are accompanied by news reports providing narrative accounts about the difficulties families are facing, systematic collection of data on material hardships is lacking. One area that needs further illumination is how low-income households prioritize among the basic needs (food, housing, medical care, clothing, utilities). While there are suggestions of competing priorities in our findings and those of Lee, Slack, and Lewis (2004), trade-offs between basic needs are rarely examined in detail or directly. Recent research suggests that policy changes affecting low-income populations do result in stark choices. For example, Jones and Flores (2009: 213) describe the trade-offs associated with changes in Medicaid that required increased copayments and premiums for patients, benefit reductions, and increased documentation requirements for citizen eligibility. Additional research on how often, when, and why parents make trade-offs across distinct domains of material hardship is needed to guide policy makers in their attempts to ensure that basic needs are met for all Americans.

ENDNOTES

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1Other approaches to defining and measuring material hardships exist (e.g., Bauman 1999). We focus on these five because the interview guide was developed to obtain data on them. This is how the study was designed and these are the data we have available for analysis.

2In a different paper, we analyzed women’s views on self-sufficiency, which they defined as taking care of themselves and their children (Scott, London, and Gross 2007). The results of that analysis underscore the notion that these women saw themselves as primarily responsible for breadwinning and caretaking and, by inference, mitigating hardships in their families.

3In Ohio, regulated utility companies are obligated to accept payment based on a percentage of the household income. Participants in the PIPP pay no more than 13 percent of their household income for gas and electricity (Ohio Department of Development 2010).

4Free and reduced-price school breakfast and lunch programs are a vital resource for low-income children. Without access to such programs, food deprivation would be higher among low-income children. In our data, mothers did not specifically mention use of school breakfast and lunch programs as a strategy for mitigating food hardship, although we assume that virtually all of the children in these women’s households were eligible for free or reduced-price meals at school. Perhaps, this was not mentioned because we mostly conducted our interviews during the summer when children were not in school. Regardless of the reason, the lack of information on the use of school-based food programs is a shortcoming of these data.

5Ohio is one of 13 states that allows for cuts in Food Stamps and Medicaid as part of a TANF sanction (U.S. General Accounting Office 2001).
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