Young Lives
An International Study of Childhood Poverty

JUSTIFICATION OF THE CONTENT OF THE 12-YEAR-OLD CHILD QUESTIONNAIRE

ROUND 2- 2006/07

Introduction

Young Lives is a long-term international research project investigating the changing nature of childhood poverty in four developing countries – Ethiopia, Peru, India (in the state of Andhra Pradesh) and Vietnam – over 15 years. Through a comprehensive survey every two to three years, group work and case studies with children in the study countries, their parents, teachers, community representatives and others, we are collecting a wealth of information not only about their material and social circumstances, but also their perspectives on their lives and aspirations for the future, set against the environmental and social realities of their communities.

Young Lives is designed as a panel study that follows 3,000 children in each country over 15 years. The sample consists of two cohorts: a Younger Cohort of 2,000 children who were aged between 6 and 18 months when the first survey round was carried out in 2002; and an Older Cohort of 1,000 children, then aged between 7.5 and 8.5 years.

The first round of quantitative data collection took place in 2002, and the second round took place in 2006/07. Various types of questionnaires are used in the surveys including a preliminary interview (used for tracking before the main survey began). As in Round 1, four questionnaires were used in all four study countries**:**

- Household questionnaire for caregivers of children born in 2002
- Household questionnaire for caregivers of children born in 1994
- Child questionnaire for interviewing the children from the Older Cohort
- Community questionnaire.

This document presents detailed background information and justifications for the different topics covered by the child questionnaires in Round 2 of the data collection. It is to be read in conjunction with the Young Lives 12-year-old child questionnaire.

Content of the child questionnaire

The aim of the child questionnaires is to collect data about children's living environments, health, social capital, schooling, aspirations, feelings and attitudes directly from the child. It is important to remember that the child questionnaire is just one data collection instrument and is used in conjunction with country-specific modules/questions, and the household and community questionnaires.

Several new research topics were added and existing sections were expanded in the Round 2 questionnaires to accommodate the fact that, as children grow, new factors become important and relevant. For example, more detailed questions on schooling and time use and new sections on parents and household issues, cognitive achievement (using the Peabody Picture Vocabulary Test (PPVT)), subjective wellbeing and psychosocial outcomes were added.

The content of the core child questionnaire for Round 2 is presented in Table 1. Table 2 describes country-specific additions to the core module.

Table 1: Content of core child questionnaire Round 2

Section 0: Location information, identification numbers and data handlers

Section 1 School and activities

1a Child's schooling

- type of school
- perceived risks on way to school
- school absence and reasons
- likes and dislikes about school

1b Child's time use

- child's activities on previous day
- paid/unpaid work
- likes and dislikes about work

1c Child's achievement and development instruments

- Peabody Picture Vocabulary Test (PPVT)
- Achievement Test (reading, writing and mathematics)

Section 2 Child health

- perceived health status
- dietary intake
- pubertal development status

Section 3 Social networks, social skills and social support

- cognitive social capital (feeling supported)
- structural social capital (connectedness, group membership)
- social skills at work and school (relationships with peers, ability to talk to others)

Section 4 Feelings and attitudes

- children's attitude towards education
- life satisfaction
- trust and perception of service quality
- stigma and discrimination
- feelings of self-efficacy, self-esteem and shame

Section 5 Parents and household issues

- perceived support and discrimination within household
- perceived ability to negotiate with parents

Section 6 Perceptions of future, community environment and household wealth

- child's aspirations for future
- perceived household wealth

Each Young Lives research team also included several country-specific research areas to the core module. These additional questions or modules related to areas of particular policy interest for the country.

Table 2. Country-specific topics in the child questionnaire Round 2

Ethiopia Section 6: Available study time and place **India** Section 4: Knowledge about specific programmes/services for children **Peru** Section 2: Occurrence of serious illnesses/injuries Section 7: Children's perceptions of body shapes **Vietnam** Section 1: Attendance of extra classes

Data analysis and utilisation

After each round of data collection, some of the data will be analysed on a cross-sectional basis:

(i) To provide descriptive information on the whole sample. For example, the percentage of Young Lives children who go to school regularly.

(ii) To compare subgroups at this point in time, e.g., sentinel sites, gender groups.

(iii) To compare results of sentinel sites and, to a limited extent, of Young Lives countries. However, one should keep in mind that the Young Lives samples are not nationally representative.

Using Round 2, and later rounds of the survey, longitudinal analysis of the data becomes possible:

(iv) To link measurements from an earlier round with outcomes from a later round. For example, to examine whether certain critical events impacted on a child's schooling (controlling for confounding factors).

(v) To study differential child outcomes in communities which experienced some kind of shock such as natural disaster or in which a particular policy was implemented.

The data being collected vary greatly in their nature and the extent to which they can be used for different types of analysis:

(a) Some variables are transitory in nature. For example, the measures of child physical morbidity refer to a particular point/period in time. Cross-sectional analyses are possible, but their use for longitudinal analyses is limited. For example, the prevalence of diarrhoea is a useful morbidity indicator for cross-sectional analysis. However, linking whether or not a child had diarrhoea in Round 1 with any outcome indicators in later rounds is unlikely to have much validity. Less transient variables, such as the height-for-age index, are more useful for longitudinal analysis. The height-for-age index is often used as an indicator for long-term health and nutritional status in children.

(b) Some measures vary within an individual. This has implications for how a variable is composed and used in analysis. An example is the measurement of behaviours. One might ask what is 'usually done' or, alternatively, what was 'done last time a particular event occurred'. Each has its strengths and weaknesses but frequently the resulting variable is more useful for 'population analyses' than 'individual analyses'. For example, when interviewing children directly, it might be easier to ask with reference to a specific event, e.g., 'did you take care of your younger brother yesterday?', where taking care of siblings might be something which children do on some days but not on others. We can use that information to compare the occurrence of sibling care between, for example, gender groups. If we repeated the question a week later then we might expect similar proportions of children to answer in the affirmative, but they would not necessarily be the same ones as the previous week. This makes linking the occurrence of sibling care to an outcome more problematic because of the internal variability of the sibling care measure.

(c) Some variables are very culture-specific. This limits the validity of cross-country comparative analyses, and possibly some subgroup analyses within countries. Even variables that appear objective are often culture-specific.

(d) Some variables are proxies for other variables that are difficult or impossible to measure. This affects their interpretation, especially when attempting to establish causation. For example, self-rated health is a complex variable that captures multiple dimensions of the relation between physical health and other personal and social characteristics, some or all of which might be associated with an outcome variable.

Rationale and background information for each section of the child questionnaire

In the following, the rationale for the inclusion of each section of the child questionnaire is presented. Each section includes a review of background literature and an explanation of the intended use of the data, for example, for calculation of scores and indexes.

Section 0: Location information and identification numbers

The information collected in this section allows the Young Lives team to link children to future rounds and to the household and community surveys. Each child, caregiver and household is assigned a unique identification number. The identification

information is also useful for quality checks and for locating individual questionnaires if there are data queries after the data collection**.**

Section 1: School and activities

Child's schooling: Education is part of the human capital asset in the livelihoods framework. It is essential for an understanding of the current well-being and life chances of the Young Lives children. It is intertwined with outcome variables such as life skills and related issues such as child work.

On the basis of the 'school life expectancy' figures published by UNESCO (2002/03), the majority of 12-year-old children are still in school education in the Young Lives countries, with the possible exception of Ethiopia, where the average number of years spent in school is estimated to be about five. However, many children face increasing demands on their time. In general, fewer children enrol in secondary school than in primary school in all Young Lives countries (UNESCO 2002/03). Because education is a key research issue in relation to 12 year olds, a wider range of possible codes was added to the 'reasons why left school' since Round 1. When reasons for leaving school are poverty-related, many children leave school gradually over a period of time. Therefore, this section gathers information on significant periods of absence from school (longer than one week) in the previous 12 months including the reasons for these absences. A further question addresses the seasonality of absence by establishing the month in which the majority of absences occurred. While this can only give an indication of seasonality, information on key farming seasons gathered through the community questionnaire and substudies on children's time use throughout the year supplement this information. Many children in low-income countries are exposed to a variety of risks on their daily journey to school. In Ethiopia, many parents fear for the security of their daughters on their way to school because abductions and sexual harassment of girls is a major social problem (UNICEF 1995). According to the WHO report on prevention of child injuries, traffic accidents are a major health risk for many children on their way to school (WHO 2008). To assess children's fears, they are asked whether they feel in danger and what the main risks might be.

Child's time use: Poverty affects the roles and responsibilities assumed by children and the ways in which they use their time. This section aims to establish the range of activities undertaken by children on a daily basis and over the course of a year. This information provides a context for obtaining children's perspectives on their lives and roles, as well as for asking about their social support, skills and other feelings (see later sections).

The questions in this section complement data on time use collected from the caregivers in the household questionnaire. Children's time use and opportunities are largely shaped by parental aspirations for the child, attitudes towards children and child labour, and perceptions of the value of schooling. Parent's expectations and attitudes are captured in Section 11 of the household questionnaire. Despite parental influence, children's perspectives on their time use and activities may differ from those of their parents, so it is essential to ask these questions directly to the 12 year olds.

As in the household questionnaire, some of the questions on child work are taken from the International Labour Organisations (ILO) standardised survey, which was developed as part of the Statistical Information and Monitoring Programme on Child Labour (SIMPOC) (Jensen 2001). The school and work questions also draw on the experiences related in the UNICEF (1999) and the World Bank's (2002) 'Voices of Poor Children' studies.

Some changes have been made to this section since Round 1. Several code boxes have been expanded due to evidence for a wider variety of possible responses. For example, code boxes for likes and dislikes of work were expanded based on findings from participatory, qualitative work with children (see, for example, Woodhead 1998). Further, children are not asked whether they like doing paid work, but are asked what they like and dislike about their main occupation. This is an important distinction, since research with working children has shown that children's views about work go beyond a simple 'like' or 'don't like'. Children demonstrate a nuanced understanding of the advantages and disadvantages of work. It is important to try to get a comprehensive picture of child labour to accurately inform any policies concerning it.

While the information about school and work is collected using a 12-month recall period, the activities performed in the last 24 hours are collected in more detail to provide a comprehensive picture of time spent on different activities.

Child's achievement and development instruments: Getting estimates of the cognitive abilities and achievement over time of children that are participating in the Young Lives project is important as these variables may be considered both as outcomes (proxy for the child's skills) and predictors of later outcomes. For instance, a recent paper established the association of cognitive abilities in early life with later outcomes in education, health, and income (Grantham-McGregor et al. 2007). In regards to achievement, administering and reporting results of standardised tests for students has become common practice in recent years in many developing countries, as these are widely regarded as indicators of success in schooling and/or acquisition of basic skills or knowledge for adult life. However, accurately measuring the cognitive development and achievement of the children in each cohort and getting meaningful scores may prove to be a complex endeavor.

In 2006, pilot tests of several cognitive development and achievement tests were carried out in each country prior to Round 2 of Young Lives. As a result of these, it was decided to administer the following tests to the Older Cohort of Young Lives children: the Peabody Picture Vocabulary Test (PPVT), plus two reading and writing items from Round 1, and a Mathematics Achievement Test. The tests aimed to assess children's verbal and quantitative skills.

Peabody Picture Vocabulary Test (PPVT): The PPVT is a widely-used test of receptive vocabulary. Its main objective is to measure vocabulary acquisition in persons from 2.5 years old to adulthood. The test is individually administered, untimed, norm-referenced and orally delivered. The task of the test taker is to select the picture that best represents the meaning of a stimulus word presented orally by the examiner.

The PPVT was originally developed in 1959 by Dunn and Dunn. Since then, it has been updated and improved several times (PPVT-R 1981; PPVT-III 1997; and PPVT-IV 2007). PPVT validity and possible cultural bias have been studied repeatedly over the past decades. Several studies have found that both the PPVT-R and the PPVT-III show a positive strong correlation with some commonly-used intelligence measures, such as the Wechsler and the McCarthy Scales (Campbell et al. 2001; Gray et al. 1999; Campbell 1998). Regarding the existence of a cultural bias, evidence is not conclusive since mixed results have been reported in the literature. On the one hand, Williams and Wang (1997) and Washington and Craig (1999) found no item bias in the PPVT using a sample of African-American pre-school children. Similar results were found by Restrepo et al. (2006). On the other hand, studies developed by Ukrainetz (2000 and 2002), Stockman (2000) and Champion et al. (2003), also with African American pre-school children, found there was item bias. Although the test was originally developed for English speakers, a Spanish version has been developed and normed.

In Round 2 of the Young Lives study, the PPVT-III (Dunn and Dunn 1997) is used to evaluate both cohorts in India, Ethiopia and Vietnam. However, in Peru, the Spanish version of the PPVT-R (Dunn et. al. 1986) is used to evaluate both cohorts. In order to use the PPVT, all the necessary copies for each country were bought directly from the publisher.

Even though both versions used to evaluate the children participating in Young Lives measure the same construct and follow the same principles, there are some differences between them, especially in relation to the number of items and how they are arranged. The PPVT-R (Spanish version) consists of a single form containing 125 items. The PPVT-III is available in two parallel forms designated Form III-A and Form III-B. Each form contains 204 items grouped into 17 sets of 12 items each. Young Lives uses Form III-A.

In both versions of the PPVT, the items are arranged in order of increasing difficulty. Not all the items are administered to a child, but only those within his or her critical range. The examiner must select the appropriate start item according to the child's chronological age and continue administering the test until the child reaches a ceiling, i.e., those items extremely easy or extremely hard for the child are not administered. This requires that the examiner correctly establish the Basal Item Set and then the Ceiling Item Set for the individual. In the case of the PPVT-R, the basal is formed by the highest eight consecutive correct responses and the ceiling is formed by the lowest eight consecutive responses containing six errors. In the case of the PPVT-III, the basal set rule is one or no errors in a set of 12 items and the ceiling set rule is eight or more errors in a set.

The PPVT offers raw scores as well as standard scores. Raw scores are calculated by subtracting the total number of errors from the ceiling item. In the case of the PPVT-R, the examiner must only count the errors between the highest basal and the lowest ceiling. In the case of the PPVT-III, the examiner must count the total number of errors made by the examinee from the basal set through to the ceiling set. The test manual includes tables to convert the raw scores into standard scores. However, we do not use standard scores for Ethiopia, India or Vietnam because the standardisation

samples of both PPVTs used in Young Lives have different characteristics from the project's sample.

The PPVT is administered to both cohorts of children. The test was translated into each country's main languages by the local team and verified by a local expert before the pilot study conducted prior to Round 2. The test pictures remained the same.

Achievement Test

- **Verbal:** The reading and writing items from Round 1 were administered in Round 2 of Young Lives to the children from the Older Cohort.
- **Mathematics:** The maths test which was used for Round 2 of Young Lives has ten items, scored one for correct and zero for blank or incorrect. Most of the items included in the test were selected from the publicly released items of the Trends in International Mathematics and Science Study developed by the IEA in 2003. The items were originally developed to assess fourth and eighth graders. Items with different difficulty levels were selected in order to discriminate between higher and lower achievers. In addition to these items, the numeracy item from Round 1 (solving a basic multiplication task) is also included.

The items were selected to assess knowledge of numbers and number sense only. This was due to the fact that other topics (i.e. geometry, measurement, data and algebra) might not be covered in depth by students in school, or might be an unfair means of evaluating non-schooled children or those who have dropped outs. Number items, however, are directly related to basic skills necessary in any modern society. The format of the items was either multiple choice or short answer.

The Mathematics Achievement Test is administered only to the Older Cohort. The test was translated into each country's main languages by the local team and verified by a local expert before the pilot study conducted prior to Round 2 of data collection.

It is important to notice that the Mathematics Achievement Test used for the pilot studies has 27 items: the single item from Round 1; four additional items with no text, just numbers, requesting children to add, subtract and divide figures up to three digits; and 22 items taken from TIMSS. The items were arranged in two booklets for the pilot study. Each included the same items but presented them in a different order, to test for the effect of this (the difficulty of the items was established using the international results from TIMSS). The first booklet had the items randomly organised while the second booklet had the items organised according to their level of difficulty. The pilot results showed the second booklet had higher reliability and took less time for the children to complete. The number of items to be included in the test was then reduced to ten, retaining variance within item difficulty and type of exercise.

Country-specific addition: Vietnam

Attendance in extra classes: Many students in developing countries – from primary school to secondary school – receive tutoring in addition to their regular school instruction. In Bangladesh, over 40 per cent of primary school students attend tutoring sessions. In Kenya, the figure is over 65 per cent; in rural Egypt, 50 per cent; and in Sri Lanka, 75 per cent (Bray 2005; Glewwe and Jayachandran 2008). Although

primary school enrolment in Vietnam is high (91 per cent), most primary school students receive little more than half the annual teaching time defined by international norms. The Vietnamese school year is very short by international standards, covering only 33 weeks. In addition, only around 20 per cent of children in Vietnam receive a full day of schooling, five or six hours according to international standards. Extra classes, outside of the normal school system, have proliferated in all regions of Vietnam. In order to assess the extent and characteristics of attendance of extra classes by children from poor households, several questions were included. The data also enables us to examine the association between taking extra classes and learning outcomes (numeracy and literacy).

Section 2: Health

Child health and nutrition are strongly associated with well-being, educational achievement and cognitive development. There has been a tendency to view school age children as essentially healthy because they suffer the lowest mortality of any other age group, yet their morbidity has rarely been studied (World Bank 1993). The child questionnaire repeats the self-rated health and food/meal frequency questions from the household questionnaire. It is important to ask not just the parents but also the child directly to rate his or her subjective health because they take different aspects into consideration, potentially leading to different subjective judgements (Johnson and Wang 2008). With regards to dietary intake, the cognitive abilities required to self-report food intake include an adequately developed concept of time, a good memory and attention span, and knowledge of the names of foods. From the age of 8 years, there is a rapid increase in the ability of children to self-report food intake (Livingstone and Robson 2000). Furthermore, 12-year-old children might increasingly eat away from home and without the direct supervision of the caregiver. Therefore, children are the best informants on their dietary intake.

Perceived health status: In order to get a composite measure of health status that does not focus solely on severe illness episodes, the child is asked to rate his or her overall health status in comparison to other children of the same age. A subjective account of general health is one of the most frequently-used health status measures. Substantial research evidence from studies of the elderly in developed countries suggests self-rated health is meaningful, provides valid and reliable data (Lundberg and Manderbacka 1996) and is not affected by acute transitory illness (Manderbacka et al. 1998). A review of 27 adult studies found global self-rated health to be strongly associated with more objective measures of morbidity and mortality (Idler and Benyami 1997). It must be noted that studies have found the interpretation of good or bad health to vary by age, sex and other individual attributes (Krause and Jay 1994; Chandola and Jenkinson 2000). The utilisation of self-perceived health status measurements of children is still very limited, especially in developing country settings, and the Young Lives study provides an ideal opportunity to test this tool. Younger people seem to take different aspects into consideration compared to older people when rating their health (for example physical, mental well-being and other factors such as socio-economic status, school performance, stress, social capital) and also seem to have a much more spontaneous assessment view of their general health (Manderbacka et al. 1998).

The data can be used in combination with other Young Lives variables to assess determinants and predictors for children's self-reported health status.

Meal frequency: The number of times a person eats in a day is often used as a proxy for the adequacy of a child's macronutrient (calories and protein) intake. Meal frequency is a very culture-specific concept. In some cultures it is common to eat three main meals per day, while in others one primary meal is consumed. To account for these cultural differences, Young Lives asks about 'food eaten' at different times of the day and not about breakfast, lunch and dinner. Due to cultural differences, meal frequency scores from the four Young Lives countries should not be compared with each other. A model with seven pre-defined eating occasions developed by Food and Nutrition Technical Assistance (FANTA) was used in the child questionnaire for the Older Cohort to measure meal frequency (Swindale and Ohri-Vachaspati 1999). Based on the data, a meal frequency score can be calculated.

Individual dietary diversity: Dietary diversity is often used as a proxy for the nutrient adequacy of the child, including probability of adequate micronutrient intake (FAO 2007). It is measured by the number of different food groups consumed over the last 24 hours. The following set of 11 food groups was used: cereals, fish and seafood, roots and tubers, pulses/legumes/nuts, vegetables, milk and milk products, fruit, oil/fats, meat/poultry/offal, sugar/honey and eggs. The different food groups are based on a model developed by the Food and Agriculture Organisation (FAO) for the measurement of individual dietary diversity (FAO 2007). An individual dietary diversity score can be calculated based on the measurements.

To get a more complete picture of the quality and quantity of the nutrition of the Young Lives children, individual dietary diversity and meal frequency should always be used in combination.

Pubertal development status: Pubertal development was assessed based on self-reported occurrence of menarche in girls and facial hair growth and voice change in boys. Environmental factors often influence the time of onset of puberty. Delayed puberty is associated with poor child nutrition, significant energy expenditure, poor living conditions and possibly genetic control (Garnier et al. 2005).

Country-specific addition: Peru

Occurrence of serious illnesses/injuries: At 12 years old, children have the cognitive ability to recall and report serious injuries and illnesses that they experienced in the past. These questions are also asked of the caregiver. Parent and children might perceive the severity of injuries and illness differently and their abilities to recall illnesses and injuries might vary, as suggested by Peterson et al. (1993).

Section 3: Social networks, social skills and social support

Social capital is an important asset within the livelihoods framework and in studying childhood poverty. Most studies have looked at the social capital of communities and adults without acknowledging the social capital of children and the relationships

between them (Morrow 2001). The work that has been done on children's social capital involves its relation to children's well-being and social exclusion and to conceptual debates (Holland et al. 2007). Young Lives is the first longitudinal study of children that includes a comprehensive section in its surveys on the social capital of children. The Young Lives approach is unique in that it focuses on the child's social capital located within the community (qualitative studies and community questionnaire), supplemented by studying the social capital of households (household questionnaire). Studying the social capital of children is important because children develop, sustain and use social capital to negotiate important transitions and construct their identities. Moreover, measuring social capital gives insight into the effects of policies that are related to social protection, social exclusion and access of services. Measuring social capital gives us an understanding about children's coping mechanisms in relation to shocks and how resources are manipulated to transition in and out of poverty.

The fact that adults' social capital should not be used as a proxy for children's social capital is only slowly being recognised (Jack and Gordon 1999; Morrow 1999; Morrow 2001; Runyan et al. 1998; Harpham 2002). Previous research plays down children's 'agency' and overemphasises the influence of parents on children's lives. Young Lives provides an opportunity to begin to explore the difference between children's and caregivers' social capital and the role that each plays in the child's well-being. Qualitative work on British children's social capital by Morrow demonstrated that it is possible and meaningful to separate structural social capital (connectedness) from cognitive social capital (feeling supported/helped). Connectedness in Young Lives is measured through asking about 'number of friends spoken to in the past week' and 'group membership'. Support is measured by asking about the availability of someone to help the child. As with Round 1, Round 2 asked about the availability of someone to help in specific instances in which a child may need help.

Children's social networks provide a context for the development of social skills. 'Social skills' in this context refers to a person's 'ability to interact effectively with others and deal with various social situations and demands' (Brewer 2003). Skills such as these normally develop through interactions with parents, relatives and peers from early childhood onwards. Successful social interactions are important for daily life and successful living. There are serious consequences for people who fail to develop adequate social skills, including low self-esteem, loneliness and lack of social support (Brewer 2003) since they may not know how to assert themselves, resolve conflict, or make friends. Some poor children living in isolated situations, for example through being excluded and stigmatised at school or through working alone as a domestic worker (Stegmann 2003), lack the opportunity to develop these skills, making their lives harder in the future. Conversely, those who develop good social skills may find that these facilitate routes out of poverty. If social skill development can be measured early in Young Lives, the extent to which it moderates the effects of poverty on children's futures can be analysed in future rounds.
Questions in this section assess children's (self-reported) social skills. The majority are set in the context of school or work to give a specific situation for children to relate to, and are only asked if the individual child is at school and/or working. These questions have mostly been adapted from Brewer's (2003) recommended instrument

for research with child domestic workers. Brewer drew the questions from various psychological instruments for assessing social skills in North American and European contexts. However, they have not been validated cross-culturally and this precise selection and wording of questions has not been used before and thus needs to be analysed for reliability. Through comparison with qualitative work with individual children and analysis of their correlations with future social integration, it may also be possible to asses the validity of their scores on these questions and potentially develop a social skills scale for use in other developing world contexts.

For further details on Young Lives definition of social capital, please see the document, *Justification of the Content of the Household Questionnaire – Round 2*.

Section 4: Feelings and attitudes

A subset of the items used in the household questionnaire is used to explore children's perceptions of the importance of education for their future, their expectations about the length of time they will remain in education, and the relative importance of full-time education and working to help the family. As well as allowing for the collection of children's attitudes, which are important as they are likely to influence their later behaviour (Leone et al. 1999), this allows for the comparison of intergenerational attitudes on these subjects.

> A full understanding of child poverty must include children's reactions and experiences of being poor, as much as external definitions and must take into account issues such as shame or social exclusion as well as having enough to eat.
> (Montgomery and Burr 2003)

A key aim of the Young Lives project is to research the effects of poverty on children's psychosocial capacities. The focus on capacities reflects the recognition that children often demonstrate great resilience in the face of adversity to the extent that they come to think of their conditions as 'ordinary' (Masten 2001). However, different aspects of poverty are hypothesised to affect children's psychosocial capacities in different ways. For example, the facets of poverty in which children grow up influence their agency (their ability and opportunity to make their own decisions). This may increase or decrease their feelings of self-efficacy, self-esteem and shame. These themes are also explored in Section 11 of the household questionnaire, to allow for a comparison of the feelings and perceptions of caregivers and children.

The method used is a Likert-type response scale in which children indicate their agreement or disagreement with various statements in terms of how much they sound like themselves. This Likert scale has four points with a 'don't know' option included in the coding – as for other questions in the questionnaire – if children really cannot answer. Rossiter (1977) demonstrates that this scale enables the maximum level of discrimination when applied to US-American children aged 8 to 9, while Sa'di (2001) notes that there has been concern over the suitability of a five-point Likert scale for children of this age in Western contexts. Although the children in the Young Lives study are older, they may not be literate and may be less familiar with being asked

their opinion. The absence of a mid-point is 'advisable to prevent children opting for "don't know" as a means of avoiding the question' (Rossiter 1977). Five or more points can be overwhelming for children, whereas 3 points approximates to 'yes', 'no' and 'don't know', so may not add much value.

Life satisfaction: Happiness, or satisfaction, is important to consider in poverty research because the poorest are not necessarily the unhappiest and there is growing recognition that people's own perceptions of their situation should be taken into account when seeking to develop or improve their living conditions (Camfield and McGregor 2005). Consequently, a simple measure using the Life Satisfaction Ladder has been included. This item was originally developed in a medical context, to test the perceived life satisfaction of patients (Cantril 1965). However, it has recently been used all over the world in happiness studies (Veenhoven, *undated*) and in studies of poverty and development in a number of countries, including Ethiopia (Ethiopia WeD Research Programme 2003) and India (Bourai et al. 1997).

The limitations of this type of general question about 'global' life satisfaction must be recognised: they are vulnerable to biases of mood, timing and social desirability (Camfield and McGregor 2005). In an attempt to measure feelings of powerlessness and to concretise the concept of satisfaction, several follow-up questions have been added. After asking caregivers to indicate their position between their best and worst possible lives, fieldworkers then ask them to indicate whether they expect they will be able to increase their life satisfaction in the next four years. This time span was chosen to coincide with the next round of data collection. A further question on what they perceive would increase their chances of moving up the ladder illuminates their perceived limits on agency and self-efficacy.

Trust and perception of service quality: There are several types of trust: within established relationships and social networks; trust extended to strangers (often based on expectations of behaviour or a sense of shared norms); and trust in the institutions of governance (including fairness of rules, official procedures, and dispute resolution and resource allocation). Young Lives tries to assess different dimensions of trust using Likert-like scales. Questions were mainly taken from the World Bank Social Capital Assessment Tool (SCAT) (Grootaert et al. 2004). Trust and perceptions of service quality might shape confidence and subsequent behaviour with regard to choice and usage of the available services by children.

The following three subscales were created from statements made by children living in extreme poverty in various countries in the world, in conjunction with Prof. Martin Woodhead. It is important to clarify that none of the scales suggested for use in the questionnaire have yet demonstrated reliability in the Young Lives cultural contexts. Consequently, they might need to be analysed as single items. However, each group of questions might prove to be a reliable scale. Their validity would also need to be assessed through comparison with qualitative work.

Stigma and discrimination: Qualitative work by UNICEF (1999) and the World Bank (2001) on voices of poor children around the world identified indicators of well-being that are important to children. One of these indicators was the degree to which people treat children badly or look down on them. Children become particularly

sensitive to issues of stigma and discrimination during middle and late childhood, as peers and social groups become increasingly important to them (Boyden et al. 2003). We have attempted to separate out the issue of perceived discrimination (i.e. 'how others treat me') from the issue of reduced self-esteem, or shame (i.e. 'how that makes me feel'). These two dimensions are likely to be highly correlated. The questions in this section have been developed in close cooperation with Martin Woodhead and are based on statements from children living in poverty that feel discriminated against. Two 'why' questions are included in an attempt to discover on what grounds children feel they are treated worse than other children.

Pride and shame: Pride and shame are more 'everyday' words for the psychological concept of self-esteem. Contextualising the questions makes them easier for children to answer and also recognises that such feelings are likely to depend on the situation. Those who are able to help their families report a sense of pride and responsibility (Woodhead 1998; Punch 2004), whereas the poorest of the poor often report feelings of shame and low self-esteem because of the stigmatisation and discrimination they experience, as well as their limited opportunities for change (Boyden et al. 2003). Collecting data on children's levels of pride and shame at this stage allows us to see how much these feelings facilitate or debilitate children's opportunities and strategies for improving their situation in life.

Self-efficacy: Self-efficacy can be understood as 'a child's sense of agency or mastery' or their sense of competence (Brewer 2003: 93). It corresponds to other psychological concepts in psychology: an internal locus of control; the opposite of helplessness. As well as the statements included in the Likert-scale response section, self-efficacy is also addressed through the 'ladder of life satisfaction' (see above). After asking children to indicate their current level of satisfaction with their life, fieldworkers then ask children to indicate whether they expect they will be able to increase their life satisfaction in the next four years. This time span was chosen to coincide with the next round of data collection.

Country-specific addition: India

Knowledge about specific programmes/services for children: The India team included several questions on specific programmes/services that offer support for children. The first question asks about knowledge and sources of knowledge about bridge schools for children who have dropped out of education. Early school drop out is a major problem in India. According to the UNESCO (2006), 89 per cent of India's children are enrolled in primary school. However, by the age of 10, about 40 per cent have already dropped out. Reasons are manifold. Uppermost among them are economic constraints, in terms of both the hidden expenses of government schooling (e.g., school fees, textbooks, stationery, school clothes, private tuition and travel [PROBE 1999]) and the need for children to contribute to the family unit through labour or income. As well as geographical constraints, such as the remoteness of schools in rural areas, there may be social constraints to attendance such as caste or group tensions or gender bias, and cultural constraints, such as schools being perceived by parents as representing cultures and values which do not belong to them (Roy 1984). Bridge schools were established all over India to enable 'out-of-school' children and adolescents to go back to school to continue their education.

The questions about bridge schools enable us to assess the extent to which children who dropped out or are likely to drop out are informed about the possibility of returning to school education later in life.

There is some evidence that children from scheduled castes and other scheduled tribes experience various disadvantages related to formal school education. In addition to economic constraints, distance from school, social tensions between castes and discrimination from teachers are possible restricting factors (Jenkins and Barr 2006). Not surprisingly, school drop-out rates are particularly high among children from scheduled castes and tribes. Special education schemes, including various scholarships and studentships for children from scheduled castes and tribes, aim to enable disadvantaged children to continue formal school education. We want to assess whether children are aware of these supportive schemes.

The CHILDLINE is a national toll-free telephone helpline for children in India. The helpline was first launched in Mumbai in 1996 as an experimental project of the department of Family and Child Welfare of TISS, but was quickly expanded to a nationwide emergency helpline for children (CHILDLINE 2007). We want to assess whether children are aware of the CHILDLINE.

Section 5: Parents and household issues

There is evidence from different qualitative studies that poverty affects children within a household in very different ways (Punch 2004; Reynolds 1991). One of the exciting possibilities of the Young Lives project is to investigate intra-household resource allocation, labour contributions and power distributions from the child's perspective. Intra-household issues are investigated in different sections of the child and household questionnaire. The purpose of this section is to address in particular children's feelings and perceptions of discrimination within the household.

The first five questions address the degree to which children feel loved and supported by their parents and have been adapted from Kakama's (2002) work with Ugandan adolescents, looking at the links between material poverty and crime. These provide a context for the questions that follow, which address children's perceptions of how they are treated compared to other children in the household, and aim to obtain an indication of intra-household discrimination.

Finally, this section attempts to address the degree to which children perceive themselves able to negotiate with their parents and have some say in decisions that matter to them.

Section 6: Perceptions of the future and household wealth

This section asks about children's perception of the future and of household wealth.

Hopes for the future: The making of plans and aspirations seems to be common to children in many contexts, regardless of whether they are achievable or not (see, for example, the aspirations of South African girls in townships with low social mobility

[Kritzinger 2002; Brewer 2003]). Two questions are included, one allowing children to imagine their ideal job and the other assessing their more realistic expectations. (Caregivers are asked the same questions regarding the future of the Young Lives child to see how much similarity and divergence there is between their aspirations.)

Perceptions of wealth: The final questions ask about children's perception of their family's economic well-being, firstly in absolute terms and secondly in relation to others. This is included because research found that children's perceptions of poor economic circumstances in the household might lead to distress and low self-esteem (Boyden et al. 2003). This question is also asked of caregivers.

Country-specific addition: Ethiopia

Available study time and place: Work on the farm, domestic chores or other economic activities or commitments can leave the child with little time to study for school. Noisy, badly lit or insufficient place for study can also be a barrier to regular study, leading to poor performance and sometimes withdrawal from school on grounds of poor academic achievement. These questions try to identify children who are affected by or are vulnerable to these barriers to education.

Section 7: Children's perceptions of body shapes

Country-specific addition: Peru

There is a large body of literature on perceptions of body shapes in adolescent girls and, to a lesser extent, boys in Western cultures. Body shape perceptions could be associated with self-esteem, body-esteem, emotional well-being and depression among adolescents (Abell and Richards 1996; Mendelson 1996). Perceived body image has also been shown to influence eating patterns and contribute to the development of eating disorders among adolescents (Cohn et al. 1987; Fox et al. 1994).

There is evidence that indicates that body image, the subjective image individuals have of their own body, must be considered in relation to the cultural context (Fallcon 1990). For example, in Western cultures, there is a strong preference towards thin female body shape while boys indicate a preference for heavier body shapes. In this section, we investigate body shape preferences and perceptions among poor Peruvian 12-year-old boys and girls. Body silhouettes of girls and boys are shown to the children, with figures ranging from very thin (1) to very obese (4). The children are ask to indicate which body shape resembles their own current shape most, which shape they prefer, and which shapes look most healthy and unhealthy. To our knowledge, there is no study that investigates body shape perceptions of Peruvian children and Young Lives provides an opportunity to assess children's perceptions in a large, varied sample of 12-year-olds.

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Young Lives data archive

We are committed to the widest possible dissemination of our research including public archiving of our data to enable policymakers and other researchers to benefit from this unique longitudinal survey.

The anonymised data from Round 1 and Round 2 of the quantitative survey are archived in the UK with the Economic and Social Data Service (project ref: SN 5307, http://www.data-archive.ac.uk/findingData/snDescription.asp?sn=5307). Both datasets are also available on CD-rom for users within developing countries. We plan to archive anonymised data from our qualitative research (partial transcripts of interviews and activities with children) with ESDS in early 2010.