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Children of India: Rights and Opportunities

From Poverty to Well-being:

Alternative Approaches to the Recognition of Child Deprivation in India

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Foreword

Children below the age of 18 years account for nearly 40 per cent of India's population. It goes without saying that enabling all children to realize their full creative potential is critical for sustaining India's economic growth and accelerating human development. Not all children have benefited equitably from the remarkable progress and transformation that the country has witnessed in recent years. Tens of millions still face basic challenges of survival and healthy development.

Children are first and foremost individuals, born with indivisible and inalienable human rights. They also belong to families and communities that need to have access to resources and services, as well as capacities to ensure realization of their rights. Policy approaches are needed that address both the income and non-income dimensions of children's deprivations. Continued neglect of material, human and psycho-social dimensions of child well-being can prevent children from living a full life and from making informed decisions later on in their life. India too would miss out on the dividends that can accrue from a full expansion of children's capabilities.

The Institute for Human Development (IHD) and UNICEF are partnering to offer a platform for examining different dimensions of child rights. Experts and commentators were invited to explore the impact of development policies on children and women and suggest alternative approaches to the elimination of children's deprivations. They have explored how best to ensure that all children benefit from equal and non-discriminatory access to basic social services. They have looked at ways of capitalizing on the demographic dividend, creating fiscal policy space for investing in children and strengthening the legislative and institutional framework for protecting children.

These contributions are being brought out as IHD - UNICEF Working Paper Series *Children of India: Rights and Opportunities*. We hope that the series will contribute to enriching public discourse and strengthening public action to promote the rights of children.

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Director, Institute for Human Development

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From Poverty to Well-being:
Alternative Approaches to the Recognition of Child Deprivation in India

Ashwani Saith and Rekha Wazir*

Summary

The basic argument of this paper is that a paradigm shift is urgently necessary: from mainstream approaches which tend to focus overwhelmingly on the material poverty and deprivation experienced by some children, deemed by definition to belong to households-in-poverty, to one that widens the field of vision to include both material and non-material dimensions of well-being of all children. While household poverty is indeed one crucial determinant of child deprivation, prevalent methodologies for the estimation of household poverty, including those practised in India, are seriously deficient and have a knock-on effect in terms of subsequent inaccuracies in the estimation of child poverty. The ubiquitous monetary poverty-line approach essentially treats child poverty as being co-terminus with household poverty, and the Human Development Index (HDI), though promising to deliver more, still defines child well-being generally in terms of deficits in the domains of a few standard basic needs. The issue of child well-being is inherently far broader than the constrictive frame of reference imposed by these conventional approaches. This calls for an acknowledgement of a full array

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of material and non-material dimensions that influence the well-being of all children, regardless of the poverty status of the households to which they belong. It is important to recognize these, both in discourse and the design of interventions, for arriving at any meaningful approach for addressing child rights on a holistic and universal basis.

Globally, there is a vast array of social indicators, many of these specifically oriented to the lives, experiences and needs of children. This approach is much more advanced in rich countries, where the focus has widened and shifted progressively to non-monetary dimensions of child well-being. Some creative and innovative initiatives that push such an agenda are beginning to emerge in India as well. Efforts at widening the research and policy agenda from material poverty towards holistic well-being will need to learn strategically and selectively from the considerable global body of knowledge, experience and expertise that is available within the parallel communities of researchers, activists and practitioners. Special attention is also necessary to widen the frame of reference from one that inventorizes deficits in the negative form of ill-being, to perspectives that also actively engage with the positive space of factors which stimulate various forms of well-being. There is more to well-being than the absence of ill-being. It is time to catch up—a goal that should not prove unrealistic, given India's impressive academic and professional infrastructure.

From Poverty to Well-being:

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1. The need for a paradigm shift

Ways of seeing influence ways of doing; there is thus much to be gained potentially by a thorough stock-taking and interrogation of the habitual methods and techniques employed in the field of child poverty measurement in India. The basic argument of this paper is that a paradigm shift is urgently necessary: from the mainstream approach which tends to focus overwhelmingly on the material poverty and deprivation experienced by some children, deemed by definition to be those in households-in-poverty, to one that widens the field of vision to include both material and non-material dimensions of well-being of all children. Such a shift carries significant implications for modes of conceptualization and recognition; for the focus and substantive content of analysis, for the choice of methods and tools, for the framing and design of policies and interventions, and more generally, for the scope of debates and discourse pertaining to the development rights of children.

It is argued that child poverty and well-being issues have suffered serious collateral damage on account of being constricted within the straitjacket of the conventional approaches that dominate the space, imagination and research. The ubiquitous monetary poverty-line approach essentially treats child poverty as being co-terminus with household poverty, and the incidence of child poverty is estimated by simply counting the number of children in households found to be below the posited poverty line; all issues of the specificity of child poverty, as distinct from that experienced by adults, get excluded at a stroke. The other dominant approach, that is, human development and its prime recognition device, the Human Development Index (HDI), promises much more than it actually delivers, with child well-being still being defined generally in terms of deficits in the domains of a few standard basic needs. Neither approach does any favours to an acknowledgment and recognition of the full array of dimensions that constitute an understanding of child well-being in holistic

terms. Such straitjackets need to be cast off and replaced by wider templates that have more generous space for a variety of other, often non-material, domains of well-being in which many children, be they from poor or non-poor families, suffer endemic and often debilitating deficits.

A few examples could help to carry and clarify the argument. Consider child disability: this afflicts children from all strata of society, not just the poor, and is not generally considered as an issue in its own right in the conventional child poverty agenda. Similarly, child abuse and violence are phenomena that also cut across the poverty boundary. If the two sets of issues are compared, it is reasonable to expect that child disability might impose a far greater cost on the parents, and also on the child, for families in poverty, because achieving well-being for a disabled child is often, though not always, dependent on economic resources. Disability, when combined with poverty, not only exacerbates problems but also curtails the ability of the individual to move out of poverty. But this does not render disability of children in non-poor households into a non-issue. In the case of abuse and violence, the poverty status of the household might have reduced relevance, since the issue is not structurally related in cause or cure to family resources, but to behaviour. However, both issues have several negative consequences for the well-being and healthy development of children.

Even for many standard constituents of 'poverty', such as education and nutrition, the focus cannot be exclusively on children in households in poverty. What about the girl child in a non-poor household who is not sent to school on account of conservative parental attitudes? With regard to nutrition, it might indeed be reasonably predicted that calorie and other nutrient deficiencies would be found primarily amongst poor children. But what if the dimension of nutritional well-being is redefined so as to focus not only on the issue of under-nutrition but also more generally on malnutrition? This would necessitate an assessment of not just the inadequacy but also the inappropriateness of children's diets. It would permit, indeed require, the inclusion of children, usually from non-poor families, who suffer from obesity, with its known long-term negative consequences for health and well-being, including costs imposed on society in general.

It would be inappropriate to adopt a blinkered focus on India without placing it within the larger global landscape of discourse and practice in this dynamic field. Given the advanced level of the study of child well-being in rich countries, and the very preliminary state of affairs in contemporary Indian research discourse and policy, it is all the more necessary to

avoid setting about reinventing the wheel. A research and policy paradigm shift in India can take advantage of this accumulated knowledge, with much of it derived from and tested against practice. Yet, there remains the substantial and complex task of undertaking such learning, especially since the societal and development contexts are far removed from each other. Such bridges need to be constructed urgently.

Two central concerns are addressed in this exploratory paper. The first pertains to how child deprivation might appropriately be viewed in order to take account of children's rights: how do the approaches of child poverty compare with those of child well-being? The second question is more specific: how far do poverty estimation methods currently in use reflect sensitivity to child poverty and child well-being? Both questions are posed, and tentative responses framed specifically within the contemporary Indian context. Section 2 of the paper provides a condensed, synthetic overview of the relatively well-developed state of the study of child well-being in rich countries and highlights several aspects of relevance for the Indian context. It provides a starting point for a subsequent reflection on child well-being in India.

The location shifts from the global level to India in Section 3, which interrogates the major approaches employed in India for the recognition and measurement of poverty from the point of view of making child poverty visible. How sensitive are these methods and techniques to the specific demands of recognizing child poverty? Can they succeed, given the fact that their rationale was the estimation of deprivation at the *household*, or higher, unit of aggregation? On the whole, the conclusions with regard to the child sensitivity of the major Indian poverty measurement approaches, with some exceptions are, perhaps predictably, disappointing. Section 4 then gathers, and briefly evaluates, some early shoots in the development of the child well-being field specifically in India. How innovative are these? Do they discard the methodological shackles of the mainstream approaches? The final section reflects on the terrain ahead in the journey from counting children in poor households to holistically assessing the well-being of all children.

2. Global perspectives: From poverty to well-being

Globally, considerable progress has been made in moving away from a narrow, poverty-related perspective to a wider, multi-dimensional approach that encompasses both material and non-material aspects of children's well-being. A considerable distance has been traversed since B.S. Rowntree's pioneering, methodologically meticulous research on poverty in 1899 in the city of York. His focus was on absolute poverty defined using a primary poverty line that covered the bare "minimum necessary for maintenance of merely physical health" (Rowntree, 1902, p. 37). While child poverty was well commented on, the basic underlying premise and conclusion was that its incidence mirrored the poverty of the parents. He carefully observed the paradoxes of child poverty: "The importance attaching to the earnings of the children in the families of the poor reminds us how great must be the temptation to take children away from school at the earliest possible moment, in order that they may begin to earn. The temptation is also great to put them to some labouring work where they can soon earn from five to eight shillings weekly rather than to apprentice them to a trade in which they will receive but low wages until they have served their time" (Rowntree, 1902, pp. 59-60). Again: "A large family is, of course, only a cause of poverty so long as the children are dependent upon the wages of the householder. As soon as the children begin to earn money they become a source of income. But the poverty period, with its accompaniments of under-feeding, scanty clothing, and overcrowding, lasts during the first ten or more years of their lives, a circumstance which cannot fail to arrest their mental and physical development" (Rowntree, 1902, p. 128n). He unambiguously establishes the cross-sectional relationship between social class, income, and the anthropometric measurements of children from these classes. The entire study, and the times it reflects, resonate with the situation of widespread absolute poverty in the developing economies at present, just as the methodology developed set standards for the estimation of absolute poverty that still meet the tests of rigour today.

Development and material prosperity shift the experience and perceptions of poverty, and new social norms overtake the hard minimalist criterion of maintaining bare bodily physical efficiency. Once the hard basic needs norm is abdicated, poverty also becomes a relative issue. This has come to be reflected in the prevalent approach to the recognition and measurement of poverty in European countries. A standard way of doing this is to set the poverty line at a level which, in current European Union (EU) practice, is 60 per cent of the median equivalized

income for the country. This has the advantage of making poverty relative, and inducting the dimension of inequality into the recognition of poverty (EC, 2008, p. 12). Child poverty is thus measured on the basis of this agreed definition of "at-risk-of-poverty" approach, by estimating the number of children in households thus at risk. On this basis, for EU-27 (that is, the 27 countries making up the EU), children aged 0-17 years formed 16 per cent of the total population, but constituted 19 per cent of those at-risk-of-poverty, resulting from the fact—similar to a century earlier—that child poverty was related to larger family size, though the link with one-parent families was also explicitly recognized (EC, 2008, pp. 12-13).

This *relative* dimension, in-built into this methodology, might make it problematic to make meaningful inter-country comparisons where there are significant differences in the levels of intra-country income inequality across them. This is indeed the case for EU-27. As a result, it is still useful to investigate the incidence of deprivation defined in common terms of a set of objective factors pertaining to aspects of economic stress, lack of durables, or housing conditions experienced by households. The findings with regard to this aspect of absolute deprivation—though far removed from Rowntree's bare bodily physical efficiency line—are highly significant for EU. They reveal that such deprivation is generally low in the rich countries and well below the incidence of relative income poverty. However, for the poorer EU countries, mostly the new accession countries, the percentage of children living in households experiencing significant deprivation in terms of economic stress, absence of key durable goods, or poor housing conditions, is very significantly above the percentage of children at-risk of monetary poverty. It thus emerges that such absolute deprivations are also widespread amongst households not at-risk of monetary poverty (EC, 2008, Tables 12, 13). These findings of the EU report confirm the continuing relevance of absolute standards and norms for key basic dimensions of well-being, especially in the poorer countries.

Significant as these dimensions of relative income poverty and material deprivation are, they are nevertheless largely derived from the conditions of the households within which children live. As such, they tend to ignore the wide range of factors that impinge on children's well-being in domains that are specific to the child *per se*. The former are no doubt important, but far from exhausting the list of factors and forces that influence the overall experience of well-being or ill-being of children in terms of life experiences both within the ambit of the household as well as in domains and environments beyond it.

At present, a wide range of agencies, using a spectrum of approaches, are involved internationally in measuring and monitoring the status of children and constructing indices of child well-being. The emphasis, language and specific nuances in conceptualization might vary, yet the core meaning that they tend to convey clearly shares a commonality of perspective, viz. a more holistic approach to conceptualizing the status of children. This has resulted in the development of a core of dimensions that go well beyond the inherited 'poverty' and traditional 'human development' variables. A major impetus for this widening of focus has come from the Convention on the Rights of the Child (CRC), which gives equal weight to children's rights to survival, development, protection and participation. States parties are required to monitor and report progress in implementing the CRC, which, by definition, requires them to gather information on a wide range of indicators that go beyond poverty.

The child indicator movement is perhaps most advanced in the United States, where a wide range of agencies—federal, non-governmental and commercial—in collaboration with universities and research institutions, are active in measuring the status of child and youth well-being. To take a few examples, the Federal Interagency Forum on Child and Family Statistics has been publishing an annual, updated report, since 1997, on the well-being of American children and families on the basis of data gathered from 22 Federal agencies (see Appendix Table 1 for the list of domains and indicators used). Similarly, the Foundation for Child Development has constructed an Index of Child Well-being (CWI) based on 28 indicators in 7 key domains (see Appendix Table 2). The CWI Report, which also draws on several data sources such as Monitoring the Future Study at the University of Michigan, the US Census, the US Current Population Survey, and the National Assessment of Educational Progress, has been released annually since 2004. It charts the overall well-being of all American children and allows comparisons between children from different racial and ethnic groups, and by family income, gender and age. Both agencies take on board positive as well as negative outcomes and include aspects of non-material well-being. There are also several data banks that monitor and report the latest trends and research. To name just two: the Child Trends Data Bank provides national information on over 100 key indicators of child and youth well-being (Child Trends, n.d.) and the Kids Count database, set up by the Annie E. Casey Foundation, provides data on more than 100 indicators of child well-being for the 50 largest US cities. In addition, there are various studies analysing the issue for single groups such as child immigrants or charting child well-being in relation to single issues such as marital status of mothers or obesity.

Other industrialized countries are also moving ahead to develop their own national measures of child well-being. In Ireland, the Office of the Minister for Child and Youth Affairs developed a national set of child well-being indicators in consultation with multiple stakeholders, including children (see Appendix Table 6). The result is a comprehensive index that provides information on positive and negative dimensions of children's lives and includes both objective and subjective indicators. This index was used to compile a report on the state of Ireland's children in 2006 and will serve as a benchmark for developments in the future (Hanafin, *et al.*, 2006).

The EU has been somewhat more cautious in accepting a single index for EU-wide use, despite the efforts of researchers and advocacy groups in developing such an instrument and lobbying for its use (see Appendix Table 3). Bradshaw's (2007) EU Child Well-being Index takes a comprehensive view of children's lives and includes indicators on dimensions of subjective well-being as well. Other efforts to develop composite indices include UNICEF's (2007) Index of Child Well-being in OECD countries, which was used to conduct a comparative assessment of the state of childhood in 21 industrialized countries (see Appendix Table 4). Despite limitations and gaps in available data, this index represents an important step towards a multi-dimensional approach to measuring children's status. The MedChild Foundation in Rome has also devised an index for measuring child welfare in 33 Mediterranean countries spanning the Middle East, North Africa, East Europe and Mediterranean Europe (see Appendix Table 5). Given the difficulties in identifying a set of indicators on which comparable information is available in the range of industrialized and less developed countries that were included in this survey, it is not surprising that this index is not as comprehensive as the ones mentioned above. It nevertheless represents an important step in the right direction.

It is obvious from this brief review that though progress is uneven, and there are gaps in data collection and monitoring, the direction in which change is taking place is unambiguous. On the basis of a review of 199 'status of children' reports from around the world, Ben-Arieh (2006)—a leading researcher in the field of child well-being indicators—concludes that a majority of the reports refer to multiple domains of children's well-being, are about the whole child population, and perhaps not surprisingly, were published in North America, with other Western countries coming in second place. In these countries, significantly more reports are compiled by advocacy groups and academic institutions than by international organizations.

The direction in which the child indicators movement is evolving is summarized by Ben-Arieh (2006, 2008) as follows:

- From mapping survival to mapping well-being;
- From negative to positive indicators;
- From a focus on well-becoming (the status of the child in future) to well-being (the current status);
- From traditional to new domains;
- From using children as subjects of study to involving them as active participants;
- Toward a composite index of child well-being; and
- Towards a more policy-oriented effort.

Collectively, what has been generated through this very broad and dynamic movement is, first, that well-being has become the key point of focus in assessing the status of children. The notion of well-being itself is being tested and finding its boundaries, which are themselves unavoidably porous and fuzzy in nature. Second, the active issue that is being debated now is how to conceptualize, measure and monitor children's well-being in different contexts, how to make the exercise more child-participatory and how to incorporate children's subjective perceptions.[1]

There is a move to define the approach at more disaggregated levels that could be country-specific, or reflect the specialized mandates of different agencies, or focus in depth on particular dimensions of well-being. The development and testing of such initiatives enhances the capacity of the general approach to take into account variations and specificities of cultural or country contexts.

1. The International Society for Child Indicators (ISCI) was established in 2005 as a reflection of the growing volume of work on the status of children. ISCI aims to bring together organizations and individuals working internationally in this field and enhancing the capacities of countries that are still at the early stages of developing child well-being indicators (www.childindicators.org/docs/20.ppt).

3. Indian poverty measurement: How child-sensitive is it?

There have been tireless, perhaps even tiresome, professional debates, mostly amongst economists, with much hair-splitting over the best methods and data for the measurement of poverty. How sensitive have these methodologies been with regard to child-specific deprivations? Can these methods yield a direct estimate of the incidence of poverty and material deprivation amongst Indian children? Two approaches, each reflecting a distinct methodology, dominate the field at the aggregate, macro or national level: material poverty incidence reckoned through the use of a monetary poverty-line approach and the multi-dimensional approach to poverty recognition and estimation adopted by the so-called Below the Poverty Line (BPL) Household Census using the multiple-indicator scoring criteria as its instrument. As they stand, of course, neither of these approaches was devised for the specific purpose of measuring development deficits as experienced by children and, therefore, their immediate unsuitability should not come as a surprise. This notwithstanding, the question remains whether, to what extent and in which manner, they can be worked and adapted to yield useful information not just with respect to the status of the population as a whole, but with specific regard to the children within it.

3.1 Monetary poverty lines

It is entirely appropriate to expect that the material deprivation and poverty experienced by any household unit could also be expected, as a general rule, to characterize the children in it. As such, children in households in poverty could be deemed to be children in poverty. Regardless of the other non-material dimensions of child well-being, active both within the space of the household as well as in domains outside it, which are considered and accepted as relevant, this core equation of material poverty is not broken. Therefore, it is important to pay close attention to how household poverty is defined in the first place, since faulty methodology, which wrongly identifies households as being poor or non-poor, would thereby also be unable to accurately recognize the deprivations of the children in these households. It has been argued that current practice in the definition of poverty lines, both internationally and also specifically in India, has precisely such a distortionary effect (Saith, 2005). As such, the poverty line methodology, as widely practised, is unable to reliably identify and measure child poverty.

It is appropriate first to briefly and selectively recall some of the perennial problems of the monetary poverty line approach, especially as applied in India. The nutritional basket set is inappropriate, in general, since it takes no account of body weight, or energy needs associated with manual labour, or with specific bodily and reproductive needs. The non-food basic needs of the household are set without checking whether the expenditure set for these in the poverty line could in reality meet these needs—this is left to be achieved proverbially through the economists assuming it to be so. Intra-household distribution is entirely ignored and hence it is impossible to establish the effects of intra-household inequality in consumption and work on women, children and the elderly. The methodology is indirect and checks only if the household has the income or expenditure that matches or exceeds the prescribed poverty line. But there could be money in the family head's pocket without it translating into the satisfaction of the basic needs of all the family members. The poverty line economist would then blame the household itself. The idea, however, is not to get into blame games, but to identify and overcome deficits for all citizens. Wealth variations across households are also ignored, as is the issue of the volatility of income. The occasional but heavy impact of the costly health needs, and also of social obligations and ritual events, can derail the household's basic needs budget, but such needs are not factored into the poverty line. However, the fact that the economist does not count these in the specified poverty line does not imply that they do not count for the household.

Some weaknesses also arise from its indirect nature. Effectively, it assumes that money in the pocket can be transformed systematically and predictably into well-being for the individual. This assumption is known to be false. Families might be non-poor but might still not send their girls to school or for appropriate medical treatments; families, be they non-poor or poor, might wish to spend on schooling or on health but might be confronted by the lack of facilities and services. Families might have money, and facilities might also be available locally, but these might still not be accessible on account of the denials of social exclusion that apply to a large fraction of Indian society. For these and other reasons, the fact that a household has expenditure above even the revised/amended poverty line that accommodates various aspects of household diversity cannot be taken as reliably implying that all members of that household actually meet their various basic needs.

This does not exhaust the list of problems that would still persist with the approach. While the focus is on expenditure, no account is taken of how this is financed. Perhaps health and educational expenses were financed by incurring debt, implying that the expenditure

levels were unsustainable. There is no check for this in the methodology as commonly practised. And what if the household is deemed to be above the poverty line in terms of its expenditure level, when this spending is made possible by sending the children out to work instead of to school? Again, there is no check for this in the conventional methodology. It is not enough to know that a household has the capacity to incur the expenses of sending children to school—it is necessary to establish that this actually happens. Not doing so would mean that one could not distinguish between a household where there is enough expenditure potentially for this, but where in reality, the money is spent on alcohol, and another household wherein the total expenditure is similar, but the children are actually sent to school appropriately attired and equipped.

Yet other problems arise from the fact that inter-household diversity tends to get ignored, except with regard to the size and expenditure of each household. This sets up significant distortions. To what extent can such weaknesses be overcome? It has been suggested that a modified methodology for identifying household-level poverty—one which explicitly recognizes household-specific diversities when estimating their basic needs—could lead to significant improvements (Saith, 2007).

The conventional approach, as also reflected in current Indian practice, relies on a common monetary poverty line held to apply for the entire population (or a sector or state or country). In contrast, the crucial contribution of the alternative method is to take into account various aspects of diversity at the household level, and then to adjust the poverty threshold for each household on the basis of its household-specific features. There are two specific advantages to this approach. First, there would be a significant improvement in the capacity of the monetary poverty line approach, with all its flaws, to better reflect the diverse realities of material poverty at the household level. Since household poverty is a crucial factor in influencing child well-being, this improvement would contribute towards a better identification, estimation and explanation of child well-being. Second, some of the specific aspects of inter-household diversity that would now be recognized pertain directly to the experience, needs, and well-being of the children in the household. As such, the household-specific thresholds would better reflect the needs of the children within it, instead of treating every child as some percentage of a homogenous adult equivalent unit.

How might this be done? On the basis of the household data usually available in the expenditure surveys, or obtained through marginal additions to the questionnaires, adjustments could be

made to take explicit account of inter-household diversities: the demographic structure of the household; presence of pregnant women and lactating mothers; education costs necessary for the actual number of children in the household; an appropriate treatment of the costs of necessary healthcare; costs of childcare and crèche use; care costs for the elderly; costs for appropriate care of the disabled; special nutritional costs matching occupational energy needs; costs in time and finance for travel to the worksite; and appropriate treatment of expenses on life-cycle, ritual and social events; and there could be other appropriate adjustments as well (Saith, 2007). Would such, and other, modifications (suggested in Saith, 2007) help overcome the inherent problems of the approach? The conclusion with regard to this question is not encouraging. Despite some advantages that attach to this amended *methodology*, other inherent problems associated with the poverty line *approach* would not melt away. Even when all such modifications as are practicable are made, there still persist fundamental problems with the approach itself. These problems go beyond the difficulties of obtaining accurate and relevant data pertinent for the situation of individual households.

Further, this revised version of the monetary poverty line, somewhat superior though it might be, nevertheless functions within the approach of targeting poor households, and thereby children in poverty, ranked by their poverty gaps. This is not an approach that the authors would wish to support, and an argument is made in this paper actually for dispensing altogether with a targeting algorithm that first defines poor households in money terms. The alternative to this is the approach of universalism that is espoused in this paper.

Thus, the overall verdict on the monetary poverty line approach, whether for the mainstream version or the alternative household-diversity adjusted variation, is not favourable with regard to its ability to correctly identify poverty at the household level, and the score drops much further when it comes to identifying the direct poverty status of the children within the household. This undermines the usual estimates of children-in-poverty computed by counting all the children in households below the set poverty line. Such an approach is insufficiently meaningful.

3.2 Multi-dimensional scoring methodology of the Below Poverty Line Census

Recognition of the weaknesses of the monetary poverty approach has led to the search for alternatives. One such initiative is the recent and controversial method of identifying households in poverty by using a multi-dimensional scoring scheme, which measures and ranks individual households in terms of their actual status with respect to a series of socio-

economic and demographic attributes. This methodology avoids the pitfalls of the money-metric approach of the expenditure-based poverty line in favour of a threshold score derived from a combination of alternative proxies or markers for household deprivation. This approach is adopted in the periodic census of all rural households in order to identify those that fall under the designated poverty-threshold combined score. The prevalent Below Poverty Line (BPL) Census approach utilizes a set of 13 such criteria.

Are the BPL criteria for identifying poor households sensitive to the status of children? Could the overall score, or the specific score for individual elements, be regarded as being reflective of deficits as experienced by children? As with the other approaches to poverty measurement at the household level, two separate issues need to be addressed.

There is no doubt that family poverty remains a critical element in influencing a wide range of factors, material and non-material, that influence many dimensions of child well-being. This being the case, the first issue is: how well does each measurement approach and its instruments capture the poverty and deprivation experienced by the household as a unit? Even in the process of identifying and measuring the poverty status of the household, the methodology and specific instruments used could be more, or less, or entirely, insensitive to the interface of this 'household' poverty with the experience of the children in the household. An analogous question, and related critique, was raised by Kabeer (1994, pp. 136-62), when she drew attention to the gender-blindness and gender-bias inherent in the household-level poverty line approach. But the approaches have not been similarly audited from the perspective of children. The general presumption, held by default, has been that if a household were deemed to be poor, all the children in it would be in poverty; and if the household were reckoned to be not-poor, this would again apply equally to all the children in it. While neither the women, nor the children, of any household might be able to entirely escape the household's aggregate classification, it is relevant still to ask which kinds of deprivations are experienced in what kinds of manner and to what extent, by them? In addition, the definition of poverty and deprivation, in the first place, might itself be blind to some aspects which are so specific to the experience of women or children, that they tend to be accidentally or (sub)consciously 'overlooked' by the male-dominated imagination and profession.

This raises the second issue: how sensitive is the methodology and its instruments to specific child-related aspects in its assessment of household-level poverty? A quick audit of the 13 criteria provides an answer to this vital question (see Table 1).

Table 1: BPL Census 2002 Scoring Scheme

Indicators and Scoring Scheme for Identification and Sub-categorization of Poor [Only one column, which is the most appropriate, to be ticked against each criterion Nos. 1 to 13]					
Scores					
Criterion No.	0	1	2	3	4
1. Size group of operational holding of land	Nil	Less than 1 ha of unirrigated land (or less than 0.5 ha of irrigated land)	1 ha–2 ha of un-irrigated land (or 0.5-1.0 ha of irrigated land)	2 ha–5 ha of unirrigated land (or 1.0-2.5 ha of irrigated land)	2.5 ha of irrigated land)
The criterion is not directly related to child well-being. Its influence is indirect as a proxy for the ownership of land as a productive asset.					
2. Type of house	Houseless	Kutcha	Semi-pucca	Pucca	Urban type
The linkage to child well-being is indirect: better housing helps. But there is no information on the number of rooms or the size of the family and whether a child, possibly with other siblings, has a place of her/his own for learning and leisure activities. It is also not known whether the premises have electricity, having which could have especially positive outcomes for children.					
3. Average availability of normal wear clothing (per person in pieces)	Less than 2	2 or more, but less than 4	4 or more, but less than 6	6 or more, but less than 10	10 or more
This criterion only provides an average, without specifying the status of children. There is no information, for instance, about school uniforms for children, or footwear. The number of same-sex siblings would matter through the advantage of economies of scale through hand-me-downs.					
4. Food Security	Less than one square meal per day for major part of the year	Normally, one square meal per day, but less than one square meal occasionally	One square meal per day throughout the year	Two square meals per day, with occasional shortage	Enough food throughout the year
This criterion is silent about children. The information applies to the overall resource status of the household. Do children, especially boys, get special treatment? It cannot be said.					
5. Sanitation	Open defecation	Group latrine with irregular water supply	Group latrine with regular water supply	Clean group latrine with regular water supply and regular sweeper	Private latrine

In an Indian setting, this would be advantageous for the well-being of women and girls. Other aspects of household provisioning which would be especially relevant for children would be the availability of running water, and of the type of fuel used for cooking. These could be expected to strongly influence the time-use pattern and health of children. But information on these aspects is not included.					
6. Ownership of consumer durables: Do you own:	Nil	Any one	Two items only	Any three or all items	All items and/ or
Ownership of any one of the following: TV, computer, electric fan, telephon e, kitchen appliances like pressure cooker, refrigerator, colour TV, radio, electric kitchen appliances, expensive furniture, LMV@/LCV@ tractor, mechanized two-wheeler/three-wheeler, power tiller, combined thresher/ harvester @ 4-wheeled mechanized vehicle					
Different assets have different implications for different members of the household, and the effects on child well-being could apply directly to the child, for example, radio, television, computer, electricity, fan; or indirectly via making life easier for the parents and family as a whole, with its positive spillover effects on the environment of the children. However, such a separation is not made, and as such, it is not possible to deduce any child-specific information from this, other than the usual 'wealth' effect.					
7. Literacy status of the highest literate adult	Illiterate	Up to Primary (Class V)	Completed secondary ERR	Graduate/ Professional Diploma	Post-graduate/ Professional/ Graduate
This has direct significance for child well-being through its impact on the attitude of family adults towards the education of children. It also provides an indication of the capacity of the household to assist children in their learning activities at home, a crucial input for school success. It would have been useful to know the educational status of the mother, since that is especially relevant for children's, particularly girls', educational outcomes.					
8. Status of the household labour force	Bonded labour	Female and child labour	Only adult females and no child labour	Adult males only	Others
This criterion is directly pertinent with respect to child well-being. However, the information is uneven in a few respects. There could be bonded labour involving the adult, or a child; child labour could have been performed by any one child, or by more or by all children, the score would be the same. The location of the work of adult females (say, the mother) and of the children is also relevant, with worse outcomes for children when this labour is performed by either or both outside the home.					
9. Means of livelihood	Casual labour	Subsistence cultivation	Artisan	Salary	Others

In itself, this criterion is not informative with regard to the well-being of children in the family.					
10. Status of children (5-14 years) [any child]	Not going to school@ and working		Going to school@ and working		Going to school @ and not working
This criterion is directly addressed to a crucial aspect of child well-being. However, its construction is very rough. The scoring scheme cannot differentiate between a household where all children go to school with the exception of one, and another household where none of the children go to school. The reasons for not going to school are not known; for instance the lack of a separate toilet for girls in a secondary school might mean that an older girl does not go to school and works at home. This would give such a household the same score as the one where all children are engaged in child labour and none of them goes to school. The criterion also does not differentiate between formal and non-formal schooling, implying a further loss of information about the nature and quality of the educational status of the children in the household.					
11. Type of indebtedness	For daily consumption purposes from informal sources	For production purposes from informal sources	For other purposes from informal sources	Borrowing only from Institutional Agencies	No indebtedness and possess assets
This criterion provides information on different kinds of indebtedness. As such, its implications for the well-being of children in the household can only be indirect, as in the case of the other asset-related criteria.					
12. Reason for migration from household	Casual work	Seasonal employment	Other forms of livelihood	Non-migrant	Other purposes
On the whole, this criterion is suggestive of broken periods of parental presence at home and of interrupted work. Both could be deemed to impact negatively on child well-being. But it is not known whether the household has children or not in the first place.					
13. Preference of assistance	Wage Employment/ TPDS (Targeted Public Distribution System)	Self-employment	Training and skill upgradation	Housing	Loan/subsidy more than Rs. One lakh or No assistance needed
This does not signify any direct or even indirect informational content relevant for assessing child well-being.					

@ including Non-formal Education.
Note: The Total Score for a household will vary between 0 and 52.
Source: GoI, (2002).

These comments have to be viewed in conjunction with the various critiques of the BPL multi-dimensional scoring approach to the identification of rural households in poverty (Saith, 2007). These critiques comprehensively undermine the reliability of this methodology and the results derived from its use. As such, this approach is not very useful in capturing poverty, specifically child poverty, at the household level. And it is further demonstrated in the above commentary that the scheme of criteria and scoring that is used provides very little usable information on the status of the children in the household; the situation of children is not really visible in most of the criteria used for household-level poverty identification, and even where it is, it turns out to be seriously misleading.

In conclusion, special attention needs to be drawn to a potentially pernicious side effect of the use of the BPL methodology with regard to its impact on children. This arises from the way that Criterion 10, which combines the education and labour activities of children, sets up a perverse incentive for the family to withdraw at least one child from school. Doing so would push them closer, by at least one point, to being recognized as poor, and thereby becoming eligible for certain categories of state programme benefits. The poverty reduction regime, including its measurement instrument, functions instead as a poverty trap. The message to elicit is that the identification criteria, which trigger benefits, should be structured to induce progressive behaviour (Saith, 2007). The BPL survey design and indicator schemes are apparently under revision and awaiting imminent release. Since the original exercise was so seriously flawed, one does not need to be an optimist to expect some improvement. Yet, two sets of caution are in order: first, it will be necessary to confirm to what extent the new design is able to reliably identify poor households; second, there are very strong limits to the capacity of this methodology to capture child-specific aspects of deprivation. For this, it would be appropriate to look elsewhere.

4. The social indicators approach: Mainstream instruments

The 'Social Indicators' approach to the measurement of development outcomes, welfare, or well-being derives from the recognition of the inherent multi-dimensionality of such a project, which needs to combine domains and dimensions that use non-additive units of

measure or scaling. As such, this approach stands at the other end of the spectrum from the monetary poverty line, or GNP per capita, measures which assume that all relevant factors can be combined in money terms, using expenditures at given prices. Globally, there is a vast array of social indicators, many of these specifically oriented to aspects of the lives, experiences and needs of children. This approach has been much more advanced in the contexts of the developed economies and rich countries, wherein the focus has shifted progressively to non-monetary dimensions of child well-being. In recent decades, major initiatives have also emerged in the field of development, and many of these have a strong focus on children, even if implicitly through the choice of the constituent indicators, and not in the overall focus of the composite index itself. A brief comparative review could help assess their relative strengths in serving as vehicles for addressing issues of child poverty and/or child well-being.

4.1 A forgotten precursor: The physical quality of life indicator

It is essential to note the early pioneering, but regrettably under-acknowledged lead provided in 1979 by Morris D. Morris's Physical Quality of Life Index (PQLI), which predates the HDI by more than a decade (Morris and McAlpin, 1982). Morris's contribution was inspired by dissatisfaction over the GNP per capita as a measure of welfare of development, and his argument against such indirect approaches in favour of a more direct outcome-based measure of welfare and the physical quality of life. To this end, Morris defined the composite PQLI to include three constituent indicators: basic literacy in the adult population; infant mortality, that is, U1MR; and longevity at age one. The index was developed for India, using state-level data, and displays several features that make it stand apart from the HDI. The PQLI remains faithful to the original critique (of indirect, monetary measures), which inspired it, and as such is a pure outcome indicator. It is also more nuanced in its treatment of the health dimension, and this methodology does involve putting the spotlight directly on some key child-specific dimensions of well-being, such as U1MR. Further reflections on this indicator are incorporated in the comparative discussion below.

4.2 UNDP and Human Development Index

When the HDI was launched, its rationale was partly pinned on the entirely valid criticism of the GNP per capita as a measure that was indirect, was silent on outcomes, and was blind to

inequality and poverty. It was a good example of the pot calling the kettle black. As a single number, HDI is as incapable as the GNP per capita in identifying the source of change in level. Did the HDI rise because the component of GNP per capita did much better even while the direct human development elements (proxies for health and knowledge) perhaps did poorly? Did GNP per capita increase because expenditure on armaments and war went up during the year while health and education expenditures languished? We cannot tell. And when either measure indicated a better performance, on an average, did it hide a worsening of the status of the poorer sections on account of the rich capturing its benefits of the growth process? We cannot say. It follows that comparisons of well-being between countries at a point in time, or for a country over different temporal benchmarks, are equally patently misleading. The problems of the GNP per capita as a measure of well-being are well known, though those associated with the HDI have tended to be submerged. How does HDI reflect inequality within a country? The short answer is that it does not. In its defence, it is argued that a separate index could be constructed for any particular, deprived population group. (This implies that the HDI could not, in the first place, be used to identify any such group within the population, and that any such sub-group identification would have be made on the basis of independent criteria.) This is indeed useful in principle; separate indices could be calculated say, for dalits, for women, and for others. The gender-sensitive HDI, or GDI, is well established (and also well critiqued). One could ask: how sensitive is the HDI to the status of children, or the GDI to that of the girl child? And, could there be a separate child-sensitive HDI, a la the GDI, to reflect the relative status of children?

In reality, the HDI has only limited child content. Consider each of its three constituent elements. The 'health' indicator, longevity at age 0, may give an indication of the overall survival status of the population, but it is devoid of child-specific information. It would be quite wrong to argue that changes over time or differences between countries in this variable could be made to yield such information. The second, 'education' variable is indeed child-focused but the domain is defined in terms of enrolments, and it is well accepted that this is a very poor measure. Since enrolment rates for primary education are steadily increasing and approaching the maximum, the indicator implies that there is no difference between primary education, say, in Sweden and Somalia. This is patently false. All quality, process and outcome aspects are also ignored. Thus, while the indicator is nominally child-focused, intrinsically it is not particularly insightful or informative. As regards the third component, 'GNP per capita', the child-specific content is marginal, indirect, blunt, and speculative.

4.3 UNICEF and U5MR: Principal indicator of child well-being?

UNICEF has been steadily expanding its field of vision to recognize additional pertinent dimensions and deficits in child well-being and introduced these in its annual State of the World's Children (SOCW) Reports. Early reports focused overwhelmingly on the poverty-related indicators of mortality, health, nutrition and education but there is a definite trend in recent reports to widen the frame. To this end, UNICEF laid out its definition of child poverty as follows (UNICEF, 2005, p. 18): "Children living in poverty experience deprivation of the material, spiritual and emotional resources needed to survive, develop and thrive, leaving them unable to enjoy their rights, achieve their full potential or participate as full and equal members of society." Both the income measure used by the World Bank and UNDP's HDI and poverty measure were rejected as useful tools for measuring childhood poverty on the grounds that "… neither quantifies how many children live in poverty nor focuses directly on the deprivations of their rights." (UNICEF, 2005, p. 20). The multiple dimensions of child poverty were stressed on the ground that children living in poverty experience not only material deprivation but also emotional and spiritual impoverishment and a lack of family and community resources. Subsequent reports have sought to widen the basic indicators on which data are provided. For example, in 2005, child marriage was added to the list of child protection issues, which, up to that point, had been limited to reporting on child labour, birth registration and female genital mutilation and cutting. In 2008, the net was widened further to include information on child disability, child discipline and attitudes towards domestic violence. However, very few developing countries (including India) are able to provide information on the first two of these indicators.

UNICEF promotes a multi-dimensional approach to assessing child poverty. However, a certain lack of consistency is discernible between its treatment of rich and poor countries. On the one hand, it has developed an index of child well-being for OECD countries (UNICEF, 2007) and it generally promotes a multi-dimensional approach to assessing child poverty as is obvious in its annual SOWC reports. On the other hand, it continues to promote a narrower, and more traditional, poverty-focused approach for developing countries, as exemplified by its commissioning and promotion of the 'Bristol Approach' (see Section 7.1 below). Also, this widening of the database notwithstanding, UNICEF has also placed its confidence on a single sturdy meaningful measure, the under-five mortality rate (U5MR). In doing so, it emphasizes rightly that this single outcome variable encapsulates the complex interaction of various multi-dimensional factors and processes: "antibiotics to treat pneumonia; insecticide-

treated mosquito nets to prevent malaria; the nutritional health and the health knowledge of mothers; the level of immunization and oral rehydration (ORH) therapy use; the availability of maternal and child health services, including prenatal care; income and food availability in the family; the availability of safe drinking water and basic sanitation; and overall safety of the child's environment" (UNICEF, 2008, p. 149). One can agree with this. Further, UNICEF argues that while U5MR remains an average, there are limits to the distortion that this generates "because the natural scale does not allow the children of the rich to be one thousand times as likely to survive, even if the human-made scale does permit them to have one thousand times as much income. In other words, it is much more difficult for a wealthy minority to affect a nation's U5MR". With this judgment, there can only be limited agreement.

The report itself reveals that U5MR in 2006 shows a very wide variation: from as low as 3 in Iceland, Lichtenstein, Sweden and Singapore, to well over 240 in Sierra Leone, Angola and Niger, a range of 1:80 between rich and poor countries (UNICEF, 2008, Table 10, pp. 149-53). While such wide variations would not be reflected between the rich and the poor within the poor countries, the range could still be wide enough to raise some doubts whether changes in U5MR between two time periods could unambiguously reflect the status of all sections of the population. The distributional aspect cannot be suppressed.

Second, the single measure, despite its overall appropriateness, remains just that, a single measure; it is far too limited in scope to lay serious claim as 'the principal indicator' or "method of measuring the level of child wellbeing and its rate of change" (p. 149). The dimensions of education and learning, abuse and violence, leisure and play, social capital, information and participation, cannot be assumed either to be unimportant, or to be adequately measured in U5MR. While child survival is a crucial dimension, it does not in itself translate monotonically into child well-being.

Third, while UNICEF makes a brave argument that the percentage change in U5MR is appropriate for capturing changes in poor and rich countries, and takes into account the increased difficulty in further lowering levels that are already very low, it seems to overlook the volatility that is introduced by the very low whole numbers for the rich countries.

Fourth, precisely because it is an outcome of a variety of factors, U5MR changes could be difficult to interpret. Contrary to UNICEF's expectations, comparisons between the rates

of change of GDP and U5MR might not "help to shed light on the relationship between economic advances and human development". On the one hand, the volatility of GDP itself is rightly noted by UNICEF, and this would apply all the more over short periods for poor countries; on the other side, short-term changes in U5MR might itself be less reflective of secular improvements from improved facilities, practices and policies, than of the prevalent conditions of war and peace, and other mass entitlement failures. The former, secular trend component is likely to be relatively turgid and slow-moving, while the latter, shorter-term fluctuations superimposed on this trend, are likely to be unpredictable and volatile, and politically determined. This could make it rather difficult to extract unambiguous meaning out of statistical comparisons, except across wide margins between countries. Equally, observed changes in U5MR over benchmark years might be difficult to interpret in relation to changes in the capricious GDP variable.

4.4 Save the Children's 'Child Development Index': One too many?

Save the Children (2008) has recently announced the arrival of its new Child Development Index (CDI). The fanfare creates great expectations indeed. "Are some countries making good progress in improving child well-being? Is it getting worse in other countries?" asks Save the Children, and then proclaims: "Save the Children's new Child Development Index is the world's first and only tool to answer these questions." The index has the declared objective of "holding governments to account for children's well-being". In the era of neo-liberal globalization, it can be appreciated that aggressive marketing is necessary for achieving product differentiation and brand creation; but how well does the product live up to its own hype?

The index is a composite of three indicators: the net non-enrolment ratio in primary education as a percentage; prevalence of underweight children under the age of five years (U5UW), as a percentage; and the under-five mortality rate (U5MR) expressed as an index across a fixed range. How good is it methodologically? Its simplicity immediately appears as an advantage; however, this initial reaction is undermined by a closer reflection. There are several categories of difficulties, some shared with other indices of this genre, and others that are specific to this new index itself.

First, it is misleading to claim this to be an index of child *well-being*. This is suggestive of a lack of recognition and appreciation for the wide array of the constituent elements of a

state of well-being, properly defined. Labels and language do matter, in particular, when the substantive territorial claims of a label implicitly push out and exclude other contending meanings and substance. Further, there seems to be a second mismatch between the content and the label: two of the three component indicators pertain to children in the age band of under five years, and the third to children of primary school-going age, say, nine years. As a 'child-specific' index, this excludes a majority of the children who would be older than these age limits, but still be recognized as children under most national and international definitions, including that of the CRC. There are well-known issues of well-being that apply to these excluded age cohorts but which fall outside the scope of the three indicators of this 'child well-being' index.[2]

Second, as with other such indices, the indicators run into problems of data availability and quality. Systematic data on some of these indicators are simply not collected on any systematic basis, especially in countries where the concerns might be the greatest. The data actually used are often not directly comparable in terms of years, of definition, or of the scope of coverage; these data issues are effectively set aside in the calculations. Some countries do not generate data on the selected variables: several EU countries do not have data for the incidence of U5UW children, perhaps in the belief that their societies have travelled beyond this milestone of development. Two problems arise. On the one hand, under-nutrition could well be a persisting or (re-)emerging problem in several new EU countries. This matter is especially significant since it interfaces with the dimension of social exclusion within these countries, as in the case of the Roma communities. On the other hand, an appropriate focus on well-being would have adopted a frame of malnutrition, one that simultaneously included issues of inappropriate diets leading to obesity, a growing condition amongst EU children, and one that is likely to impinge seriously on health problems and reduced longevity in the long term. The child development index simply excludes such countries from its scope. Thus, "to this end, all OECD countries with per capita average incomes of below $25,000 (by purchasing power parity) were excluded" (Save the Children, 2008, pp. 24, n22). Such sweeping and arbitrary exclusions undermine the validity of the index; the fact that other indices face similar problems does not solve the problem.

2. A third age-band enters the estimates when country index values are combined to derive regional indices. Here, the country values are combined by using the 0-15 year age population share as weights.

Third, while U5MR and the incidence of U5UW children are each powerful reflectors of development deficits, they are also likely to be highly correlated, and this raises the issue of redundancy. Through including both in a three variable composite index, two-thirds of the weight is attached to health-related dimensions. A justification of this idiosyncratic structure would have been appropriate.

Fourth, as with the HDI as well as the MDGs, the focus remains on enrolments in primary schooling; this takes attention away from completions, let alone the quality of the educational process. Enrolment statistics are widely acknowledged to be misleading in that these are easily manipulated; attention needs to be focused alongside this on the drop-out and completion rates. There are common cases of countries which display high enrolment rates alongside poor completion rates. A new index should have tried to grapple with this vital dimension, instead of regurgitating the existing problematic scenario.

Does the CWI provide new analytical insights? Does it add value to the state of knowledge and practice in the field? Regrettably, the answer here must be negative. Even if the problems of method are held in abeyance, there remain doubts if the new index represents incremental value addition. Each of the three variables used is easily found in the statistical tables regularly available in UNICEF's annual SOWC reports. Claims to value addition must then rest on combining the three variables into a simple average or in making the composite index go from 0 to 100, instead of 100 to 0 as in the case of the HDI! And, by the very nature of its construction, it renders poverty and inequality invisible; all that one gets, as with other similar social indicators, are indicator values for entire populations.

Is it useful for policy formulation, or as an instrument for monitoring progress and for 'accountability' purposes? The issue of accountability raises other issues. Before viewing the utility of the new index for this purpose, a few introductory observations are necessary to provide an appropriate perspective on 'holding governments accountable'. In order to be meaningful, accountability has to be linked to questions of mandate and capacity. Clearly, governments constitute one of the key responsibility holders, say, for universal primary education, or for reducing under-nutrition. The MDGs, to which most of them signed up, underscores this mandate, as do their own national constitutions. But such mandates do not automatically convert into equivalent capacities to ensure desirable outcomes, which remain critically dependent on the wider institutional, macro-economic and global economic contexts. The problems of non-fulfilment might well be rooted more in historical legacies,

as well as in the constraints imposed by the neo-liberal globalization frame that is externally generated. Who is then to be held responsible? A thought is also appropriate with respect to those that demand such accountability: to which representative democratic constituency, for example, are international NGOs themselves accountable? The risk in such an unanalytical approach to demanding accountability is that there is a slide into donor-driven finger-wagging at constrained, under-resourced governments which for long have had their policy autonomy eroded through processes and interventions controlled by international development agencies. The composite index itself is not particularly useful if the capacity to deliver does not match the mandate to provide.

Further, the cause for non-fulfilment could well lie in the impact of political and environment crises and conflicts, the frequency and intensity of which has been significantly higher in recent decades. Again, the finger of accountability here would need to point perhaps at the rich north-west that often has culpability in the emergence of such crises. Apart from this, it does not really make sense to monitor the progress and achievement of targets in terms of a composite index. Any change in its value across countries for the same time period, or over different time periods for the same country, can only be decoded when the unitary values for each of the constituent indicators are considered separately. This is impossible when one is using the composite index. One wonders then what the value is in such aggregation when it has to be reversed in order to obtain meaningful conclusions about the pattern of progress or its absence. A similar difficulty afflicts the HDI, or any similar category of social indicator; but that does not absolve the CDI. And, it would appear that the contours of governmental accountability are determined in part by the mundane issue of data availability. Thus, new EU countries with per capita incomes of under $25,000 are out of accountability, throwing out also the state and fate of the acutely excluded and deprived Roma communities within these countries. Regretfully, the bottom-line verdict must be that the CDI is a device that obfuscates more than it illuminates.

4.5 How do different social indicators compare?

It might be useful to make some brief comparative observations on HDI, PQLI, U5MR and CDI from the perspective of capturing child well-being.

First, while the PQLI is consciously constructed as an outcomes composite index, and U5MR is a prime outcome indicator, the HDI is a hybrid of input and output variables. The knowledge

domain is defined by enrolment rates, which represent inputs, not educational outputs; the health dimension is represented by longevity at age 0, which is an outcome variable; and then GNP per capita is used in a highly processed form, clearly also as an input indicator. As such, the construction of the HDI seems to inherently violate the *raison d'etre* of the social indicator approach, viz., to rely on directly observable outcomes instead of indirect input variables with hypothesized, often complex and variable, pathologies linking these to the desired outcomes. Further, the HDI introduces GNP through the back door as a 'black-box' variable, more accurately perhaps as a Pandora's box variable with multiple problems.

One statistical problem imported into the HDI through the inclusion of the GNP per capita indicator is that it distorts the weighting pattern of the three components of the HDI, but in a manner where the nature of the distortion is not directly visible. This happens because the inclusion of the income variable also means that health (and indeed education) is double counted. 'Health' is counted first as an output indicator by using longevity and receives one-third weight; and then it is counted again as an input variable at one-third times its proportion in GNP per capita. A similar distortion occurs for education, where the indirect, input indicators of enrolment first receive one-third weight, and then 'knowledge' receives a second tranche of weight equivalent to one-third the proportion of GNP per capita that is spent on education. In general, one can expect the expenditure shares of health and education, both in individual and in national accounts, to be higher in rich households and rich countries, but precise weights could vary considerably by context. It would be odd to argue that this second, incremental weight via the inclusion of GNP per capita is an indicator of revealed social preferences; while an argument such as this is indeed made by mainstream economists in the discourse and methodologies of poverty estimation, it would be remarkable to find such a view being espoused by followers of the human development tradition, the central platform of which is precisely that GNP, or commodities, cannot be read as a measure of welfare, or capabilities.

Second, the treatment of the health dimension is distinct in each case. There is indeed a strong meaning in the UNICEF reliance on U5MR as the principal measure of child survival. Likewise, it is worth emphasizing that the PQLI had also adopted a similar stance, though it adopted infant, rather than child, mortality as one of its two health variables. There could be fine arguments for the relative benefits of using one or the other, but these differences would be minor in relation to the distance both these variables would have from

the single, longevity indicator used by the HDI. Certainly, the 'child' content of longevity is negligible.

The PQLI supplements the U1MR with the second health/development indicator of longevity at age one. Morris and McAlpin (1982, pp. 16-17) carefully distinguish between the two as follows:

> "Although infant mortality rates and life expectancies appear to measure the same thing—'health'—they actually reflect quite different aspects of social performance. This is suggested by the fact that the historical behaviour of the two indicators has been (and remains) quite different. Mortality rates of people over age one declined significantly in many western countries during the second half of the 19th century while infant mortality remained stubbornly resistant to improvement. The decline of infant morality was a separate and later process. This different behaviour also characterizes our own time. Infant mortality tends to be due to particular conditions and diseases to which the adult population is both less exposed and less vulnerable. Maternal and family practices as well as the role and position of women within the family are decisive during infancy. After infancy, it is the much broader and all-embracing environmental impact that defines the level of life and death chances."

This provides a very pertinent critique on the use of longevity as an indicator of health by the HDI, when viewed from the specific vantage point of the child sensitivity of the index.

Third, considering the domain of knowledge, there are sharp differences between the three. UNICEF ignores it, surely not because it does not attach significance to it, but because it accords primacy of focus to the health and survival dimension. The implication here is that UNICEF should perhaps limit its claim that U5MR captures child well-being when it really addresses child survival. The HDI is indeed child-sensitive in this domain by including enrolment indicators at all three levels of education—primary, secondary and tertiary. How strong is this approach? There are many problems that detract from its inherent value. The enrolment data have weaknesses themselves; enrolments are a far cry from retention, which is the central problem as massive outflows of drop-outs occur downstream in the educational system; nothing is said about the resources available alongside enrolments;

the crucial aspect of the quality of the education process is ignored; there are no output indicators on the results of education. The PQLI uses an output indicator, basic literacy, which is then also an input into other broader development processes. Morris and McAlpin (1982, pp. 17-18) note:

> "… whatever definition is used, literacy is a more useful measure than enrollment or numbers of classrooms or teachers. These latter often either do not provide information about results or simply reflect the benefits (secondary or higher education) that are going primarily to elite groups. In contrast, a basic literacy indicator not only records gains going to the very poor but is able to mark literacy gains made via informal mechanisms as well as those resulting from formal schooling".

There is much truth in this, but nevertheless, basic literacy refers to the cumulative outcome for the entire population aged 15 years and above; as such, this measure explicitly excludes children from its focus. It follows then that none of the three approaches scores particularly well in the domain of knowledge, education and learning from the specific perspective of children. There is a gap here that needs to be addressed. Against this backdrop, the recent CDI perhaps remains well within the state-of-the-art, and arguably even takes a backward step. Unfortunately, on the whole, applications of the social indicators methodology to child well-being, at least in the mainstream development field, remain well short of realizing the creative potential of this approach.

5. Anthropometric measurements

Using anthropometric measurements represents a truly direct approach to the measurement of outcomes by focusing on the status of the human body; it cuts straight to the point. Various indicators can be used, the most common ones being wasting, stunting, body mass index, and measurements pertaining to anaemia, and dietary and nutritional indicators, amongst others. Given their nature, they are also quite accurate, not very difficult or overly expensive to gather, and do not suffer from the acute issues of statistical manipulation and

interpretation that afflict the measurement instruments of most of the other approaches discussed earlier. Another major advantage is that the measurements relate directly to the individual so that the household unit is not at all relevant in the estimate. Thus, it is possible to take direct measurements on adults or children, male or female. However, care still needs to be exercised in making quick comparative judgments, since the results have to be interpreted against established and accepted norms for specific population groups; there are also other sensitivities to seasons, and to population mobility with its implications for the comparability of samples. Some indicators which seem intuitively obvious can hide inherent ambiguities: a pear-shaped man with a big pot-belly might have the same body mass index as a man who is well exercised and has a strongly muscled upper body; this is relevant in avoiding hasty judgments on obesity without checking on other relevant indicators such as bodily fat content. However, these remain slippages of bad practice, not inherent in the readily applicable methodology.

In India, such data are generated on an occasional basis by the five-yearly National Family Health Surveys (NFHS) based on large-scale countrywide samples. Three such surveys have been conducted thus far, and a lot of the data are comparable. The most recent survey of 2006 generated great interest since it allowed its findings to be compared with those of the last 1999 NFHS-2 survey. The interest was all the more intense since it covered a window of time when the Indian economy had posted a dramatic acceleration in the growth rate of GNP. The findings on many direct indicators of physical and nutritional status were alarming: on a wide range of criteria, very slow progress had been registered; and on an array of measures of prime human development significance, there had actually been some retrogression in the era of neo-liberal reforms and rapid growth. These findings have been met more by a reaction of dismay and shock rather than the usual methodological counter-critiques attempting to undermine the findings.

6. How do different approaches compare?

Consider the following four pieces of summary empirical evidence.

First, between 1999 and 2006, the per capita growth rate of GNP was an impressive 4-5 per cent per annum. Second, in 1995, India's HDI score was 0.551; it rose to 0.578 in 2000,

and to 0.619 in 2005. Third, according to Planning Commission estimates, the incidence of head-count poverty using the national poverty line was 51.3 per cent in 1973-74, 36.0 per cent in 1993-94, and 27.5 per cent in 2004-05. Evidence from all three approaches agrees on steady progress, and that should please everyone. Unfortunately, the fourth item of evidence throws a spanner in the works. Comparing the findings of the National Family Health Survey (NFHS) of 1999 with that of the 2006-07 round, it is revealed that: in 1999, 51.8 per cent of Indian women between the ages of 15 and 49 years were anaemic; in 2006, this figure rose to 56.2 per cent. Among children between the ages of 3 and 6 years, 74.2 per cent were anaemic in 1999; in 2006, this figure was 79.1 per cent. Among children under the age of 3 years in 1999, 20 per cent were wasted; in 2006, this figure had risen to 23 per cent.

An explanation of this paradox has been provided elsewhere in the literature (Saith, 2005). These contrary findings of the NFHS confirm the earlier suspicion that the methodology of the monetary poverty line approach tends to hide poverty. The problem arises in large measure from the definitional understatement of the non-food basic needs in the specification of the Indian poverty line. The result is that even for households that are clearly above the poverty line, it remains possible, if not likely, that meeting their real non-food needs would leave too little for meeting basic nutritional requirements. The fact that this applies to children and to women is then directly visible from the results of the NFHS. Of course, this is not the only problem with the monetary poverty line approach, as discussed earlier. Not to be overlooked also is the case, likely to be fairly widespread, where the household finds itself above the poverty line through withdrawing children from school and sending them out to work.

Do the social indicators capture the findings of the NFHS? It needs to be recalled here that the HDI is quite insensitive to hunger, even in the medium term. The health dimension is summarized through longevity at age 0. Thus, worsening outcomes in terms of wasting and stunting are quite compatible with an upward drift in the HDI arising from an improvement in enrolment rates, in improved longevity on account of public health initiatives, and growth of GNP per capita. Indeed, the HDI is most sensitive across countries and over time to changes in GNP per capita. As such, it is relatively useless in monitoring the nutritional or health status of children, or of other members of the population, except in the most distant manner. This argument holds in general, and also applies to the Indian reality.

The data from the NFHS are, of course, the ones that are most directly, and reliably, focused on children and use direct and anthropometric indicators. These findings undermine the

credibility of the conclusions implied by the other three approaches: GNP growth, HDI changes, and head-count monetary poverty rates. If all four observations are empirically sound, the deduction must be that the rapid growth of GNP per capita, the steady improvement in human development and the continued progress in the reduction of monetary poverty did not manage to make a dent in the crucial area of poverty as experienced by children and women. This comparison provides an unambiguous insight into the relative appropriateness of the different approaches to capturing child poverty, directly or indirectly. It would be injudicious to accept trends in per capita income, human development indices, or head-count poverty rates, as a proxy for trends in child poverty or well-being. The devil is in the accompanying degree of inequality, in the pattern of economic growth, and in the social and other access constraints that perpetuate widespread exclusion. There is no substitute for developing methodologies that directly address the status of the child, as well as that of the child's family.

Arguably, when seeking evidence on child well-being, the anthropometric and other data generated by the various rounds of the NFHS are the most valuable. The scope of the data bank on children needs to be extensively widened, by especially focusing on dimensions that can capture child well-being in a meaningful, holistic and comparative manner. Given the fact that the NFHS is such a rich and valuable source that provides unique findings not replicated elsewhere, it would be highly appropriate to increase its frequency and implement the survey every two years.

A brief gender audit of the different approaches is also in order: the status of women, especially young mothers, has massive implications for child well-being through an array of causal linkages that have been clearly identified and studied in depth; and such an audit could also shed some independent light on the sensitivity of the approach, specifically to aspects affecting the girl child. On the whole, none of the approaches scores particularly well. The monetary poverty line has been widely critiqued for its virtual gender blindness (Kabeer, 1994). The BPL Census methodology fares no better. The social indicators, including the Gender Development Index (GDI) and the Gender Empowerment Index (GEM) have been severely criticized for their reductionism. While GDI and GEM can be used to argue that there have been improvements, the direct evidence from the NFHS rounds is sobering and points to persisting, even worsening, gender outcomes. There are some moves towards developing and monitoring non-conventional indicators of gender well-being. These are in their infancy and need to be nurtured and developed on a systematic basis. These add to

the wider set of well-being variables available in the NFHS. They tend to focus much more on well-being instead of on material deprivation, and involve all women, not just those in households below the poverty line. In this sense, these departures respond to Cecile Jackson's exhortation to "rescue gender from the poverty trap" (Jackson, 1996).

7. Social indicators: Fresh initiatives in India

At present, there would appear to be a propitious academic, activist and policy conjuncture for the widening of the discourse on child deprivation in India—from one that has so far viewed child poverty within the straitjacket of household poverty reckoned in terms of the poverty line, towards the adoption of a wider template of well-being that incorporates various non-material, psycho-social, personal security, mental well-being, disability and relational dimensions as well. Widening the agenda also leads to the incorporation of additional players and drivers, new stakeholders and responsibility bearers. This conjuncture is created partly by the emerging reporting requirements and exhortations of the international development regime, including especially child-focused agencies (prominently UNICEF, but also others such as Save the Children), international treaties (such as the relevant ILO Conventions, the CRC) and rights-oriented initiatives (such as Education for All, and the Millennium Development Goals). But it is also fuelled by dissatisfaction over the inability of the existing methodologies to provide a meaningful intellectual or operational frame for contending with issues of child well-being in a holistic manner. Within the country as well, there are various movements and initiatives that push such an agenda; these are briefly reviewed below.

7.1 The '*Bristol Approach*'

UNICEF commissioned researchers from the University of Bristol and the London School of Economics to develop an operational measure for assessing the extent and depth of child poverty in developing countries. The 'Bristol Approach', as it is called, identified eight measures of severe deprivation of basic human needs for children (Gordon, *et al.*, 2003). Far from taking a wider view of child poverty, this approach narrows it down further to measuring 'severe deprivation' of basic human needs (see Box 1). UNICEF is proposing this methodology for the study of child poverty in Asian countries, including India.

Box 1: The 'Bristol Approach' to Child Poverty as Severe Deprivation

This approach comprises the following indicators:

1. *Severe Food Deprivation*: Children whose heights and weights for their age were more than 3 standard deviations below the median of the international reference population, that is, severe anthropometric failure.
2. *Severe Water Deprivation*: Children who only had access to surface water (for example, rivers) for drinking or who lived in households where the nearest source of water was more than 15 minutes away (indicator of severe deprivation of water quantity or quality).
3. S*evere Deprivation of Sanitation Facilities*: Children who had no access to a toilet of any kind in the vicinity of their dwelling, that is, no private or communal toilets or latrines.
4. *Severe Health Deprivation*: Children who had not been immunized against any diseases or young children who had a recent illness and had not received any medical advice or treatment.
5. *Severe Shelter Deprivation*: Children in dwellings with five or more people per room (severe overcrowding) or with no flooring material (for example, a mud floor).
6. *Severe Education Deprivation*: Children aged between 7 and 18 years who had never been to school and were not currently attending school (no professional education of any kind).
7. *Severe Information Deprivation*: Children aged between 3 and 18 with no access to newspapers, radio or television or computers or telephones at home.
8. *Severe Deprivation of Access to Basic Services*: Children living 20 kilometres or more from any type of school or 50 kilometres or more from any medical facility with doctors.

Source: Gordon, *et al*. (2003).

The 'Bristol Approach' focuses squarely on dimensions of basic-needs poverty. The wider concept of well-being is discussed, in a stand-alone component on the international monitoring of child well-being, but does not enter the substantial aspects of its study of child poverty in developing countries; in the entire report, the term 'child well-being' does not exist on an independent basis. In itself, this is not a criticism and simply reflects the focus of the research.

However, the focus on severe deprivation seems too extreme and also tends to severely limit the meaning and contours of poverty. Thus, on its definition, only 27 per cent of the under-5 children of South Asia suffer from severe food deprivation; only 23 per cent suffer from severe health deprivation; and only 22 per cent of the children aged 7-18 suffer from severe educational deprivation. At the same time, what the study startlingly reveals is that even on these tight definitions of poverty, as many as 82 per cent of South Asian children were severely deprived in at least one of the eight domains; and children defined to be in absolute poverty, that is, those suffering from severe deprivation in at least two domains, formed 59 per cent of the child population. This rate is approximately twice the level of household

poverty in India. This finding confirms our earlier suspicions and critique of the monetary poverty line as a device that hides the existence of many forms of (multiple) dimensional poverty. In this light, the focus on severe poverty adopted by the 'Bristol Approach' is put to good effect. Depending on how absolute poverty was defined, the approach would identify smaller or larger groups of households and children in poverty. For instance, if absolute poverty were to be defined in terms of the co-existence of, say four of the domains, it is quite likely that the sub-set of households and children thus identified as being in poverty would shrink to quite a small fraction of the total, perhaps even lower than the incidence of monetary poverty. But if one identifies poverty as severe deprivation in any one field, four-fifths of the total would be deemed to be poor, a figure close to the 77 per cent of Indian households found to be vulnerable to poverty in the study of India's 'common people', undertaken by Sengupta, *et al.* (2008). Hence, whether this approach is exclusionary or not, in terms of the percentage of households and children included, would depend on the precise definition of poverty adopted in its terms: a narrow approach could make it as dismal as the monetary poverty line approach; a broader view could push it towards a perspective based on the wider ethical principle of universalism.

While the 'Bristol Approach' might appear especially meritorious in terms of its focus on 'severe' levels of deprivation in each of its eight domains, it remains a highly exclusionary methodology *with respect to content and substance*: the template for the recognition of deprivation is limited essentially to deficits that derive from the poverty of households and the local infrastructural provision of essential basic needs, but excludes all other aspects of psycho-social, non-material, relational well-being in various other domains of children's life experiences, including also the phenomenon of disability, or the experience of social exclusion.

7.2 CHIP

The Childhood Poverty Research and Policy Centre (CHIP) is a collaborative research programme between two UK-based organizations—Save the Children and the Chronic Poverty Research Centre—and partners in China, India, Kyrgyzstan and Mongolia. It was funded by the UK Department for International Development and ran from 2001 to 2005. The main aim of the project was to focus attention on the issue of childhood poverty, deepen an understanding of its main causes, examine the social and economic factors that contribute to poverty in childhood and to the inter-generational transfer of poverty, and disseminate these findings to policy-makers, practitioners and advocates. To this end, CHIP supported research

in the partner countries mentioned above to collect primary and secondary data and analyse the existing statistical data on poverty. In each country, CHIP collaborated with national research teams to identify issues that could be considered important for child well-being.

CHIP defines childhood poverty as a situation where children grow up without access to different types of resources that are vital to their well-being and for them to fulfil their potential (Marshall, 2003). This includes children:

- Growing up without adequate livelihood, that is, without the financial and nutritional resources needed for survival and development (economic, physical and environmental resources).

- Growing up without opportunities for human development, that is, access to quality education and life skills, health, water and sanitation (social, cultural and physical resources).

- Growing up without family and community structures that nurture and protect them, that is, parents/guardians/community that cares for and protects children (social and cultural resources).

- Growing up without opportunity for voice (that is, political resources).

A distinction is made between child poverty, related to material disadvantage and deprivation, and denial of children's rights. Poverty is seen as a major obstacle to children realizing their rights but not every violation of children's rights is seen to constitute childhood poverty.

In India, primary research was conducted in four villages in two districts of Rajasthan and focused on the inter-generational transfer of poverty, the role of gender- and caste-based discrimination in maintaining poverty cycles and the role of government in breaking inter-generational poverty cycles. Data were collected on the impact of environmental depletion, livelihoods, child labour, migration, indebtedness, education and health on the inter-generational transfer of poverty. Unfortunately, the report on Rajasthan makes no mention of children's voice nor does it provide a justification for why this aspect has been left out of the study (Bhargava, *et al.*, 2005).

7.3 Young Lives project

The Young Lives project is also funded by the UK Department for International Development and is a collaborative partnership between Save the Children (UK), several British universities, and partners in Ethiopia, India, Peru and Vietnam. Like the previous project, Young Lives also aims to improve our understanding of the causes and consequences of childhood poverty and analyse how policies affect children's well-being. What is different is that it aims to investigate the changing nature of childhood poverty by tracking the lives of 12,000 children in the four countries over 15 years. The study is following a group of approximately 2000 children per country born in the year 2000-01. The children and their households will be surveyed again when they are aged 4, 8, 11 and 14 years. The study also collects information from approximately 1000 children who are born in 1994, and therefore approximately 8 years old, in each country for comparative data for the index children. In addition to the longitudinal study, background data are also collected at the community level on the social, economic and environmental contexts and in-depth investigations are conducted into key issues raised by the surveys, including investigating the link between broader policies and children's well-being.

According to the Young Lives website, the project takes a multi-dimensional view of child poverty going beyond the traditional dimensions of income, lack of material goods, or deprivations of education, health, hunger and protection. It aims to develop a "holistic understanding of childhood poverty and its impacts on children's lives, including on their social, emotional and psychological well-being, their life chances and those of their families" (Young Lives, n.d.). The conceptual framework that guides the project includes traditional objective measures such as nutritional status and physical health, but also considers indicators like mental health, developmental stage for age and life skills (numeracy and literacy). In addition, a subjective child-centred outcome measure is also included. This includes questions on children's perception of their own quality of life, for example, the child's perception of well-being (things that make a child happy or unhappy, likes and dislikes about their immediate environment); social capital (the time spent playing with friends, who they can go to with their problems); school and work (likes and dislikes about school, work or other activities to get money).

In India, the Young Lives project is located in Andhra Pradesh, where the children to be tracked were selected from six districts (two from each of the three regions) and the capital

city Hyderabad (Galab, *et al*., 2003). The core questionnaires that were designed for use in all four countries were modified to make them country-specific and an additional module that contained questions on the issues of migration and child labour—deemed to be of special significance to children's well-being in this context—was appended. An age-appropriate questionnaire was developed for 8-year-old children. In addition to tests to assess their literacy and numeracy skills, mental health and developmental status, children were asked about their ambitions, their perception of their health and their experience of school, work and social relations. The first round of data collection took place in 2002 and the second round in 2006. The preliminary reports for 2002 (see Galab, *et al*., 2003), as well as several background papers, are already available.

The Young Lives project is perhaps the most systematic and comprehensive attempt at collecting data on multiple dimensions of children's well-being in India, significantly including subjective ones. However, even this attempt at gathering information on a broad range of fronts misses out on some essential elements, the most important of which would be childhood disability and violence against children. These two issues are left out of both the objective and subjective measures undertaken by the project. This is, arguably, a missed opportunity for providing a truly holistic understanding of childhood poverty by shedding light on themes that are crucial to children's well-being but are not well-researched in India at present.

7.4 HAQ—Centre for Child Rights

HAQ—a non-governmental, child rights organization based in Delhi—produces periodic reports on the status of children in India. It supplements these with Children's Budgets—at the national and state levels—to provide a more comprehensive overview (HAQ, 2007). The aim of these publications is to go beyond the existing statistics and provide a holistic account of the status of children from a rights perspective. HAQ does this by synthesizing data and reports from a wide range of sources, including the media. The latest report (Thukral, 2005) includes information on a range of poverty and non-poverty related issues such as early childhood education, health, education, housing, violence, juvenile justice, conflict, disasters and emergencies, sexual abuse, child labour and trafficking. Unfortunately, the quality of information provided on each of these issues is uneven as the organization is dependent upon already available secondary data. However, the main contribution of HAQ is to highlight a range of issues that are important in assessing the status of children and pinpointing gaps in data collection, for example, on the dimension of childhood disability.

7.5 Stock-taking

Child poverty studies in India have made some strides, as evidenced from Section 7.4, but significant gaps continue to persist. While there is some rejection of the monitory poverty line approach and multiple deprivations are explicitly recognized, the entry point of most studies continues to be poverty, either income poverty or poverty in its multi-dimensional forms. In this, they share the basic perspective and objectives of the poverty line approach, that is, satisfaction of basic needs, though this time with an improved methodology, which rejects the money-metric techniques of the poverty line approach. They use social indicators instead which directly verify whether the specific basic needs are adequately met. Useful as this move is, there is still a gap between where current approaches stop and where we need to go in terms of assessing the well-being of children.

While NGOs such as HAQ are attempting to go beyond this, they are constrained by the lack of data on a whole range of important, but hidden, issues such as abuse, disability and violence. These non-poverty dimensions continue to be under-reported, but they are as persistent and debilitating as poverty and have a profound impact on children's well-being and development. These hidden domains are no doubt difficult to measure but data collection is not an insurmountable problem *per se*. Several rich countries already collect data on children's non-material well-being, and innovative approaches to data collection on a range of children's issues, making effective use of new information and communication technologies, can be found in India as well.

There are also examples of initiatives inspired by philosophical positions, such as the capability approach that seek to find an empirical counterpart to the *a priori* templates of the driving theoretical and ideological perspective. The lead was provided here by the HDI that explicitly located itself in the capability approach and styled itself as a measure of human capabilities, though not very satisfactorily, it might be argued. Another recent example is provided by Di Tommaso (2006), who attempts to measure child well-being by applying the capability approach, this time inspired by Nussbaum's lists of basic human capacities, to Indian data. What is striking in this approach is the yawning gap between the intrinsic content of the variable as found in the parent philosophical discourse, and the entirely reductionist empirical counterparts that can only be described as impostors of the original characters. The rich initial template of capabilities gets quickly whittled down to the standard list of basic needs dimensions, or functionings, except that these are now justified as the observable

links to the unobservable phenomenon of child well-being. At the end of the day, the game is reduced, as in other cases that rely on pre-existing data sets, to the same shortlist of factors such as the incidence of underweight children, U5MR and school enrolment. Unfortunately, such exercises add little incremental value.

A more creative departure within the Indian context, and one that carries potential significance for the field of child well-being, is provided by gender studies of psycho-social and other non-conventional dimensions of the well-being of women. Sonpar and Kapur (2003) have provided an insightful and nuanced treatment of non-conventional indicators of gender disparities in the context of the process of structural reforms in India, focusing on mental well-being and life quality issues. On an analogous track, Eapen and Kodoth (2003) take up wider and non-conventional dimensions of stresses in the lives of Kerala women against the backdrop of the gender achievements of the so-called Kerala model.[3] These interventions highlight the importance of not limiting the rubric of concern and study to the conventional domains of basic needs, significant as these undeniably remain. Others have taken up the worthwhile challenge to investigate gender differences within households by using non-monetary indicators (Cantillon and Nolan, 2001). This, and related innovative methodological interventions, point to both the need and the possibility of extending the canvas to the analysis of children's well-being by using these and similar approaches.

8. Towards mapping child well-being in India

Increasingly, poverty reduction has become the primary mandate of governments and international development agencies with an overwhelming dependence on public funds, be it internal or in the form of external assistance. The call for spending the tax payers' money efficiently, and the adoption of the ethical slogan of 'the poorest first', has made targeting a central mechanism of poverty reduction. Targeting calls for definitions, and for data and measurements to identify the targets, for impact assessment and for monitoring

3. A further contribution in this direction is provided by Rustagi (2004).

trends in poverty. Definitions and measurement have thus acquired a new salience and operational significance. With restricted budgets and limited solidarity, there has been a tendency to narrow the focus on the chronically, severely, or extremely, poor. This has immediate implications for the recognition of child deprivation where also the focus narrows accordingly. Poverty, and child poverty, is pared down expeditiously to more 'manageable' proportions by definition. This tendency needs to be thoroughly interrogated in ethical and conceptual terms. There are reasons to believe that vulnerability and the risk of poverty are so endemic that they embrace a large majority of the entire population.[4] A close scrutiny of the facile assumption of resource scarcity also reveals that the problem might be not so much in financial constraints as in priorities (Saith, 2008). These arguments create the space for alternative universalist approaches to definition and intervention with regard to poverty, including child poverty.

8.1 Need for a holistic vision

This paper has argued for a widening of the conceptual and policy focus from narrow interpretations of child poverty reckoned in terms of material deprivation to a broader framework that encapsulates child well-being more holistically (see Table 2). There are two powerful implications of such a shift at both the conceptual and policy levels. First, moving from material poverty to well-being includes many other forms of child deprivations and deficits such as violence, abuse, participation, subjective perceptions, social exclusion, disability, malnutrition (rather than only under-nutrition) to mention but a few. Second, in view of the fact that these additional facets of well-being could involve children independently of whether they belong to poor or rich households, the subject group is no longer children from households in poverty, but *all* children, regardless of the economic status of the households to which they belong.

The traditional approach focused on A. In order to identify and count the children in space A, the first step was to identify households in poverty in terms of basic needs, and then

4. Confirmation of this is provided by Sengupta, *et al.* (2008, p. 51, Table 4). They estimate for 2004-05 that while the categories of the 'extremely poor' and the 'poor', with a daily per capita consumption up to Rs. 12 formed 21.8 per cent of the population, those they classified as being 'vulnerable', with a daily per capita consumption of up to Rs. 20 (equivalent roughly to the $2 per day line) constituted as much as 76.7 per cent of the total population. Given the extremely low levels at which these lines are known to be drawn, the conclusion is inescapable that a significant number of those above these monetary lines would nevertheless be experiencing substantial deficits with respect to various dimensions of deprivation in the education, health, housing, or other domains.

to count the number of children in such households. The higher the percentage of such households, the higher was the incidence of child poverty, allowing for differences in the average number of children in poor, as against non-poor households. Most commonly, the methodology used was the monetary poverty line approach with all its problems, including blindness to intra-household distribution issues, and its inability to check directly whether basic needs were met in reality even when the expenditure levels were in excess of the prescribed poverty line. The problems with the narrowness of focus, as well as with the nature of the methodology, have both come to be widely acknowledged.

Table 2: Holistic Framework for Mapping Child Well-being

	Experience Deficits in the Domains of:	
	Material Basic Needs	Holistic Well-Being
Children In Poor Households	A	B
Children In Non-Poor Households	C	D

The responses to this, at both conceptual and policy levels, have been varied. In rich countries, there has been a steady shift of focus from A to D (Table 2), that is, to a holistic inclusion of well-being dimensions for all children. This has implied the use of different concepts, methods and data, different target groups, different stakeholders, change agents, and responsibility bearers. This was documented systematically in the paper.

However, for poor countries, including India, this dissatisfaction has had a different response from development researchers and practitioners. Here, as was argued earlier, the main shift has been in the methodology of recognition and measurement of child deficits. Disappointingly, though, while the nomenclature is often changed from child 'poverty' to child 'well-being', this shift usually turns out to be nominal, with the definition of 'well-being' still limited essentially to the conventional elements of basic needs, viz., nutrition, water, housing, education, health, and electricity. The monetary poverty line approach is given up and replaced by the social indicators approach involving the direct verification and measurement of the degree to which these particular needs of children have been met—some at the household level (for example, electricity, clean water) and others at the level of the individual child (for example, education). Therefore, the result is not a shift in the substantive focus as much as a change of approach and methodology. One could question the legitimacy of using the term 'well-being' when the content of this well-being remains limited to the

elemental basic needs basket. Such approaches have also sometimes portrayed themselves as examples of the application of the 'capability' paradigm. Within this paradigm, basic needs poverty has indeed been labelled as 'capability deprivation'. In our view, this is too narrow a view of well-being or of capabilities to be useful. Indeed, several of the new initiatives in the Indian context discussed earlier could be so described, and criticized: there is an explicit or implicit claim to having shifted from space A to space B, whereas a careful scrutiny of substance confirms that they are still lodged firmly in the former (see Table 2).

That said, it should be noted that giving up the monetary poverty line approach opens up the possibility of some widening of the focus even within these approaches from A to C. This happens since the direct approach could well find children with education or other deficits in households that might have been above the monetary poverty line. This remains possible in principle. However, the extent to which this does happen depends on the level of specific norms attached to the different basic needs. To the extent that the focus is on extreme poverty—defined as acute shortfalls in nutritional status, housing, education, and such needs—it is unlikely indeed that the coverage would, in reality, expand from A to C. If anything, the focus within space A might narrow even further to concentrate on children experiencing 'extreme' deficits for particular basic needs. Of course, if appropriate levels were set for the various basic needs norms, ones that duly reflected human rights considerations, there could be substantial shortfalls in meeting specific basic needs of children *even in monetarily non-poor households:* girls not sent to school due to a gender bias; or boys sent out to work instead of to school; or neglect of the health needs of girls; or other more general deficits suffered by the household despite having cash to spend. This again confirms the active relevance of space C (Table 2). Thus, there are legitimate grounds for concern that the 'new' agenda of child 'well-being' is still overly restricted to specific aspects of conventional poverty reduction.

The Millennium Development Goal (MDG) initiative, laudable as it might be in some respects, tends to further concentrate attention and resources on this narrow agenda. As the discussion of the experience of the rich countries demonstrated, there is a lengthy list of significant aspects of child deprivation that would be highlighted in an approach which adopts a more holistic perspective on child well-being. Many of these represent fundamental deficits, for instance, disability, or personal security. Further, these interact with poverty and often intensify its impact. At the same time, these vulnerabilities and deficits can equally blight

the lives of children, regardless of whether they are from poor or non-poor households. Hence, the broader agenda of well-being would require that research and policy broadens its focus to embrace elements that fall under spaces A, B, C and D (Table 2).

In this matter, it would be very appropriate to avoid rediscovering the wheel, and instead to reflect duly on the ground painstakingly covered by the well-being and social indicator movements in the rich countries. There, the agenda has, over time, reinvented itself involving a relocation from space A (in the manner that is perhaps currently construed in poor countries) into one which covers A, B, C and D (Table 2). That cumulative and dynamic body of knowledge needs to be used as a resource in making such a transition in the Indian context as well, albeit, bearing in mind the implications of contextual specificity and the limits this places on the simple transference of understandings that are contingent on levels of prosperity and cultural mores.

In moving to such a wider frame, which still accommodates the issue of poverty at its core, there is no calling for a unique, pre-defined, rigid composite indicator of child well-being, *a la* the HDI, or the recently-promulgated CDI developed by Save the Children. Indeed, neither aggregations nor uniqueness, are particularly desirable. Disaggregated indices provide more information and insight, and this is inevitably lost in the aggregation process of combining different indices on different sub-dimensions. So also, a unique measure cannot possibly capture the diversity that characterizes a large and complex society with its structured differences and inequalities; one size or description cannot fit or apply to all. As such, there is a need to explore the open space for contending and overlapping perspectives on what enters into and impinges on child well-being. No doubt, selective aggregations can be made, but without then acquiring a hegemonic status that suppresses the diversity of situations, perspectives and meanings inherent in such a broad synthetic notion.

8.2 Self-perceived poverty and participatory methods

Acknowledging the additional non-traditional basic needs often takes the researcher and practitioner into non-commodity space—into the domain of behaviour, institutions, modes of exercising power, exclusion, and bias and self-perception by the subjects experiencing the deficits. There are serious epistemological issues involved here that need to be recognized. Doing so implies that the modes of enquiry and knowledge acquisition also have to change and adapt. This highlights the relevance of methodologies that use participatory

techniques, which use subjective and qualitative approaches. These may not lend themselves to quantification and measurement, but that does not devalue their profound relevance for a meaningfully framed project of achieving holistic child well-being.

Participatory methodologies are not useful for the overall estimation of the incidence of poverty, be it for the entire population or for any component of it, such as children. Nor can these be employed for making meaningful comparisons of deprivation across populations, say residents of different villages, since the methodology is based on a direct mutual knowledge of the members of the reference group. However, the methodology can yield valuable qualitative information about the forms, nature and experience of deprivation, and can also be employed for investigating the responses of individuals, families or groups to their circumstances, constraints and aspirations. In a community setting, these methods, when used well, can be very effective in identifying those in poverty. There is a special premium on its use arising from the fact that adults cannot be assumed to be able to readily comprehend, appreciate and analyse the worlds of children and the problems and desires as the children perceive them. However, this methodology raises special challenges in relation to children, especially for lower-age cohorts. While this approach has considerable potential benefits when used creatively and with due sensitivity in appropriate contexts, a prime danger is that it can be easily manipulated and misused. Such a distortion of method can occur all the more easily in the case of children than in interactions with adults; but even with the latter, misuse is ubiquitous.

Thus far, the use of participatory methods involving children has been relatively limited in Indian research, and a highly substantial potential benefit remains to be derived from extending their use in exploring the perception and experience of well-being, happiness, exclusion; of the desires and aspirations of children; of the quality and deficits in the relationships of children as perceived by themselves. In this regard, rich countries are much more advanced and there is a substantial possibility of learning by studying this experience with an eye to Indian situations.

This highlights a special feature of the field of child poverty and child well-being, viz., that the discourse and debates, policies, interventions and decisions are enacted almost entirely by adults on behalf of children. This has several implications. Despite sincere efforts at enhancing child participation in making decisions that affect their well-being, there are limits and problems in such attempts. The age at which participation becomes meaningful is

obviously a serious, variable, and difficult-to-specify constraint. But even for older children, a meaningful participatory process is contingent on several preconditions, of relative autonomy, of cognition, of awareness, of access to information and the analytical capacity to process it for identifying alternative implications of different courses of action. Such difficulties should not legitimize denial. Thus, in contrast to the case of other subaltern categories, for example, gender, and socially excluded groups, where affected adults can act as their own change agents, in the case of children, there is a dependence on the enabling, or disabling, actions of involved adults, whether parents, teachers, and others. The process involved is thus rendered more complex and engages several additional categories of care-providers and stakeholders.

Further, it is important to avoid the danger of seeing 'children' with the same homogenizing vision that views 'the poor' as an undifferentiated mass. Almost no analytical argument or policy intervention carries validity and applicability across all children. There are many internal distinctions that need to be maintained, and keeping gender and age cohorts separately in mind is essential.

8.3 Social exclusion

Social exclusion has rightly been given an increasingly prominent space in the study of deprivation. There are two broad, and relatively distinct, conceptual approaches to social exclusion; the difference between these is of special significance, since it also implies very different policy interventions. The first, as developed in the context of the paradox of social marginalization as a parallel process to the development of the French welfare state, focuses on factors and processes that account for this, especially with respect to particularly vulnerable social groups. This approach, also espoused by the ILO, highlights as its key advantages the emphasis on structure and dynamics, on process, on causation, and on relational aspects. As such, this version of social exclusion shifts the focus from poverty and material deprivation as an outcome to the societal structures, relations and processes that generate these outcomes. It can be argued that while the first approach shifts the focus, it does not add value *per se* at the conceptual level.

The second approach, while accepting the value of the above, goes beyond this: it does so by conceptualizing social exclusion as fundamentally reflecting discriminatory practices based on essentially immutable aspects of the identity of the individual such as race,

caste, gender, disability. A second layer of discriminatory bias could be rooted in other identity-related features which are mutable but which cannot be rendered socially invisible: language, age, ethnicity, and religion. This version of the social exclusion approach clearly adds value conceptually to the understanding of poverty and deprivation since it highlights discrimination both as a reason for being, and remaining in poverty; and also to the possibility of such discrimination persisting despite the fact that the individual, household or community being so victimized was economically well clear of the poverty line. Both at the levels of identification and of intervention, these are valuable contributions of this version of the social exclusion approach. It is this latter version that has been prominent in social and poverty discourses in the US in the context of African-American communities, and also in Latin American, Oceania, and other contexts with respect to indigenous peoples. Eurochild (2007) points out that while 19 per cent of EU children (0-18 years) were at risk of poverty, this affects nearly 70 per cent of children in London's Pakistani and Bangladeshi communities; and unemployment reaches 70 per cent in many Roma communities.

Arguably, it is this identity-related discrimination approach that has salience in the contemporary Indian situation. While there has been considerable empirical and analytical research on the status of the dalits, tribal populations and other socially discriminated communities in Indian society, much of it has taken place within the framework of India's extensive affirmative action programmes, with the focus remaining on such ascribed group identities such as Scheduled Castes, Scheduled Tribes, and Other Backward Classes, treated by default in a homogenized manner. Both these social discriminatory practices as well as the affirmative action programmes arising as a response to them, persist in India. The conceptual and analytical use of social exclusion has become co-terminus with these.

Despite the sustained high-profile focus on this, it is remarkable how little specific research has been conducted on the experience of this despicable form of discrimination with regard to Indian children born into this social reality. While recalling incidents in his life that shaped his thinking and outlook, Ambedkar includes several experiences as a child, including the fact that at school, he could not help himself to a drink of water. It is known that significant social discrimination is still experienced by children and this needs urgent study through the use of methodologies that focus on subjective perceptions of exclusion, humiliation, separation and bias, or the discovery of anger, injustice, dignity and identity. An agenda of child well-being would prioritize these dimensions; one limiting itself to material deprivations would tend to exclude them by definition.

8.4 A fresh challenge: Newly emerging needs of children

Beyond the traditional and more hidden domains of children's well-being, there is yet another dimension that needs to be given due attention, that is, the newly emerging needs of children (van Oudenhoven and Wazir, 2006; Wazir, 2008). At present, there are no mechanisms for forecasting, measuring and responding to such needs, yet several of these are potentially ominous for children's well-being. The term 'newly emerging needs' is used to describe a loosely connected group of new challenges, problems and opportunities confronting children that are important and relevant to their overall well-being and development. These 'new' needs are frequently juxtaposed alongside an existing set of 'old' problems, and only serve to transform and intensify them and create additional interfaces and novel dimensions on which all children can feel distress. In India, many children still live in poverty; child malnutrition remains an intractable problem; a large number do not go to school and countless others labour from an early age. But the changes that are sweeping the country, as indeed the rest of the world, are bringing in fresh challenges that cannot be ignored. Researchers, policy-makers and practitioners have to be flexible, forward-looking and increasingly prepared for new and unfamiliar situations that are not yet clearly formed but have the potential to become major threats for children in the foreseeable future.

The most obvious illustration of a newly emerging need is provided by the pandemic increase in the number of children born and living with HIV/AIDS. The sheer numbers of children affected by it and the multi-dimensional ways in which it challenges their well-being has forced this issue to the top of the agenda and made it a key priority for development aid. Governments, international agencies and NGOs have been compelled to develop responses at the level of policy and practice. This is one of the new events affecting children, which receives some of the attention it deserves. But there are other issues as well that are jostling for attention—the rise in childhood diseases related to environmental pollution, lifestyle changes, diet and stress; the challenges thrown up by new technologies such as mobile phones and unlimited Internet access—and they all have the potential to become major threats for children. For example, diabesity, a combination of Type 2 diabetes and obesity, may become the new childhood epidemic, not just in the United States, but also in countries like India and China that are more associated with starvation and inadequate diets (BBC News, 2004).

Demographic changes, environmental pollution, medical interventions, increased interactions with other peoples and cultures, and globalization of the economy, information systems and lifestyles are some of the inter-related processes that lie at the root of these newly emerging

needs and pose new challenges as much as they create new opportunities. These processes, individually or combined, create a myriad different conditions and situations, each of which may pose a unique challenge to children, create specific needs and demand special attention. They affect all children—rich and poor, boys and girls—though the impact on the different groups of children will be quite different.

8.5 Counting and measuring: How and for what?

Finally, it is necessary to highlight one major lacuna that affects all aspects of the field of child rights: the lack of relevant and reliable evidence, especially statistical information. Extensive gaps in data availability prevent the mapping of patterns of deficits, and the estimation of trends of key variables, and thereby often seriously compromise efforts at conceptualization, policy design, monitoring and impact assessment.

Existing data systems in the developing economies, including India, were the byproduct of colonial administrations contending with governmentality imperatives. These systems have passed over to post-colonial governments and often continued to form the scaffolding of national statistical systems intended, ostensibly, to serve the new needs of development. The instrumental data needs for sustainable imperial economic exploitation and political domination were relatively specific, and then readily usable for the task of pro-poor development. The labyrinthine Indian statistical system is such a product which continues to generate vast flows of statistics emerging from ancient templates that have not been sufficiently updated or re-oriented to the fresh requirements of the times. There are many honourable exceptions to this in the Indian framework, but the larger judgment must be one of the existence of a substantial mismatch between statistical needs and data availability, especially in terms of concepts that carry the desired meanings.

Juxtaposed on top of this are the new governmentality data needs of emerging, if shaky, international poverty-reduction regimes. International development agencies and NGOs have been driven by the imperative of international comparisons, annual monitoring reports, usually within an ongoing highly aggregated template such as the US$1 per day exercises and the poverty reduction strategy process of the World Bank; the human development focus and HDI tables of UNDP; or progress towards specific MDG goals and targets to which developing economy governments are to be held internationally accountable, at least by the club of donors. This internationalization of the anti-poverty agenda has accentuated this statistical lacuna. Time-bound targets have been promulgated, often without any reliable or

systematic statistical system that permits tracking and monitoring. Attempts have been made to fill many of the gaps by resorting to quick and dirty means through surveys of limited coverage, thereby undermining the overall exercise. These considerations apply with special force to many of the child-related targets.

One might start by asking who needs the data, on what, and for what purpose. Disproportionate effort seems to go into the construction of internationally comparable templates for a handful of prominent variables. Useful as these might be, such as the HDI, they can only provide one sounding and that too problematic. These 'beauty parade' scores might have some, though very limited, value in terms of advocacy for development. Perhaps they serve better the institutional and organizational needs of the proprietors of such branded global statistical products. But unfortunately, this effort does not translate into strengthening the foundational system of relevant child-specific data generation, collation, and use for purposes of study and policy design. This gap is all the more damaging in view of the burgeoning role of the state in development design and finance. But little systematic attention has been paid to the development of appropriate statistical systems for meeting the child-specific needs of investigation and intervention.

"Not everything that can be counted counts; not everything that counts can be counted." These words of Albert Einstein find little resonance in the field of development, where measurement seems all too often to be a precondition for recognition and prioritization. One concern expressed with regard to the MDG phenomenon is precisely that many important development deficits which do not find space on the highlighted MDG pedestal could be implicitly devalued by agencies, politicians and bureaucracies. This danger becomes obvious when one addresses the issue of child well-being. Quantifiable, measurable, deliverable targets have become symbols of significance. Yet, there is a lengthy list of vital dimensions of child well-being that do not meet these criteria of managerial acceptability, such as child abuse, violence against children, child disability and subjective aspects of child well-being. Indeed, the more the definitional boundaries are widened from the present focus on material poverty towards a fuller acceptance of multi-dimensional child well-being, the greater becomes the importance of not equating measurability with relevance and significance.

Nor does the absence of systematic statistics on any specific facet of child well-being in itself prove that there can be no quantified assessment or mapping for it; the lack of data could simply be a reflection of a lack of concern. This could be held to apply, for instance, to child disability. The problem of invisibility is compounded by the stigma ascribed to such

conditions, which then tend to reinforce denial and silence at multiple levels. In turn, the lack of data lays the basis for a lack of policy. These areas of silence need to be addressed with urgency, possibly through qualitative synthetic mapping and monitoring of important non-measurable, or not-measured dimensions.

At the other end of the spectrum, there seems to be an over-emphasis on high-profile statistics and measurement with respect to some more conventional dimensions of child well-being. The case of educational statistics provides some sobering insights. The primary focus has been on school enrolments—the indicator that enters the HDI representing the domain of 'knowledge'. Imperfect and unsatisfactory as this proxy variable is, it was the only one easily available with data to back it across countries. However, having got thus anointed and enshrined, it has risen in status from being an impostor to the proverbial emperor. School enrolments take the child only as far as the school gate. How many drop out? What is the quality of school resources and teachers? How many complete school successfully; with what grades and what kind of knowledge retention? What is the quality of textbooks and instructional materials and do they have electronic access to the vast body of global knowledge? There is little systematic information on all these crucial dimensions of the learning process.

There is possibly a perverse circularity here: enrolment data, produced by the educational bureaucracy, are picked up by the HDI since they happen to be the only ones available; and thereafter, attention shifts disproportionately to this single variable, drawing attention away from the need to build a holistic, comprehensive national database on key aspects of the full educational process—a task that still remains to be done in India. This state of ignorance about the state of knowledge also reflects the state of policy. This is a disappointing outcome, since there is a vast bureaucratic structure for education that should be made to yield all the relevant information on a regular and reliable basis. The recent experience of educational data collection on a census basis in Orissa through the e-Shishu project suggests that it is feasible to think of a national template of meaningful statistics that could be developed and refreshed regularly.[5]

5. The objective of the project was to generate a database that would track every child in Orissa state in the 0-14 year age group, covering name, age, educational status and other relevant details, by using door-to-door household surveys, about 8 million in number. These forms, originally in Oriya and then translated into English, were then uploaded into a web-linked database. The entire process was completed apparently in less than four months (www.opepa.in).

With regard to the dimension of health, the situation is probably worse since, unlike schooling, there is no regulated institutional framework or process where data collection can be inserted at specific points. Are there not missed opportunities here? Could the school system not be made to also yield some systematic, longitudinal data on children passing through the system? Had there been a universal system of childcare, status indicators on early childhood could also have been thus gathered. Malnutrition could be monitored more systematically, including the emerging but largely ignored issue of obesity, which apparently affects an increasing proportion of Indian children.

Other lost opportunities at the national level are not difficult to find. It was demonstrated earlier that the BPL exercise of census data collection on the poverty status of rural households has thus far been severely problematic. It has very limited usable information on the status of children in the household; and it is also unreliable in accurately identifying poor households. Improvements could and should be made on both counts. For this to be effectively exploited, it would be useful to piggyback on the general BPL household survey and add on a supplementary enquiry directly focusing on key aspects of child well-being. Should this be done, the two data registers, one on the child, and the other on the status of the household to which it belongs, could be linked and paired, thus significantly expanding the explanatory potential of analytical exercises using such data. A similar piggyback initiative could also be mooted in the context of the NSS household level expenditure rounds on the basis of which estimates of monetary poverty are made. Indeed, the BPL household survey instrument could also be applied to the NSS households, thereby allowing an intensive investigation of the comparative outcomes of the different methodologies. This could be very valuable in exploring the no man's land between expenditure and its un/successful conversion into well-being in challenged environments. It must be emphasized here that little might be gained by simply attaching such incremental data devices on to the hopelessly flawed BPL methodology as used in the last Census of 2002. A third possibility is provided by the decadal National Census schedule where also specific information on the child could be gathered, permitting extremely valuable possibilities of verifying the status of children in different categories of Indian households.

Despite the extensive institutional capacity of the Indian statistical system, the outcome with respect to the status of the child remains very patchy and unsatisfactory. What is also disappointing is the absence of any systematic drive to develop a more comprehensive

data bank that allows cross-sectional and inter-temporal comparative analysis. For setting a meaningful research and policy agenda for child well-being in holistic terms, it is imperative to undertake a comprehensive stock-taking of the national statistical system to critically inventorize and evaluate the scope and quality of data available from all relevant sources at multiple levels. This would highlight gaps and needs for gathering or generating data at various levels, for use by different players with the responsibility of delivering on the components of child well-being. Clearly, fresh epistemological and methodological challenges will have to be met with innovative and creative responses in this process.

To return to the original motivational concerns of the paper, while it can be re-emphasized that household poverty is indeed one crucial determinant of child deprivation, it was also argued that prevalent methodologies of the estimation of household poverty, including those practised in India, are seriously deficient. This has a knock-on effect in terms of subsequent inaccuracies in the estimation of child poverty— even within the terms of this approach. However, it was argued that the issue of child well-being is inherently far broader than the constrictive frame of reference imposed by the conventional household poverty measurement approach. This calls for an acknowledgement of the full array of material and non-material dimensions that influence child well-being. Most of these dimensions influence *all* children, regardless of the poverty-status of the households to which they belong. Recognizing these, both in discourse and the design of interventions, is central to any meaningful approach to addressing child rights on a holistic and universal basis. The well-being of all children cannot be limited definitionally to the material deprivation of those children living in households in basic needs poverty. Many creative and innovative initiatives—even if scattered, small-scale and unarticulated—have emerged. Efforts at widening the research and policy agenda from material poverty towards holistic well-being will need to learn strategically and selectively from the considerable body of knowledge, experience and expertise that is available from the parallel communities of researchers, activists and practitioners in the rich countries. Special attention is also necessary to widen the frame of reference from one that inventorizes deficits in the negative form of *ill-being* to perspectives that also actively engage with the positive space of factors that stimulate various forms of *well-being*. It is time to catch up—a goal that should not prove unrealistic, given India's impressive academic and professional infrastructure.

Appendix

Table 1: National Indicators of Child Well-being, Federal Inter-agency Forum on Child and Family Statistics, USA

No.	Domain	Indicators
1.	Demographic background	Number of children; ratio of children to adults; racial and ethnic composition of children.
2.	Family and social environment	Marital status and age of women to whom babies are born; family composition; nativity; home language; child maltreatment; teenage births.
3.	Economic circumstances	Poverty status; secure parental employment; food security.
4.	Health care	Health insurance coverage; usual source of health care; oral health; childhood immunization.
5.	Physical environment and safety	Exposure to air pollutants, drinking water contaminants and lead; housing problems; death from injury.
6.	Behaviour	Cigarette smoking; drinking alcohol; using illicit drugs; engaging in sexual activity; participating in violent crimes.
7.	Education	Early educational experiences such as being read to daily; academic performance in school such as mastering mathematics, reading and other subjects; completing high school; enrolling in college.

Source: http://childstats/gov

Table 2: Child Well-being Index (CWI), Foundation for Child Development, USA

No.	Domain	Indicators
1.	Family economic well-being	Poverty rate (all families with children); secure parental employment rate; median annual income (all families with children); rate of children with health insurance.
2.	Health	Infant mortality rate; low birth weight rate; mortality rate (ages 1–19); rate of children with very good or excellent health (as reported by parents); rate of children with activity limitations (as reported by parents); rate of overweight children and adolescents (ages 6–19).
3.	Safety/Behaviour	Teenage birth rate (ages 10–17); rate of violent crime victimization (ages 12–19); rate of violent crime offenders (ages 12–17); rate of cigarette smoking (grade 12); rate of binge alcohol drinking (grade 12); rate of illicit drug use (grade 12).
4.	Educational attainment	Reading test scores (ages 9, 13 and 17); mathematics test scores (ages 9, 13 and 17).
5.	Community connectedness	Rate of persons who have received a high school diploma (ages 18–24); rate of youth not working and not in school (ages 16–19); rate of pre-kindergarten enrolment (ages 3–4); rate of persons who have received a Bachelor's degree (ages 25–29); rate of voting in Presidential elections (ages 18–20).
6.	Social relationships	Rate of children in families headed by a single parent; rate of children who have moved within the last year (ages 1–18).
7.	Emotional/spiritual well-being	Suicide rate (ages 10–19); rate of weekly religious attendance (grade 12); percentage of children who report religion as being very important (grade 12).

Source: http://www.fcd-us.org

Table 3: Bradshaw's (2007) Child Well-being Index for EU

No.	Clusters	Domains
1.	Material situation	Relative child income poverty; child deprivation; parental worklessness.
2.	Housing	Overcrowding; environment; housing problems.
3.	Health	Health at birth; immunization; health behaviour (including obesity and pre obesity).
4.	Subjective well-being	Personal well-being; well-being at school; self-defined health.
5.	Education	Achievement in reading, mathematics and science; participation in public and private institutions; early years participation.
6.	Children's relationships	Quality of family relations; family structure; peer relationships.
7.	Civic participation	Participation rates; interest in politics.
8.	Risk and safety	Involvement in physical fights; being bullied; child deaths; teenage pregnancy; sexual intercourse; condom use; cigarette smoking; drunkenness; cannabis use; inhalant use.

Source: Bradshaw (2007).

Table 4: UNICEF Index of Child Well-being in OECD Countries

No.	Dimensions	Indicators
1.	Material well-being	Percentage of children living in homes with equivalent incomes below 50 per cent of the national medial; percentage of children in families without an employed adult; percentage of children reporting a low family affluence; percentage of children reporting few educational resources; percentage of children reporting fewer than 10 books in the home.
2.	Health and safety	Number of infants dying before age 1 per 1,000 births; percentage of infants born with low birth weight; percentage of children age 12 to 23 months immunized against measles, DPT and polio; deaths from accidents and injuries per 100,000 aged 0–19.
3.	Educational well-being	Average achievement in reading literacy; average achievement in mathematical literacy; average achievement in science literacy; percentage of children aged 15–19 not in education, training or employment; percentage of 15 year-olds expecting to find low-skilled work.

4.	Family and peer relationships	Percentage of children living in single-parent families; percentage of children living in stepfamilies; percentage of children who report eating the main meal of the day with parents more than once a week; percentage of children who report that parents spend time 'just talking' to them; percentage of 11, 13 and 15 year-olds who report finding their peers 'kind and helpful'.
5.	Behaviours and risks	Percentage of children who eat breakfast; percentage who eat fruit daily, percentage who are physically active; percentage who are overweight; percentage of 15 year-olds who smoke; percentage who have been drunk more than twice; percentage who use cannabis; percentage having sex by age 15; percentage who use condoms; teenage fertility rate; percentage of 11, 13 and 15 year-olds involved in fighting during the last 12 months; percentage reporting being bullied during the last 2 months.
6.	Subjective well-being	Percentage of young people rating their own health no more than 'fair' or 'poor'; percentage of young people 'liking school a lot'; percentage of children rating themselves above the mid-point of a 'Life Satisfaction Scale'; percentage of children reporting negatively about personal well-being.

Source: UNICEF (2007).

Table 5: The MedChild Index developed by MedChild Foundation, Rome

No.	Domain	Indicators
1.	Demographic indicators	Infant mortality rate; Life expectancy at birth (total); urban population.
2.	Nutrition indicators	Underweight births.
3.	Health indicators	Maternal mortality rate; children vaccinated; number of physicians; health expenditure as a percentage of GDP; private health expenditure (as a percentage of the total); public health expenditure (as a percentage of the total); out-of-pocket health expenditure (as a percentage of the total).
4.	Education indicators	Pupil/teacher ratio in primary education; early childhood care and education (total); secondary education (gross).
5.	Economic indicators	Gross national income per capita (index).
6.	Social indicators	Availability of telecommunications; number of computers in use; internet users; population with access to adequate sanitation facilities.

Source: Compiled from Centro Europa Ricerche (2004), Table 2, p. 15.

Table 6: Indicators for Assessing the State of Ireland's Children, Office of the Minister for Children, Ireland

No.	Domain	Indicators
1.	Socio-demographics of children in Ireland	Child population; family structure; parental education level; child mortality; children seeking asylum; Traveler children; non-Irish national children.
2.	Children's relationships with parents and peers	Levels of reported bullying and children's friendships
3.	Outcomes of children's lives	Education (early childhood care and education, school attendance, achievement in reading literacy, mathematics and science);
4.	Formal and informal support	School attendance; housing; antenatal care; immunization; environmental supports; levels of economic security including relative and consistent poverty.

Source: Hanafin, *et al*. (2006).

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