

The Impact of Growth on Childhood Poverty in Andhra Pradesh

This report presents initial findings from the third round of data collection by Young Lives in the Indian State of Andhra Pradesh, carried out from late 2009 to early 2010 with two age cohorts of children. It gives a broad outline of some of the key indicators of childhood poverty and changes that have taken place in the children's lives between the earlier survey rounds in 2002 and 2006 and this third round. Data are mainly presented for the entire age group cohort, in most cases separated into gender, wealth groups, rural/urban location, caste and ethnicity. In particular, we are able to make comparisons between the older children at age 8 in 2002 (in Round 1), and the Younger Cohort at age 8 in 2009 (Round 3) – to highlight changes that have happened in the study communities over that time.

In 2002 Young Lives collected data on 2,011 children who were aged 6 to 18 months (the Younger Cohort) and 1,008 children aged 7.5 to 8.5 years (the Older Cohort) for the first survey round. The Young Lives sampling strategy was based on randomly selecting 150 children within 20 clusters or geographic sites, spread across Andhra Pradesh. Overall attrition by Round 3 was 2.2% over the eight-year period. The Young Lives study has also carried out three rounds of qualitative fieldwork, in 2007, 2008 and 2010, and the data collected are used to explain some of the findings in this report.

Context

India is home to 1.2 billion people of whom 40 per cent are children. India today is witnessing an economic boom and if current trends continue, it is on course to become one of the world's most powerful economies. Yet this vast country is characterised by stark disparities between regions and social groups related to wealth and consumption, access to welfare programmes and education, and mobility out of poverty. Given the scale of poverty (75 per cent of the population lives on less than \$2 per day) and that a quarter of all child deaths globally occur in India, tackling child poverty has global significance. The Young Lives study in India is being carried out in Andhra Pradesh, the fifth largest state in India, with a total population of 84.66 million (Census 2011).

Levels of wealth, consumption and poverty

Real per capita consumption (at 2006 prices) has risen from Rs.812 in 2006 to Rs.942 in 2009 for all the households in the Young Lives sample, an increase of 16% over three years. Urban consumption is higher than rural consumption in both the rounds: consumption

for urban households has risen from Rs.964 in 2006 to Rs.1123 in 2009 (an increase of 16.5%), while it has risen from Rs.759 to Rs.881 for rural households (an increase of 16%). The distribution of growth in consumption across social groups reveals that the 'Other Castes' (which include Upper Castes) had the highest consumption, while the Scheduled Tribes had the lowest consumption in all three rounds.

Absolute poverty has declined from 24% of Young Lives households in 2006 to 16% in 2009. The decline in poverty was little faster in rural than urban communities between 2006 and 2009, with more people poor in rural areas. Changes in the wealth index, which reflects the ownership of basic consumer durables and access to basic services, has also registered a greater improvement for rural areas than urban areas. This may be due to economic growth, as well as the implementation of rural poverty reduction programmes and social protection schemes.

Shocks and adverse events

The movement of households in and out of poverty is often influenced by adverse events which may affect their incomes and livelihoods, force the sale of assets, undermine consumption, or cause families to incur debt. There is a significant variation in the prevalence of some shocks between rounds. In particular drought, which affected over a quarter of the sample households between 2002 and 2006 only affected 7.5% of the households in the succeeding three years. This pattern is important, not only to highlight the unpredictability of shocks (and their severity), but also to interpret the changes in many patterns seen in the data thus far. The second major pattern to note is the widespread effect of inflation in food prices between 2006 and 2009: over three-quarters of the sample households report being affected during this period.

A larger proportion of rural households report shocks of various kinds. To a large extent, this is a reflection of the multiple risks inherent in rain-dependent agriculture. However, it is important to note that this pattern is not true across all types of shock: for example, similar proportions of the sample report having suffered from food price rises, or the death of a household member, in urban and rural areas.

Access to services

At a general level, there was some improving access for households to both water and sanitation. However what is most noticeable is that although by 2009, nearly all households report access to safe drinking water, only a third of households report access to improved sanitation, and the increase over the period was much smaller. There has been the strongest growth in access to safe water in rural areas (from a much lower base), and by 2009 the difference between rural and urban areas was small. A wide gap persists, however, in access to sanitation: while nine in ten households in urban areas have access to improved sanitation, fewer than one in five children in rural areas live in households reporting access to sanitation. Children in rural areas did see improving access to sanitation (by 7 percentage points between 2002 and 2009), but it remains low. Examining patterns in other social groupings reflects this overall urban–rural story, with disparities existing between poor and non-poor households, and by social group (fewer than one in five Scheduled Tribe children reported access to safe sanitation, compared to around two thirds of other caste children). Developing better access to safe sanitation therefore continues to be of policy importance.

Health and nutrition

Stunting (low height-for-age) and low BMI-for-age are indicators of poor nutrition and long-term malnutrition and are widely accepted to be linked to other child development outcomes. Stunting suggests long-term under-nutrition particularly experienced in the early years of life and low BMI-for-age is a short-term indicator of poor nutrition. Around one in four (27% of the Younger Cohort children have low BMI-for-age), while almost one in three (29%) were stunted at age 8 (although that has fallen from 33% at age 5 years). In 2009, Younger Cohort children in rural areas were experiencing a higher prevalence of low BMI-for-age (29%) as well as stunting (34%) than children from urban areas (for whom the corresponding figures were 22% and 16%). Comparing the Older and Younger Cohorts at age 8 years suggests a very slight decline

in stunting rates between 2002 and 2009 (3 percentage points). What is most worrying, however, is how high these figures remain, and that here has been limited improvement despite the increase in consumption levels and considerable economic growth. Measures to reduce child stunting, require improving access to food and improving health and sanitation infrastructure.

Education

In Round 2 (2006) 96 % of Younger Cohort children (then aged around 5) were enrolled either in primary school (45%) or some form of pre-school (51%). The average age at which children started formal schooling was 5.51 years. By Round 3, when the same children were aged around 8, enrolment in primary school had increased to 98%.

Enrolment is high in both urban and rural areas, and although there was little difference in the average age children started school, around double the proportion of children in rural areas had repeated a grade in the first five years of primary school compared with children in urban areas. It is very likely there are differences around the quality of education experienced. In the context of a rapidly expanding private sector in Andhra Pradesh, it is also important to note that a wide variation exists among low-fee private schools (often unregulated) in rural and urban areas and recognised high-fee schools in urban areas. A second factor is how much time children are able to spend in school, and the quality of education they receive. Both the survey and the qualitative data show that more boys than girls were being sent to the private schools, with a particularly high differential in rural areas. Gender-based decisions such as these were recorded during the qualitative research, where the caregivers justified the preference as investing in a child who remains with them, since girls get married and move to new family, whereas boys contribute to the family and support their parents in old age.

The data also demonstrate the association between maternal education and a number of indicators of children's education (which could be explained either by the direct effect of mother's education or by some other factor which is associated with maternal education, such as more educated mothers being more affluent). Children whose mothers had received no education were less likely to have attended preschool (44% compared to 72% of children whose mothers had received 10 or more years of education), and were four times more likely to have repeated a grade by age 8 (16% compared with 4%).

In the Older Cohort enrolment has fallen from 98% in

Round 1 (age 8), to 90% in Round 2 (age 12), and further declined to 77% in Round 3 (age 15). Ten per cent of children have repeated a grade, while 13% left school between the ages of 12 and 15. The drop-out rate for children from the Scheduled Castes and Scheduled Tribes groups was almost double the rate of drop out for the Other Caste groups. The proportion of children from non-poor households who were still enrolled in Round 3 is higher than the proportion of children from poor households; as importantly, children from non-poor households drop out at later points of their educational trajectory and thus tend to receive more years of education than children from poor households. As well as beginning school slightly later than boys, more Young Lives girls have left education between Round 2 and Round 3 (15%), compared to boys (11%). Qualitative work was done with Older Cohort children and during the interviews and group exercises, girls reported that distance to school, inadequate transport facilities and lack of basic amenities like toilets at school are some of the reasons why older girls drop out of school.

Children's work and time-use

Children in the Older Cohort report overall slightly less time in school and more time in paid and unpaid work (which includes caring for family members and unpaid work in family business) than children in the Younger Cohort. In the Older Cohort the percentage of children who were working (either paid or unpaid) rose from 22% in 2006 to 28% in 2009, with a higher incidence of work in rural areas (33%) compared to urban areas (12%) and highest among the Scheduled Tribes and Scheduled Castes, followed by Backward Castes and 'Other Castes'. In 2009 the children from poor households were more likely to work (34%) than children from non-poor households (27%).

Children from land-owning households often work on the family farm during the peak agricultural season, which will affect time spent in school. Unable to strike a balance between the different forms of work, some children missed school and then found it difficult to continue attending school. Not only does this show the seasonal pressures on children, but that children may be formally enrolled in school and yet miss much tuition.

Subjective well-being

In keeping with its multidimensional approach to poverty, Young Lives assesses children's subjective well-being. Children in the Younger Cohort reported higher self-evaluations of their lives than Older Cohort children. Children from 'Other Castes' reported higher self-

evaluation of their life compared to children from all other castes. Similarly, children from non-poor households, urban areas, girls and children with mothers with more education reported having a 'better life' than those from poor households, rural areas, boys and children with mothers with little education. Education and not being poor are therefore positively correlated with subjective well-being.

Conclusions

Young Lives key findings have a number of important implications for policy.

- *Delivering pro-poor growth.* Although typically households saw consumption levels increase the gaps between groups remain large and in some cases widened. Much more therefore is needed to encourage pro-poor growth, including investments in education or health services which help ensure poorer people are able to participate in growth; ensuring people have access to land; and social protection measures which help protect households from risk.
- *Combating the high burden of ill-health on poor families.* A high burden of illness experienced by children is likely to undermine their nutrition or other aspects of their physical development and ability to attend and learn in school. Although Young Lives evidence shows high take-up of health cards as part of the Arogyasri health insurance programme, there is little reported use of the services (around 3.2% of households). Qualitative evidence from Young Lives demonstrates the impacts of costs in causing debt traps and proving a barrier for accessing decent primary healthcare. Alongside these concerns over disease prevention is the lack of progress in improving access to safe sanitation. Stronger emphasis is needed on improving access to primary health care and preventative health strategies alongside the secondary care services on which the Arogyasri scheme focuses.
- *Improved enrolment but many children have left school by 15 years.* Rising enrolment rates at primary level are a great success but there are concerns as even by age 8, more than one in ten children had repeated a year and only three quarters of the Older Cohort were still in education by the age of 15. Further, although education is important for its own sake, and a predictor of later outcomes, for children's life chances to improve it is also necessary that new livelihood options are open to children leaving school or college to take advantage of their skills.

- *Building on increased enrolment to deliver better learning for children.* Measures include access to pre-school, improving the quality of schooling (such as teacher training; teacher absenteeism; the quality of teaching materials; and the quality of infrastructure), as well as keeping children in school and ensuring that other pressures (including poverty) do not undermine children's ability to learn. Social protection and livelihood measures which reduce risk and increase household incomes are also important to help ensure children can stay within the education system.
 - *A growing private sector in education may be increasing differences between boys and girls.* Comparing the two cohorts when they were the same age demonstrates the proportion in the private sector nearly doubling. The rise may well also reflect parental concerns over quality in government schools (including over the use of English as the teaching medium, which is highly regarded and typical in private schools). The perceived need to send children to private schooling is likely to put further pressure on family budgets, stretching existing resources and forcing parents to choose between children. For equity reasons it is important to maintain a strong public system in order to avoid exacerbating existing inequalities.
 - *Helping poorer families cope with risk and reducing chronic poverty.* Eight in ten (77%) households reported food price increases in 2006 to 2009, the period coinciding with the food, fuel and financial crisis. The Mahatma Gandhi National Rural Employment Guarantee Scheme has now been rolled out and provides both a wage floor in rural areas and elements of insurance by guaranteeing a certain number of days work to households. Almost 70% of households reported doing some work under the scheme but only one in ten reported working the full 100 days (the average was 40). Families with low levels of maternal education were much more likely to be using the scheme, as were Scheduled Tribe, Scheduled Caste and Backward Classes households.
- More data are available from Young Lives than is reflected in this preliminary report, but we hope that it contains enough information to prompt other researchers, policymakers and stakeholders to engage with the data and to view Young Lives as a resource to help inform policy and practice to improve children's life chances.

About Young Lives

Young Lives is a long-term international research project investigating the changing nature of childhood poverty in four developing countries – Ethiopia, India (in Andhra Pradesh), Peru and Vietnam – over 15 years, the timeframe set by the UN to assess progress towards the UN Millennium Development Goals. Through interviews, group work and case studies with the children, their parents, teachers and community representatives, 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.

We are following two groups of children in each country: 2,000 children who were born in 2001-02 and 1,000 children born in 1994-95. These groups provide insights into every phase of childhood. The younger children are being tracked from infancy to their mid-teens and the older children through into adulthood, when some will become parents themselves. When this is matched with information gathered about their parents, we will be able to reveal much about the intergenerational transfer of poverty, how families on the margins move in and out of poverty, and the policies that can make a real difference to their lives.

The Young Lives team in Andhra Pradesh works with the Centre for Economic and Social Studies (CESS) in Hyderabad, Sri Padmavati Mahila Visvavidyalam (Women's University) (SPMVV) in Tirupati and Save the Children-Bal Raksha Bharat. The Country Director is Dr Renu Singh.

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