WORKING PAPER NO. 1

Comparative Perspectives on Child Poverty:

A Review of Poverty Measures

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An International Study of Childhood Poverty

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Contents

Abstract

Child poverty matters directly as children constitute a large share of the population and indirectly for future individual and national well-being. Developed country measures of child poverty are dominated by income-poverty, although health and education are often included. But these are not necessarily the most direct measures of the things that matter to children. Moreover, a broader range of factors than material well-being matter for child development; family and community play an important role. The conclusion is that social and psychological variables are an important component of child welfare. Can such a conclusion be extended to developing countries? It might be thought not, since the dictates of a focus on absolute poverty imply concern with fundamentals such as malnutrition, illiteracy and premature death and the things which cause these outcomes. But such a view is short-sighted. Child development concerns are at least as important in developing countries as developed ones (if less well understood). Hence approaches to child welfare in developing countries (both measurement and policy) should also adopt a broad-based approach which embraces diverse aspects of the quality of a child's life, including child rights.

1. Introduction

Tackling child poverty is central to poverty reduction strategies for two reasons: rights and sustainability. Children are a large part of the population. In developing countries between one-third and a half of all people are under 15; for example in Ethiopia their share is 49 per cent, Peru 35 per cent and Vietnam 40 per cent.[1] Hence child welfare is an important component of a country's overall welfare. Moreover, children are the 'largest minority' since their voice is often not heard despite their numbers. As with many other minorities there is an issue of ensuring their rights are met. A rights-based approach to child welfare has received increased attention in recent years (e.g. Kent 1995) and is amongst the issues addressed in this paper. The sustainability argument rests on the importance of child development.[2] Children differ from adults in the extent to which their current welfare is a critical determinant of future welfare since the former affects their physiological, mental and social development in ways that determine the latter. There are close relationships between outcome indicators such as nutrition, health and educational status and child development, the latter being a crucial contributor to a child's life chances. At the macro level, the aggregation of positive child development outcomes contributes to a country's present and future overall development.

Both of these arguments imply that child welfare indicators are different from the 'standard' poverty indicators, since they need to reflect the special position of children. That is, we require child-specific poverty measures, which may not be the same as the measures used for adults. Indeed the indicators used are likely to be age-specific, and so not the same for different age groups. From a rights perspective measures are needed which reflect the things that matter most to children.[3] And from a child development perspective we need to be sure that our approach encompasses the primary factors in attaining positive developmental outcomes.

1 In developed countries the figure is around 25 per cent.

2 Child development can be defined as 'a process of change in which a child learns to handle ever more difficult levels of moving, thinking, speaking, feeling and relating to others' (Myers 1992: 4).

3 The rights-based approach may be either objective or subjective. The former takes as given a statement of rights, such as the UN Convention on the Rights of the Child. The latter uses participatory techniques to determine children's own priorities. On getting children to articulate their rights see Sinclair Taylor (2000), on participating in decision making see O'Kane (2000) and on using participatory techniques with children in a developing country setting see Johnson *et al.* (1998).

The purpose of this paper is to discuss the measures of child welfare that are available and how appropriate they are to the needs laid out above. We are concerned primarily with child welfare outcomes. But good monitoring systems collect data on both outcomes and determinants, so there is discussion of determinants also. We begin with a brief discussion on what we mean by poverty before moving to a comparison of approaches to measuring child poverty in developed and developing countries (parts 3 and 4 respectively). Part 5 concludes.

2. What we mean by Poverty

The development literature stresses the importance of adopting a 'multi-dimensional' view of poverty: i.e. poverty is measured not just with respect to lack of income, but also directly with respect to basic needs such as health, education, nutrition and shelter. Broader definitions encompass security and 'empowerment', meaning control over one's own life which may be defined in various ways (e.g. political participation at either national or local level). This broader approach has been promoted by the UNDP through its *Human Development Reports* since 1990 and is embraced in the *World Bank's World Development Report* of 2000/1.

The debate as to whether, say, lack of voice is 'really' poverty is semantic and should be set aside. We are interested in people's welfare or well-being, and lack of welfare we can call poverty. If it is thought that the term poverty should be used only to apply to material want that is fine, but our policy objective must remain welfare more broadly defined, i.e. reducing ill-being, deprivation or disadvantage, whichever term you prefer.

Maintaining a broad conception of welfare matters since: (1) people value things besides material well-being; (2) material well-being is only imperfectly correlated with other aspects of well-being; (3) policy choices depend on which dimensions are prioritised; and (4) the different dimensions of poverty reinforce one another.[4] Participatory work with the poor shows the importance placed on different dimensions of well-being. This emphasis varies according to context, but is likely to stress basic needs and security rather than income. Most famously, Jodha (1988) showed with Indian data that the welfare of the poor had risen by measures they considered important – such as wearing shoes and separate accommodation for people and livestock – whereas surveys showed their income to have fallen. Chambers (1997) reviews several studies which come to similar conclusions. Different measures of well-being, such as infant mortality, are correlated with income, both within and across countries.[5,6] But this correlation is imperfect and debate remains

4 See Cornia and Danziger (1997b) for a discussion of why measures other than income matter in the context of child poverty.

5 The simple correlation coefficient between income per capita (logged) and infant mortality across a cross-section of countries is typically around 0.7, the same being so for a wide range of social indicators (though the correlation is less good for political indicators). Within countries infant mortality for the poorest quintile is typically one-and-a-half to twice that for the richest quintile.

6 Infant mortality is the probability of death between birth and first birthday; child mortality that between first and fifth birthdays; and under five mortality between birth and fifth birthday.

as to causation. Raising income will not take care of all aspects of deprivation, and in no case does so as rapidly as if attention is simultaneously paid to tackling deprivation directly. Which brings us to the third point. Policy choices are dictated by priorities. If poverty is defined solely in terms of income, then economic growth will appear to be the best poverty-reduction policy. But as soon as the policy objective is broadened to include, say, health and education, then social policy will assume a more important role. And the emphasis the poor give to security means that safety nets matter. Finally, different dimensions of poverty reinforce one another: for example, poor health or education restrict income earning, and lack of political voice can result in alienation from common property resources. This fact has clear policy implications since overcoming poverty means addressing its multiple dimensions.

3. The Measurement of Child Poverty and Child Welfare in Developed Countries

Child poverty in developed countries is largely conceived of in terms of income. However, there is a wider literature on child welfare or well-being which is embedded in broader concerns encompassing child development and rights. We first review some issues around the measurement of income-poverty, before moving on to less conventional approaches, including the use of subjective measures and child rights. Section 3.3 briefly reviews relevant material from a child development perspective.

3.1 Income-poverty measures

Income is almost always measured at the household level. Income-based measures of child poverty thus refer to children living in poor households. For example, Bradbury and Jäntti's (1999) study of child poverty in industralised countries reports poverty headcounts for the percentage of children living in households with income less than half the overall median (and also compared to the US poverty line). In the UK, the Chancellor's initiative to reduce child poverty, launched in the summer of 2000, targets the estimated four million British children in families which are living on less than half average earnings. NGOs, notably the Child Poverty Action Group (CPAG), do not question this focus on the money-metric, rather their concern is on whether government programmes provide sufficient income for children to avoid social exclusion. Hence they propose a 'costed' poverty line which uses:

> *a definition of poverty which includes psychological and social as well as physical needs. The costs of education and health care are excluded, because they are freely available, but the costs of access to them – transport, school uniforms, sports gear – are included, as are food purchases, housing, fuel, clothing, personal care, household goods and services, leisure and other costs which together promote health, socially inclusive living in the UK at the turn of the millennium … goods are included if 80 per cent or more of UK households have them. On the advice of children's charities, we also include a week's self catering holiday in the UK, school outings, Christmas and birthday presents and occasional family outings.*
>
> *(Child Poverty Action Group 1999)*

Analytical discussions related to child poverty are thus primarily concerned with discussions of the appropriate poverty line and construction of income or expenditure data (e.g. Bradbury and Jäntti 1999). Attempts to identify 'better' measures are about improving these aspects of the data. For example, the US Census Bureau has a body of research on 'Experimental' Poverty Measures which have been developed for working families. These are based primarily on family income, size and composition (see Iceland and Short 1999). In effect these measures are merely attempting to broaden the definition of family resources currently used in official poverty measurement in the US, which considers only pre-tax income.

Income-poverty data refer to the number of children living in poor households, rather than the number of children living in poverty.[7] There are three problems here, two conceptual and one statistical. The first conceptual problem is that the measure is not child-specific. Whilst there are good grounds to believe that many things which do matter to children will be affected by the household's affluence, income is a means not an end. A second conceptual problem is whether all people in a poor household should be seen as poor: what is actually the case depends on intra-household allocation. Very little work has been done on this issue. It is very likely that variations in child-specific consumption are highly determined by variations in total household consumption, but there may also be variations by household type.[8] The statistical problems are to ensure that household poverty is adequately captured by making allowance for household size and composition. Size matters since there are economies of scale in household consumption. And composition matters since consumption needs vary according to age and (somewhat controversially) sex. As issues of size and composition are related to the numbers of children in a household, discussions of child poverty typically do pay attention to adjusting income using an equivalence scale (e.g. Bradbury and Jäntti 1999; Hill and Jenkins 1999; and Cantó-Sánchez and Mercader-Prats 1998).

7 That large families tend to be poorer is a stylised fact. Given this fact, the 'child poverty rate' will be higher than the national poverty rate.

8 If child-specific consumption were to be available then analysis of variance could break down variations in consumption within and between households. A component of the research under the CMP project will attempt to analyse this issue.

3.2 Non-income-poverty measures

3.2.1 'Conventional' indicators

The most frequently used non-income measures are social indicators such as health and education status, the most common being life expectancy and literacy. The usual child-specific indicators are infant and child mortality and school enrolments. For example, the papers in Cornia and Danziger (1997a) recognise the need to move beyond income, but are restricted to physical health and education. More generally, the International Development Targets promoted by the international community include infant and under-five mortality and primary education. UNICEF studies typically report infant and under-five mortality rates and primary and secondary school net enrolment ratios in addition to income-poverty. UNESCO (1995) proposes a set of measures for the well-being of children grouped into three areas: (1) family: male and female literacy, age, total fertility; (2) community: GNP per capita, access to health care services, access to safe water; and (3) education: age group enrolled in pre-primary education, pre-primary enrolment ratio.

In developed countries a slightly broader range of indicators may be used. An example is the set of indicators proposed by the UK Department of Social Security (Table 3.1), of which nine relate to health and education.[9] The presentation of these indicators classifies them as 'income indicators' and 'indicators capturing other aspects of well-being'.

9 Four relate to income, two to living standards and one to family structure (teenage pregnancy), though as the last is measure of mother not child welfare it may also be classified under health.

TABLE 3.1 UK WELFARE INDICATORS FOR CHILDREN AND YOUNG PEOPLE

1. Increase in the proportion of seven-year-old Sure Start children achieving level 1 or above in the Key Stage 1 English and maths tests.
2. Health outcomes in Sure Start areas: (a) reduction in the proportion of low birth weight babies in Sure Start areas; and (b) reduction in the rate of hospital admissions as a result of serious injury in Sure Start areas.
3. Increase in the proportion of those aged 11 achieving level 4 or above in the Key Stage 2 tests for literacy and numeracy.
4. Reduction in the proportion of truancies and exclusions from school.
5. Increase in the proportion of 19 year-olds with at least a level 2 qualification or equivalent.
6. Reduction in the proportion of children living in workless households, for households of a given size, over the economic cycle.
7. Low-income indicators: (a) reduction in the proportion of children in households with relatively low income; (b) reduction in the proportion of children in households with low incomes in an absolute sense; and (c) reduction in the proportion of children with persistently low incomes.
8. Reduction of the proportion of children living in poor housing.
9. Reduction in the proportion of households with children experiencing fuel poverty.
10. Reduction in the rate at which children are admitted to hospital as a result of unintentional injury resulting in a hospital stay of longer than three days.
11. Reduction in the proportion of 16–18 year-olds not in education or training.
12. Improvement in the educational attainment of children looked after by local authorities.
13. Teenage pregnancy: reduction in the rate of conceptions for those aged under 18 and an increase in the proportion of those who are teenage parents in education, employment or training.

Source: Department of Social Security (1999)

3.2.2 Subjective approaches

Subjective poverty indicators can relate specifically to poverty or to well-being more generally. Hence some income and expenditure surveys ask respondents if they consider themselves poor (without defining what this means). Of more relevance to children are other measures of self-perception of well-being. From 1973 to 1995, the twice-annual Eurobarometer survey, applied to people aged 15–64, carried the question: 'on the whole, are you very satisfied, fairly satisfied, not very satisfied, or not at all satisfied with the life that you lead?' which could be used to analyse teenagers' life satisfaction (Micklewright and Stewart 1999). More comprehensively, the Canadian National Longitudinal Survey of Children (NLSC) has eight modules with subjective indicators. These modules are listed in Table 3.2, together with examples of the indicators used for 10–11 year-olds.

TABLE 3.2 SUBJECTIVE WELFARE INDICATORS

MODULE	EXAMPLE INDICATOR
Section A: Friends and Family	• I have a lot of friends • Other kids want me to be their friend • During the last six months how well have you gotten along with mother/father/brothers/sisters? • Who do you have to talk to about your problems?
Section B: School	• How do you feel about school? • I feel safe at school/on way to school • I feel like an outsider
Section C: About Me	• In general, I like the way I am • A lot of things about me are good
Section D: Feelings and Behaviours	• I am not as happy as other children • I am too fearful or anxious • I am cruel, bully or am mean to others • I help other children… • In the past year how many times did you get drunk/run away from home/skip school without permission? • In the past year were you part of a group that did bad things?
Section E: My Parents and Me	• Praise me • Threaten punishment more than they use it • Seem proud of things I do
Section F: Puberty	–
Section G: Smoking, Drinking and Drugs	• Do you smoke? How much? • How old were you when you first smoked? • Have you ever drunk alcohol? • How often do you drink alcohol? • Have you ever tried drugs or sniffed glue/solvents?
Section H: Activities	• What out of school activities do you do? • Sport/Art/Dance/Job/TV

Source: Canadian NLSC Questionnaire for 10–11 year-olds

3.2.3 Child rights

The 1959 UN Convention on the Rights of the Child laid out child rights in terms of nutrition, free education, access to health care and freedom from exploitation and discrimination. By the 1980s children's rights were being seen to include a political and moral dimension, i.e. the right of the child to influence decisions which affected them (Franklin 1986; 1995). These broader concerns were incorporated into the 1989 UN Convention, in which the necessities for child well-being are divided into four categories:

- Survival: adequate living conditions and adequate medical services.
- Development: right to education, information, play, leisure.
- Protection: prohibits all forms of exploitation and cruelty including separation from families and abuses of the Criminal Justice System.
- Participation: freedom to express opinions and play an active role in society.

Monitoring of these rights can look at outcomes in some cases (e.g. for health and education) but also needs to pay attention to process (e.g. for participation). For some outcomes, again health and education, data are readily available. But for others, such as child abuse, data availability and quality are both variable.[10] The trade-off between the child's right to stay with the family and protection from abuse continues to be a matter for public debate.

Consistent with a rights-based approach, governments can promote the rights of the child through legislation. UN Conventions are not legally binding on national governments. So for them to form the basis of a rights-based approach the Convention should be used to formulate national legislation – such as the UK Children Act of 1989 and Ireland's Child Care Act of 1991, the latter being partly modelled on the UN Convention (Martin 2000; see Lyon and

10 In developed countries administrative data can be used for some analysis of these phenomena, which is rarely so for developing countries.

Parton 1995, for a rights perspective on the UK act). Where no such law exists then the grounds on which the rights may be claimed are more tenuous (see Covell and Howell 2001, on the Canadian case). Children may participate directly in decision making, either through formal representation or consultative procedures. Or their interests may be indirectly represented through the existence of a Minister for Children, a Commissioner for Children or an Ombudsman for Children, conditions which are met in only a few developed countries; see Felkkøy (1995) for a discussion of the Norwegian experience.

In general, the areas outlined by the UN Convention do provide a basis for a comprehensive set of measurable child welfare indicators, although there are some areas which are not at present measured in many countries. In Part 4 we discuss a Childwatch project to measure child rights in a number of developing countries. Some of the areas which are least well covered, such as play and leisure, relate to child development. In the final section of this part we argue for the importance of such measures.

3.3 Links between child poverty and child development

Studies of links between income-poverty and child development outcomes find that material deprivation matters. But so do other variables, such as parental attitudes. For example, McCulloch and Joshi's (1999) analysis of child poverty and child well-being in the UK finds that 'parental competence' plays an important role independent of income.

Child development research identifies the crucial aspects of, and factors influencing, child development. Luthar (1999) states that child outcomes include both behavioural and emotional indices of psychopathology as well as aspects of competence and self-esteem. This covers school outcomes as well as behavioural problems such as 'oppositionality' and aggression (externalising), depression or anxiety (internalising). The main determinants identified by Luthar are teenage

mothers, family structure, parental psychopathology, discipline and limit-setting, warmth and support, maltreatment, families as mediators or moderators of effects of poverty, support from extended kin, religion, school experiences, peer relations, quality of physical environment, and social capital in the neighbourhood of residence.

The wide range of factors influencing child development outcomes point to the need to view child well-being holistically. Hence child welfare measures should not only be based on incomes and expenditures, nor a narrow range of conventional other indicators related to health and education, but also on capability-based indicators capturing children's personal development. Micklewright and Stewart (1999) propose using the four 'domains of well-being' that a child needs to lead what Sen has referred to as a 'good life': material well-being (M), health and survival (H), education and personal development (E), and social inclusion/participation (S). Specifically, they propose a set of indicators which relate both to current welfare and to the factors which extend into adulthood as well as the concepts embodied in the UN Convention on the Rights of the Child (Table 3.3).

TABLE 3.3 MICKLEWRIGHT AND STEWART'S VECTOR OF CHILD WELFARE INDICATORS (OUTCOMES AND DETERMINANTS)

DIMENSION	INDICATORS
Economic well-being	Child income-poverty rate (M, S) Unemployment among households with children (M, S) Unemployment among 20–24 year-olds (M, S)
Mortality	Suicide rate among young men aged 15–24 (H, S)
Education	Percentage of 16 year-olds in education (E)
Teenage Fertility	Birth rate 15–19 year-olds (risk factor for H, E, M, S)
Happiness	Percentage of 15–19 year-olds who report being satisfied with life (H, E, M, S)

Source: Micklewright and Stewart (1999)

4. Measuring Child Welfare in Developing Countries

In contrast to developed countries, the developing country literature stresses the importance of the multi-dimensional nature of poverty. The emphasis on non-income aspects of development was increased by the UNDP's *Human Development Reports* and work of Robert Chambers on the perceptions of the poor themselves. The progress made in this respect can be seen by the stance of the 2000/1 *World Development Report*, which places some importance on social outcomes and considerable importance on participation. We first discuss sources of the more standard social indicators, before turning to less widely available measures of other aspects of child well-being. Section 4.2 discusses determinants of child welfare outcomes.

4.1 Outcome measures

Child health outcomes have become well established in surveys and as a monitoring tool. Living Standards Measurement Surveys (LSMS) have standardised the use of recording sickness and injury in the previous 14 or 30 days and the health care facility utilised. Demographic Health Surveys (DHS) record cases of diarrhoea in the previous 24 hours or 2 weeks together with other common complaints, and the birth histories allow the calculation of mortality. UNICEF advocates the use of under-five mortality rate (U5MR) as the principal indicator of human development, given its wide range of determinants and relative robustness (as a mean indicator) to undue influence from a high-income minority (UNICEF 2000).

A notable gap exists in relation to surveying child mental health in developing countries, with no systematic collection of data despite the availability of a range of possible instruments. For example, the London-based Institute of Psychiatry has developed a Strength and Difficulties Questionnaire (SDQ) for 3–16 year-olds which is available in forty languages (Goodman 1997).[11]

Educational data on enrolments, repeating and drop-outs are common. By contrast, educational outcome data, especially on an internationally comparable basis, are not widely available. The

11 The questionaire, which is available in different forms for different purposes, can be downloaded from www.youthmind.uklinux.net

International Association for the Evaluation of Educational Achievement set up in The Hague in 1959, and the International Assessment of Education Progress which began in 1988, both provide some data and analysis of differential performance, including for a small number of developing countries (Greaney and Kellaghan 1996). There are problems in making such international comparisons, principally ensuring they are nationally representative (which they may well not be as they are administered through schools, and enrolment rates differ), and problems of bias owing to either different curricula or cultural norms. For example, a maths question in Bangladesh asked how much land each family member would get on the death of the household head. But the country's two main religions have different rules on this matter so that a student's prior knowledge resulted in 'wrong' answers being given.

For many developing countries even national level education outcome data are in scant supply. But data on cognitive ability have been collected both for specific studies and at the individual level in the context of a household survey. For example, the Ghana Living Standards Survey (GLSS) included simple written tests that measured reading (in English), mathematics and abstract thinking (which were applied to a sub-sample). Simple reading and mathematics tests consisted of 8 questions each, while the longer tests for mathematics and reading contained 36 questions and 29 questions respectively. Only individuals with more than three years' education took the mathematics and reading tests.[12]

Moving beyond education narrowly defined, the Monitoring and Learning Achievement (MLA) project measures the attainment of life skills. The MLA project collects data on three areas of life skills, namely: health, hygiene and nutrition; everyday life; and the social and natural environment. Many of these life skills are common to all the countries, but some are country-specific, e.g. knowing how to cross a busy road or which wild foods are safe to eat. Other learning achievement measures might include affective characteristics of the pupil such as the feelings and attitudes that develop in relation to their activities, interests and values (Greaney and Kellaghan 1996).[13]

12 Glewwe and Jacoby (1992) found that the mean score for grade 6 students was the same as that which would have been attained by random guessing. Whilst the mean scores remained low for middle school children (grades 7 to 10) they provided sufficient variation for meaningful analysis as an outcome measure.

13 For a handbook on monitoring learning achievement that includes sample questionnaires, see Chinapah (1997).

Information regarding perceived quality of life rarely falls below household level. For instance, the South Africa October Household Survey (OHS) asks the respondent to state how satisfied the household is with the way it lives today and to compare it with 12 months ago.[14] But there are examples of addressing the welfare of individual household members both using household survey instruments and individual specific instruments. Examples of both also come from South Africa. The KwaZulu-Natal Income Dynamics Study (KIDS) prompts the respondent to record if a member of the household has been a victim of intra-household assault, although the particular individual is not identified. The Birth to Ten to Twenty study is the largest and longest running study of children's health and development in Africa, and one of the few large-scale longitudinal studies in the world.[15] For seven weeks between March and April, following Nelson Mandela's release from prison in 1990, 5500 children were born in the metropolitan area of Soweto-Johannesburg. They were all enrolled into a long-term birth cohort study in which it was planned to follow them, and their families, initially for the first decade of their lives, recently extended to the second decade. The study covers the following areas: growth, nutrition, health and illness, psychosocial development, child care and education, social context, environment and health, sexual maturity, and reproductive history.

Childwatch International is undertaking a project to define measurable indicators on the rights of the child, with country case studies in Senegal, Nicaragua, Thailand, Vietnam and Zimbabwe (Ennew 1998; Childwatch International 1996). In some cases the choice of indicator for a particular right is straightforward. For instance, net enrolment, rates of drop-out or repetition of school years have been used in relation to Article 28 of the Convention on the Rights of the Child, the right to education (UNICEF 1999).[16] But, more generally, rather than have an indicator per article, the project groups the articles given the country context, assigning indicators to each group. The Zimbabwe study groups indicators around parent–child relationships, social and economic deprivation, protection and survival, juvenile justice and

14 Distinction is made between assessments of personal, or household quality of life, and assessments of collective (national, community) quality of life (Mattes and Christie 1996).

15 More details are available on http://www.wits.ac.za/birthto20.

16 Ennew (1998) identifies that in order to monitor children's rights, three levels of indicator are required: baseline indicators; indicators to mark changes over time; and early warning indicators. Indicators should be suitably disaggregated, and with respect to the different development stages, disaggregated by age group.

rehabilitation, and education and development Chinyangara *et al.* 1997).

Attempts at measuring children's quality of life have sometimes constructed a composite index of Child Development (Jordan 1993; Corrie 1994). Corrie (1995) constructs a Human Development Index (HDI) for the Dalit child in India, using an integrated framework of child development.[17] The child's material (household income, assets, state transfers), physiological (nutrition, health care, maternal health and economic status, and sanitation) and social (political and cultural factors) environments operate to influence child development outcomes. Corrie (1995) includes an indicator from each of these environments, together with an outcome measure to construct the HDI using the same methodology as that used by UNDP (1990). The indicators are: Dalit poverty rates; Dalit female literacy rates; violent crimes against Dalits in India; and Dalit drop-out rates (outcome measure).

4.2 Determinants of child welfare outcomes

4.2.1 What determines child welfare outcomes?

A large number of indicators of inputs have been collected and used in empirical analysis of child welfare. To a large extent the choice of indicators included in studies is dependent upon the conceptual framework driving the analysis and the policy influence it wishes to exert. LSMS type surveys collect individual, household and community information in the household roster and associated community questionnaire.

Data on the economic shocks faced by the household have been collected at the micro level (KIDS 1993). They include indicators of unexpected economic shocks and risks (loss of regular employment, major crop failure, death of livestock, government transfers) and health shocks (serious illness/injury of household member, death). They also include information on social issues such as abandonment or divorce. The household's ability to cope with unexpected shocks

17 Dalits are a marginalised societal group in India, also known as 'Untouchables', 'Harijans' or 'Scheduled Castes'.

is an emerging issue. Studies have examined the coping strategies of households in the face of idiosyncratic shocks (Kochar 1999; Paxson and Waldfogel 1992). While the household's coping strategy when faced with major illness is limited, most studies use data that recall illness in the previous two weeks or one month and are subsequently unable to provide long-term accounts of individuals' behaviour when faced with major illness (Tipping and Segall 1995). Providing an accurate account of coping strategies in face of major illness (that may last for more than three to four months), whether of an income provider or a dependent, is reliant upon respondent recall and requires the combination of qualitative and quantitative methodology.

KIDS (1993) collects individual level data on social group membership relevant to children (e.g. sports group, study group, singing or music group, church group and youth group).[18] Membership of such groups affects the quality of the child's social life, while the wider household social networks provide security. Little evidence has been gathered to examine how resources are transferred between children or how they influence the social connection of which they are a part. Evidence supports the view that local associations and networks have a positive influence on local development and the well-being of households.[19]

For children security is closely linked to the home environment. And the breakdown of this environment can result in extreme deprivation. However, data are least available on children living outsides of homes, e.g. street children, who will not be captured by a household survey. A comprehensive review of the literature and data on children and prostitution reveals that rigorous research on the most vulnerable children is limited, and that few, if any 'standard' indicators are available (Ennew *et al.* 1996). This review provides specific guidance for the development of an operational and conceptual framework for information gathering in this area.

18 There is an anthropological tradition going back to at least Margaret Mead studying child care practice. These studies are not concerned with measures of child poverty, which is our focus here. For a recent useful example see LeVine *et al.* (1994).

19 Social capital, as measured by membership of groups at the village level, was a key contributor to household welfare (Narayan and Pritchett 1996). In India, social capital enhanced the ability of the poor to smooth consumption in the face of unexpected shocks (Townsend 1984). The closeness of social ties has been found to reduce crime and violence in the community. Moser (1996) found, in a study of urban communities in Ecuador, Hungary, the Philippines and Zambia, that increased poverty (depletion of assets) reduced the involvement in community groups, weakened informal ties and increased crime.

4.2.2 Intervening/mediating environmental indicators

Characteristics of the child, household, community and country affect the child's developmental outcomes, mediated by the family or community processes and environment. Data on some of these are collected in standard modules relating to school infrastructure, quality of schooling, health care utilisation, and maternal fertility in DHS or LSMS type surveys. The World Bank has developed the Core Welfare Indicators Questionnaire (CWIQ), a survey directed on measuring the use and satisfaction with, health and education services.

There are few household survey measures of the physical and home environment of the child, such as the South Africa OHS 1994. However, this remained at the aggregate level of household satisfaction and air quality due to pollution or smoke in the winter. The Birth to Ten to Twenty study mentioned above goes somewhat further. Other studies record information on the primary care provider for the child. A child-centred approach to the measurement of the quality of the home environment (parental attention, learning resources, toys, contact with carer, etc.) and social life would be a useful extension to child welfare research in developing countries, both because the family is a mediating factor in child life chances, and because the quality of the parent–child relationship is an outcome measure and right of the child itself.

Parental beliefs about child activities are found to be an important factor in relation to child work in Bangladesh (Delap 1998). Qualitative methods were employed in the Urban Livelihoods Study (ULS) to supplement data collected in the Quantitative Panel Survey (QPS). As Delap (1998) points out, such attitudes do not develop in a vacuum but are shaped by the norms of the community about gender and age. Such information was collected using in-depth case studies on 14 of the ULS QPS households.

5. Conclusions

Discussions of child poverty in both developed and developing countries have focused on income and a narrow range of measures of health and education. However, wider aspects of child welfare are recognised, though the extent to which they are seen to be synonymous with poverty varies. Undue concern on this issue is ultimately semantic. But it is important to ensure that a wide range of child well-being indicators fall within the policy domain, both because they matter to child well-being and because they are important for child development outcomes. Accepting that general statement, what can we learn from the comparison of developed and developing countries?

Income-poverty is important for both, though less emphasised in developing countries, at least partly as a result of the paucity of data. Developed country analyses do include some measures less common in developing countries. Child abuse, teenage pregnancy and drug and alcohol abuse are all commonly subjected to analysis in developed countries and rather less so in developing ones. Some of these measures may not be appropriate either because of differing norms (teenage pregnancy) or irrelevance (alcoholism in muslim countries). But others, such as physical and sexual abuse, are unjustly neglected in most developing country data collection and research. Despite difficulties in deciding what constitutes sexual abuse in contexts which accept sexual relations with young people as the norm, this is an issue which needs to be tackled. The other omission is with respect to more holistic aspects of children's welfare, including child mental health, which the developed country literature has found to be crucial to child development, although, as noted above, in developed countries these measures are also not seen as components of child welfare to be included amongst measures of child poverty.

It might be thought that such measures are not really applicable in a developing country setting. The main concern is the reduction of absolute poverty. This means things such as premature death, malnutrition and lack of educational opportunities. In the face of these concerns, is it not a luxury to worry about issues such as psychological well-being and parental attitudes? Whilst

appealing, this view is misplaced. It both ignores the importance of looking at child welfare as important in its own right and misses some of the major factors determining an individual's own life chances and their ability to contribute to future prosperity.

The case for utilising a broader conception of child welfare is overwhelming. The issue is rather how to do it? How universal can we make the analysis of child welfare or should both inputs and outcomes be country specific? For example, the papers in PAHO (1998) analyse the links between nutrition and child development in a number of developing countries. The measures of child development used are standard tests also applied in developing countries, e.g. Peabody and Griffiths Mental Development Scales. The tests are adapted to local circumstances to the extent that, for example, image-recognition tests use local items. But they are not adjusted to take account of differential child development in different social and physical contexts.

This conclusion of the importance of a broad conception of child welfare applies to policy as well as analysis. If we truly care about the welfare of children, then research and policy need to embrace this broader agenda.

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