

# **Inequalities, Life Chances and Gender**

December 2010

**Kirrily Pells**

# Acknowledgements

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Young Lives is a 15-year study of childhood poverty in Ethiopia, the state of Andhra Pradesh in India, Peru and Vietnam, following the lives of 3,000 children in each country. It is core-funded from 2001 to 2017 by UK aid from the Department for International Development (DFID) and co-funded by the Netherlands Ministry of Foreign Affairs from 2010 to 2014. The full text of all Young Lives publications and more information about our work is available on our website. <http://www.younglives.org.uk>

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# Executive Summary

This paper is one of two preliminary first findings reports that make use of early data from the third round of the Young Lives survey of children growing up in four countries – Ethiopia, India (Andhra Pradesh), Peru and Vietnam – over 15 years. This briefing explores the extent to which inequalities including poverty, location (rural or urban), ethnicity or caste, and gender, are changing over time and how this may affect life chances for children. The second briefing presents analysis on the extent and effects of economic, environmental shocks and family health and illness on households and Young Lives children.

The paper begins by considering how for Young Lives households, despite absolute poverty continuing to fall between 2006 and 2009, there was little change, or in some cases some increase, in levels of relative poverty. This demonstrates that even if a necessary part of reducing poverty, economic growth alone will not solve poverty and may exacerbate inequalities. We see throughout this briefing that disparities between urban and rural locations, poor and non-poor children, between different ethnic groups and regions, occur repeatedly across a series of indicators in well-being, health and education. This suggests that the same groups of children are repeatedly disadvantaged, which inevitably impacts on their life chances.

The paper then examines how increases in the numbers of children accessing education, services (water and sanitation) and healthcare are uneven across different groups, suggesting the importance of policy decisions. Inequalities in access compound to repeatedly disadvantage children who are from poor households, those who live in rural areas, children from minority groups and those whose caregiver has little or no education. While progressive gains have been made, challenges remain in reaching the most marginalised, especially given the potential reduction of fiscal space following the economic crisis – in Young Lives countries and beyond.

Young Lives data echoes global trends which show that the increasing coverage of education and healthcare services has not been matched by improvements in quality and accessibility for all, resulting in the same groups of children being repeatedly disadvantaged. The paper explores how intersecting inequalities or 'double' disadvantages reveal starker disparities. This may be a likely factor in the poverty cycle, compounding existing inequalities and threatening progress towards the Millennium Development Goals. For example, growth in enrolment rates are not being matched by increases in literacy. On the surface fewer differences appear between boys and girls within the Young Lives sample than might have been expected, the exception being around time use. Gender differences, such as around school dropout, emerge more clearly as the children become older and when the data is disaggregated. However, the bias is not always against girls and varies according to a number of socio-economic and cultural factors. This demonstrates the importance of gender analysis within programme and project design.

The paper concludes by considering the policy implications of these first findings, including the need to protect existing social budget expenditure and ensuring services are adapted to the needs of the poorest and most marginalised children. Policies aimed at intervening in poverty cycles need to take into account how inequalities intersect to inform the expansion of services and social protection schemes and improvements in the accessibility, appropriateness and quality of education and healthcare are essential in order to provide a strong foundation for child development and learning and for children to access better-paid employment in the future.

# Introduction and key findings

This briefing examines emerging findings from data gathered in late 2009 to early 2010 during Round 3 of the Young Lives international childhood poverty survey. It explores how inequalities of consumption, gender, location (urban/rural) and region/ethnicity are affecting outcomes for Young Lives children. It accompanies the other first-findings briefing from Young Lives 'Understanding the Impact of Crisis on Children in Developing Countries' (Dornan 2010b).

## **About Young Lives**

Young Lives is a study of 12,000 children growing up in four countries: Ethiopia, India (the state of Andhra Pradesh), Peru and Vietnam. The study is focused around two cohorts of children, an older and a younger cohort (born in 1994/5 and 2001/2 respectively). The younger cohort is growing up over the timescale of the Millennium Development Goals (MDGs) – it is this generation which international policy has been particularly targeting.

Surveys were carried out in 2002, 2006 and 2009, with qualitative data being gathered from a sub-sample. When Round 3 data was collected in 2009, the two Young Lives cohorts were aged around 15 and 8 years old. The survey follows the same children and young people for 15 years, as they grow up. The focus is pro-poor, meaning the study focuses on children growing up in poorer populations. The data therefore is not necessarily nationally representative, nor should it be compared simplistically between the Young Lives countries, since the samples are drawn differently in each country. What such panel data can be used to highlight are some of the disparities within the samples, how change over time is affecting children and what similar (or different) processes are going on in each of the Young Lives countries.

Most of the Young Lives data is publically archived in the UK data archive. The 2009 data is expected to be archived in mid-2011 and detailed reports on each of the Young Lives countries will be produced in mid-2011 with more in-depth analysis to follow beyond this.

## **Emerging findings**

Over the course of the Young Lives project so far (2001–2010), the Young Lives study countries have followed global trends of GDP growth with associated falls in national poverty levels and improvements in infrastructure (Dornan 2010:5).

Globally growth in school enrolment rates has resulted in a reduction in the number of children not attending primary school (from 115 million in 2002 to 101 million in 2007), while access to basic services has increased, with 1.5 billion people gaining access to drinking water over the period 1990–2006 (UNICEF 2009). Furthermore, gaps between disadvantaged populations and the rest have narrowed across a range of indicators, such as access to clean water and sanitation by people from rural as compared to urban areas. However, gaps remain large. As regards enrolment in primary education, there is now near gender parity. However, these gains mask significant inequalities in children's access to services, as well as variations in the quality of these services, which result in unequal outcomes for children. These inequalities are linked with poverty, gender, location (rural/urban) and region/caste/ethnicity.<sup>1</sup> For example, in

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<sup>1</sup> In some Young Lives countries discussion of ethnicity is highly sensitive, hence region is used as a proxy for ethnicity, given the location of groups according to region.

2006, only 45 per cent of the world's rural population had access to basic sanitation facilities compared with 79 per cent in urban areas (UNICEF 2009).

Particularly given the use of universal targets in the MDGs, increasing recognition has been given to the need for better evidence of how inequalities interact and contribute to the poverty cycle. Inequalities are both an outcome and a channel through which disadvantage is mediated. Disparities and marginalisation were the focus of the 2010 *Education For All* report (UNESCO 2010) and also featured heavily in UNICEF's *State of the World's Children* 2010 report (UNICEF 2009). This is essential in informing policies to improve outcomes for the poorest and most marginalised children. Young Lives data enables a longitudinal perspective on the extent to which inequalities are changing over time and how this may affect life chances for children.

Using emerging findings from Round 3 of data collection, we explore two related key questions:

1. What is the extent of the inequalities within the Young Lives sample and how are these changing over time?
2. How do inequalities affect life chances and for which children?

These preliminary findings make use of Young Lives survey data on education, time use and work, health and well-being. They have been disaggregated according to consumption, gender, location and ethnicity/region. The findings are supported by reference to in-depth qualitative data gathered from a sub-sample of the children in 2007.

In understanding the extent of inequalities affecting Young Lives children and their impact upon the children's life chances, four policy-relevant conclusions emerge:

- Absolute poverty fell in the Young Lives samples over the period 2006–2009, despite deep inequalities. There is a less clear picture on relative poverty, with different patterning within and between countries. Growth on the wealth index looks slower after 2006 in some countries and patterned. This patterning is the same as for subjective well-being and reveals inequalities according to location (urban/rural), and ethnicity/caste/region.
- Increases in numbers of children accessing education, services (water and sanitation) and healthcare between 2006 and 2009 are uneven across different groups. While there is evidence of some progressive gains, for example in school enrolment, there are other examples of gaps between different groups staying the same, or in some instances widening, for example, in incidences of undernutrition – possibly as a result of rising food prices or other shocks.
- There is evidence of improving coverage (often progressive) of services and education with varying rates of change between 2006 and 2009. There are big discrepancies between quantity and quality, as is illustrated by comparing the percentage of children enrolled, with those who are literate.
- Intersecting inequalities or 'double' disadvantages reveal starker disparities, such as the combined impact of poverty and rurality on dropout rates from education. There is a mixed picture on gender. Divisions are not as wide as might have been expected and there are biases against both boys and girls, the exact dynamics of which vary according to country and sector.

Policymakers aiming to intervene in poverty cycles need to consider how inequalities intersect, often repeatedly disadvantaging the same groups. This links with the other Round 3 first-findings briefing on the impact of the global crisis, which explores how it is the poorest households that are most at risk from key shocks and may receive multiple shocks (Dornan 2010b). This may be a likely factor in the poverty cycle, compounding existing inequalities. This demonstrates that even if a necessary part of poverty reduction, economic growth alone will not solve poverty and may in fact exacerbate inequalities. Policy implications are explored further in the conclusion to this briefing.

## 1. Poverty and persistent inequalities

Before the global financial crisis, which began in 2008, Young Lives countries had all witnessed economic growth since 2002, with associated falls in absolute poverty. This section explores how, for Young Lives households, despite absolute poverty continuing to fall between 2006 and 2009, there was little change, or in some cases some increase, in levels of relative poverty. Inequalities are therefore persisting, or even growing, which is likely to have a direct impact on children's subjective well-being. The Young Lives sample in Andhra Pradesh indicated a 60 per cent reduction in overall absolute poverty but a 13 per cent increase in relative poverty.

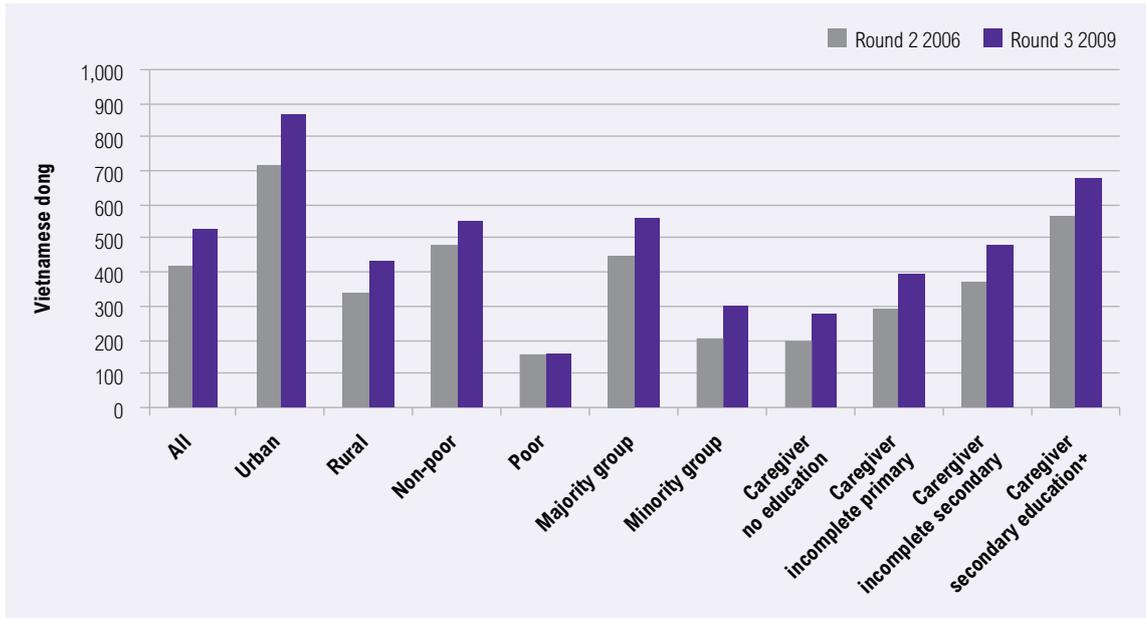
Round 3 of data collection is the first to start to show the impact of the economic crisis and rising commodity prices at the household level. Young Lives' other Round 3 first-findings briefing explores poverty dynamics in more depth (Dornan 2010b) but what is important to note here is the varied extent of poverty and the different rates of change within each country.

This inequality is illustrated by Figure 1, which displays the change in consumption levels in Vietnam between Rounds 2 and 3 (2006 and 2009). While the data is not nationally representative due to the pro-poor nature of the Young Lives sample, it highlights the varied rate of change and also uneven distribution between different groups. Progressive gains have been made with the slight narrowing of the urban–rural gap, though consumption levels in rural areas are still only half those in urban areas. Similarly, consumption grew at 42.9 per cent among minority groups yet was only just over half that of the majority group. In contrast, the gap between non-poor<sup>2</sup> and poor households has grown because there was no change in consumption levels among poor households between these two research rounds. It also shows how children whose caregivers have higher levels of education are in households which have greater consumption levels.

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<sup>2</sup> Non-poor refers to households above the national poverty line and poor to those below the poverty line.

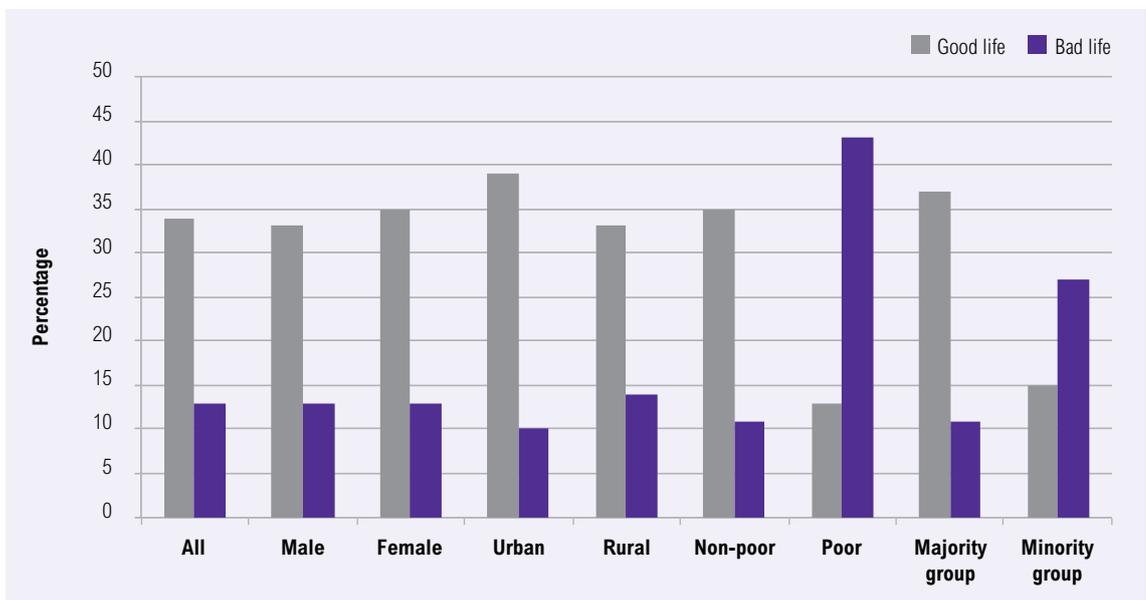
Figure 1. Consumption levels of Young Lives households in Vietnam



(Consumption = '000 VND/head/month)

This patterning of consumption data maps onto children’s subjective well-being and reveals similar inequalities regarding location (urban/rural) and ethnicity/caste/region. Young Lives is collecting data on children’s subjective perceptions of well-being by using a ladder exercise asking children to position themselves, with the ninth step representing the best possible life and the first step the worst possible life. Figure 2 groups together children who position themselves on steps one to three as children who consider they have a bad life and children who placed themselves on steps seven to nine as children who consider that they have a good life. The consumption and subjective well-being data shows a similar pattern, though smaller scale, between poor and non-poor households and the urban–rural divide, with poor children and children in rural areas being less positive about their lives. Children’s subjective well-being, illustrated in Figure 2, mirrors the consumption data set out in Figure 1, demonstrating that poverty and inequalities may directly affect children’s experiences.

Figure 2. Subjective well-being, Vietnam (both cohorts)



However, material conditions are not the only factor impacting upon children's well-being; given the differences in reporting by children from majority and minority groups, ethnicity is also significant. We have also found that higher levels of caregiver education are associated positively with children's well-being, as the number of children in Vietnam reporting a bad life is nearly three times more for children whose caregiver has no education, than for those with caregivers who have completed primary school. This may also be associated with wealth, as households with higher levels of maternal education tend to be less poor. In Vietnam when the data is disaggregated by older and younger cohorts, the difference between majority and minority groups is greater, suggesting that ethnicity may become an increasingly important factor influencing subjective well-being as children become older. This may be due to the higher poverty levels within minority groups, as well as children's perceptions of differential treatment. A similar trend can be observed in Figure 3 below, presenting subjective well-being in Andhra Pradesh, which shows an increase in the number of Scheduled Caste children reporting a bad life in the older cohort (in contrast to the overall trend).

**Figure 3. Subjective well-being, Andhra Pradesh (both cohorts)**



Figure 3 compares the ladder position of the older and younger cohorts in Andhra Pradesh. As with Vietnam it illustrates a connection between poverty and subjective well-being, as well as the urban–rural divide. By contrast, in Ethiopia subjective well-being is higher in rural areas. Figure 3 also illustrates a trend, found in both Andhra Pradesh and Vietnam, where older children tend to position themselves in the middle of the ladder and higher percentages of younger children place themselves at either end. The only group in both countries which does not follow this trend is poor children in the older cohort, as a greater percentage place themselves at the bottom end of the ladder in comparison with the younger cohort. This may suggest that with age, poverty becomes an increasingly negative factor influencing children's subjective well-being, or that children become increasingly aware of poverty and inequalities. In both countries there is little difference between boys and girls, with the exception of girls in the older cohort, where a higher percentage considers they have a good life in comparison to boys.

We will see throughout this briefing that these disparities between urban and rural, and poor and non-poor children, and between different ethnic groups and regions, as well as a complex picture around gender, occur repeatedly across a series of indicators in well-being, health

and education. This suggests that the same groups of children are repeatedly disadvantaged, which inevitably impacts on their life chances.

## 2. Progressive gains but deep disparities

Across Young Lives countries there have been increases in the numbers of children accessing education and basic services (water and sanitation) between 2006 and 2009. Progressive gains have been made in narrowing gaps between disadvantaged groups and the rest, such as minorities and those living in rural areas. At the same time we see that deep disparities remain. This section explores the inequalities in accessing primary and secondary school, and then looks at household access to water and sanitation.

Primary school enrolment has increased fastest in areas with initially lower enrolment levels. Table 1 compares enrolment among the older cohort in Round 1 to enrolment among the younger cohort in Round 3, when each cohort was aged 8. It illustrates how enrolment for Young Lives households in rural Ethiopia has increased by 48 per cent (in contrast to 4 per cent in urban areas) between 2002 and 2009. There also has been a large increase in enrolment in children whose caregiver had no or only lower primary education, suggesting progress is being made in getting poorer children into school.

**Table 1. Enrolment rates, Ethiopia, 2002 and 2009 (%)**

	R1 older cohort 2002 (age 8)	R3 younger cohort 2009 (age 8)
Total	66	77
Urban	88	92
Rural	51	75
Boys	64	80
Girls	68	83
Caregiver no education	58	74
Caregiver lower primary	67	86
Caregiver upper primary	88	89
More than eighth grade	89	92

On the one hand the longitudinal data tells a positive story when comparing enrolment between the cohorts when aged 8. On the other hand it paints a more negative picture by recording children's trajectories through school and showing the low number of years spent in education. For instance data gathered by UNESCO in Ethiopia averaged the number of years spent by children in education at 3.1 years, with 3.8 being the average for boys and 2.5 for girls, 7.5 for the wealthiest quintile and 1.6 for the poorest quintile (UNESCO 2010: 160).

Education inequalities associated with poverty, location and ethnicity/caste become more apparent as the children become older and move into secondary school. For example, dropout rates are three times higher in rural Ethiopia than in urban areas, whereas in Vietnam, 32 per cent of poor children drop out (but only 18 per cent of non-poor children) and 33 per cent of children from minority groups drop out (17 per cent from majority groups). However, in Vietnam

by Round 3 children in the older cohort may have reached the age at which schooling is no longer compulsory.

**Table 2. Enrolment rates, 2009, and dropout since 2006, Vietnam (older cohort, %)**

	Enrolment 2009	Dropout 2006–2009
Total	76	19
Urban	88	12
Rural	73	22
Boys	72	23
Girls	80	16
Caregiver no education	46	36
Caregiver lower primary	61	34
Caregiver upper primary	76	20
Caregiver secondary plus	90	9
Above 50% of median <sup>3</sup>	78	18
Below 50% of median	47	32
Majority group	80	17
Minority group	50	33

Source: Data from Rounds 2 and 3 when older cohort children were aged 11–12 and 14–15.

Across the countries for both cohorts the level of education reached by caregivers (the majority in our samples being women) appears to be important, with the percentage of children in school increasing with each level obtained. For example, in Andhra Pradesh only 68 per cent of the older cohort whose mothers received no formal education were in school, compared to 92 per cent whose mothers had received secondary education. More analysis is required to understand what underlies this association but it suggests that there is a history of disadvantage where households with low maternal education tend to be poorer, resulting in children dropping out. Among Young Lives households, caregivers frequently expressed positive attitudes towards education.

Seble is about 12 years old and lives in Ethiopia. Her mother says

'My wish is that she will complete her education. I also wish that she will get a good job after completing her education. I wish her to marry with an educated man after she has completed her education.'

However, parents and children are faced with tough decisions. Ravi, aged 13 dropped out of school to pay a family debt and now works on a farm in India to help his older brother have an education as his family cannot afford for all the children to go to school. In Vietnam, H'Mai from the H'Roi ethnic minority dropped out as her parents could no longer pay the school fees.

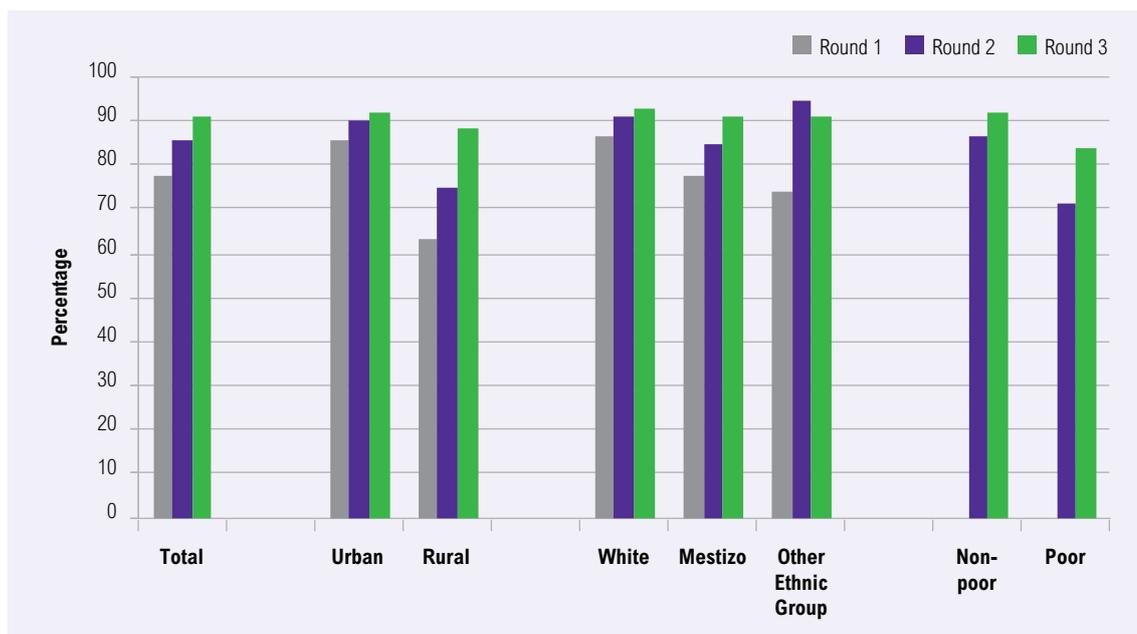
Young Lives (2009) *Nothing is Impossible for Me*

A similar picture of progressive gains but wide and persisting inequalities emerges from the survey data on access to services, including water and sanitation. Figure 4 shows the percentage of Young Lives households in Peru with access to sanitation<sup>4</sup> across the three rounds of data collection.

<sup>3</sup> The median refers to the mid-point in the distribution of household consumption levels.

<sup>4</sup> This is defined as a flush toilet or septic tank in Peru. In Ethiopia this refers to a pit-latrines or flush toilet.

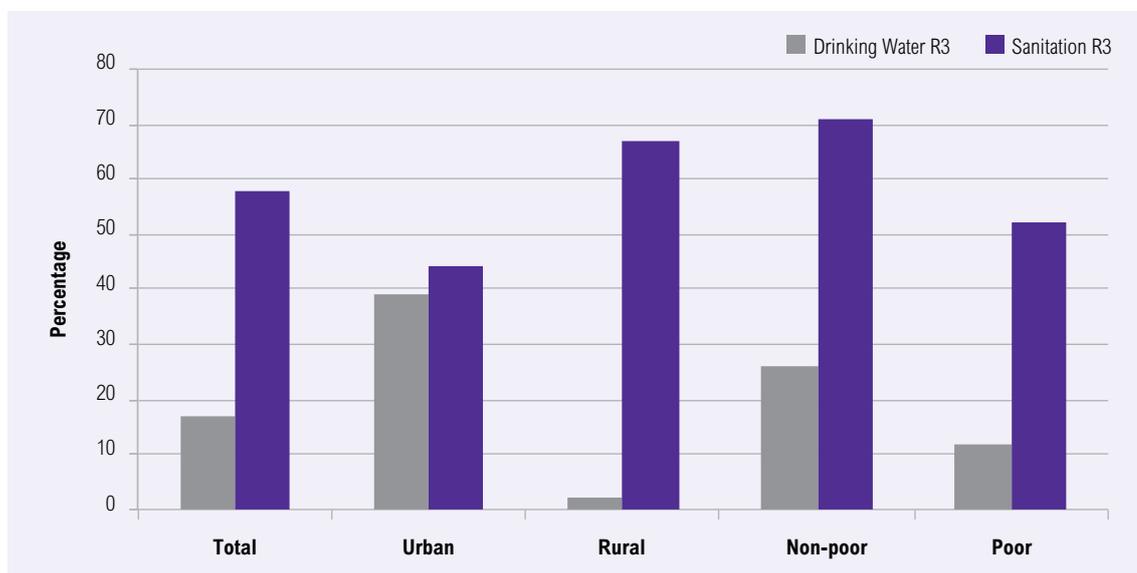
Figure 4. Access to sanitation, Peru, all Young Lives households, 2002–2009



Different trends occurred in the different countries, highlighting the importance of national conditions and policy. In Peru and Ethiopia, growth in access to water by Young Lives households was fastest between Round 1 and Round 2, although it continued to increase between Rounds 2 and 3. This could be attributed to the global crisis and reduction of fiscal space (though much of the 2006–9 period occurred before the economic downturn), or it could demonstrate the increasing difficulties associated with reaching more marginalised populations.

In contrast, access to water and sanitation in Andhra Pradesh grew faster between Round 2 and 3. Across the countries the principal disparity is between urban and rural areas but as Figure 4 illustrates, there is also a related divide between poor and non-poor households, suggesting that it is not just location which determines a household's access to services. This is also demonstrated by Figure 5, which suggests an association between poverty and lack of access to services, as well as between service access and location. It also highlights an inverse relationship between access to safe drinking water and access to sanitation in rural areas, in contrast to the other countries.

Figure 5. Access to clean water and sanitation, all households, 2009, Ethiopia



We have seen throughout this section how inequalities in access to education and basic services compound to disadvantage children who are from poor households, those who live in rural areas, children from minority groups and those whose caregiver has little or no education. While progressive gains have been made, challenges remain in reaching the most marginalised, especially given the potential reduction of fiscal space following the economic crisis – in Young Lives countries and beyond.

### 3. Insufficient attention to quality

While there has been progressive growth in primary enrolment rates and access to services, it is less clear whether this has been matched by any improvement in the quality of services and education. This section traces change over time, contrasting the increases in enrolment and service provision discussed in the previous section, with indicators of quality and accessibility.

We saw in Round 2 how the same disparities, between urban and rural environments, different ethnic groups and levels of poverty, affected access to quality early childcare and education (ECCE) (Woodhead et al. 2009). The longer-term consequences of these inequalities start to appear as we see the same groups of children who had less access to ECCE having lower literacy levels. Table 3 compares literacy levels among the younger cohort in 2009 with the older cohort in 2002 when at the same age (8 years old). Literacy is measured here by the ability to read and write a simple sentence without difficulty.

**Table 3. Change in literacy, 2002–2009, 8 year-olds, Ethiopia and Vietnam (% change)**

<b>Ethiopia</b>	<b>% change</b>	<b>Vietnam</b>	<b>% change</b>
Total	15.4	Total	13.7
Urban	33.3	Urban	12.9
Rural	-16.7	Rural	14.3
Boys	25.0	Boys	14.1
Girls	14.3	Girls	13.2
		Majority group	13.9
		Minority group	29.4

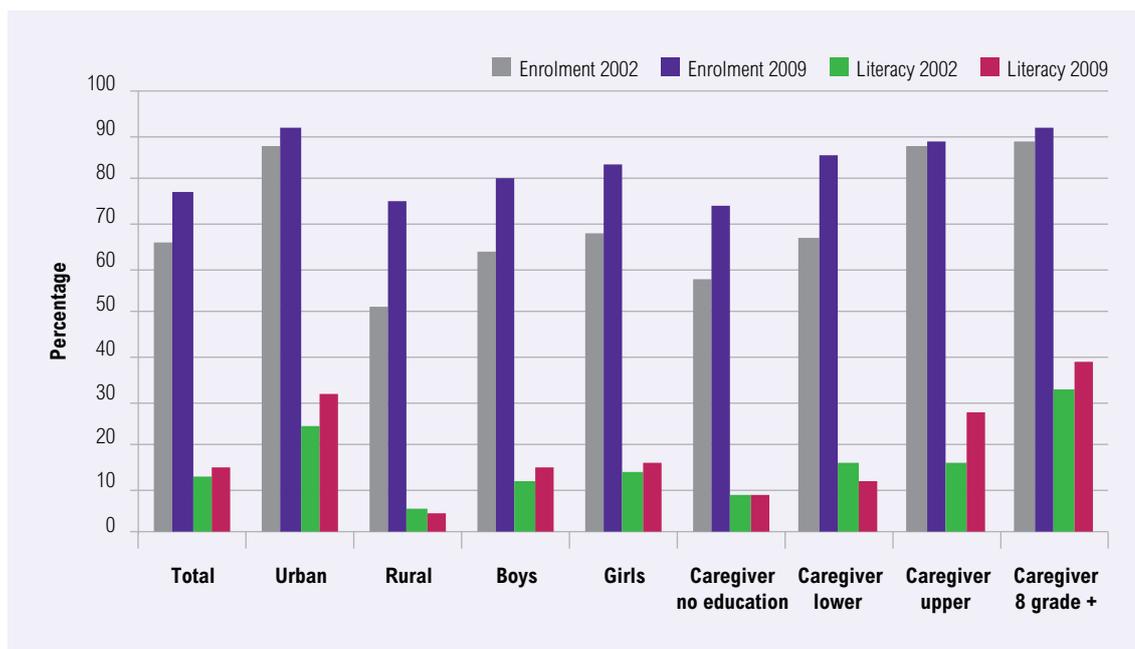
Source: Data from Round 1 for the older cohort (2002) and Round 3 for the younger cohort (2009), when each cohort was aged 8.

Note: The overall literacy rate in Ethiopia in Round 1 was only 13% which means that relatively small percentage point changes in Round 3 will appear as large proportional increases. For absolute changes, see Figure 6.

We see a fairly even growth in literacy in Vietnam and, while this is progressive in terms of disparities between urban and rural locations and ethnic groups, because literacy improved more for minority groups and, to an extent for rural locations, inequalities remain, especially between minority and majority groups. Not only are ethnic minority groups poorer but the availability of teaching in minority languages creates another learning barrier. A similar problem exists in Peru where only 10 per cent of indigenous children attend bilingual schools, the rest being educated in Spanish. We also found that half the teachers in bilingual schools in south Peru could not speak the local indigenous language and that bilingual materials were not being used (Cueto et al. 2009).

A more mixed picture is emerging in Ethiopia with growth in literacy levels similar to enrolment, yet with levels still remaining low. The discrepancy between quantity (enrolment) and quality (literacy) is displayed clearly in Figure 6.

Figure 6. Enrolment and literacy rates 2002 and 2009, 8 year-olds, Ethiopia



Source: Data from Round 1 for the older cohort (2002) and Round 3 for the younger cohort (2009), when each cohort was aged 8.

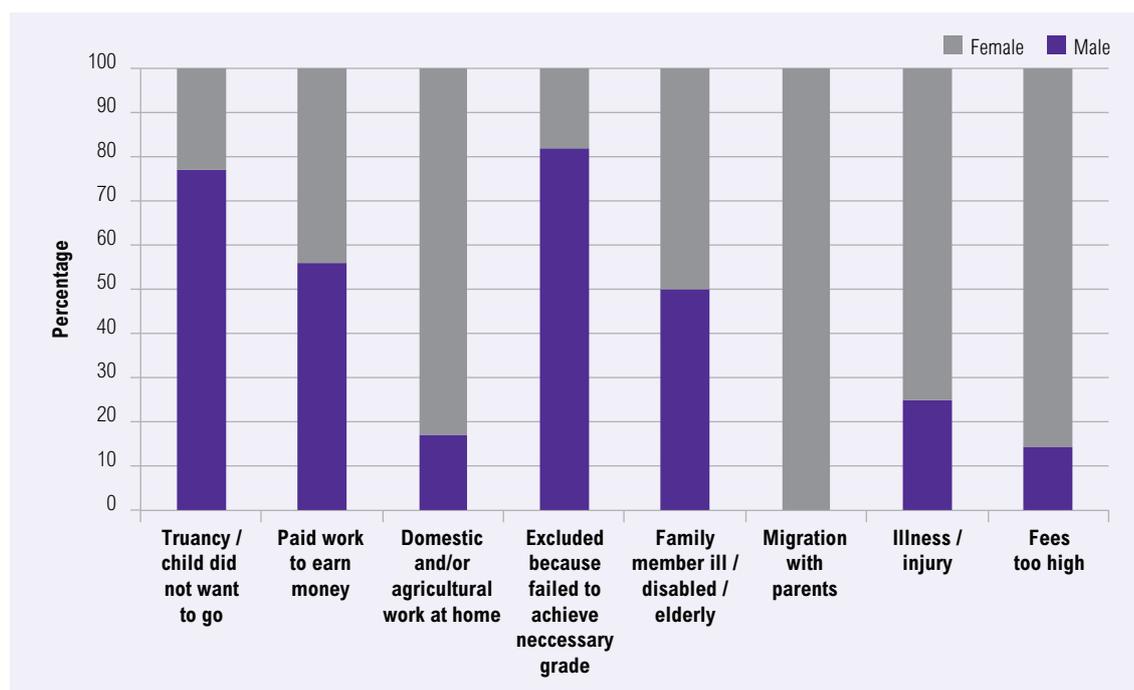
This demonstrates clearly that enrolment is only part of the challenge: increased enrolment does not mean that children are necessarily learning effectively and receiving the skills they need for the future. The need to go beyond enrolment and the MDG of universal primary education by developing better quality education is reflected within the Education For All goals. These include ensuring that children have equitable access to appropriate learning environments, including being taught in the language spoken at home and life-skills programmes. Data from Young Lives suggests that education is not always suited to the needs of children, particularly those who need to work (paid or unpaid), who do not have the majority language as their mother tongue, those with health problems, and those who live in rural areas.

Deepak is about 6 years old and from one of India's indigenous Scheduled Tribes. He is enrolled at the local community school but often is absent helping to care for his younger siblings and to fetch water from the bore well hole while his father is employed under the Government's National Rural Employment Guarantee Scheme. The school has no desks or chairs and the children sit on the mud floor. After Grade 2 the children are admitted to the government primary school in another village about five kilometres away. But Deepak's grandmother says this is difficult because there is no transport: "The road is a long way around. There is a track over the hill and through the forest, but the children are scared to go there."

Young Lives (2009) *Nothing is Impossible for Me*

Figure 7 sets out reasons reported by the older cohort in Andhra Pradesh for missing school. The overall numbers are low, possibly due to underreporting of the amount of time children are missing school. Interestingly it suggests that time-use factors (caring for family members and paid work) are not dissimilar between boys and girls.

Figure 7. Reasons for missing school, 2009, Andhra Pradesh (older cohort)



Note: For each reason given for missing school, the combined numbers of boys and girls do not exceed 35 and for each of the first three reasons the combined total is under 10 [sample size: 753].

This is in line with our findings on time use more generally, as discussed in Section 4. Negative experiences at school appear to affect more boys than girls, leading to absence. Higher rates of illness among girls may reflect absence due to menstruation and lack of adequate sanitation facilities, such as gender-segregated toilets. Violence was raised as another issue by children across the countries, impacting upon children's experiences of school and ability to learn.

Duy is six and lives in Vietnam. Duy says that the teacher hits him if he asks questions.

Interviewer: Do you ask the teacher when you have difficulties

Duy: Yes

Interviewer: What does the teacher do then?

Duy: She always hits me with her ruler.

Interviewer: She hits with a ruler? Have you ever been smacked by the teacher?

Duy: Yes. She hits my hands.

Interviewer: 'How did you feel then?'

Duy: 'Uhm ... hurt'

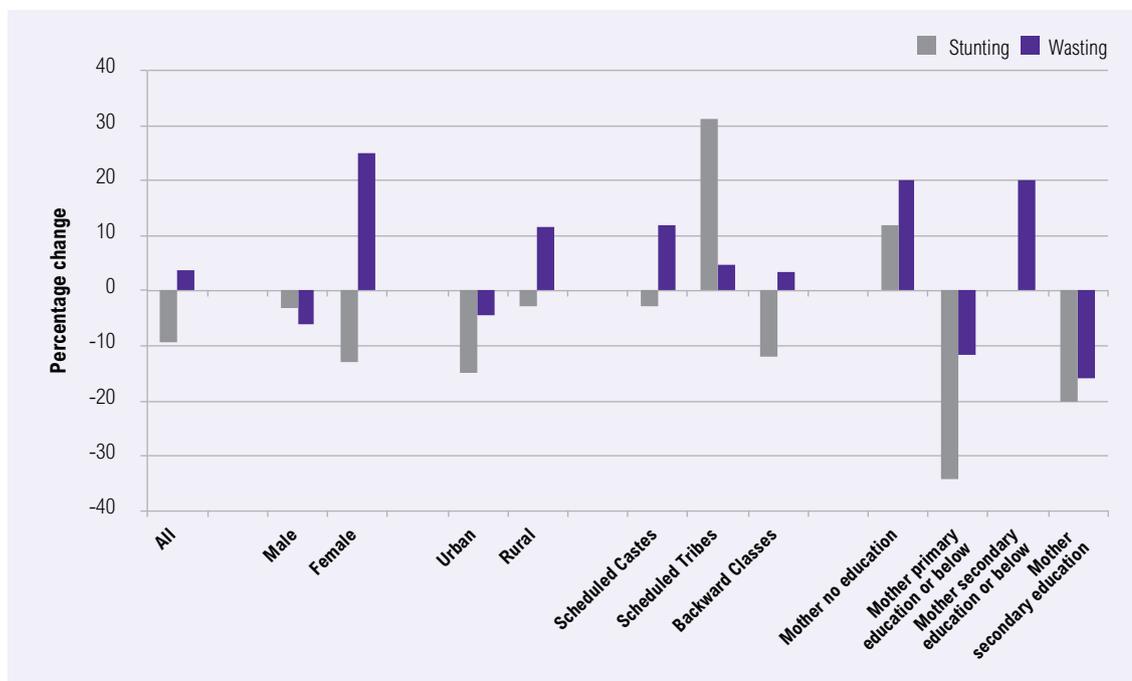
Young Lives (2009) *Nothing is Impossible for Me*

Another factor highlighting the inequalities in accessing quality services which may impact on children's ability to learn is lack of a quality diet (which affects their health and development as well as classroom concentration). Despite falling absolute poverty rates and growth in consumption rates, Young Lives data reveals that child nutrition problems persist. Stunting (defined as low height-for-age) results from bad health, poor living conditions, lack of access to safe water and sanitation as well as poor nutrition (quality and quantity, energy, macronutrients, micronutrients, toxic factors, etc.).<sup>5</sup> This is reflected in Figure 8, which

<sup>5</sup> Growth stunting is calculated by comparing measurements of children's heights to the WHO growth reference population. Children with a height-for-age Z-score less than or equal to two standard deviations below the mean of the reference population (i.e. HAZ  $\leq$  -2) are classified as stunted.

illustrates how stunting is not only affected by poverty, but also by access to services (which is partly dependent on urban/rural location) and maternal education. India is typical of other Young Lives countries in showing an overall decrease in stunting rates but a slight increase among marginalised groups, in this case the Scheduled Tribes. In Peru stunting also increased among indigenous children (42 per cent).

**Figure 8. Changes in rates of stunting and wasting, 2002–2009, Andhra Pradesh**



Data from Round 1 for the older cohort (2002) and Round 3 for the younger cohort (2009), when each cohort was aged 8.

Wasting (defined as low weight-for-height) is in most cases a result of recent and significant weight loss due to acute starvation and/or severe disease. Children may be wasted as a result of chronic dietary deficits and/or disease. Wasting may be an indication of food insecurity and occur as a result of economic shocks (rising food prices) or natural disaster.<sup>6</sup> The most common response from households when asked how they responded to shocks were that they did nothing or ate less. It has been estimated that as a result of the 2007–8 high food prices, an additional 175 million people have become malnourished (UNESCO 2010: 3). Though we do not see dramatic across-the-board increases in under-nutrition, UNESCO's findings appear to be reflected in Young Lives countries, where there has been little positive change (as in Ethiopia, although with some regional variation), or an increase in wasting rates. Peru saw an increase in wasting among girls and in urban environments, Vietnam among ethnic minority groups and, as Figure 8 shows, in Andhra Pradesh girls, those living in rural areas, children from Scheduled Castes and those with caregivers with no education or below secondary education are particularly affected. The importance of maternal education is illustrated again as children whose caregivers have primary education saw a significant reduction in stunting and wasting.

Globally an association between maternal education and nutrition has been made although clearly this is not the only factor affecting nutrition (UNICEF 2009: 18). The 25 per cent increase in female wasting rates in Andhra Pradesh could be the result of intra-household

<sup>6</sup> Wasting is defined by comparing measurements of children's weight-for-height to the WHO reference population for children below 60 months of age. Children with a weight-for-height Z-score less than or equal to two standard deviations below the mean (WHZ < -2) are classified as wasted.

decision making. Noting the prevalence of son bias in South Asia, it could suggest that in times of scarcity or as a result of shocks, gender biases become more pronounced (Jones et al. 2010: 48). Research in other Asian, African and Caribbean countries has shown that women, even when pregnant, often sacrifice food for husbands and children during crises (Holmes et al. 2009). The long-term impact of poor nutrition on children includes impaired concentration and ability to learn at school, long-term developmental and health problems and lowering of economic potential. Stunting has also been associated with lower self-esteem and aspirations (Dercon 2008).

Poor health outcomes are also associated with difficulties in accessing healthcare. In Ethiopia despite almost all Young Lives households having access to a public healthcare facility, 23.2 per cent of households reported difficulties in access (18.1 per cent in urban areas, 26.7 per cent in rural areas), with the principal reason being problems with fees (78 per cent of poor households and 62 per cent of non-poor households). This suggests that the majority of children are unable to receive healthcare when required or else households may sell off assets, further exacerbating poverty (Barnett and Tefera 2010).

In this section we have seen how increasing coverage of education and healthcare services, although positive, has not been matched by improvements in quality and accessibility for all. Improvements in the accessibility, appropriateness and quality of education and healthcare are essential in order to provide a strong foundation for child development and learning and for children to access better-paid employment in the future.

## 4. Gender and intersecting disadvantages

The recognition that women and girls frequently face systematic disadvantages throughout their lives has resulted in increased attention to tackling gender inequalities as an essential part of poverty reduction. Both the MDGs and EFA goals incorporate gender equality as a crosscutting theme. As noted in Section 2, near gender parity in primary school enrolment has been achieved globally. While this is important, in other areas girls lag behind. Increasingly the argument is being made that investing in girls breaks the transmission of poverty from one generation to another (See for example: Jones et al. 2010; Levine et al. 2009). We have seen already in this briefing the importance of the role of maternal education in influencing life chances for children. However, the rest of the picture is more complex, especially when viewed through the lens of 'double disadvantage' or the intersection of inequalities.

Table 4 disaggregates enrolment data for the older cohort according to gender and location (urban/rural), gender and poverty, and gender and ethnicity/caste. This demonstrates that gender is not the only factor affecting whether children are in school and contradicts assumptions that there is a universal bias towards boys in education. In Vietnam more girls than boys within the Young Lives sample are in school at age 15, with the dropout rate among boys in Vietnam nearly a third higher than for girls. This could be due to the higher wage-earning potential of boys as opposed to girls, or boys doing less well in exams. This disparity is intensified by poverty, as only 40 per cent of poor boys are in school at age 15 (although enrolment among girls from poor backgrounds is still only 52 per cent).

**Table 4. 15-year-olds enrolled in school by location, ethnic group and living standards, Vietnam and Andhra Pradesh, 2009 (%)**

VIETNAM			ANDHRA PRADESH		
	Boys	Girls		Boys	Girls
Urban	86.0	90.6	Urban	86.4	82.9
Rural	69.1	77.7	Rural	78.8	71.0
Non-poor	73.7	81.6	Non-poor	81.9	74.2
Poor	40.0	52.0	Poor	71.8	83.3
Majority	76.3	83.8	Majority		
Minority	46.0	54.7	Minority		
			Scheduled Castes	82.5	67.3
			Scheduled Tribes	74.4	76.9
			Backward Classes	79.4	71.7
			Other	85.4	84.7

By contrast, Andhra Pradesh has a slightly higher dropout rate among girls (15 per cent in comparison to 11 per cent among boys), yet poor girls are more likely to be in school than poor boys. Again this emphasises that poverty is one factor amongst others, which is further illustrated by the large gap in enrolment figures among boys and girls from Scheduled Castes. However, there may be other ways in which girls are discriminated against, not captured in the data above. The longitudinal nature of this study means that we can trace the educational trajectories of children from 2000 to 2009. In Andhra Pradesh we have found that a larger number of boys than girls are moving out of public education into the private system. This may mean that there boys are able to obtain better-paid jobs when older. The data also highlights other ways in which girls fare less well in comparison with boys; for example, they are more likely to drop out of the private into the public education system. This links with Figure 7, which shows that girls are six times more likely to miss school because of an inability to pay fees. We have also found that while non-attendance is higher among boys initially, this pattern changes quickly as girls take longer to get into school and there is a higher proportion of girls who never attend school.

Further disaggregation of the Andhra Pradesh data, reveals that private school attendance is much higher in urban areas and drop out much less common than in rural areas. However, movement from the public to the private sector was much more common in rural areas. Between girls and boys in urban areas there is little difference in educational trajectories. This illustrates the nuanced picture around gender dynamics, whereby the intersection between gender and locality (and therefore to a certain extent poverty) is a greater predictor of a child's educational trajectory than gender alone. It also suggests that, where resources are constrained, parents are choosing to have sons rather than daughters privately educated.

In understanding gender dynamics and intra-household decision-making, time-use data is also important. It clearly demonstrates that while some children drop out of school, many children combine work, whether paid or unpaid, with schooling.

Harika is 13 years old and lives in Andhra Pradesh. She has won a national scholarship and enjoys studying:

‘If we are not educated, we don’t know anything. So, if we go to school, we can learn about all the things.’

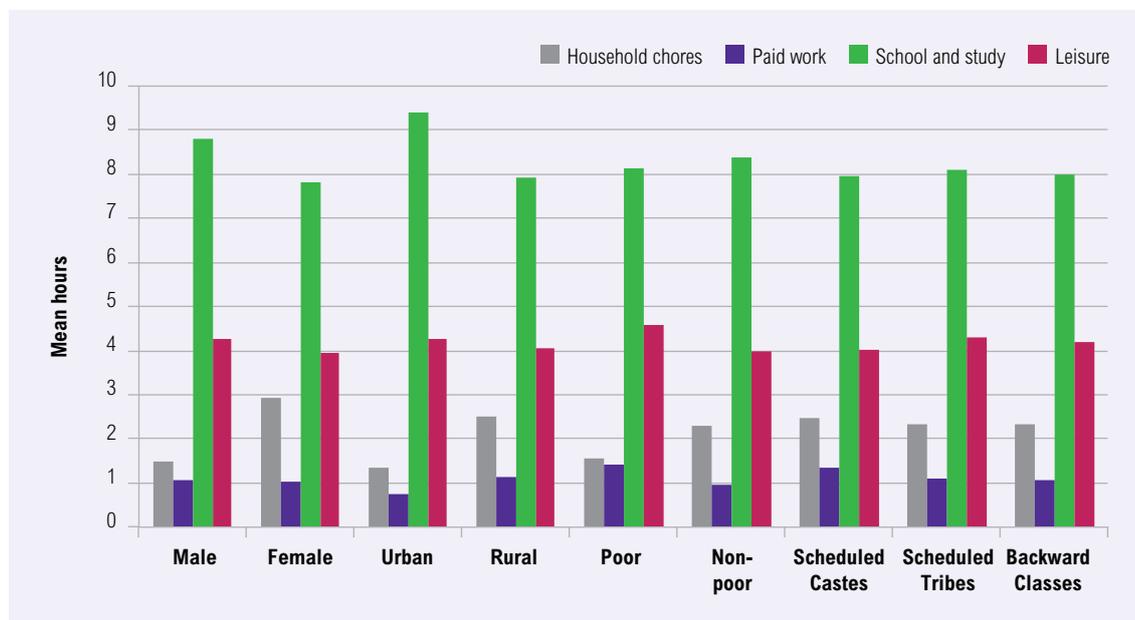
During the peak agricultural season Harika works in the cotton fields and worries about missing school, often getting up at 4am to study before going to work. Harika also shares the domestic chores with her mother. She says that when she was the same age as her younger brother she was already doing work in the house but that her brother does not have the responsibility as he is a boy.

Children value the importance of their contributions to the household. In Peru, Manuel aged 12 works on his parents’ farm as well as on other people’s land for wages. He says that he likes working as it makes him feel self sufficient and because he can learn things. It does mean that he is two grades behind most children his age because he has had to repeat years due to missing a lot of classes.

Young Lives (2009) *Nothing is Impossible for Me*

Overall trends show more time spent on household work, caring responsibilities, and unpaid and paid work among children living in rural as opposed to urban areas. The reverse is true for time spent in school and studying. Young Lives data shows that older cohort children tend to spend more time than younger cohort children on paid work and household chores, with less time in caring roles. Figure 9 depicts the average hours spent in a typical day on school and studying, household chores (including care for family members and unpaid work in family businesses), paid work and leisure activities for older cohort children in Andhra Pradesh. The graph does not capture all aspects of time use, for example, sleep, so the total time does not add up to 24 hours. It does not include children who have dropped out of school (who may be paid employment).

**Figure 9. Time use, 15 year olds, Andhra Pradesh**

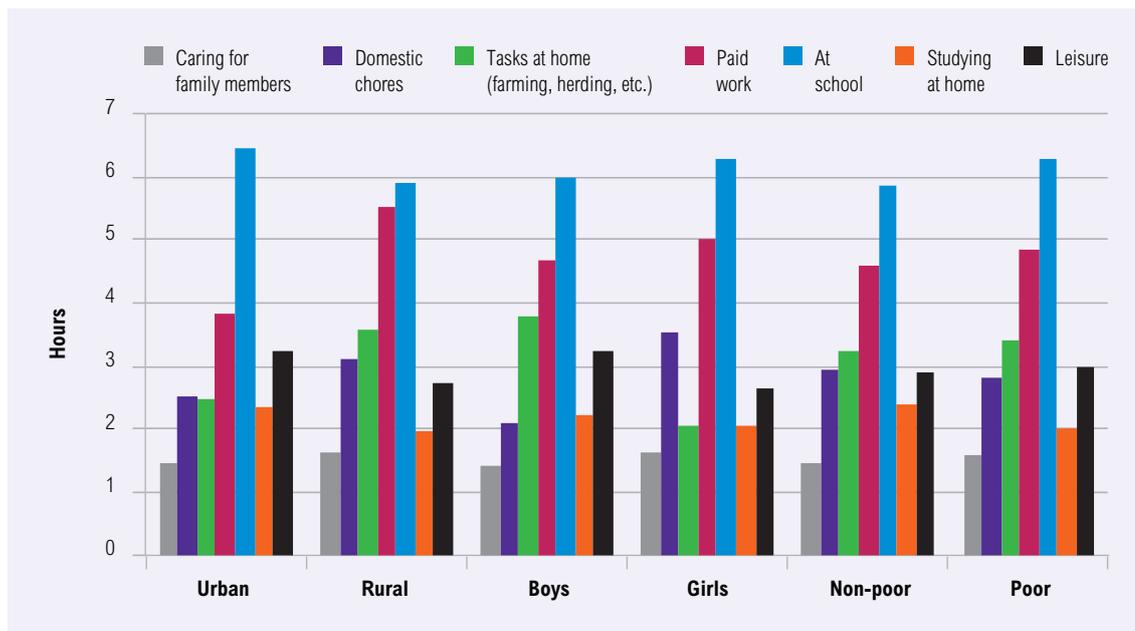


Gender gaps are not as large as might have been expected, although they become more pronounced as children grow up. (The exception being with caring responsibilities, where there is less difference between boys and girls in the older cohort in Ethiopia.) Figure 10 illustrates time use among the older cohort in Ethiopia, showing that girls spend more time caring for family members and doing domestic chores whereas boys spend more time on tasks such as herding. In contrast to the younger cohort, girls spend slightly more time than

boys doing paid work. By comparison, boys in Vietnam and Andhra Pradesh spend more time doing paid work, while the time spent on unpaid work around the home is longer for girls. Our research in Ethiopia has shown that it is not just the gender and the age of the children that is significant in the allocation of household tasks but that it depends also on household composition, birth order and sibling composition, with oldest girls having a heavier burden of tasks than brothers or younger sisters (Heissler and Porter 2010).

Whereas in Vietnam poor children spent less time studying and in school, in Ethiopia poor children spent more time at school than the non-poor children in both cohorts. This may be because children in non-poor households in Ethiopia are required to work on family farms.

**Figure 10. Time use, 14–15 year olds, 2009, Ethiopia**



Note: Totals only include those children engaged in each activity, not all children in the cohort.

Economic shocks and adverse events that affect households also impact on children's time use and the increased burden may fall disproportionately on children. Analysis of Round 2 data showed that the amount children work in Andhra Pradesh increased by two hours if the household suffered an income shock. Girls living in rural areas were most affected (Krutikova 2009). The ways in which shocks impact on children and households are explored in more depth in the other first-findings briefing (Dornan 2010b), but it is important to note here that it is the poorest households which are most at risk and may receive multiple shocks. This may be a likely factor in the poverty cycle, compounding existing inequalities.

The key message emerging from this section is that poverty intersects with other forms of disadvantage, particularly rurality and gender, to create starker outcomes for children. More research is needed to understand exactly how these dynamics play out in practice, as the data illustrates different trends (e.g. a higher dropout rate among boys in Vietnam and among girls in Andhra Pradesh) but we can see the importance of disaggregated data for understanding which children are the most marginalised.

# Conclusion

Young Lives data enables a longitudinal perspective on the extent to which inequalities are changing over time and how this may affect life chances for children. In Young Lives countries, in line with global trends, part of the picture is positive. Absolute poverty has fallen and overall access to education and basic services has increased. Yet the rate at which gaps are narrowing and the persistence of deep disparities reveal a bleaker side to this picture. Although varying in extent, the same disparities found in Young Lives countries occur globally, between urban and rural locations, ethnic majority and minority groups, regions and non- poor and poor children, creating multiple and repeated disadvantage (UNICEF 2009; UNESCO 2010). Focusing in on the four case study countries reveals nuances in this global narrative and highlights the interconnection between the global, national, local and household levels. From these first findings four principal implications for policy emerge:

- Despite progressive gains in enrolment and access to services, in our survey the rate of change varies, suggesting the importance of policy decisions. Inequalities in access threaten progress towards the MDGs by further entrenching disparities and hindering development. While recognising the constraints facing governments, it is imperative to stress the importance of protecting social budget expenditure for children.
- Repeated and intersecting disadvantage is affecting the same groups of children who fare less well across a series of outcomes in education, health and well-being. This links with Young Lives' other first-findings briefing on the impact of crisis and shocks (Dornan 2010b), which explores how it is often the poorest households that are most at risk from key shocks and may receive multiple shocks. This may be a likely factor in the poverty cycle, compounding existing inequalities. Although important, economic growth alone will not solve poverty and may exacerbate inequalities. Disaggregating data in research and reporting is an important first step in understanding how different barriers intersect and to inform the expansion of services and social protection schemes to ensure the poorest and most marginalised children can access them.
- On the surface fewer differences appear between boys and girls within the Young Lives sample than might have been expected, the exception being around time use. Gender differences emerge more clearly as the children become older and when the data is disaggregated. However, the bias is not always against girls and varies according to a number of socio-economic and cultural factors. This demonstrates the importance of gender analysis within programme and project design.

Growth in process indicators, such as school enrolment or access to healthcare, while important, does not capture important aspects of quality, including the availability of education in local languages, which equips young people with the skills needed to enter the job market, and schooling that is flexible enough to meet the needs of children who balance studying with work. Potentially, quality indicators are more under threat from the reduction of fiscal space. Estimates have suggested that spending per primary school pupil could be as much as 10 per cent lower than it would have been if based on pre-crisis growth (UNESCO: 2010: 3). There is an important role to be played by social protection measures that enable children to spend more time in school, receive better nutrition and access quality healthcare. At the same time care must be taken in the design and coverage of schemes to mitigate negative side effects, such as increasing child work, reinforcing gender inequalities or creating community

tensions (see Porter with Dornan 2010; and Holmes and Jones 2010). Without equal weighting accorded to quality, poverty will persist, as services will not be adapted to the needs of the poorest and most marginalised children.

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