CHILD CONSUMER DEPRIVATIONS: A STUDY OF CHILDREN IN RELATIVE POVERTY

PRIVAÇÕES DO CONSUMO INFANTIL: UM ESTUDO REALIZADO COM CRIANÇAS EM SITUAÇÃO DE POBREZA RELATIVA

ABSTRACT

The objective of this article is to analyze the material deprivations of child consumption in the context of relative poverty, in order to identify the deprivations experienced by children and to characterize the implications of and strategies for coping with these deprivations. In this empirical research, 23 children and their respective relatives were interviewed, totaling 46 interviewees. To collect data, a design technique was also employed through the production of a drawing by the child to support the interviews. The results indicate that children suffer deprivations related to health, education and housing. Deprivations concerning entertainment and toys were found more frequently. As a result of deprivation, children suffer emotional and social consequences, tackled through emotional reorientation.

Keywords: Poverty. Deprivation of Consumption. Consumer deprivation. Child Consumption.
RESUMO

O objetivo do artigo é analisar as privações materiais do consumo infantil no âmbito na pobreza relativa, a fim de identificar as privações vivenciadas por crianças e caracterizar as implicações e estratégias de enfrentamento diante dessas privações. Na pesquisa empírica foram entrevistadas 23 crianças e seus respectivos responsáveis, somando 46 entrevistados. Na coleta de dados também foi empregada uma técnica projetiva por meio da produção de um desenho pela criança como suporte na realização das entrevistas. Os resultados indicam que as crianças sofrem privações relacionadas à saúde, educação e habitação. As privações referentes ao entretenimento e brinquedos foram encontradas com maior frequência. Em decorrência das privações as crianças sofrem consequências emocionais e sociais, enfrentadas por meio da reorientação emocional.

Palavras-chave: Pobreza. Privação de Consumo. Privação de Consumo. Consumo Infantil.

1 INTRODUCTION

The definition of poverty has not changed much over time. Broadly speaking, the word poor (from Latin paupere) has preserved a meaning of deficiency or weakness in relation to others. The most universal interpretation of poverty would be a situation in which one’s needs are not adequately met (ROCHA, 1992, 2005). It is about not having what is necessary to survive and, therefore, it is a state of need and deprivation experienced by people and families that compromises the resources necessary for a decent life in society. Although this definition is universal, it is worth mentioning that different ways of interpreting poverty have developed over the years, such as: financial poverty (measured by one’s level of income), subjective poverty (regarding the opinion of individuals about goods and services necessary for personal satisfaction) and consumption deprivations (the deprivations of goods and services deemed important in a given society).

In addition to taking on various forms, poverty may be classified in different levels: extreme, moderate, and relative poverty, plus people vulnerable to poverty. Extreme poverty takes into account one’s basic needs and it is about the shortage of income and physical survival. In moderate poverty, people have access to a minimum of goods and services needed for physical survival. Relative poverty is not only about the needs regarding an individual’s physical survival, but also about the needs concerning the way of life in society (ROCHA, 1992, 2005). The fourth level as defined by Kotler and Lee (2009) are people vulnerable to poverty, that is, people whose income matches the national average but who may return to a state of poverty.

In relative poverty, which is the focus of this study, people have an income below the national average and experience deprivations of important material resources for a decent life; it encompasses the feeling of impotence and social exclusion. In other words, the basic needs of individuals in relative poverty are ensured, but people cannot enjoy goods and services deemed fundamental in one society.

In Brazil, 29% of the population live in poor families, however, among children, this number reaches 45.6%. Children are especially vulnerable to violations of rights, to poverty and iniquity in the country (UNICEF, 2015). Brazil’s northeast region, where 40.3% of the population live in poverty, is one of the poorest in the country (IBGE, 2011). Recent data (IBGE, 2014) shows that the lowest nominal household monthly income per capita in Brazil are in the northeast region, more specifically in the states of Maranhão, Alagoas and Ceará. UNICEF claims that over 70% of the children and adolescents who live in Brazil’s northeast region are poor. The state of Paraíba, where this research was conducted, stands as the seventh lowest nominal household monthly income per capita in Brazil; it is ranked fifth among the states in the northeast region, with an income as low as R$ 682,00. This calculation considers all income and all family persons
living in one house (IBGE, 2014). Such income index was adopted as a basis for this research. Thus, we interviewed children between 8 and 12 years old and one caregiver/relative of each child; both had an income below the nominal household monthly income per capita in the state of Paraíba.

Considering the background above and the context of research, as well as the need to advance the comprehension of children’s consumer behavior in the context of poverty, we sought to answer the following question: how do consumer deprivations happen in relative poverty?

Of all levels of poverty, we chose relative poverty because it refers to a part of the population that can take their money to the market but suffer several consumer deprivations. Although the poverty line is more frequently used in Brazil to study poverty (ROCHA, 1992), several authors have been trying to do so on other aspects than family income, therefore, using sets of indicators of quality of life which involve social, cultural and biological aspects (TOLOSA, 1978), as well as consumer deprivations (FIELDS, 1994).

Studies about child consumption started in the 1960s, when McNeal (1969) underscored that the phenomenon known as Baby Boom had redefined the economic standards by increasing the number of children by about 50% in the United States in the 1950s, which attracted attention to this segment. At that time, children's wishes and consumption were enhanced; children started to have a share of the parents' income to attend to their needs and wishes. Later on, the 2000s saw publications emphasize the need to carry out studies about child consumption (VELOSO et al., 2008), about the influence children exerted on the family's decision to buy certain products, and the influence of TV advertisements on children. About TV advertising, Isaksen and Roper (2008) point out that, in impoverished families, television is used as a form of entertainment, exposing children to advertisements that stimulate their appetite for consumption. According to Instituto Alana, Brazilian children spend on average five hours a day watching TV; children of poor families tend to spend even more time exposed to media lures. This line of thinking is consonant with some authors (ISAKSEN; ROPER, 2008), as it considers that children and adolescents of low-income families are more exposed to TV advertisements, because television is often used as a cheap form of entertainment. Technology also has a key role, since the Internet has facilitated considerably the capacity of marketing professionals to involve children in product choice (COOK, 2007).

When influenced by an advertisement to buy an expensive and unnecessary item, families on scarce resources may face financial hardships and embarrassment (STILLERMAN, 2004). This scenario generated the interest of understanding what occurs with children that live in poverty and are influenced by the context of consumption.

These days, the field of consumer research is beneficial when it analyzes consumer deprivations. To Ropper and Shah (2007), researches have given little attention to low-income children; according to Hill (2002), the studies about consumer behavior are based on the typical middle-class consumer while the least favored classes have gained little attention. Although deprivation is intensely studied in the social and political literature, its universe is relatively neglected (BOROOAH, 2007). Moreover, despite its gravity, studies about deprivation have had little attention of researchers in the field of poverty (O’CONNOR et al. 1999). Rocha and Silva (2008) corroborate this line of thinking and indicate that the studies about the consumer behavior of poor people are rather rare in North-American literature and practically inexistent in Europe, for they favor the middle class as object of study, greatly due to large percentage of such population in developed countries. Despite significant progress, much work remains, and a consumption perspective can help illuminate important issues surrounding poverty and its alleviation (BLOCKER et al. 2013).
The themes related to poverty and the behavior of impoverished consumers have been the object of studies in the field of marketing starting in the early 1960s (HILL; STEPHENS, 1997). Internationally, there are several studies about poverty (DATT; RAVALLION, 1992; FIELD, 1994, BLOCKER et al. 2013; SAATCIIOGLU; CORUS, 2014), consumer deprivation (HALLEROD, 2006; BOROOAH, 2007; SAUNDERS; NAIDOO; GRIFFITHS; 2008, HILL; MARTIN, 2012; ULLAH; SHAH; 2014), and consumption in poverty (ALWITT; DONLEY, 1997; HILL, 2002b; HILL, 2002a; MAYER; SULLIVAN, 2012), which have been used as the theoretical background for this study. However, in Brazil, the studies regarding poverty are still scarce while the studies conducted by Rocha (1992, 1993, 2000a, 2013) stand out.

This paper is organized as follows: in the theoretical background we deal with the concepts of poverty, deprivation, and child consumption in the context of poverty; after that, we address the methodological aspects of this research. Then, we present the analysis of the outcomes, and, lastly, the conclusions.

2 POVERTY AND DEPRIVATIONS OF CONSUMPTION

The poor are persons, families and groups of people whose resources are so limited as to exclude them from the minimum acceptable way of life in the countries in which they live (HUSTON, 2011). The World Bank reports that a person is considered poor if his or her consumption or income level falls below some minimum level necessary to meet basic needs. This minimum level is called poverty line (KOTLER; LEE, 2009). The poverty line is a constant real value, below which people are said to be poor. Below the poverty line is a population in need, in many cases in need of food, and many are associated with the indigence line or extreme poverty (ROCHA, 2005).

Considering the concept of poverty line, the World Bank describes and distinguishes three levels of poverty: extreme poverty, moderate poverty and relative poverty. In extreme poverty, families cannot meet basic needs for survival, they are unable to access health care, they lack the amenities of sanitation and cannot afford education for some or all of the children in the family, and in many cases have no roof over their heads (KOTLER; LEE, 2009).

In moderate poverty, to meet their basic needs, many people disregard health care, education and misfortune. For example, losing the job or a rise of inflation rates may make moderately poor people fall into extreme poverty (KOTLER; LEE, 2009).

In relative poverty, according to Kotler and Lee (2009), families have an income level below a given proportion of average national income, which reflects the distribution of income in a given country, where the relatively poor lack access to quality education, recreation and health care. To Mayer and Sullivan (2012), relative poverty measures provide another way of characterizing the extent of deprivation in a population. The most common way of defining relative poverty measures are the thresholds of a given percentage of median income or consumption. Those relatively poor have financial resources to supply their basic needs, but they fall short on complementary educational activities, recreation and health care.

Still, in the context of poverty, Kotler and Lee (2009) define a fourth group of individuals, those who are vulnerable to poverty. For those authors, in this segment, such families are out of poverty but currently have an income equal to the average national income. In this group, people are not poor but they are vulnerable and may return to poverty.

Poverty comes from disadvantage, grounded in the application of a static set of indicators such as lack of income, access to quality health, education and housing, and the importance of the local milieu affecting people's well-being. Then, a state of deprivation in which people have
no opportunities to work, to live a healthy and secure life, and to live out secure retirement life are indicators of disadvantage (ULLAH; SHAH, 2014).

In this perspective, poverty consists of a lack of resources (one of the main symptoms is exclusion from a minimum way of life). Another way of viewing poverty could be that it consists of social exclusion (one of whose main causes is the lack of resources) (BERTHOUD; BRYAN, 2011). Still, poverty may be seen as a state of deprivation that is characterized both as low consumption and low income (PANTAZIS; GORDON; LEVITAS, 2006).

The concept of deprivation adopted in this research was developed by Huston (2011). The author explains that material deprivation corresponds to insufficient housing, education, food and health care, as well as goods and services that are considered indispensable for life in society.

Impoverished people face a constellation of factors that shape the quality of their lives, including physical deprivation and pain (hunger, deficient healthcare, and abuse), exclusion (relationships and community), marginalization, anxiety, and fears about the future (BLOCKER et al., 2013). They suffer from high levels of unemployment, derelict neighborhoods, and lack goods and services at affordable prices, which exacerbate the principal social evils, such as the use of drugs and criminality, besides the inferior level of educational systems (HILL, 2001a).

Since poverty causes consumer restrictions (BLOCKER et al., 2013), we can conclude that deprivation is at least partly a direct result of low income (BERTHOUD; BRYAN, 2011). That is, it is understandable that poverty is the lack of resources and that deprivation is the consequence of poverty (PANTAZIS; GORDON; LEVITAS, 2006).

3 CHILD CONSUMPTION IN A CONTEXT OF POVERTY

Consumption is an inescapable aspect of children’s connections with others, including peer relations; children make consumer objects part of their own projects and in their play they actively appropriate them, making their own judgments while combining them (RUCKENSTEIN, 2010). Children in a context of relative poverty experience consumer deprivations due to their family income. They have access to health care, education and housing, albeit unsatisfactorily. They also are deprived of goods considered important in the society in which they live. As stated by Huston (2011), children are deprived, for example, of technology products, toys and clothes that are important to them and for social mobility. In this research, child consumption is associated with Huston’s line of thinking; we sought to investigate aspects regarding health care, education, housing and food, as well as clothing and entertainment, which are considered important for a child in a social context.

According to Guo and Harris (2000), impoverished families live in less comfortable houses that the middle-income families; their houses are more likely to be run-down and to be located in high-crime areas with abandoned buildings. The physical setting of the houses reflects the quality and security of the house in which they live. That is, family income can substantially influence child and adolescent well-being as well as that of the members of the family (GUNN; DUNCAN, 1997).

Schotte et al. (2018) argue that access to stable labor market income is a key determinant of achieving economic stability. When not in school, children in poverty stay at home while their parents are out to work; parents cannot afford extracurricular activities for their children. The life of children in poor families is more informally organized, because they live at a more relaxed pace when compared to the frantic rhythm of other children in families that can afford to keep them in activities such as music, sports, arts, drama classes, according to a study conducted by Lareau (2000).
In this perspective, Gunn and Duncan (1997) argue that a safe and comfortable life environment is consonant with a child’s good learning. This occurs because many elements of cognitive stimulus may be paid for. For example, family income may influence the quality of education of the members of the family and it can have an even larger impact on the number of trips a family can afford, which also serve a recreation purpose (GUO; HARRIS, 2000).

Poor children experience emotional and behavioral problems due to their consumer deprivation, such as anxiety, social withdrawal and depression. Studies such as that of Gunn and Duncan (1997) demonstrate that emotional problems may be associated with family poverty. However, the emotional effects of poverty are as big as those found in cognitive results, since the findings of the study of those authors show that family income seems to be closely related to the capacity and realization of children’s consumption, as are those of emotional aspects.

This line of thinking is consonant with another study of Duncan and Gunn (2000), who find that poverty also seems to contribute to children’s cognitive outcomes. When they live in a context of poverty, children’s learning is substantially lower than that of children who live in non-poor families. Besides, poverty status may cause a negative impact on high school graduation and years of schooling obtained (GUNN; DUNCAN, 1997).

The behavior of impoverished consumers is presented by Hill and Stephens (1997), with three characteristics listed. First, poor consumers face meaningful financial restrictions that limit their capacity to buy several necessary goods and services and to cater to their wishes. Secondly, the consequences of such restrictions are normally negative, including separation and alienation from the middle-class consumption culture, feeling of losing control over their lives’ consumption aspects, in addition to mental and physical health issues. The consequences of such restrictions are negative, and the responses come as emotional reactions, such as anger, shame or humiliation, feelings of losing control over their lives as consumers, in relation to the consequences of consumer deprivations (HILL; STEPHENS, 1997). On such conditions, anger may be a reaction of impoverished consumers and a way of adjusting to this form of deprivation (HILL, 2001a). Third, poor consumers respond to such consequences with emotional and behavioral coping strategies, such as engaging in legal and illegal activities to get an income or desired products.

4 METHODOLOGY

This study aims to identify and analyze consumer deprivations of children in relative poverty as well as to characterize the implications of such deprivations and coping strategies.

4.1 Procedures to Collect Data

To reach the objectives set for this study, we decided to employ a qualitative research. The subjects of this research were children living in relative poverty and one respective caregiver of each child, respecting the following criteria:

1) Socio-economic class. When a family is in relative poverty, its income is below the average national income. For this reason, we decided that interviewees’ income had to be below the household monthly income per capita in the state of Pará, which is R$ 682,00 (IBGE, 2014);

2) Age. According to Valkenburg and Cantor (2001), children develop capacities to make decisions and evaluate a product and its alternatives around 7 and 8 years of age. Thus, we decided to interview children from 8 to 12 years old.
(3) Context and caregiver. For greater sample homogeneity with regard to the poverty profile, we chose to interview children studying in public schools. In addition, we defined that their caregiver to be interviewed would be the closest person to each child. For this reason, we interviewed fathers, mothers, or grandparents.

By the end of the research, we had interviewed 23 children and one caregiver each, totaling 46 interviews. The respondents are from the cities of Cajazeiras, João Pessoa and Sousa, all in the state of Paraíba, and their average household income per capita is R$ 231,35 (Chart 1).

Chart 1: Characteristics of the interviewees

| Child | Gender | Age | Caregiver/Relative | Occupation | Household Income per capita | City   |
|-------|--------|-----|--------------------|------------|---------------------------|--------|
| Child 01 | Male    | 9   | Mother             | Unemployed | 170,50                     | Sousa  |
| Child 02 | Male    | 12  | Mother             | Server     | 200,00                     | João Pessoa |
| Child 03 | Female  | 8   | Mother             | Cleaner    | 300,00                     | João Pessoa |
| Child 04 | Female  | 8   | Grandmother        | Retiree    | 394,00                     | Cajazeiras |
| Child 05 | Female  | 8   | Mother             | Homemaker  | 262,66                     | Sousa  |
| Child 06 | Female  | 8   | Mother             | Unemployed | 220,00                     | Cajazeiras |
| Child 07 | Female  | 8   | Mother             | Unemployed | 375,00                     | Sousa  |
| Child 08 | Male    | 8   | Grandmother        | Homemaker  | 131,33                     | Sousa  |
| Child 09 | Male    | 9   | Mother             | Homemaker  | 450,00                     | Sousa  |
| Child 10 | Male    | 9   | Father             | Athlete    | 112,00                     | Sousa  |
| Child 11 | Female  | 8   | Mother             | Homemaker  | 250,00                     | Cajazeiras |
| Child 12 | Female  | 9   | Mother             | Homemaker  | 131,33                     | Sousa  |
| Child 13 | Male    | 10  | Grandmother        | Cleaner    | 85,00                      | Sousa  |
| Child 14 | Female  | 10  | Mother             | Homemaker  | 171,42                     | Cajazeiras |
| Child 15 | Male    | 9   | Mother             | Homemaker  | 112,57                     | Sousa  |
| Child 16 | Female  | 10  | Mother             | Homemaker  | 92,80                      | Sousa  |
| Child 17 | Female  | 9   | Mother             | Homemaker  | 110,00                     | Sousa  |
| Child 18 | Female  | 12  | Mother             | Hairdresser | 550,00                  | João Pessoa |
| Child 19 | Male    | 9   | Grandmother        | Homemaker  | 112,57                     | João Pessoa |
| Child 20 | Male    | 8   | Mother             | Homemaker  | 500,00                     | João Pessoa |
| Child 21 | Male    | 8   | Mother             | Teacher    | 197,00                     | João Pessoa |
| Child 22 | Female  | 8   | Grandmother        | Retiree    | 131,00                     | João Pessoa |

Source: The authors (2015).

All the participants are in a state of relative poverty, for they are below the poverty line, and they all have access to health care, housing, food and education. All the children were in school (at the time of the interviews), would eat every day, even if some items were lacking, and they had a place to live; therefore, they cannot be classified as extremely poor.
To collect the data, we used the projective technique, in which the children made a drawing, and in-depth interview. We made contact with the families in person in public city schools and state schools to gather information as to whether they met the research criteria and if they were willing to participate in the research. The children’s caregivers were told how the interview was going to be conducted and after they signed a consent form we interviewed the children.

At first, we asked each child to make a drawing whose theme was “going shopping”. In addition, we asked them to draw items they would buy if they were out shopping. Next, we conducted the in-depth interview following a semi-structured script based on the literature.

After each child, we interviewed his or her caregiver. The interviews were conducted by one of the authors from June 30 to August 15, 2015. Upon consent of the interviewees, the audio was taped and recording totaled 27 hours and 22 minutes.

4.2 Procedures to Analyze the Data

Based on Vinter (1999), we used the product-oriented approach to analyze the visual data produced by the children. This technique relies on analyzing only what is written or drawn on paper. Therefore, we used the information from the drawing and the interviews to identify the items the children were deprived of and they wished.

After the interviews, we transcribed the content of the interviews to generate a set of data to be carefully analyzed and coded (BAUER; GASKELL, 2003). At this step, nothing was left out because, as explained by Rosa and Arnoldi (2008, p. 61), the more thorough and faithful the transcripts are, the greater the possibilities of achieving high-level analysis. Moreover, those authors emphasize the importance of reading the transcripts many times, which was done by the team of interviewers.

The data collected from the interviews conducted with the children and their caregivers were analyzed by using the content analysis technique, which consists of a “a set of analysis techniques for communications, targeting, through systematic and objective procedures, to describe the content of the messages” (BARDIN, 2007, p. 44). On this technique, the content analysts infer expression and appeal through such contexts (BAUER; GASKELL, 2003).

5 RESULTS ANALYSIS

Our research sought to analyze the child consumer deprivations in a context of relative poverty. In this sense, the results are presented as categories of analysis.

5.1 Child Consumer Deprivations

In this study, we investigated material deprivations in relative poverty. The works in the literature explain that in such level of poverty, people have their needs catered to, such as health care, education, housing and food; however, not in a satisfactory way, which causes deprivations in the consumption of items deemed important in the society they live in.

Poor people tend to have their health compromised; due to insufficient family income and the government’s incapacity to supply the adequate service, these people have no basic health care, which may lead to bad mental and physical health (ULLAH; SHAH, 2014).

This may be found in the statements of caregivers 05, 09, 16 and 19, who declare that in some cases health care is not lacking while in some others it is, “... that will depend, sometimes some-
one is in need and the doctor is there and there is medicine available, some other times there is nothing” (R10\textsuperscript{1}). Other interviewees (R01, R02, R03, R04, R05, R06, R07, R21, R22, R23) claimed that seldom did their children need health care, but when they do need it, they agree with that statement.

Caregiver 09 says her child was in psychological treatment in the public health care service in an attempt to reduce the consequences of the sad family context the child lives in. Still, caregiver 09 says they looked for the City’s Health Bureau and the Family Health Care Program (PSF – Programa de Saúde da Família, in Portuguese), however, even though it was their jurisdiction, the personnel they had contact with did not provide a solution for the child to continue his treatment. Until the day the of the interview, the child was waiting to resume treatment.

Caregiver 13 declares that her grandson in on a controlled prescription drug and in psychological treatment. During the interview, the child was restless and nervous and, according to his grandmother, it is a usual behavior that derives from psychological problems that the child developed at age 6, when his mother walked out. As to the medical treatment, the caregiver says it is satisfactory, but medicine is lacking.

Regarding health care, all the children are under important deprivations, such as lacking hospital service, medical treatment and medicine. In some cases, the caregivers say that the health care service was satisfactory, but something was always lacking. This type of deprivation is due to precarious public health care assistance and because of low family income, which prevents these families from having private health care or going to private hospitals (BLOCKER, et al. 2013).

Child education is of great importance to overcome poverty and it also contributes to social and economic development. Education-related material deprivations are inadequate education, since in relative poverty people have access to education, however, these children are not given quality education, at least not enough for their development (HUSTON, 2011).

One factor of quality in education as indicated by the interviewees was the food served in school. Caregivers 16 and 19 affirmed that food served in school to children 16 and 19 and other kids in their family complements their basic food needs. This was also reported by children 01 and 08. Another relevant factor was searching for a school near home, regardless of the quality of education or other services offered, which was shared by caregivers 11, 12, 14, 17 and 20.

We noted that extracurricular activities done to improve education and to develop children’s skills are not offered to most of the children. Only children 07, 12 and 18 do extracurricular activities such as study sessions, music, karate and game classes.

Some children affirm that such activities used to be offered in public schools, but they are not currently offered due to the shortage of financial resources.

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I like to study, but there are no extra classes, there were [extra classes] last year, but not this year anymore (C05).
[...] they are not happening now but there used to be karate, sports, music [...] I like it when these classes are on, I asked my mother to pay for karate classes but she said she can’t right now (C17).
We don’t have such classes as music or dance there [...] (C20).
Not at school [...] I wish there were (C21).
[...] no music or dance classes, I wish there were, one friend of mine does it and says it is very cool (C22).
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For children in poor families, these activities are very important and when not available, children’s life tends to be around informal plays and excessive idle time. Our findings confirm that when poor children are not in school, they stay at home while their parents are out to work,

\textsuperscript{1} From here on, caregivers will be identified as R1, R2, etc. (R is for Relative) while each child will be identified as C1, C2, etc.

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since, due to the meager family income, they cannot afford extra activities for their children (LA-REAU, 2000).

According to the interviews we conducted, it is possible to identify the lack of school assistance and adequate education to children. As is health care, education is a basic need and its access is also precarious, in the families’ viewpoint due to the inefficacy of the State and because of insufficient family income. Children are the most affected.

As to housing, material deprivation was mentioned mainly by the children, who indicated lack of security and comfort. Children noted they live in derelict houses, with no security and located in crime-stricken areas. Another fact to be noted is that, for caregivers, not having to pay rent makes the house adequate, even if it has issues. Some interviewees also report lack of security in their houses.

 [...] here in this neighborhood people are always taking about crime, then we sometimes feel scared, but my mother locks the doors and we sleep in the same room (C09).
I don’t think this house is safe [...] on Saint John’s evening someone broke in here [...] I guess he wouldn’t have made it if the door were safe (C14).

Of the issues that came up on the interviews, income inequality contributes for many families not to provide a safer environment to their children. The lack of housing at affordable prices or a short income to pay for decent housing force many families to live in peripheral areas, risky areas, difficult to access and with no infrastructure. This is the case of the families participating in this research, confirming that the houses of poor people tend to be run-down and located in peripheral areas, because they do not have sufficient income to afford adequate housing (GUNN, DUNCAN, 1997; GUO, HARRIS, 2000).

As to food, Romanelli (2006, p. 336) explains that poor people’s diet is monotonously repetitive and that food is classified as “strong food”, which is substantial, such as rice, beans and meat, or food to “trick” the stomach, such as vegetables, legumes, fruits, “mentioned in the diminutive form [with the ending “-inho” or “-inha”, in Portuguese, as to reduce their importance] such as ‘coisinhas’ [meaning ‘a few things’ or ‘little/unimportant things’], ‘saladinhas’ [salad], ‘verdurinhas’ [vegetables] that do not fill one’s stomach”. As depicted by children 1 and 16: “rice, beans and chicken. That’s what there is at home” (C01). “I like to eat rice, meat, pasta, these things” (C16). [...] here at home we have no meat, some days there is no fruit, I like to eat it but my grandmother says that money is not enough (C13).

Adequate food is that whose nutrients meet all the needs of the body, that is, the needs of the human organism (ALBUQUERQUE, 2009). Children’s drawings depicted their wish to buy food items. Child 09, whose drawing (Figure 1) depicts fruits (banana, apple and grapes) explains that these are items he likes to eat but they many times are lacking; the child’s caregiver confirmed that these food items are lacking.

Figure 1. Drawing of Child 09
Lacking adequate food was noted by caregivers, more than by children. We believe this is so because it is caregivers who go shopping for food or because the children do not understand what items make a good diet. Even declaring the lack of important items in their diet, such as vegetables and fruits, caregivers did not confirm food-related consumer deprivations. From their statements, we noted that having the “basics” is enough. Both on the children’s and caregiver’s interviews, we identified that they have access to food, however, this research noticed the lack of adequate food, due to meager financial resources to afford some types of food.

As in health care, education, housing and food, clothing is one of children’s basic needs. Child 10 says that he does not shop for clothes frequently; when he does, it is for cheap clothes, because his parents do not have much money. Children 11 and 12 tell that when they need clothes, their mothers buy them cheap clothes. Child 11 says: “she (mother) buys cheap clothes, no designer clothes or nothing expensive”.

When asked if they often went shopping for clothes, most of the interviewees gave a negative answer and stated that it happens more when they need it and if they can afford it.

The drawing of Child 23 (Figure 2) shows her wish to buy clothes. The child explains the drawing: “if my mother or father said I could buy everything I wanted, I’d like to buy Poly’s dollhouse that I saw on TV, a mobile phone to play with my friends and a polka dot dress” (C23). Caregiver 23 says “[...] she does have clothes [...] really just the basics, I can’t afford such things”.

![Figure 2. Drawing of Child 23](image)

On her interview, Child 06 says she cannot always buy clothes. She affirms that her drawing (Figure 3) shows her mom buying clothes and tennis shoes for her and her brother.

![Figure 3. Drawing of Child 06](image)

Getting clothes given away by family members or people in the community was underscored by some interviewees belonging to families that cannot afford buying clothes for their
children, which confirms that, when living in poverty, people count on the generosity of other people in a more favorable financial situation (HILL, 2002a).

... I get many clothes from my cousin, my aunt, I like the things they give me (C05). [...] there is this lady, my grandmother works cleaning her house, she always brings used clothes and toys [...] (C13). I always get clothes from this woman who's my grandmother’s friend, she brings these clothes over when she does not want them anymore (C22). I never buy clothes, he (Child 08) hardly ever asks, he sometimes gets clothes from a person in whose house I used to work; she has a boy who is nearly his size, then when he is not wearing something anymore, he gives them away [...] (R08). ...from the family people [...] when clothes do not fit anymore, they give them away [...] (R18).

When it comes to entertainment, Mayer and Sullivan (2012) explain that relatively poor people have no access to recreation and fun. Our study sought to identify the forms of entertainment of poor children and families. The drawing of Child 14 depicts her consumption and fun wish list. She explains that she would buy clothes, toys and a mobile phone, she also drew an amusement park, which she explains: [...] this is an amusement park where I (will) go with my siblings to play (C14).

Figure 4. Drawing of Child 14

About recreation and fun, children affirmed that going out meant going over to someone in the family’s, parks, school, church or accompanying the caregiver when they had to go shopping.

As mentioned by the children interviewed, many of them were present when their parent went shopping; this moment is seen as entertainment and it even substitutes playtime (MCNEAL; JI, 2003). Then, as predicted in the literature, children have fun while accompanying their parents doing shopping. While shopping, children usually ask for items they want to consume. For Child 08 going to the supermarket is a moment of entertainment and fun during which he asks for supermarket items.

Isaksen and Roper (2008) underscore that, in impoverished families, television is used as entertainment, exposing children to advertisements that stimulate their appetite for consumption. According to Instituto Alana, Brazilian children spend on average five hours a day watching TV; children in poor families tend to spend even more time exposed to media lures. In addition, families in a poor context cannot afford leisure, for example, trips that serve as recreation (GUO; HARRIS, 2000). The findings of our research indicate that TV is used by interviewees as a cheap form of entertainment which stimulates poor children’s consumption.
From the drawings collected during the interviews with the 23 children, we organized Chart 2 to demonstrate the consumption items that children wish to buy, grouped into education; housing; food; clothing and beauty items; electronics; entertainment and toys. On this chart, we used the items that were drawn and mentioned by the children.

Chart 2 – Consumption Deprivation Items

| Deprivation Items           | Children |
|-----------------------------|----------|
| Education                   | 13       |
| Housing                     | 3; 8; 19 |
| Food                        | 1; 9; 10 |
| Clothing and beauty items   | 1; 2; 4; 6; 12; 14; 18; 23 |
| Electronics                 | 1; 8; 15; 16; 21; 22; 23 |
| Entertainment and toys      | 1; 2; 3; 4; 5; 6; 7; 8; 9; 10; 11; 12; 13; 14; 15; 16; 17; 20; 23 |

Source: The authors (2015).

Chart 2 illustrates that children feel deprived of items such as clothing and beauty products, that is, clothes, make-up, headbands and costume jewelry as indicated by girls. Electronics are usually a mobile phone, tablet or computer. Last, most children feel deprived of entertainment and toys; since these are used to facilitate the interaction of children, this may be one of the reasons why they feel most significantly deprived.

Children wish to consume such products both for the personal pleasure of buying an item and for the satisfaction of making part of a consumer society. Since living in society is a necessity, children – from very early age – feel the importance of consuming some items to be accepted by their group.

Another reason is the fact that children in a context of relative poverty have access to items that are deemed indispensable to life but they are deprived of items deemed important in the society where they live, which reinforces a characteristic of relative poverty and deprivation of material consumption. Such deprivations have important social and emotional consequences on children’s lives, which will be discussed in the next section of this paper.

5.2 Implications of Consumer Deprivations

The consequences of consumers that experience consumer deprivations may be emotional and social (HILL; STEPHENS, 1997, GUNN; DUNCAN, 1997). The emotional consequences of consumer deprivations involve feelings such as shame, sadness, anger and humiliation (GUNN; DUNCAN, 1997, HILL; STEPHENS, 1997, GUO; HARRIS, 2000). With regard to the feelings experienced by children due to consumer deprivation, sadness and anger were the most cited.

[...] I find it sad, I find it sad not to be able to buy what you want [...] (C06).
I feel hurt, sad [...] it is bad when someone owns something that I don’t, it is very bad because, like, you ask something to your mother and she says she can’t [...] (C14).
[...] she has felt angry [...] but I always talk to her, she keeps quiet, she does not want to talk, she throws a tantrum at mealtime, but as time goes by she opens up [...] (R05).
No, not angry, but I guess she (Child 7) feels sad, when I say no to her [...] (R07).

The feeling of anger in such situations is understood as children’s reaction to their deprivations (HILL, 2001a). Sometimes, this feeling causes children’s aggressive behavior towards their caregiver.

I have felt angry [...] then I cursed her (Caregiver 09) I called her names that I cannot say to you (laughs), because they were very bad words (C09).
Likewise, caregivers say they have had negative consequences of deprivation due to their incapacity of catering to their children’s consumption wishes. From this perspective, it is worth mentioning that not only the children seem to be vulnerable to the consequences of poverty, but also their caregivers (DUNCAN; GUNN, 2000).

Poor children experience emotional and social problems more frequently than non-poor children, such as anxiety, social withdrawal and depression (GUNN; DUNCAN, 1997). A child is cast out of groups if he or she does not consume. In this sense, Crespo and Gurovitz (2002) consider that the incapacity to participate in community life leads to a rupture in social relations. This occurs because they eventually have no access to important prerequisites for social mobility and their socialization may be compromised.

Excluding a child leads to solitude and isolation. Caregiver 09 affirms that her son likes to be alone and it is difficult for him to make friends. Solitude, alienation and altercations are described as sources of great psychological stress for children in this context of poverty (CRESPO; GUROVITZ, 2002).

5.3 Strategies to Cope with Consumer Deprivations

Due to the negative implications of consumer deprivation, poor consumers use strategies to cope with their relative poverty. According to Hill and Stephens (1997), such strategies may be emotional or behavioral and are employed with the purpose of survival (HILL, 2002a).

The emotional coping method is psychological in nature. Here consumers tend to alter emotional states by refocusing their minds on earlier, more pleasant material circumstances or fantasies of better consumer opportunities in the future (HILL, 2002a). This situation reflects the one found on the interview of Child 16, in which she tells of moments when she bought items she does not own, as confirmed by her caregiver (16). This way, it is possible to comprehend that the child describes moments which she idealizes and would like to live but are not true. During the whole interview, the child lies as a form of hiding her situation of poverty and deprivation. Other children also had the same behavior of emotional coping.

When I go to sleep I wonder that if I had many toys I would have more friends because they would ask me to play, they would call me to go over to their places […] (C08).

[…] I imagine myself buying many things, toys, that I can buy everything I wanted (C23).

The emotional coping strategy was also identified when some children tell what they think about their future. They idealize that in the future their effort will lead them to a desirable financial situation, such as getting a job and finishing school. However, during childhood, the child depends on other people and cannot alter their financial status or their families’ (GUNN; DUNCAN, 1997).

According to Hill and Stephens (1997), the behavioral coping strategy is associated with legal and illegal activities done with the purpose of buying what someone wants. Some strategies were mentioned by the interviewees as a form of coping with poverty.

[…] on his (Child 1) birthday, he wanted to have a party and I could not afford one, so I tried to get some money to make him a party, then I got money from a loan shark and put up my Bolsa Família card as collateral and I made him a small party. It was months before I could have my card back, because apart from the loan there was interest, but I made him the party and invited his friends (R01).

[…] I went through a lot to buy him this bicycle I told you about, I loaned money to buy him (Child 15) this bicycle […] (R15).

2 Bolsa Família is a social welfare program of the Brazilian government. It provides financial aid to low-income Brazilian families.
Jaiswal and Gupta (2015) explain that poor consumers with limited intellectual skills are usually explored by loan sharks, as was the case of Caregiver 01, who loaned money illegally by putting up her *Bolsa Família* card as collateral for the debt, so she could make her son’s (Child 01) birthday party.

Given her precarious financial situation, Caregiver 15 loaned money to be able to buy Child 15 a bicycle. She explained that the loan was necessary because she had no credit at the store to buy the bicycle in installments and that it was very hard for her to loan money from the bank. This statement by Caregiver 15 is in consonance with what is said by Jaiswal and Gupta (2015), that poor consumers can easily find credit on the market but at high interest rates. This may be even harder if the client cannot pay back and, consequently, gets into an even bigger debt.

After the empirical results of this research, with the finding of a new dimension, strategy to cope with poverty and its emotional and behavioral categories, we have created the empirical model of the research.

Figure 5. Consumption Model in the Context of Relative Poverty: poverty, consequences and coping strategies

This dimension that arose in the empirical phase of the research had been addressed by Hill and Stephens (1997). Those authors explain that the strategies to cope with poverty may take two forms: (1) *emotional*, in which people tend to direct their emotional state, focusing their minds on more pleasant material circumstances or fantasies of better consumer opportunities in the future; and (2) *behavioral*, as conducting legal and illegal activities with the purpose of achieving income or products they wish (HILL; STEPHENS, 1997, HILL, 2002a). Thus, this research confirms the model of Hill and Stephens (1997) covered in the review of literature, in the perspective of child consumption in a situation of relative poverty.

6 FINAL REMARKS

In this research, children indicate that their consumer deprivations are relative to clothing and beauty items and electronics while the other deprivations are indicated by the children’s caregivers. Children perceive and miss the most items regarding entertainment and toys for they facilitate the socialization in groups. We also found important consumer deprivation among as-
pects regarding the other categories (health care, education, housing and food), at times indicated by children, at other times indicated by their caregivers.

Emotional implications were found more frequently since all the children interviewed defined consumer deprivation as a feeling of sadness, shame and anger. The children’s caregivers showed the same feeling in relation to their children’s consumer deprivation; caregivers also showed a feeling of impotence as they cannot cater to the appeals of their children. With regard to social implications, children indicate the exclusion from groups for not having items that are seen as facilitators of socialization. When deprived of such items, children are excluded from groups or find it hard to make new friends and this is the principal social implication of consumption: social exclusion, which, in turn, leads to isolation and solitude.

In this sense, we found that emotional reorientation is used as a form of emotional strategy: children describe consumer situations they would like to live. Children focus their minds on more pleasant consumer situations and idealize future consumption moments for them to cope with their poverty and, therefore, omit the sadness of the reality they have to face. As to behavioral coping strategies, we heard of thefts: children reported to have been victims of thefts or that it would have happened to their friends; no child has admitted to having committed it. Besides children’s behavioral change, their caregivers also put in efforts to cater to their children’s consumption appeals. To this end, caregivers reported getting loans that led to debts and compromised the family income; we also heard of illegal practices, such as taking money from loan sharks; they did so for their children to have access to something they wanted.

As the main contribution of this study, it confirmed the pertinence of both the theoretical dimensions analyzed in the context of relative poverty and of the categories of Hill and Stephens (1997) relative to children and caregivers’ coping strategies. We suggest that further researches cover not only the children’s consumer deprivations but also the family’s consumer deprivations as a whole, where the main subject is the person responsible for the family. We also suggest researches that cover aspects regarding vulnerability and indebtedness in the context of poverty.

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